CAMA
Corporate Alliance on Malaria in Africa

Powered by ABCHealth
CAMA Office

MALARIA & TECH WORKSHOP

ABCHealth Healthtech Summit

WHX Lagos
Formerly Medic West Africa

Outcome Report

JUNE 2 2025

CAMA · access · Chevron · Aliko Dangote Foundation · ExxonMobil · envu · DCL · VESTERGAARD · Nigerian Breweries · syngenta

Ordering information:
To order copies of this report, please contact:
Publications Section

Corporate Alliance on Malaria in Africa (CAMA)
African Business Coalition for Health (ABCHealth)
Waterfront Plaza, 270a Ozumba Mbadiwe Avenue
Victoria Island, Lagos, Nigeria

Tel: +234 802 478 2021
Email: info@abchealth.com
Web: www.abchealth.com

First printing July 2025

Cover design, layout and printing: ABCHealth Communications and Graphics Division

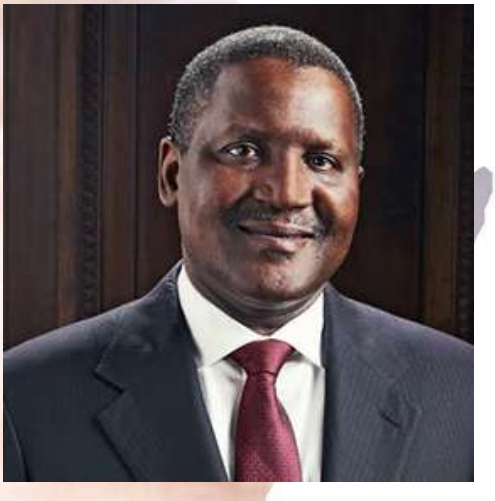
OUR FOUNDERS

CAMA
The Corporate Alliance on Malaria in Africa

Mr. Aigboje Aig-Imoukhuede FCIB, CON

Aigboje Aig-Imoukhuede is the Founder and Chairman of Africa Initiative for Governance (AIG), a not-for-profit organisation, established to be a catalyst for high public sector performance in Africa by bringing proven private sector innovation, leadership and funding to the public sector in a private-public partnership to attract, inspire and support future leaders of Africa's public sector.

Mr. Aig-Imoukhuede is also the Founder and Chairman of Coronation Capital Limited, an Africa-focused private equity and proprietary investment firm established in 2014. Prior to this, he was Group Managing Director and Chief Executive Officer of Access Bank Plc, where he led the transformation of the bank to rank amongst Africa's leading banks. Commander of the Order of the Niger "CON", conferred by the Federal Republic of Nigeria, for his contributions to the development of banking and finance, and Ernst & Young Entrepreneur of the Year (West Africa).



Mr. Aliko Dangote GCON

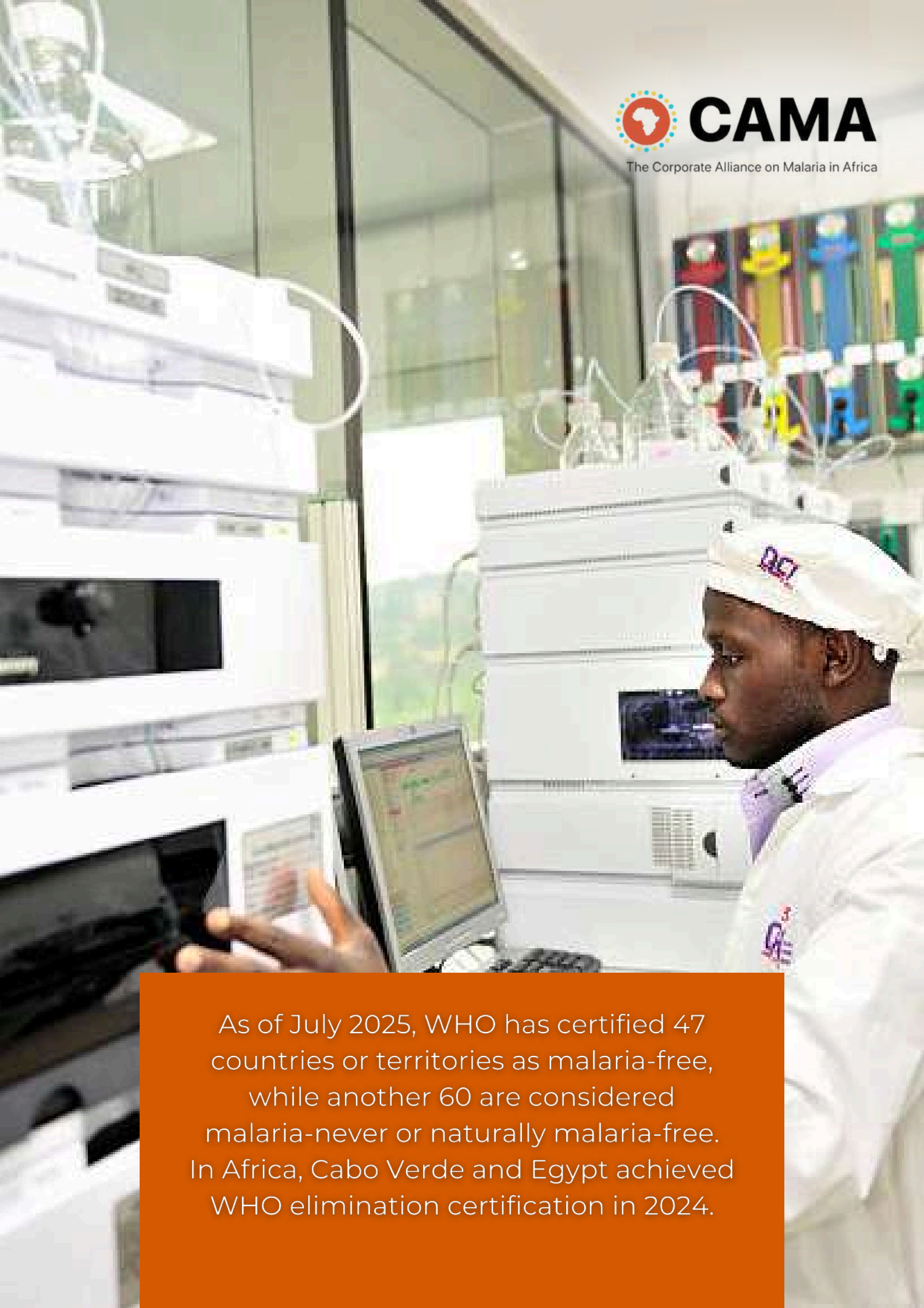
Aliko Dangote is the founder and president/chief executive of the Dangote Group, the largest conglomerate in West Africa. The Group currently has a presence in 17 African countries and is a market leader in cement on the continent. One of the Group's subsidiaries, Dangote Cement Plc, is the largest listed company in West Africa and the first Nigerian company to join the Forbes Global 2000 Companies list.

The Group has diversified into other sectors of the Nigerian economy including agriculture and is currently constructing the largest petroleum refinery, petrochemical plant and fertilizer complex in Africa.

Internationally, Dangote sits on the board of the Corporate Council on Africa and is a member of the Steering Committee of the United Nations Secretary-General's Global Education First Initiative, the Clinton Global Initiative, the McKinsey Advisory Council, and the International Business Council of the World Economic Forum.

CAMA

The Corporate Alliance on Malaria in Africa

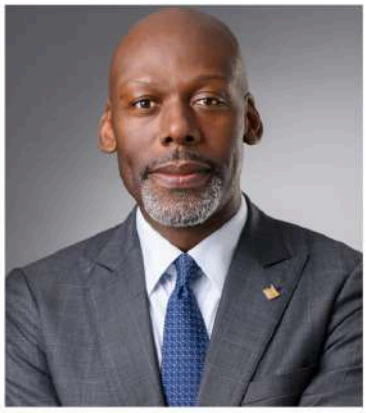


As of July 2025, WHO has certified 47 countries or territories as malaria-free, while another 60 are considered malaria-never or naturally malaria-free. In Africa, Cabo Verde and Egypt achieved WHO elimination certification in 2024.

CONTENTS

CAMA
Corporate Alliance on Malaria in Africa

THE ALLIANCE CO-CHAIRS & LEADER



Mr. Amaechi Okobi

CO-CHAIR

Amaechi Michael Okobi is the Chief Brand and Communications Officer for Access Corporation. In this role, he oversees the positioning of the Access Corporation brand, including all banking and non-banking subsidiaries, across various markets. Prior to this role, Amaechi served as the Group Head of Corporate Communications for Access Bank, a position he held since joining the organization in 2014.

Amaechi is a marketing and communications professional with over 25 years of experience with global and Nigerian retail brands such as Revlon Inc., Nigerian Breweries Plc, Globacom Ltd, and Diageo Plc. His experience cuts across marketing; communications; brand management; market growth strategy; reputation management; and public relations.

Mr. Michael Steinberg

CO-CHAIR

Michael Steinberg is the HSE lead, Community Health & Partnerships- Chevron and a Population health management and public health professional with over twenty years of experience as a leader and manager.

He has experience in various International assignments; a health subject matter expert; Corporate Pandemic Response Team member; Business Continuity process coordinator; communications lead; external partnerships lead, engagement and social investment lead; project, process, event and program manager; strategic planning and management; strong facilitation and training experience. Under his co-leadership, CAMA continues to play a vital role in advancing private-sector engagement and scaling impactful malaria control interventions across the continent.

Zouera Youssoufou

LEADER

Zouera Youssoufou is the Managing Director/CEO of the Aliko Dangote Foundation (ADF), the largest private Foundation on Africa, based in Lagos. In this role, she leads the Foundation's efforts to improve the health, nutrition, education and economic empowerment outcomes for the needy, primarily in Nigeria and in Africa.

She sits on several Boards including the African Business Coalition for Health (ABCHealth), Women's World Banking, Private Sector Health Alliance of Nigeria, ONE Global Leadership Circle, Center for the Strategic Studies on Africa, and International Institute for Sustainable Development (IISD). As of March 2020, Zouera also coordinates the Secretariat of CACOVID, the Nigerian Private sector coalition against Covid-19.

CAMA

Corporate Alliance on Malaria in Africa

MEMBERS OF THE ALLIANCE

access · Chevron · Aliko Dangote Foundation · ExxonMobil

envu · DCL Laboratory Products Ltd · Nigerian Breweries · VESTERGAARD Impacting People · syngenta

Powered by ABCHealth

CAMA Office

www.abchealth.com

CAMA · access · Chevron · Aliko Dangote Foundation · ExxonMobil · envu · DCL · VESTERGAARD · Nigerian Breweries · syngenta

CALL TO ACTION

Zouera Youssoufou
Director, ABCHealth
MD/CEO, Aliko Dangote Foundation

The future of Africa's development depends on our ability to confront the health challenges that persistently undermine progress, prosperity, and productivity across the continent. Among these, malaria stands as one of the most devastating, an ancient disease that continues to impose modern costs on human lives, national economies, and health systems. At the Aliko Dangote Foundation, we have long recognized that addressing malaria is not only a public health imperative but a development and equity priority. Our deep involvement in the fight against malaria, particularly through our leadership in the Corporate Alliance on Malaria in Africa (CAMA), the malaria-focused office of the African Business Coalition for Health (ABCHealth), is grounded in this understanding.

It is against this backdrop that we are proud to introduce this report on the CAMA Malaria & Tech Workshop convened at WHX Lagos 2025, under the theme: "Mobilizing Corporate Resources and Private Wealth for Sustainable Malaria Solutions, Leveraging Technology." This gathering marked a moment in Africa's malaria response, not just because of the quality of insights it generated, but because of what it represented: a deliberate and strategic shift towards African-led, innovation-driven, and privately-supported solutions for malaria elimination.

The CAMA secretariat by ABCHealth, is aimed to catalyze meaningful private sector engagement in malaria control, not in the form of occasional funding, but as structured, integrated contributions that drive national impact and scale. Through CAMA, we are bringing the full weight of Africa's corporate sector into the health ecosystem, not only as financiers, but as planners, implementers, conveners, and champions.

The WHX Lagos 2025 workshop embodied this approach, fostering cross-sectoral dialogue, unlocking new streams of capital, and highlighting the transformational role that technology and enterprise can play in accelerating malaria elimination across the continent.

The theme of the workshop was both timely and necessary. We are at a juncture where Africa's malaria burden remains unacceptably high, yet the tools and solutions to end this scourge are more advanced and more available than ever before. What is missing is alignment—between sectors, across financing mechanisms, and within national health priorities. We must shift away from a siloed, donor-dependent architecture of malaria control and move toward a coordinated, sustainable model that prioritizes local ownership, investment, and resilience. It is not enough to treat malaria; we must outsmart it. And to do so, we must bring the best of science, business, data, and innovation into one shared mission.

Throughout the workshop, it became evident that the African private sector is ready to take on a more strategic role, not just by providing capital, but by investing in technologies that work, scaling platforms that reach the last mile, and embedding malaria interventions into workplace policies and community programs.

The conversations explored innovations such as AI-driven surveillance systems, genomic tools, digital supply chain tracking, and promising developments in vaccine and vector control technologies. These are no longer abstract possibilities; they are proven instruments that need catalytic investment and coordinated deployment. The private sector is uniquely positioned to drive this shift—to be not just contributors to malaria solutions, but architects of a new public health approach.

This report is a reflection of the collective thinking, evidence-based discourse, and strategic vision that emerged from the workshop. It documents not just where we are in the fight against malaria, but where we must go. And it is intended to be more than a record—it is a framework for action, an invitation to collaborate, and a testament to what is possible when Africa leads with confidence and clarity of purpose.

FOREWORD

CAMA
The Corporate Alliance on Malaria in Africa

Mories Atoki (Dr.)
Lead, CAMA Office
CEO, ABCHealth

Across Africa, a quiet revolution is unfolding, the one defined by resolve. In boardrooms and ministries, research labs and rural clinics, the question is no longer whether we can eliminate malaria, but how quickly, how sustainably, and with whom. The 2025 CAMA Malaria & Tech Workshop, hosted during WHX Lagos, was convened precisely to answer that question, not in theory, but through bold, coordinated, cross-sectoral action. It was designed to challenge traditional boundaries, ignite new alliances, and reposition Africa's private sector not as a supporting actor, but as a principal force in the architecture of malaria elimination.

Under the theme "Mobilizing Corporate Resources and Private Wealth for Sustainable Malaria Solutions, Leveraging Technology," the workshop set a new standard for what meaningful, multi-stakeholder engagement can look like. It was not a typical dialogue. It was an intentional convergence of science, capital, policy, and community—driven by a shared understanding that while innovation and funding are essential, their power is unlocked only when aligned with scalable systems, inclusive partnerships, and localized ownership. This report captures the depth of that convening and the urgency of its call. It reflects a growing consensus: that Africa cannot continue to rely solely on donor support and fragmented health interventions to address a disease that is deeply tied to our economic resilience, human capital, and regional equity. Instead, we must embrace a new model, one where private sector capital, philanthropic commitment, and enterprise ingenuity are mobilized not just to support malaria programs, but to co-design and co-lead them. The role of corporate Africa must evolve, from ad hoc funding to strategic investment, from awareness campaigns to integrated ESG frameworks, and from transactional engagement to transformational leadership.

What emerged most powerfully from this convening was the centrality of technology, not as a future solution, but as a present necessity. From real-time surveillance systems and geospatial analytics, to vaccine science, genetically engineered mosquitoes, and digital adherence platforms, we have the tools to rewrite the malaria narrative. But tools alone are not enough. Technology must be embedded within local systems, adapted to community realities, and supported by data infrastructure, governance reform, and financing mechanisms that prioritize scale over pilots, and outcomes over optics.

Through CAMA at ABCHealth, we are working to ensure that these technologies and investments don't remain siloed or inaccessible, but are harmonized into national strategies and local delivery. This report serves not just as a summary of what was said at WHX Lagos, but as a springboard for what must follow. It provides a behind a shared goal: not merely to reduce malaria, but to end it decisively and sustainably.

As always, our gratitude goes to the leaders whose vision drives this agenda. To Alhaji Aliko Dangote, President of Dangote Industries and Co-Founder of ABCHealth; Mr. Aigboje Aig-Imoukhuede, Chairman of Access Corporation and ABCHealth; and Ms. Zouera Youssoufou, MD/CEO of the Aliko Dangote Foundation and Director at ABCHealth, thank you for your boldness in pushing the boundaries of what's possible. And to every participant, speaker, and partner who made the workshop a success—thank you for lending your voice, your intellect, and your commitment.

At ABCHealth, we believe that malaria elimination is not an isolated health goal, it is a marker of Africa's ability to own and define its development future. It is a test of whether our partnerships can transcend silos, whether our innovations can reach scale, and whether our capital can serve both impact and sustainability. It challenges us to reimagine health as a driver of economic prosperity. The path to elimination is as much about governance, accountability, and strategic investment as it is about medicines or mosquito nets.

Africa has the ingenuity, the leadership, and the momentum. What remains is for us to act, urgently, collectively, and with conviction. We must leverage the full spectrum of our assets: political will, financial capital, community networks, and scientific innovation. Every stakeholder has a role to play, governments must lead with enabling policy, the private sector must step up with scalable solutions and sustainable financing, and civil society must ensure that accountability and equity are not compromised in our pursuit of impact.

INTRODUCTION

The CAMA Malaria & Tech Workshop, held under the theme "Mobilizing Corporate Resources and Private Wealth for Sustainable Malaria Solutions, Leveraging Technology," marked a crucial moment in the evolving narrative of malaria control and elimination on the African continent. Convened by the Corporate Alliance on Malaria in Africa (CAMA), the malaria-focused office of the African Business Coalition for Health (ABCHealth), this high-level engagement unfolded as part of the WHX Lagos 2025 Summit, bringing together a distinguished coalition of actors spanning the public and private sectors, scientific and academic communities, development institutions, philanthropic entities, and health technology innovators. The workshop sought to explore and solidify a strategic rethinking of malaria elimination: one that places the private sector not at the periphery but at the center of the response, activating its influence, capital, infrastructure, and innovation to tackle one of Africa's most persistent public health challenges.

The theme of the workshop signals a significant shift in how malaria control is conceptualized and financed. Traditionally characterized by donor-dependence and publicly-led programming, malaria interventions across Africa have made substantial gains over the past two decades, thanks in large part to large-scale financing from multilateral organizations such as the Global Fund and technical support from global health institutions. However, the sustainability of these gains has come into question, particularly in the face of declining donor commitments, shifting global priorities, and persistent implementation bottlenecks at national and subnational levels. This moment, therefore, calls for a new framework, one rooted in co-ownership, local resource mobilization, and strategic innovation.

The workshop's framing offered a nuanced, multi-layered understanding of how corporate entities and private capital can and must play a more active, strategic role in the malaria ecosystem. It moved the conversation beyond corporate social responsibility and philanthropic donations toward a model where businesses, particularly those with operational footprints in endemic areas, integrate malaria control into their core sustainability, environmental, social, and governance (ESG) frameworks. The private sector's involvement in malaria elimination is no longer optional or symbolic; it is imperative to long-term health system resilience, economic productivity, and community wellbeing. As employers, infrastructure providers, data owners, and innovation drivers, private entities have a distinctive and transformative role to play.

In line with this understanding, the workshop examined how private resources, particularly from Africa's growing pool of high-net-worth individuals, corporate foundations, venture capital firms, and mission-aligned investors, can be aligned with national malaria strategies. Rather than duplicating public efforts, these investments can be catalytic: funding early-stage innovation, strengthening last-mile delivery, expanding data systems, and piloting bold technologies that traditional aid structures may be too risk-averse to support. Participants interrogated how financial tools such as blended financing, pooled procurement, malaria bonds, impact investing, and results-based contracting can be structured to bring scalability and sustainability to malaria interventions.

A segment portion of the workshop explored the role of technology, not as a secondary enabler but as a central pillar of any future-oriented malaria strategy. From advanced vaccines and genetically modified vectors to AI-powered surveillance, spatial mapping, and mobile health platforms, the digital and scientific landscape for malaria innovation is rapidly expanding. Yet, many of these solutions remain underutilized, either because of structural fragmentation, lack of funding, insufficient regulatory alignment, or weak community engagement. The workshop positioned technology not only as a tool for innovation but as an instrument of integration, connecting data to decisions, patients to care, and communities to systems in real time.

This report captures the insights, priorities, and action points that emerged from the workshop. It serves not only as a record of discussion, but as a blueprint for engagement, inviting all stakeholders to move from intent to implementation, from conversation to coordination, and from incrementalism to impact. As CAMA and ABCHealth continue to drive this agenda forward, we invite all who share in the vision of a malaria-free Africa to engage, invest, and lead in making that vision a reality.

CAMA
Corporate Alliance on Malaria in Africa

WELCOME ADDRESS

Dr. Mories Atoki

Lead, CAMA Office
CEO, ABCHealth

Dr. Mories Atoki - Lead, CAMA Office; CEO, ABCHealth

The welcome address by Dr. Mories Atoki, Lead, CAMA Office and CEO, ABCHealth, set the tone for this high-level workshop convened under the theme "Mobilizing Corporate Resources and Private Wealth for Sustainable Malaria Solutions, Leveraging Technology." Despite decades of interventions and global attention, malaria remains endemic across many regions, continuing to impact lives, erode economic productivity, and strain already limited health systems. It is not only a biomedical concern but also a developmental and socio-economic challenge that hinders Africa's progress toward the Sustainable Development Goals (SDGs).

The theme is anchored on two intersecting priorities: financing sustainability and technological integration. The first dimension emphasizes the imperative of mobilizing and deploying private wealth, corporate investments, and philanthropic capital in structured and scalable ways to close persistent funding gaps in malaria response efforts. Historically, malaria control has relied heavily on external donor assistance, creating vulnerabilities in program continuity and resilience. The emerging change calls for a diversified financing architecture, where businesses, high-net-worth individuals, investors, and social impact funds converge to co-invest in solutions. Such approaches not only unlock new streams of capital but also build a sense of collective accountability and ensure that malaria elimination is embedded within the broader socio-economic agenda of African nations.

The second dimension is the strategic deployment of technology as a catalytic driver of impact. Digital transformation is reshaping malaria responses in ways previously unimaginable. Advanced data analytics and artificial intelligence provide predictive modeling for early outbreak detection, enabling proactive rather than reactive interventions. Mobile-based platforms are enhancing treatment adherence and supporting behavioral change communications at scale, while drone-enabled distribution systems extend the reach of essential commodities to underserved and remote geographies.

Geographic Information Systems (GIS) now allow for granular mapping of vector habitats and intervention coverage, while molecular surveillance techniques enhance the ability to monitor drug and insecticide resistance patterns. Collectively, these innovations reduce inefficiencies, lower operational costs, and enable real-time monitoring of program outcomes, thereby increasing accountability and maximizing the return on investments.

The objectives of this workshop extend beyond dialogue; they are designed to serve as a springboard for multi-sectoral alignment, technical knowledge exchange, and the formulation of practical investment frameworks. Central to this is an examination of how private capital, blended with donor and domestic financing, can be channeled toward priority interventions such as vector control innovations, novel therapeutics, next-generation diagnostics, and vaccine deployment.

The workshop further seeks to highlight scalable case studies of corporate engagement and philanthropy that have demonstrated measurable impacts on malaria outcomes, providing replicable models for broader application across diverse African contexts.

The deliberations are expected to yield not only conceptual insights but also tangible outcomes in the form of investment pipelines, strategic roadmaps, and frameworks for action. By integrating financial innovation with technological advancements, the workshop aspires to contribute to the development of resilient, scalable, and sustainable malaria response models. These models are envisioned to be both cost-effective and impact-driven, addressing immediate malaria control needs while also building long-term system resilience against emerging health threats.

CAMA
Corporate Alliance on Malaria in Africa

OPENING REMARKS

Dr. Laide Lesi

Head, Occupational Health
Chevron

Dr. Laide Lesi - Head, Occupational Health, Chevron

A pivotal moment in this session was the delivery of the guest opening remarks by Dr. Laide Lesi, Head of Occupational Health at Chevron. As co-chair of the Corporate Alliance on Malaria in Africa (CAMA), Chevron has been at the forefront of advancing corporate-led initiatives and public-private partnerships aimed at malaria elimination. Her remarks not only underscored the urgency of the malaria burden but also challenged stakeholders across sectors to rethink their roles in creating integrated, sustainable, and technology-enabled solutions for malaria control and elimination.

She began by anchoring the day's theme, "Deepening Public-Private Partnerships for Malaria Elimination", in the historical and contemporary realities of malaria in Africa. Acknowledging the tremendous progress made through global and national efforts, she drew attention to sobering statistics: malaria remains one of the deadliest diseases on the continent, disproportionately affecting infants, children under five, and pregnant women, while continuing to strain productivity, public health systems, and economic resilience. Her framing of the issue was not simply epidemiological but deeply structural, emphasizing that malaria is both a health and development issue that cannot be tackled effectively without collaborative, multisectoral strategies.

The address highlighted Chevron's longstanding commitment to health systems strengthening, both within its workforce and in host communities, illustrating the company's holistic view of corporate responsibility. Its role as co-chair of CAMA is rooted in the understanding that businesses are not bystanders in the fight against malaria, but essential actors whose resources, expertise, and platforms can be leveraged for transformative change. The insights shared spoke powerfully to the evolving role of corporations in public health—no longer limited to peripheral donor support but now integral to the architecture of solution design, policy advocacy, and operational execution.

The theme "Mobilizing Corporate Resources and Private Wealth for Sustainable Malaria Solutions, Leveraging Technology" represents a timely and strategic pivot signaling a shift away from traditional, donor-dominated models of health intervention toward approaches that are more self-sustaining, resilient, and anchored in local ownership. This shift, she emphasized, requires the private sector to assume a co-creative role, in which financial investments are coupled with operational engagement, strategic partnerships, and innovation stewardship.

A key highlight of the remarks was Chevron's operational philosophy around "collaboration as a foundation of impact." The address elaborated on strategic alliances with global health bodies such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Friends of the Global Fight, emphasizing that these partnerships are more than financial transactions, they are long-term commitments to health equity, capacity development, and systemic change. Chevron has invested substantially in these platforms, supporting malaria prevention and treatment programs that extend beyond its immediate operational footprint. These investments span the spectrum of malaria control; from funding vector control tools and rapid diagnostic kits to supporting innovative research and digital monitoring platforms.

Concrete illustrations were provided of Chevron's multifaceted approach, including the integration of malaria prevention into occupational health protocols, particularly for its workforce operating in endemic regions. Through robust workplace wellness programs, educational campaigns, and environmental vector control measures, the company has built a model for other corporations to emulate, one where employee health is intrinsically linked to business continuity, and where private capital is mobilized to deliver public goods.

Further emphasis was placed on Chevron's contributions to capacity building in malaria

programs, particularly through the engagement of its skilled workforce in knowledge transfer and technical assistance for local interventions. This includes support for community health workers, operational research, grant management optimization, and joint advocacy campaigns, all of which improve grant reach, efficiency, and performance at the country level. Empowerment of local actors, through training, tools, and shared expertise, was described as one of the most sustainable investments any private entity can make in the public health space.

A resonant moment came during the discussion of community-level interventions, including environmental sanitation campaigns, maternal-child health programs, and school-based health education. Reference was made to initiatives under the Roll Back Malaria campaign, which Chevron has actively supported, aimed at protecting vulnerable groups such as infants and pregnant women. These programs integrate malaria control with broader socioeconomic interventions—reflecting an understanding that health outcomes are deeply interwoven with education, poverty alleviation, and gender equity.

In line with the workshop's emphasis on innovation, compelling insights were offered into how Chevron and its partners are harnessing emerging technologies to enhance the efficacy of malaria interventions. The address spotlighted the growing application of genetically engineered mosquitoes in the field, framing it as one of the most promising breakthroughs in vector control. With the right safeguards and ethical considerations, such scientific advancements could redefine the pace and scale of malaria elimination efforts. Data-driven technologies enabling predictive modeling, geospatial tracking of outbreaks, real-time supply chain management, and patient-centered adherence tools were also referenced, highlighting how the integration of digital solutions into national malaria programs is no longer optional but imperative.

There was a call to action, encouraging participants—particularly those from the corporate and tech sectors, to see themselves not as spectators but as stewards of Africa's health future. Stakeholders were urged to engage deeply, invest wisely, and collaborate boldly, with a warning that failure to innovate or act collectively would only entrench the status quo. Malaria elimination, it was stressed, is not a distant dream but an achievable target, provided that partnerships are strengthened, innovation is scaled, and the private sector remains committed not just to profit, but to purpose.

In reinforcing the private sector's role, the conversation must now go beyond corporate social responsibility toward embedding malaria elimination within business sustainability models. Multinational corporations, especially those with deep roots across sub-Saharan Africa, were called upon to recalibrate their value chains to consider health not as a peripheral issue, but as central to workforce productivity, community license to operate, and long-term economic growth. Malaria remains a leading cause of worker absenteeism and reduced capacity, and in high-burden countries, the disease can directly compromise the profitability and reliability of business operations. Companies that proactively address malaria—not just for philanthropic reasons, but as a strategic imperative, are more likely to thrive in complex, emerging market environments. The speech drew attention to this shift, urging corporate boards and C-suites to consider health metrics as material indicators of business risk and resilience.

Climate change was also introduced as a growing variable in malaria transmission patterns, with the address noting shifts in the geographical distribution of malaria vectors due to rising temperatures, erratic rainfall, and changing ecosystems. As a result, previously low-risk zones are now facing increased vulnerability. This calls for dynamic, adaptive, and real-time interventions, where the role of private sector-backed innovation is even more pronounced. Tools such as climate-smart surveillance systems, AI-driven risk maps, and satellite-based environmental monitoring were presented as part of a broader arsenal for anticipatory public health action. Chevron's investment in environmental stewardship, sustainable operations, and ecosystem preservation was cited as an example of how corporate actors can mitigate both the health and environmental consequences of a changing climate.

For innovation to thrive, and for businesses to confidently invest in health, enabling environments are essential. This includes clear procurement frameworks, data governance standards, public-private partnership guidelines, and incentives for local production of malaria commodities such as bed nets, diagnostics, and antimalarial drugs. Chevron's experience working alongside national malaria control programs to co-develop accountability frameworks and performance-based monitoring systems demonstrates that effective collaboration is rooted not only in resources but in trust, transparency, and shared goals. By aligning corporate objectives with national and continental malaria elimination strategies, the private sector becomes an indispensable partner, not only in funding the fight but in shaping and sustaining it. In this context, Chevron's engagement, as articulated by its leadership at the summit, serves as a living example of what it means to lead from the front—bridging health and development, science and strategy, innovation and impact.

CAMA
Corporate Alliance on Malaria in Africa

KEYNOTE ADDRESSES

Dr. Kolawole Maxwell

Programme Director, West & Central Africa Malaria Consortium

Dr. Kolawole Maxwell - Programme Director, West & Central Africa, Malaria Consortium

The keynote address delivered by Dr. Kolawole Maxwell, Malaria Consortium's West and Central Africa Programmes Director, offered a sobering yet galvanizing perspective on the persistent threat of malaria in Africa and the urgent need for coordinated, technology-enabled, and privately financed solutions. These remarks also a pointed directive to all stakeholders: the time for fragmented interventions and donor-reliant models has passed. What is required now is full-spectrum alignment, strategic co-investment, and bold technological innovation to realize the dream of a malaria-free Africa.

Opening with a reference to the 2025 World Malaria Day slogan, "Malaria Ends With Us," the speaker reminded the audience of the weight of collective responsibility in ending this disease. It was more than a slogan, it was a call to action and an invitation to introspection. He drew attention to a critical thematic question at the heart of his address: What is missing in our alignment towards a malaria-free Nigeria? In that single line, the stage was set for an intense exploration of the gaps, opportunities, and roles each actor must play to end malaria not just as a disease but as a development hindrance. Malaria continues to exert a heavy toll across the continent, with Nigeria accounting for nearly 27% of global malaria cases and 31% of global malaria deaths, according to the latest World Malaria Report. These are not just alarming figures; they are markers of a systemic health challenge that persists in the face of decades of effort.

With Nigeria continuing to account for the highest burden of malaria globally, the address emphasized that this is not merely a health crisis but a national emergency that affects all sectors, from healthcare to education, labor, agriculture, and the economy at large. Malaria not only claims millions of lives through preventable illness. Malaria undermines productivity, depresses economic growth, impedes educational attainment, and places disproportionate financial burdens on poor households. It is estimated that malaria costs the African economy more than $12 billion annually in direct and indirect costs, including lost work hours, treatment expenditures, and premature deaths. In Nigeria alone, over 60% of malaria funding continues to be sourced from household out-of-pocket expenditures, a regressive financing pattern that exacerbates poverty and stifles resilience.

This workshop was a recalibration of strategy. The keynote affirmed that the current financing model must be disrupted and redesigned to better harness corporate capital, philanthropic contributions, and investment from high-net-worth individuals, not as acts of charity but as necessary elements of a sustainable health ecosystem. The integration of malaria interventions into Environmental, Social, and Governance (ESG) commitments and workplace wellness frameworks was identified as a key area of opportunity for the private sector. Corporations, especially those with significant workforce footprints in malaria-endemic regions, have a dual responsibility: to protect the health of their employees and to extend that protection into the surrounding communities. Malaria is not confined to poor rural areas, it affects miners, oil and gas workers, construction crews, and logistics staff. Embedding malaria response into occupational health programs can prevent absenteeism, reduce health-related disruptions, and demonstrate corporate leadership in health equity.

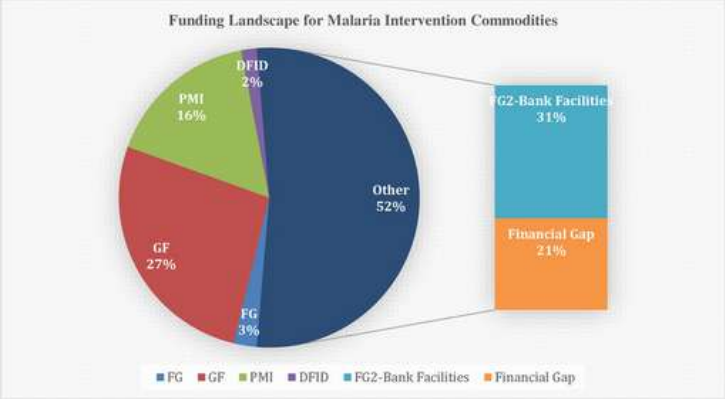
He also brought attention to the power of partnerships. The private sector cannot act in isolation, nor can government programs succeed without private sector agility and innovation. Public-private-philanthropic partnerships were presented as the basis of Africa's malaria elimination strategy, anchored in frameworks such as the African Union's Agenda 2063 and the Sustainable Development Goals (SDGs). These partnerships must transcend occasional CSR projects and instead evolve into enduring, co-owned platforms that align investment, data sharing, research, and service delivery.

Technology was positioned not as an afterthought or supplement but as a central lever for change. Emphasis was laid on the role of advanced technologies—ranging from real-time disease surveillance systems, mobile health (mHealth) tools for treatment adherence, digital diagnostics, blockchain for supply chain integrity, and the pioneering application of genetically engineered mosquitoes as a vector control method. These are not just experimental tools; they represent a tangible shift toward precision public health. But innovation, the speaker emphasized, is only as impactful as its reach, underscoring the need for inclusive, accessible tech that can be adapted and scaled across diverse contexts, particularly underserved communities.

Digital tools enable more precise, efficient, and scalable interventions, bridging the gaps often found in traditional public health systems. From the deployment of mobile health applications that empower community health workers with real-time data entry and patient tracking, to AI-powered platforms capable of analyzing transmission patterns and forecasting outbreaks, technology has the potential to revolutionize malaria response. Electronic surveillance systems can support the timely aggregation and visualization of case data, enhancing responsiveness and resource allocation, particularly in hard-to-reach areas. Furthermore, digital adherence tools ensure that patients complete treatment regimens, thereby reducing drug resistance and improving health outcomes.

At the policy level, interoperable health information systems facilitate coordination between public health agencies, private providers, and donors, creating a unified response framework. Digital finance solutions also offer opportunities for direct-to-patient health subsidies and performance-based funding for frontline health workers. Importantly, these innovations are not just aspirational, they are already being piloted with success across several African countries. However, to fully unlock their potential, digital health tools must be integrated into national malaria strategies, backed by strong infrastructure, robust data governance policies, and sustained private sector investment. By embracing digital health, Africa can accelerate progress towards malaria elimination while simultaneously strengthening its broader health systems.

Mobilizing private capital is no longer optional but essential. Private wealth, especially when channeled through impact investment vehicles, corporate foundations, and philanthropic arms, has the potential to fill persistent funding gaps. He pointed to the disheartening reality that the majority of malaria funding in Nigeria still comes directly from households through out-of-pocket expenses. This is a regressive and unsustainable model that continues to impoverish the most vulnerable while failing to produce long-term solutions. He argued that the future of malaria financing must be equitable, diversified, and innovative, with mechanisms such as malaria bonds, pooled insurance, blended financing, and matched corporate grants offering promise.



Investment in local manufacturing and supply chain resilience also featured prominently in the speech. Without strengthening domestic production capacities, for insecticide-treated nets, anti-malarial drugs, diagnostic tools, and data infrastructure, the continent will remain vulnerable to supply disruptions, inflated costs, and donor dependency. Localization of production, supported by corporate investments and favorable policy environments, will not only create jobs and economic value but also enhance timely and efficient responses to outbreaks.

He urged participants not to view malaria elimination as a stand-alone goal, but as a core indicator of sustainable development and inclusive growth. Eliminating malaria contributes to economic development, human capital preservation, and health system resilience. It opens doors to better educational outcomes, stronger workforce participation, and reduced maternal and child mortality. When the private sector views its role through this broader lens, investments in malaria solutions become not just charitable acts, but strategic imperatives for long-term prosperity.

In conclusion, the address was a sobering analysis and a strategic roadmap for the way forward. It reinforced that the end of malaria in Africa, beginning with Nigeria, is possible, but only if alignment is achieved across sectors, financing is diversified and sustained, and technology is deployed with intention and equity. The fight against malaria must be co-owned by governments, private sector actors, development partners, and local communities alike. It is not merely a medical challenge but a test of our ability to collaborate, innovate, and act with urgency and shared purpose.

Dr. Opeola Abegunde

Exective Secretary
Nigeria End Malaria Council

Dr. Opeola Abegunde - Executive Secretary, Nigeria End Malaria Council

The virtual keynote address by the Executive Secretary of the Nigeria End Malaria Council, Dr. Opeola Abegunde, offered a strategic and impassioned call to action. Drawing upon a combination of empirical evidence, policy insights, and a wealth of practical implementation experience, the remarks illuminated the persistent burden of malaria in Africa and the urgent necessity of transforming how the fight against the disease is financed, implemented, and sustained. Grounding her perspective in the latest World Malaria Report by the World Health Organization, Africa continues to bear the heaviest global burden of malaria, with over 233 million reported cases in 2022 alone, representing a staggering 94% of global cases.

Tragically, the continent also witnessed approximately 580,000 deaths attributed to malaria that year, 77% of whom were children under the age of five. These figures underscore the human cost of malaria and its disproportionate impact on vulnerable populations, despite decades of interventions and global commitments.

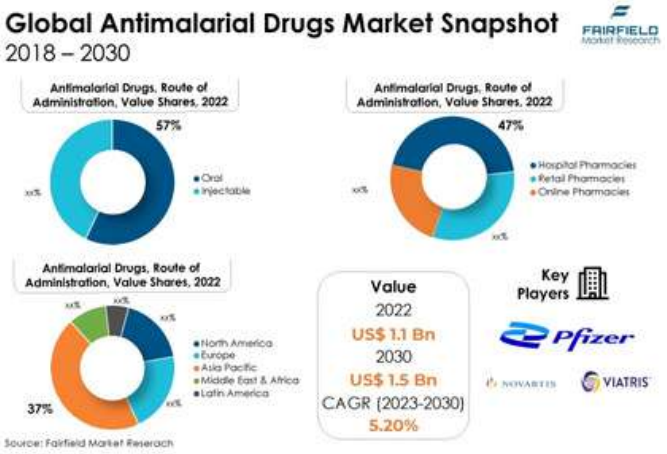
Zooming into Nigeria, the economic toll of malaria is equally devastating. It is estimated that the country loses over 600 billion naira annually to malaria-related productivity losses, treatment costs, and work absenteeism. This economic hemorrhage, largely borne out-of-pocket by households, exposes the unsustainable nature of current malaria financing frameworks and the critical need for a more systemic, multisectoral response. In light of this, the speech advanced a vision of transformative action—one that prioritizes the mobilization of private capital and domestic financing, leveraging innovation and technology to drive sustainable impact. The paradigm shift being championed rests on three pillars: the institutionalization of private sector leadership, the operationalization of technology for better results, and the accountability of all stakeholders, including governments, civil society, and the private sector.

Amid this context, the Nigeria End Malaria Council was cited as a significant milestone in strengthening national commitment and ownership. Its inauguration by Late President Muhammadu Buhari on 22nd August 2022, signaling high-level political will and cross-sector resolve to combat malaria head-on. Chaired by Africa's foremost philanthropist, Aliko Dangote, the Council embodies a multi-stakeholder governance model with representation from the private sector, civil society, national and state ministries, the legislature, and development partners. With clear terms of reference built around advocacy, resource mobilization, and accountability, the Council is strategically positioned to drive momentum toward Nigeria's 2030 malaria elimination targets. The Council's holistic architecture ensures that malaria is no longer treated merely as a public health issue but as a developmental imperative that demands economic investment, innovation, and systemic reform.

In acknowledging signs of progress, she referenced interventions such as the use of insecticide-treated nets, the rollout of new malaria vaccines in pilot states like Bauchi, Kebbi, and Cross River, and the expansion of evidence-based, community-led initiatives. For instance, the recent vaccination of over nine million children has already resulted in a 30% reduction in malaria cases, an encouraging testament to what targeted investment and political will can achieve. However, these advances must not breed complacency. They must instead catalyze a broader movement toward integration, bringing together data, finance, logistics, research, and policy under one unified ecosystem.

Through logistics, procurement, or workplace-based wellness strategies, companies must internalize malaria elimination as part of their core ESG (Environmental, Social, and Governance) priorities. Beyond philanthropic contributions, this means embedding malaria prevention into occupational health standards, co-investing in supply chain innovations, and scaling digital health technologies that enhance visibility and accountability. CAMA itself

represents this model—having institutionalized the role of businesses across Africa as malaria champions through structured advocacy, joint implementation platforms, and results-focused coalitions. The Council's ongoing alignment with national malaria strategies and continental frameworks, such as the African Leaders Malaria Alliance and the AU Agenda 2063, provides further scaffolding for harmonized, continent-wide action.



Antimalarial drugs market size likely to be worth US$1.5 Bn by 2030, up from US$1.1 Bn recorded in 2022

To further accelerate this vision, emphasis was placed on the critical role of technology in reshaping how malaria is tracked, treated, and ultimately eradicated. Digital tools, from geospatial mapping for identifying malaria hotspots to AI-powered platforms that predict transmission trends, offer game-changing possibilities for smarter, more efficient responses. Real-time surveillance systems can now allow health authorities and corporate partners to make faster decisions, direct resources where they're most needed, and monitor intervention outcomes with far greater precision. Mobile health applications can support remote diagnostics, treatment adherence, and community engagement; especially in hard-to-reach areas where traditional health infrastructure may be limited. Technology also enables better integration of data across silos, connecting the dots between national malaria programs, donor investments, and corporate wellness schemes, thus ensuring that no effort operates in isolation.

Moreover, the call for deeper private sector involvement was not just financial in nature but strategic. Businesses—particularly those with large operational footprints in endemic regions, must embed malaria elimination into their core risk and sustainability assessments. In industries such as oil and gas, agriculture, and construction, malaria remains one of the top health threats to workers and communities alike. By aligning malaria interventions with occupational health protocols, companies not only protect their workforce but also contribute to national productivity and health security. This proactive approach reflects a broader shift in global health governance: moving from donor-dependence to domestic accountability, and from isolated programs to integrated, system-wide reforms. The speech also called attention to the immense value of collaborative platforms like CAMA, which bridge the divide between public health goals and private sector capabilities.

Its alliance by uniting private sector with national malaria programs and frameworks such as the African Leaders Malaria Alliance (ALMA) ensures that private sector contributions are not parallel or peripheral, but central to the continental response. Furthermore, as global health financing becomes increasingly competitive and fragmented, these kinds of platforms are essential to ensuring that malaria remains a top priority on political and philanthropic agendas.

Every case of malaria averted represents a child who can attend school, a worker who can remain productive, and a community that can thrive. Every dollar invested in malaria control yields exponential returns in human capital, economic growth, and social equity. By mobilizing corporate resources and private wealth, through strategic partnerships, technological innovation, and accountable governance, Africa can chart a bold course toward malaria elimination. It is a journey that will require vision, endurance, and collective action. But as demonstrated throughout the workshop, the momentum is building, and the leadership, both public and private is ready.

What remains under-emphasized but equally pivotal is the role of gender-responsive strategies in malaria control and elimination. Women and girls, particularly in rural areas, face unique vulnerabilities due to their traditional caregiving roles, exposure to mosquito-prone environments during domestic chores, and limited access to healthcare services. Pregnant women are at heightened risk, with malaria in pregnancy leading to complications such as anemia, miscarriage, stillbirth, and low birth weight—major contributors to maternal and infant mortality.

Integrating gender equity into malaria programs, through targeted education, community empowerment, and gender-sensitive data collection, ensures that interventions are not only more effective but also more just. Empowering women as community health workers, decision-makers, and advocates can significantly amplify the reach and impact of malaria interventions across Africa.

Dr. Peter Billingsley

Founder, the Vital Narrative

Dr. Peter Billingsley - Founder, The Vital Narrative

Another virtual keynote remarks delivered by Dr. Peter Billingsley, the founder of The Vital Narrative introduced a powerful fusion of scientific depth, forward-thinking innovation, and a call to align investments, technology, and end-user needs in the journey to eliminate malaria. Speaking from a vantage point rooted in decades of vaccine development, translational science, and global health advocacy, the address reframed the theme, through the lens of scientific innovation, particularly in vaccine advancement, genetic manipulation of vectors, and the urgent need to bridge the persistent gap between innovation and implementation.

The foundational thesis of the presentation was the science to end malaria is within our grasp, but the systems to translate that science into equitable, sustained impact remain critically underdeveloped. Framing the remarks in the broader historical arc of malaria control efforts, it was acknowledged that while significant progress has been made over the past two decades, particularly through large-scale vector control campaigns using long-lasting insecticide-treated nets (LLINs) and indoor residual spraying (IRS), that momentum has plateaued. Malaria continues to claim over 600,000 lives annually, with children under five in sub-Saharan Africa accounting for nearly 80% of all deaths. These figures are not merely statistics, they represent a persistent failure to scale available solutions and to adapt fast enough to the evolving biology of the parasite and the vectors that carry it.

An aspect of the address was its deep dive into vaccine innovation, arguably one of the most dynamic and high-stakes areas of malaria research. Among the most promising breakthroughs discussed was the development of the R21 malaria vaccine, which targets the sporozoite stage of the parasite's lifecycle. Designed to neutralize the parasite before it can infect liver cells, R21 builds upon earlier-generation vaccines like RTS,S but with significantly improved efficacy and stability profiles. Recent trials have demonstrated efficacy levels exceeding 75% when administered seasonally, offering a powerful tool for reducing clinical malaria cases in endemic regions. However, the vaccine's greatest potential lies in how it is integrated, strategically, into existing health systems, school-based immunization platforms, and community health campaigns. It is not just about having the vaccine; it is about building the systems and financing frameworks necessary to deploy it effectively and equitably.

Complementing this innovation is the Pfs230D1 transmission-blocking vaccine, which targets an earlier stage of the parasite inside the mosquito, rather than the human host. This dual-action model, where one vaccine prevents human infection and the other disrupts parasite development inside the vector, represents a strategic leap forward in the effort to cut transmission cycles from both ends. If successfully deployed in tandem, these vaccines could help push malaria not only toward control but elimination in high-transmission zones. Yet, the presentation warned, this outcome is not guaranteed. The path from laboratory success to community-level impact is fraught with obstacles: funding gaps, regulatory complexity, logistical bottlenecks, and a persistent lack of alignment between innovators and implementers.

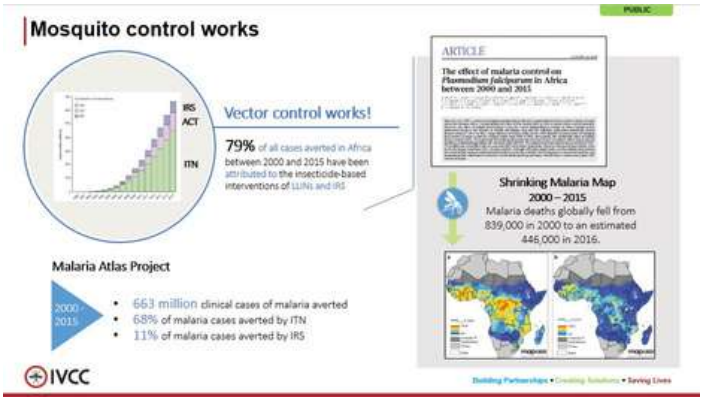
Complementing this innovation is the Pfs230D1 transmission-blocking vaccine, which targets an earlier stage of the parasite inside the mosquito, rather than the human host. This dual-action model, where one vaccine prevents human infection and the other disrupts parasite development inside the vector, represents a strategic leap forward in the effort to cut transmission cycles from both ends. If successfully deployed in tandem, these vaccines could help push malaria not only toward control but elimination in high-transmission zones. Yet, the presentation warned, this outcome is not guaranteed. The path from laboratory success to community-level impact is fraught with obstacles:

funding gaps, regulatory complexity, logistical constraints, and a persistent lack of alignment between innovators and implementers.

In discussing genetic approaches, the keynote also explored cutting-edge research surrounding genetically attenuated parasites (GAPs). These live organisms are engineered to halt their development inside the liver, preventing them from progressing to the blood stage where disease occurs. Crucially, they trigger a robust immune response without causing illness, effectively functioning as a biological training system for the body's defenses. This strategy holds promise for creating long-lasting, possibly sterilizing immunity with fewer doses and minimal boosters. Such advances could redefine vaccine strategies in regions with weak immunization infrastructure. However, the journey from bench to bedside requires substantial corporate investment, especially in late-stage trials, biomanufacturing infrastructure, and regulatory harmonization across African countries. Without a sustained flow of private and philanthropic capital into this space, these promising technologies risk being stalled at the pilot phase.

Vector control was presented as another critical frontier, both historically successful and urgently in need of reinvention. Between 2000 and 2015, approximately 79% of malaria cases averted in Africa were attributed to LLINs and IRS. But these tools, while effective, are no longer sufficient. Insecticide resistance is rising rapidly, and conventional approaches often fail in outdoor or mobile populations. Innovations such as Attractive Targeted Sugar Baits (ATSBs), which lure mosquitoes to ingest lethal doses of insecticides, and spatial emanators, which emit repellent chemicals in open-air environments, were showcased as game-changing solutions. These tools expand the reach of vector control beyond sleeping spaces, addressing outdoor transmission that accounts for a growing share of malaria infections.

The discussion deepened further into genetic vector suppression technologies, including the release of sterile or genetically modified males that skew mosquito populations toward non-biting males or render them infertile. Techniques such as gene drives, where modified genes rapidly spread through populations—could theoretically collapse entire Anopheles mosquito populations in targeted areas. While the scientific promise is staggering, the ethical, ecological, and governance challenges are equally immense. The keynote stressed the need for a continental regulatory framework and public engagement strategy that ensures these tools are deployed with transparency, consent, and careful monitoring. Corporate partners, especially those with experience in large-scale logistics, ethical governance, and stakeholder engagement, can play a vital role in piloting these technologies responsibly.



This is where the private sector and high-net-worth individuals can have the greatest impact: not just funding interventions, but sponsoring ecosystems where innovations are nurtured, evaluated, and deployed at scale.

Digital health emerged as a central enabler of this ecosystem. The presentation emphasized the transformative potential of AI-driven surveillance, machine learning for outbreak prediction, mobile health platforms for community engagement, and blockchain-based tools for supply chain transparency. With these technologies, malaria responses can become not only faster, but smarter, targeting resources to emerging hotspots, adjusting strategies in real time, and tracking patient outcomes across vast geographies. However, the success of digital health relies on infrastructure, broadband access, interoperable data systems, skilled personnel, and strong public-private coordination.

The concept of narrative alignment was also addressed—the idea that success in malaria elimination is not just a technical exercise but a storytelling challenge. Innovations cannot scale if they are not understood, trusted, and championed by those who use and fund them. The "vital narrative," therefore, is a framework for uniting innovators, communities, policymakers, and investors around a shared story of urgency, opportunity, and co-ownership. Without this narrative, even the best tools can languish on shelves, disconnected from the people they were meant to serve.

This is a call to build systems, mobilize capital, and elevate collaboration to a level commensurate with the complexity of malaria itself. The science is advancing at an unprecedented pace. What is needed now is bold, coordinated, cross-sector action to move from innovation to impact. Malaria does not wait, and neither can we. With the right alignment of resources, leadership, and digital infrastructure, malaria elimination is not just possible, it is inevitable.

CAMA
Corporate Alliance on Malaria in Africa

PANEL DISCUSSION

PANEL DISCUSSION

Despite decades of global and national-level interventions, malaria remains a leading cause of death and disability, disproportionately affecting the poorest and most vulnerable populations. In 2023 alone, the World Health Organization (WHO) reported approximately 263 million cases of malaria globally, with 94% of these cases occurring in Africa. This staggering figure underscores not only the scale of the problem but also the urgency with which we must rethink and reengineer the global malaria response, particularly on the African continent.

Malaria is a socio-economic issue that hinders productivity, burdens healthcare systems, increases poverty, and stifles development. For businesses operating in endemic regions, the impact of malaria on workforce availability, absenteeism, and community health cannot be overstated. As such, malaria must be recognized as a critical component of sustainability and business continuity planning—demanding innovative and collaborative responses that go beyond traditional public sector efforts.

In alignment with the African Union's Agenda 2063, which envisions a continent free of the burden of malaria and other communicable diseases, a more robust and integrated public-private partnership (PPP) framework has become imperative. The AU's target of reducing malaria morbidity and mortality by 90% by 2030, and ultimately eradicating malaria by 2063, is ambitious but achievable—only if all sectors rise to the challenge.

The focus is on how we can move from rhetoric to results by harnessing the unique strengths of the private sector: its capacity for innovation, its access to capital, its operational efficiency, and its proximity to affected communities. This platform brings together private sector leaders, development partners, public health experts, government agencies, and philanthropic institutions to chart a new course forward—one that places the private sector not on the sidelines of malaria elimination efforts, but at the very heart of them.

As the panel session commenced, the moderator, **Rhoda Robinson, Co-Founder, HACEY** delivered an incisive opening that set the tone for a high-level, solution-driven dialogue. Referencing the keynote speaker's address, the moderator emphasized the urgent need for equitable and sustainable service

Rhoda Robinson - Co-Founder, HACEY (Moderator)

in the fight against malaria. We cannot continue to apply outdated solutions to today's evolving challenges. We must take a hard look at where we currently stand, recognizing that the context of malaria transmission, financing, and community dynamics has shifted significantly. The landscape has changed, both in terms of epidemiology and stakeholder engagement, and so must our strategies.

There is a call for development of efficient, context-specific strategies that are rooted in local realities but elevated by global best practices. Crucially, they stressed that this moment calls for reimagining how we approach malaria elimination, not as a siloed health intervention but as part of a broader development agenda. Drawing from the essence of the theme, the moderator advocated for a multi-sectoral response where corporate organizations, technology innovators, and philanthropic foundations play decisive roles in reengineering malaria control programs. These roles are not supplementary, they are essential.

In underscoring the role of partnerships, the moderator highlighted that private sector actors and philanthropic organizations need to start working more cohesively, beyond donations and one-off CSR programs, to drive long-term innovation. Businesses have the resources, data infrastructure, and logistics systems that, if aligned with national malaria strategies, could revolutionize how malaria prevention, diagnosis, and treatment are delivered. The idea is not just about more money, it is about smarter money, invested in systems that deliver measurable impact.

The conversation also turned toward the catalytic power of technology. The panel was tasked with exploring how innovations such as real-time data platforms, geospatial mapping, AI-driven risk prediction tools, and digital health platforms can be deployed to improve malaria surveillance, ensure accountability, and guide timely interventions. In an age where technology drives efficiency across all sectors, health must not be left behind. The moderator reinforced that the fusion of technology and corporate resources presents an untapped opportunity to accelerate progress toward malaria elimination in ways previously unimaginable.

Moreover, she prompted the panel to reflect on the concept of shared value, a model in which business success and social impact go hand in hand. By embedding malaria prevention and treatment into occupational health programs, supply chain management, and ESG reporting, companies not only protect their workforce but also generate long-term business value. They reduce absenteeism, improve productivity, and contribute to national development, which in turn, nurtures a healthier operating environment. Malaria control, therefore, is not just a corporate responsibility, it is a strategic investment.

The workshop is also expected to generate actionable recommendations for deepening public-private partnerships. These recommendations will inform national policies and be aligned with continental frameworks such as the African Leaders Malaria Alliance (ALMA) and the AU Malaria Scorecard. Importantly, the session is not an end in itself but a springboard for sustained collaboration, commitment, and co-investment across sectors.

In conclusion, the introduction to the panel not only honored the foundational efforts made by public health actors but also laid down the gauntlet for the private sector: to move from passive support to active leadership in the fight against malaria. With strong governance, smart partnerships, and technology at the core, Africa is at the verge of a malaria-free future. The conversations that will unfold in this session are a blueprint for real, scalable impact.

Representing diverse sectors, the panelists included corporate executives who had integrated malaria programs into business operations, philanthropists who had pioneered innovative funding models, and technologists who had developed cutting-edge solutions for malaria control. Each shared concrete examples of how their work was driving progress. The discussion provided practical insights into scaling interventions, mobilizing resources, and leveraging innovation for greater impact.

The panelists include:

- **Dr. Francis Aminu** - Director of Health & Nutrition, Aliko Dangote Foundation
- **Dr. Jennifer Anyanti** - Deputy Managing Director, Society for Family Health (SFH) Nigeria.
- **Dr. James Adenuga** - Group Chief of HSSE & Sustainability at Dangote Industries Limited.
- **Rose Peters** - Commercial Head, Vector Control Sub-Saharan Africa, Syngenta
- **Andrew Saibu** - Africa Regional Co-ordinator (Engagement Manager), IVCC (Innovative Vector Control)

Virtual panelists include:

- **Dr. Akinola Shonde** - Technical Advisor, Malaria and Multisectoral Programming, Catholic Relief Services
- **Dr. Nonye Egekwu**, Senior Advisor, Quality and Learning, Nigeria National CEmONC Program

Moderator: Rhoda Robinson - Co-Founder, HACEY

Anchor: Dr. Mories Atoki - Lead, CAMA Office; CEO, ABCHealth

Among the insightful contributions was a narrative by **Dr. Francis Aminu**, **Director, Health and Nutrition, Aliko Dangote Foundation (ADF)**, that expanded the lens through which malaria is typically addressed, offering a multi-dimensional perspective that connected health, nutrition, behavior change, and workplace wellness into a single ecosystem of action.

Dr. Francis Aminu - Director, Health & Nutrition, ADF

The conversation highlighted that tackling malaria within the workplace is a pivotal but often under-leveraged avenue. The workplace is not just a productive hub, it is a direct interface with millions of African households and communities. Businesses across diverse sectors, especially those with a large rural footprint, are uniquely positioned to embed malaria control strategies within their occupational health and wellness programs. This includes direct malaria prevention measures such as routine health screenings, vector control within business premises, and access to treated bed nets and prophylaxis for employees and their families.

Such interventions do not only improve worker health outcomes but also reduce absenteeism and productivity losses associated with malaria-related illness, creating a strong business case for corporate investment in malaria elimination. The intervention also touched on the symbiotic relationship between the Aliko Dangote Foundation and the public sector, particularly through its collaborative support for the Nigeria End Malaria Council. Chaired by Aliko Dangote himself, this council embodies high-level private sector leadership in malaria elimination. Its vision transcends reactive intervention and leans into structural reform, signaling a growing trend in Africa's health development space: the deliberate convergence of philanthropic capital with state-led public health architecture to tackle the continent's most enduring diseases.

Central to the conversation was the Foundation's holistic view of child wellbeing. It was emphasized that malaria, while deadly, does not operate in isolation. The health and survival of a child are determined by a multitude of interrelated factors, and the presence of malaria often signals deeper systemic vulnerabilities, especially malnutrition. This interconnection gave rise to the Foundation's flagship intervention, the Integrated Nutrition Program. This initiative reflects a belief that the health of a child cannot be separated from their nutritional status, and that malnutrition often serves as both a precursor to, and a consequence of, recurrent malaria infections. Severe acute malnutrition, in particular, heightens susceptibility to infectious diseases, including malaria, by weakening the immune system and impairing recovery.

At the community level, malaria is often perceived as a "normal" or routine sickness, something to be endured rather than prevented. This normalization of suffering is a critical behavioral barrier. Tackling it requires not just the provision of health commodities but the transformation of health mindsets. This is why community engagement, behavioral communication, and social mobilization are integral pillars of effective malaria programming.

The discussion lauded that addressing malaria, or indeed any health challenge, demands a robust change model. The Foundation's work in this space hinges on equipping communities not merely as beneficiaries, but as active co-owners of the change they wish to see. The deployment of locally-driven solutions, facilitated through participatory methods, has proven vital in advancing this goal.

Illustrative of this is the emphasis on using nutrition as a gateway to broader health interventions, including malaria prevention and treatment. By entering communities through a nutrition-focused lens, health workers are able to assess vulnerabilities holistically, address immediate needs, and begin conversations about co-existing conditions such as malaria. This cross-cutting approach fosters more trust, increases uptake of services, and enhances long-term impact.

The model of integration also extends to child immunization efforts, where malaria interventions are aligned with campaigns for pneumonia, diarrhea, and other leading causes of under-five mortality. By bundling these interventions and promoting them through community participation, the Foundation has championed a model that breaks silos in the health system. This is further supported by a strong emphasis on WASH (Water, Sanitation, and Hygiene), a foundational determinant of health that often escapes attention in disease-specific programming. Poor sanitation exacerbates malaria risk by providing breeding grounds for mosquitoes, particularly in densely populated and underserved urban and peri-urban environments.

One of the most innovative components of the approach discussed was the concept of the **"Shame Walk."** This community mobilization tactic is designed to address the deeply entrenched WASH deficits in underserved communities. Rather than external intervention alone, it spurs internal community reflection and responsibility. Through this method, communities are encouraged to recognize their living conditions, understand the associated health risks, including malaria, and take ownership of their environment. This method has proven to be an emotionally resonant and culturally adaptive tool that drives behavioral change without the imposition of external judgment.

What emerged clearly is that no sustainable change can occur without community buy-in. Communities must be engaged from the outset, not as recipients of aid, but as co-creators of health solutions. The Foundation's model in this regard is participatory, inclusive, and grounded in the principle that development is most effective when it is co-designed by those it intends to serve. Local structures, traditional leaders, women's groups, and youth associations are all part of the architecture that supports successful program implementation.

At a higher level, the integration of these community models with digital health tools and corporate infrastructure offers a pathway to scale. By leveraging private sector logistics, supply chains, and data systems, initiatives like the Integrated Nutrition Program can be replicated across different states and countries with contextual adaptation. For instance, data collected from community-based malaria and nutrition interventions can be analyzed using predictive algorithms to identify emerging hotspots,

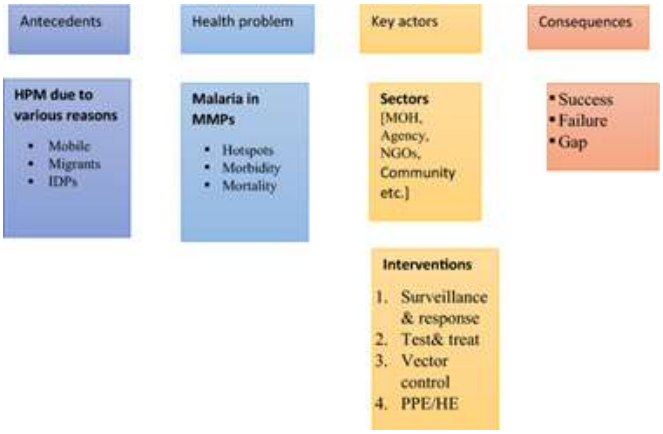
evaluate intervention efficacy, and optimize resource allocation in real-time.

As the discourse around malaria elimination becomes more multi-dimensional and nuanced, **Dr. Jennifer Anyanti**, **Deputy Managing Director, Society for Family Health (SFH) Nigeria**, reinstated that the voice of civil society emerges as an indispensable pillar in shaping sustainable, equitable, and community-rooted solutions. It was essential to ground the conversation in the lived realities of malaria-endemic communities and the systemic enablers that must be in place to ensure that innovations reach those who need them most. Drawing from decades of field experience and multi-sectoral engagement, one of the central themes of the panel was the irreplaceable role that civil society plays in bridging the gap between national strategy and local impact.

Dr. Jennifer Anyanti - Deputy MD, SFH Nigeria

From the civil society vantage point, one of the most pressing issues is not the lack of tools or technologies, but rather the persistent challenge of scalability. Lessons from the fight against HIV offer critical insights into what works, and what does not—when it comes to rolling out large-scale health interventions. The HIV response in Nigeria demonstrated that multi-sectoral collaboration, with strong civil society involvement, was not just beneficial but absolutely essential. The same principle applies to malaria. It is not enough to have vaccines, diagnostics, and treatments available.

The Advisory for Malaria Elimination in Nigeria (AMEN), convened under the Nigeria End Malaria Council, represents a step in the right direction by convening cross-sector expertise to advise national malaria efforts. However, questions persist. Is it vaccines alone that will solve our problems? Or is it the alignment of private sector efficiency with grassroots delivery? Technology and funding matter, but without strong systems for last-mile delivery, inclusive community engagement, and real-time feedback loops, the impact of those resources will remain limited. Civil society organizations, by virtue of their proximity to the people and their long-standing trust-based relationships with communities, are in a unique position to drive behavioral change, support community mobilization, and ensure accountability in implementation.



Source: Inter-sectoral approaches for the prevention and control of malaria

In practical terms, this alignment is already happening in select contexts. In Lagos State, the Lagos State Malaria Elimination Program, in partnership with the Ministry of Health, has been working hand-in-hand with civil society organizations such as the Society for Family Health (SFH), Maisha Meds, and others to contextualize malaria strategies for urban populations. This includes engaging with faith-based organizations, local associations, and women's groups to improve awareness, prevention practices, and testing behavior. These organizations are not just amplifiers of government messaging, they are trusted interlocutors who translate policy into practice and ensure community feedback informs policy revision.

One key point that was brought forward is the inconsistent nature of malaria prevalence across Nigeria's states. For example, in Lagos, malaria prevalence is significantly lower than in states like Kebbi. Yet, the framing of interventions often lacks this nuance. Uniform programming will never achieve uniform results. Data must drive decision-making, and civil society actors are crucial in gathering and interpreting local-level data through community-based surveys, focus group discussions, and rapid assessment tools. These grassroots insights feed into surveillance systems and help governments and partners tailor interventions with much greater precision.

There is a growing understanding that malaria control efforts must not only involve health actors. To build resilient malaria programs, governments must convene civil society across all sectors, including construction, agriculture, education, and the informal economy. These sectors represent major employment channels for low-income populations who are most at risk of malaria. For example, construction workers operating in flood-prone or stagnant water-filled areas are particularly exposed to mosquito breeding grounds. Similarly, agricultural workers, especially in rural and peri-urban zones, spend extended hours in mosquito-dense environments. Malaria interventions

in these sectors, facilitated through civil society partnerships, could include occupational health policies, distribution of preventive commodities, workplace sensitization campaigns, and on-site testing and referral systems.

The panel's contribution also addressed the need for consistent testing protocols, advocating that every fever be tested for malaria, an ethos increasingly institutionalized by the National Malaria Elimination Programme (NMEP). In this regard, civil society's role in demand generation, social behavior change, and community trust-building is indispensable. Where misinformation or apathy exists, they are the ones who knock on doors, host townhall meetings, and use local languages and storytelling to drive uptake of services.

We must learn from the past, as with HIV, where multi-sectoral collaboration enabled breakthroughs. We must not assume that capital and innovation alone will solve the malaria crisis. Rather, we must ask whether the systems exist to deliver these solutions at scale, to the right people, in the right way. That is where civil society lives, works, and thrives. And that is where the future of malaria elimination will either be won, or lost.

Dr. James Adenuga, **Group Chief, HSSE & Sustainability, Dangote Industries Limited (DIL)**, stressed that the fight against malaria in Africa must move beyond episodic interventions and reactive health campaigns. It must be strategically embedded into the core operations, sustainability priorities, and risk mitigation frameworks of businesses operating across the continent. For large industrial players such as Dangote Industries Limited, malaria is not just a public health concern, it is a business continuity issue, a workforce productivity determinant, and a metric of socio-economic stability in host communities. The call is no longer just about philanthropic gestures; it is about institutionalizing health, particularly malaria prevention and control, as an operational imperative tied directly to long-term business performance and national development.

Dr. James Adenuga - Group Chief, HSSE & Sustainability, DIL

In unpacking this corporate imperative, one of the most powerful insights that emerged was the need to assign clear responsibility for malaria elimination efforts within internal structure of corporations. In the case of Dangote Industries, this has been operationalized by assigning malaria prevention and control obligations directly to business units, integrating them into policy frameworks, compliance mechanisms, and departmental performance indicators. This internal mainstreaming of malaria strategy ensures that each division, from production to logistics to administration, understands its role in achieving health outcomes that extend beyond corporate gates. The company's internal health, safety, security, and environment (HSSE) protocols now reflect this priority, translating boardroom intentions into actionable mandates across the enterprise.

There is also a strong belief that corporate actors must treat malaria elimination not as a charity add-on, but as a core business strategy. This paradigm shift involves moving from siloed corporate social responsibility projects to embedding malaria prevention into operational ecosystems. Every factory, plant, and warehouse in malaria-endemic regions becomes a frontline in this battle. This means conducting facility-specific malaria risk assessments, ensuring that occupational health protocols address vector exposure, and adopting digital surveillance tools to track and manage incidents. Where malaria is endemic, employee absenteeism, productivity loss, and increased healthcare costs are not incidental, they are predictable business risks that must be addressed with the same strategic rigour as any supply chain vulnerability or market fluctuation.

The workshop reinstated how eliminating malaria must involve the deliberate synchronization of goals, strategy, and leadership within the corporate structure. Too often, organizations operate in silos, with human resources, corporate affairs, sustainability, and health departments functioning without a unified vision. A singular, organization-wide goal on malaria elimination, supported by one coherent strategy and anchored by clearly identified stakeholders, is critical to breaking this fragmentation. Aligning these departments ensures that awareness campaigns are reinforced by workplace services, that employee wellness programs are linked to community outreach, and that procurement of malaria prevention tools is driven not just by cost but by strategic impact.

Businesses must actively monitor trends in malaria prevalence within their operational regions. Understanding where infections are rising, what demographic groups are most affected, and how environmental factors such as construction or industrial waste contribute to vector proliferation is crucial. Corporate environmental audits should include malaria-related risk assessments. Health data

must inform everything from shift planning to site design to contractor onboarding processes. Where gaps are identified, such as stagnant water accumulation around facilities, rapid response measures should be built into standard operating procedures, not left to ad hoc fixes or external interventions.

Businesses cannot afford to wait for governments to act alone. In fact, the "slow-ball effect" described by the panelist captures the inertia that plagues many well-meaning partnerships. The energy required to set malaria elimination into motion at scale must begin within each organization. It is not about waiting for national strategies to be implemented, but about creating internal momentum that aligns with broader national and continental goals. When a business institutionalizes malaria elimination, making it part of its procurement language, contractor requirements, ESG reporting, and annual reviews, it becomes part of a national solution, not just a passive participant.

What emerged clearly is that the private sector cannot continue working in isolation. Businesses, civil society, government, and development partners must coalesce around a unified vision. The challenge is not the absence of goals, it is often the absence of a shared one. The need is to articulate one unified goal, one strategy, and one collaborative governance framework that holds all actors accountable. For corporate leaders, this means stepping out of comfort zones and into multi-sector dialogues, not as sponsors but as co-investors in the future of Africa's health and economy.

A critical recommendation from the discussion is the use of dashboards and data systems that track health performance indicators in the same way businesses track financial KPIs. If malaria is considered a material issue for the company, then its data must be treated with equal seriousness. Data collection technologies, mobile surveys, digital health registries, geospatial mapping tools, must be adopted to track prevalence among workers, monitor the success of interventions, and generate reports that feed into both company sustainability reports and national malaria databases. These tools enable real-time responses, allow businesses to redirect resources quickly, and demonstrate transparency and commitment to stakeholders, including investors increasingly focused on ESG compliance.

Finally, in the context of ESG and sustainability reporting, malaria elimination offers a powerful narrative. It is a tangible demonstration of how businesses contribute to SDG 3 (Good Health and Wellbeing), SDG 8 (Decent Work and Economic Growth), and SDG 17 (Partnerships for the Goals). Investors, partners, and consumers are watching closely how businesses engage with community health. Proactively addressing malaria shows not only care for the workforce but an understanding of how health underpins economic development and market resilience.

Central to malaria elimination strategies lies the often understated but fundamentally critical component of vector control—particularly through indoor residual spraying (IRS). **Dr. Rose Peter, Head, Vector Control SSA, Syngenta**, highlighted this methodology, which continues to demonstrate high-impact results when applied with consistency, precision, and an adaptive mindset toward the evolving behavior of malaria vectors. IRS stands as a powerful line of defense in curbing malaria transmission at the source, by targeting mosquitoes within residential and communal indoor environments, where they are most likely to rest after feeding. It not only complements other malaria control measures but offers a scalable, evidence-based approach for suppressing vector populations in both high-transmission and pre-elimination settings.

Dr. Rose Peters - Head Vector Control, SSA, Syngenta

IRS works by coating the inner walls and ceilings of homes with long-lasting insecticides that kill mosquitoes upon contact. It is a strategy that has proven effective in rapidly reducing case loads in a number of malaria-endemic regions. A clear example can be seen in Rwanda, where the implementation of IRS contributed to a dramatic decline in malaria cases —dropping from over 80% to 48% in the wake of consistent, high-coverage spraying. Such results underscore the value of IRS as a front-line tool and validate its integration into national malaria elimination plans. Syngenta's leadership in CAMA has helped establish industry standards for quality, safety, and impact, ensuring IRS is not only effective but also scalable and context-appropriate.

Among the most promising innovations is **Sovrenta**, a next-generation insecticide engineered with both efficacy and sustainability in mind. Sovrenta is designed to be applied just once a year—significantly reducing operational and logistical burdens while maintaining high levels of protection across seasons. Its chemistry is tailored to address the growing challenge of insecticide resistance, which has become

one of the most pressing obstacles in modern malaria control. Resistance develops when mosquito populations gradually adapt to the toxic effects of insecticides, rendering older formulations ineffective. Sovrenta's formulation helps slow this adaptation by using novel active ingredients and targeted delivery mechanisms, ensuring the compound remains lethal to vectors while preserving its long-term utility.

How indoor residual spraying helping to fight Malaria in Rwanda

This is where technology becomes a game-changer. Innovations in digital surveillance, geographic information systems (GIS), and artificial intelligence can significantly enhance the efficiency and precision of IRS operations. These tools can help health authorities and implementing partners map hotspots, monitor resistance patterns, and track intervention outcomes in real time.

Mobile-based field applications streamline training, ensure data quality, and foster accountability in spray campaigns. With this intelligence, decisions can be made swiftly, risks can be mitigated proactively, and resources can be optimized for maximum impact.

Moreover, IRS is not just a technical intervention, it is also a strategic business imperative. In malaria-endemic regions, particularly those where industries such as mining, agriculture, or logistics operate, malaria poses a significant threat to workforce health, operational efficiency, and long-term productivity. Companies investing in IRS as part of their occupational health and ESG (Environmental, Social, and Governance) commitments are not only protecting their employees but contributing to the socioeconomic resilience of surrounding communities. The business case is clear: controlling malaria is both a humanitarian responsibility and a prudent investment.

There is also an essential emphasis on aligning IRS strategies with resistance management. Continuous innovation is required to stay ahead of evolving vector behaviors and resistance mechanisms. This includes rotating insecticide classes, engineering new delivery technologies, and fostering robust partnerships between manufacturers, governments, and academic researchers. As resistance is an adaptive process, so too must our interventions be iterative, responsive, and grounded in robust data. Sovrenta represents one such innovation, built not just for today's threats, but with tomorrow's challenges in mind.

Another message was the importance of synchronizing strategy with timing and context. IRS cannot be implemented arbitrarily; it must be aligned with malaria transmission cycles, rainfall patterns, and vector density peaks. Poorly timed spraying can lead to resource wastage and reduced efficacy. This reinforces the need for integrated planning that brings together entomologists, public health professionals, local government units, and technology providers into one collaborative framework.

The sustainability of IRS as a pillar of malaria elimination lies in multi-sectoral coordination, long-term investment, and policy alignment. Governments must create enabling environments through regulation, procurement incentives, and funding channels. Philanthropic organizations and donors must continue to seed innovation and expand access. And the private sector must lead by embedding malaria prevention into the core of their operations, extending beyond CSR into shared value creation.

Dr. Nonye Egekwu - Senior Advisor, Nigeria National CEmONC Program

Referenced from **Dr. Nonye Egekwe, Senior Advisor, Nigerian National CEmONC Program**, who participated virtually, Malaria is been recognized as a deeply entrenched health and development challenge in sub-Saharan Africa, and there is no exception. Indeed, to mobilize corporate resources and private wealth for malaria solutions effectively, we must place high-quality, real-time data at the very center of our strategies. The shift from traditional reactive approaches to innovation-driven frameworks demands a digital pillar capable of not just tracking interventions but shaping them with precision, responsiveness, and accountability.

Malaria is a systems challenge, interconnected with issues of governance, health infrastructure, environmental patterns, and socio-economic

disparities. Therefore, it cannot be tackled in isolation. The disease weaves itself into broader development indicators, and its control requires multi-sectoral alignment across health, education, infrastructure, and enterprise. To untangle this web and create targeted, context-specific interventions, data must be harnessed not only for operational management but for real-time decision-making and strategic foresight.

The traditional public health model relied heavily on periodic surveys, retrospective reporting, and anecdotal data gathered through facility registers and household interviews. While these methods remain useful, they are no longer sufficient in an age where malaria's profile is dynamic, adaptive, and increasingly resistant to once-effective control strategies. Today, the quality of data must meet the urgency of the challenge. It must be accurate, disaggregated, geo-tagged, and above all, timely. The capacity to track and monitor interventions in real time allows for rapid detection of outbreaks, faster deployment of resources, and agile reprogramming of control measures in response to localized shifts in transmission patterns.

One of the crucial distinctions discussed during the panel is the dichotomy between innovation and traditional approaches. Traditional approaches, such as mass distribution of insecticide-treated nets, intermittent preventive treatment in pregnancy, and seasonal malaria chemoprevention, still play a valuable role. However, they must now be buttressed by innovations that bring new insights and predictive capabilities into the mix. Data, when intelligently deployed, acts as the bridge between these two domains. It connects the grassroots reality of field-based interventions with the high-level strategic planning that funders, governments, and private partners rely on.

The integration of technology in malaria control efforts, especially through real-time analytics, opens a window of opportunity for radical transformation. Data dashboards, powered by cloud platforms and supported by mobile data collection tools, are enabling ministries of health and their partners to visualize malaria prevalence down to the ward level. This level of granularity reveals hidden transmission pockets, identifies underserved populations, and enables micro-targeting of interventions. When high-quality data is layered with environmental indicators, weather patterns, and population mobility insights, we are able to shift from reactive containment to anticipatory elimination.

Yet, data alone is not enough. Its value lies in its quality and its application. Poor-quality data can mislead, distort priorities, and waste scarce resources. A key point raised during the workshop was the critical importance of the quality of data used in designing interventions. This goes beyond simple data entry errors, it touches on the integrity of surveillance systems, the capacity of field officers to collect and report data accurately, and the political and institutional willingness to act on data that may challenge assumptions or expose system weaknesses.

The ability to analyze data in real time is increasingly important. In a continent as diverse and rapidly changing as Africa, malaria trends can shift within weeks due to climatic shocks, migration, or vector resistance. Static reporting frameworks, those that rely on quarterly or annual reviews, simply cannot keep pace. Real-time analysis enables health actors to detect changes in case numbers, drug efficacy, and vector behavior promptly, and adjust their responses accordingly. This is particularly crucial for high-burden regions aiming for pre-elimination or elimination status, where the margin for error is extremely thin.

Policy interventions must also be data-informed. Too often, policies are crafted based on outdated data or anecdotal narratives, leading to misalignment between intent and impact. If private sector actors are to invest their resources and wealth into malaria solutions, they must be assured that those investments are guided by robust evidence and measurable outcomes. Data transparency, therefore, is a precondition for unlocking corporate and philanthropic capital at scale. It assures investors, whether they are impact-driven foundations or CSR departments of conglomerates, that their engagement is delivering real value.

To achieve this level of trust and utility, there must be institutional reforms that embed data governance into the DNA of malaria programs. This includes training health workers and community agents in digital literacy, ensuring interoperability between health data systems, protecting the privacy and security of patient information, and fostering a culture of continuous learning and adaptation. Real-time data use must become a behavioral norm, not an exception. And the technologies deployed must be appropriate to the context, lightweight, user-friendly, and resilient in low-connectivity environments.

The role of public-private partnerships becomes even more pronounced when viewed through the lens of data. The private sector, particularly tech companies and financial institutions, has expertise in data science, machine learning, and predictive modeling that the public health sector can leverage. Collaborations that bring these capabilities to malaria programs have already begun to yield promising results in places like Ghana, Kenya, and Nigeria, where mobile-based reporting and blockchain-backed

supply chain tracking are improving efficiency and reducing leakages. Malaria elimination will not be achieved by tools alone, but by systems. And systems are only as smart as the data they produce and act upon. Data, in this regard, becomes a form of power, it determines who gets treated, when, where, and how. It is the invisible infrastructure upon which the entire edifice of malaria control stands. If our ambition is to mobilize private wealth and corporate resources for sustainable malaria solutions, then data must become our collective language, our dashboard, our compass, and our conscience.

There must be a concerted effort to demystify data for non-health actors as well. Corporate leaders, philanthropists, and investors need to understand how data translates into lives saved, workdays gained, and economic productivity improved. By making data visible, interactive, and emotionally resonant, we can widen the circle of champions and attract broader coalition-building around malaria eradication.

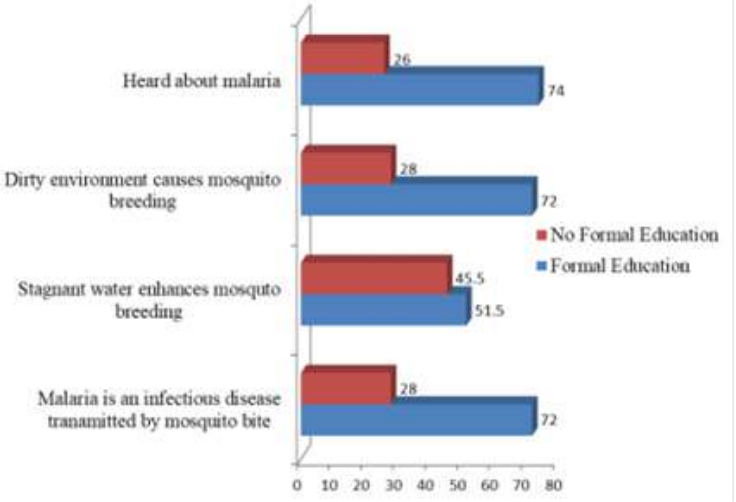
Dr. Akinola Shonde, Technical Advisor on Malaria and Multisectoral Programming at Catholic Relief Services

Dr. Akinola Shonde, Technical Advisor on Malaria and Multisectoral Programming at Catholic Relief Services, delivered a practical intervention that underscored the urgency of reimagining malaria control through a multisectoral lens. The segment made a compelling case for why no one, regardless of geography, income, or circumstance, should die from malaria in this age of unprecedented innovation and wealth.

The burden of the disease continues to disproportionately affect populations in low-income and rural communities, where structural determinants of health, such as poor drainage, unplanned settlements, low literacy, and poor access to care, remain persistent. Framing malaria through this broader development lens, he introduced a clear articulation of how diverse sectors can, and must—be mobilized for sustainable change.

A key thrust of the address explored the vital actions currently being pursued by government ministries and stakeholders committed to combating malaria. One such approach centers on enhancing population and multisectoral actions, particularly through the One Health framework, which emphasizes coordination across human, animal, and environmental health actors. Within this strategy lies the essential inclusion of non-health stakeholders such as agricultural actors, engineers, urban developers, and climate experts. For example, practices in agriculture, such as poorly managed irrigation systems, open water storage, and traditional farming techniques—can significantly heighten malaria transmission rates by fostering mosquito breeding environments. Redesigning these systems using climate-smart agriculture, mechanized irrigation schemes, and civilized farming practices becomes a cornerstone in disrupting transmission at its ecological root.

Drawing from practical evidence, the discussion referenced a successful case study in Malawi where improved irrigation planning and sustainable land use led to a measurable reduction in local malaria prevalence. This case served as proof that when malaria interventions are embedded within sector-specific development plans, the result is a double dividend, strengthened livelihoods alongside improved health outcomes.



The contribution challenged conventional thinking by calling for a shift from passive philanthropy to active, strategic investment. The private sector, was urged to move beyond episodic corporate social responsibility (CSR) initiatives toward building long-term partnerships that align malaria control with their core business priorities and sustainability agendas.

Private wealth holds immense potential not just in funding short-term interventions, but in driving innovation, influencing consumer behaviour, shaping policy, and scaling what works. Businesses have access to data, infrastructure, logistics networks, communication platforms, and financial capital that, if harnessed intentionally, could transform the malaria response landscape.

To actualize this vision, partnerships must be established and nurtured. These partnerships should go beyond funding to involve knowledge exchange, joint planning, resource pooling, and co-implementation of interventions. Technology firms, agribusinesses, engineering companies, and fintech startups must be welcomed into malaria coalitions, not as peripheral partners, but as central actors. Digital platforms, for instance, can support the real-time tracking of commodity distribution, optimize last-mile delivery of mosquito nets or treatments, and improve data management systems at community levels. Artificial intelligence and geospatial mapping can forecast outbreak trends and guide the targeting of interventions. Through these tools, the efficiency, reach, and impact of malaria programs can be radically enhanced.

Another key dimension explored was the establishment of conversations on resource sharing and mobilization. This involves creating trusted spaces where government, development partners, philanthropists, and private investors can openly discuss financial mechanisms, co-financing models, tax incentives, and blended financing tools that support malaria elimination. Instead of fragmented funding or duplicated efforts, such conversations promote strategic alignment and a shared roadmap for resource sustainability. These dialogues should also include communities themselves, ensuring that local voices and knowledge shape how resources are allocated and interventions are delivered.

However, resourcing alone is not enough. There is a need for a strong commitment to implementing interventions alongside rigorous evaluation systems. Evidence-based programming requires robust monitoring frameworks, adaptive learning, and continuous improvement. Too often, programs remain in pilot phases or fail to transition from innovation to scale. By investing in real-time data systems, operational research, and digital dashboards, stakeholders can ensure that interventions remain responsive to emerging challenges and evolving local contexts.

The role of the education sector was given particular attention as a powerful entry point for malaria prevention. Schools offer structured environments where malaria knowledge can be institutionalized and scaled. Through collaboration with education stakeholders, malaria-smart practices can be embedded into school routines, from awareness sessions and drama clubs to environmental sanitation activities and net use demonstrations. Involving children in malaria education not only protects them but also extends that knowledge into homes and communities. Such approaches instil early behaviour change, transforming students into ambassadors of malaria prevention.

Andrew Saibu - Africa Regional Co-ordinator, IVCC

Mr. Andrew Saibu, Africa Regional Co-ordinator (Engagement Manager), IVCC (Innovative Vector Control) centered on the need for the public health ecosystem to elevate the conversation around malaria beyond the traditional confines of donor-driven and government-led interventions. Instead, it should be reimagined as a strategic priority that warrants the full engagement of corporate leaders, innovation hubs, and private capital. The need for such a transition was powerfully captured by the insights shared by a representative of the Innovative Vector Control Consortium (IVCC), who drew upon extensive regional experience in translating malaria policy into programmatic innovation.

Reflecting on the current state of the National Malaria Elimination Programme (NMEP), it was noted that while Nigeria has made commendable strides, much of the momentum is often disrupted by fragmented attention and misaligned resource prioritization. A striking example was the comparative treatment of malaria versus COVID-19. Despite the fact that more lives were reportedly lost to malaria during the pandemic, the attention, funding, and urgency were disproportionately skewed towards COVID-19 response measures. This comparison highlights not only a structural imbalance in global health prioritization but underscores the missed opportunity to reframe malaria as a high-level strategic issue deserving of equal urgency, innovation, and leadership.

In examining pathways for deeper private sector engagement, it was emphasized that the conversation must intentionally target those with influence and capital, the decision-makers and CEOs. It is not enough to convene mid-level actors and technical experts; the transformation required to scale sustainable malaria solutions lies in high-level executive commitment. These corporate leaders, when fully engaged, can embed malaria prevention and control into their core sustainability strategies, driving investments not as acts of charity but as business imperatives that protect productivity, reduce absenteeism, and preserve market stability.

Technology, in particular, remains an under-leveraged but high-potential lever for malaria control. Data-sharing platforms, resource optimization frameworks, and digital tools for planning and logistics must become the standard rather than the exception. There was a strong call to dismantle the silos that often exist between government health systems and private actors by fostering a culture of data integration and transparent collaboration. Notably, resource-sharing is not just about financial outlays; it includes human capital, research intelligence, geospatial mapping, and even access to last-mile delivery infrastructure in rural communities.

Indoor Residual Spraying (IRS) emerged as a case in point of what is possible when technological innovation and implementation fidelity are combined. The success story from Rwanda, where IRS interventions led to a significant drop in malaria prevalence, even in high-burden communities, demonstrates what can be achieved with consistent investment, evidence-based strategies, and the political will to scale. This proven tool, though successfully piloted in Nigeria in 2013 by a consortium led by BMGF, has yet to be meaningfully institutionalized nationwide. The lag in scale-up is not due to lack of proof but to a misalignment of operational funding, leadership buy-in, and follow-through mechanisms.

Local governments also have a crucial role to play, particularly in community engagement and behavioral change. The use of mass media to disseminate accurate malaria information, create demand for interventions, and reinforce compliance with preventive behaviors was highlighted as an underused channel. Strategic partnerships with radio stations, social influencers, and even market unions could amplify messages around vector control, proper bed net usage, and the importance of timely diagnosis and treatment.

Another area that requires urgent reflection is the role of historical evidence in shaping forward-looking strategies. Nigeria has piloted multiple malaria innovations and community-level solutions over the last decade, many of which were successful but short-lived due to funding discontinuity or lack of ownership by local authorities. Instead of constantly seeking new solutions, the existing evidence base should be consolidated and used to adapt interventions to local contexts. This includes refining existing surveillance tools, scaling up successful pilots, and using localized data to target high-burden geographies with precision.

The importance of performance-driven partnerships cannot be overstated. The workshop emphasized that donor funding, while useful, should not form the backbone of national malaria programs. Instead, blended finance models that combine philanthropic, commercial, and government capital can yield more resilient interventions. These partnerships must be based on outcomes, such as reduction in prevalence, increased coverage, or improved community compliance, and structured to reward impact. Incentivizing innovation through results-based financing, impact bonds, and shared-risk frameworks will foster accountability and ensure that funds translate into measurable progress.

Equally important is the need to build a future-facing workforce that can sustain and scale malaria solutions. Young professionals, public health entrepreneurs, and technologists must be integrated into national strategies as innovators and not just implementers. Investments in human capital development, particularly in bio-epidemiology, data science, entomology, and supply chain analytics, are foundational to building adaptive systems that can respond to evolving threats such as climate-sensitive transmission patterns or emerging drug and insecticide resistance. Equipping this generation with tools, mentorship, and financing will create a long-term pipeline of local leaders who can steward Africa's malaria elimination agenda.

A malaria-free Africa is an achievable vision, but it cannot and will not be driven by the health sector in isolation. The complexity and persistence of malaria demand a broader, more inclusive approach, one that rallies the full spectrum of society. This includes not only healthcare providers and researchers but also private wealth managers who can mobilize innovative financing mechanisms, business conglomerates whose logistical expertise and infrastructure can accelerate delivery of interventions, philanthropic foundations that can seed transformative ideas, and development partners that bring global best practices and long-term support. Governments, of course, remain central, setting policy direction, ensuring accountability, and creating an enabling environment where all other actors can thrive.

CAMA
Corporate Alliance on Malaria in Africa

CLOSING CHARGE

Dr. Amina Mohammed Baloni

Public Health Specialist
Ex. Health Commissioner, Kaduna State

Dr. Amina Mohammed Baloni - Ex. Health Commissioner Kaduna State

The closing charge, delivered by Dr. Amina Mohammed Baloni, a public health specialist and former Health Commissioner, Kaduna State, served not only as a summary of the day's proceedings but as a poignant recalibration of focus, reminding stakeholders that while science, funding, and innovation remain critical, the ultimate goal is to build a malaria-free future that centers people, systems, and sustainability at its core.

The charge began with an observation: despite substantial investment and international attention, malaria continues to challenge both public health infrastructure and community resilience. Over the past several years, the disease has received significant donor and domestic funding, which has led to the creation of interventions and programs across Africa. However, that investment has often outpaced the systems needed to absorb and scale it effectively. Malaria has evolved from being a narrowly defined public health concern to a multisectoral crisis that stretches the capacity of health systems, intersects with socio-economic development, and reveals deep systemic weaknesses in data, governance, and behavioral change.

In this regard, the final reflection called for a strategic rethink. It was not enough to ask what interventions exist, but what plan truly governs the delivery, integration, and scale-up of these interventions? What are we, collectively, trying to achieve beyond the numbers and reports? Malaria control cannot rely solely on traditional tools. The challenge now is not just to implement, but to define a coherent roadmap that leverages real-time data to inform decisions, optimize resource allocation, and ensure that interventions are not only deployed, but sustained. The workshop's emphasis on technology was thus grounded in this imperative, to move from anecdotal to analytical, from reactive to predictive, and from fragmentation to system-wide alignment.

The remarks emphasized that data must no longer sit in silos or serve only to generate donor reports. It must drive every aspect of intervention, from understanding where people live and how they contract malaria, to tracking seasonal patterns, response times, treatment adherence, and supply chain movement. In an era where mobile phones, digital health tools, and AI are rapidly expanding their reach, the opportunity exists to reimagine malaria surveillance and control as fully integrated within a country's digital public infrastructure. Yet this will only be achieved when data is not an afterthought but a design principle.

More critically, attention was drawn to the often-overlooked behavioral and cultural drivers that continue to fuel transmission. Technology alone will not shift the curve without a fundamental change in awareness, trust, and human behavior. There was a passionate call for increased attention to how social norms, belief systems, and daily practices, from sleeping patterns to self-medication, interact with malaria outcomes. Public health must therefore move beyond campaigns and enter into co-created, community-owned strategies that empower individuals to recognize their role in both prevention and transmission. It was noted that while vector control tools such as LLINs and IRS remain vital, their uptake and consistent use are deeply influenced by social context.

The closing also interrogated the practice of small-scale pilot programs that, while valuable for innovation, often fail to transition into scalable, systemic solutions. The challenge issued was not against innovation, but the fragmentation it creates when it lacks a scaling strategy. Stakeholders were asked to begin designing with scale in mind, ensuring that pilot programs are not isolated experiments, but prototypes embedded within national frameworks, aligned with government priorities, and structured to transition into long-term

service delivery mechanisms. Perhaps one of the most profound shifts encouraged in the final charge was a reorientation of perspective: the urgent need to stop designing health programs from the top-down, and instead think about the people who are delivering, and more importantly, the people who are receiving, these services. This includes the community health workers risking exposure in remote areas, the mothers making care decisions in contexts of uncertainty, the teachers, farmers, and entrepreneurs who lose productivity due to illness. Their stories must inform how we frame investment, innovation, and impact. In this context, the private sector is not simply a funder or implementer, but a participant in a shared social contract.

The importance of vector control, especially in relation to environmental and climate shifts, was also brought into sharp focus. It was noted that conversations around vector control must expand to reflect realities on the ground: increasing outdoor transmission, insecticide resistance, and the need for targeted, adaptive solutions. Innovations such as genetically modified mosquitoes, spatial repellents, and outdoor baits were mentioned not just as technological feats but as critical tools that must be adapted to local ecologies and integrated into public health campaigns with robust community engagement.

In the same vein, the remarks called for policy coherence, an alignment between the private sector, public institutions, and the communities they serve. The closing charge highlighted the disconnect that often exists between bold national plans and the daily realities of frontline service delivery. It was a reminder that policies must be made not just in consultation with stakeholders, but with their full participation, from community representatives to logistics providers, to private health facilities operating in hard-to-reach areas. Partnerships must not only be inclusive but accountable, bound by shared metrics and mutual benefit.

We need to build on systems thinking. The fight against malaria cannot continue to be pursued through fragmented efforts; rather, it must be approached as a systemic challenge that requires institutional coordination, financing reform, and structural investments that transcend project cycles. Health systems must be resilient enough to not only detect and treat malaria but also to integrate services such as maternal and child health, nutrition, sanitation, and mental well-being. Malaria, the speaker emphasized, is both a cause and a consequence of weak systems—eradicating it means strengthening governance, workforce training, infrastructure, and primary care delivery mechanisms. It was a call to fund not just commodities, but capacities. In parallel, there was a strong focus on sustainability, not just in environmental terms, but in financing, ownership, and continuity of interventions. The address urged stakeholders to interrogate how malaria programs are currently funded and to begin transitioning from vertical, donor-heavy funding models to more blended and locally owned solutions. This includes tapping into innovative financing tools such as pooled procurement, health bonds, endowment structures, and value-based partnerships. Local businesses were encouraged to view malaria elimination not as charity, but as an investment in their markets, workforce, and productivity. Domestic resource mobilization, it was stressed, is the only path to long-term independence and resilience.

Importantly, the critical role of women and youth in malaria control efforts was acknowleged. Women, often the first responders within households and communities, are key to ensuring adherence to treatment, consistent use of mosquito nets, and early care-seeking behavior. Yet they remain underrepresented in decision-making forums. Youth, on the other hand, represent both the most affected demographic and the greatest untapped potential in malaria advocacy, digital innovation, and behavior change communication. Engaging these groups meaningfully, not just as beneficiaries but as partners, was positioned as a non-negotiable step toward sustainable success. The charge made it clear: the malaria response must be inclusive to be effective.

There was also a renewed call to localize innovation. While international research institutions and multilateral donors have led many scientific advances, the closing charge urged African governments, universities, and innovation hubs to step forward as drivers of context-relevant solutions.

The continent is a fertile ground for homegrown technologies, indigenous knowledge, and cultural innovations that can solve complex public health challenges in real time. This shift in mindset, from consumer to creator, was emphasized as essential for achieving sovereignty in malaria response.

Malaria is a test of our systems, our will, and our humanity. The tools are there, vaccines, digital platforms, surveillance systems, corporate capital, scientific breakthroughs, but they require coordination, courage, and compassion to be effective. The closing urged every participant, whether a policymaker, donor, health worker, business leader, or researcher, to move from intent to implementation, from projects to programs, and from dialogue to delivery.

PRIVATE SECTOR ENGAGEMENT IN MALARIA CONTROL

The Innovative Vector Control Consortium (IVCC) stands as a Product Development Partnership worldwide wholly dedicated to vector control.

Since its inception in 2005, backed by early funding from the Bill & Melinda Gates Foundation and anchored by the Liverpool School of Tropical Medicine, IVCC has forged global collaborations across industry, academia, government, and civil society to accelerate the development and delivery of innovative tools that prevent insect-borne diseases and save lives

Fundamental to IVCC's mission is the conviction that combating diseases like malaria and dengue requires not just scientific breakthroughs, but also seamless integration, from discovery to deployment. Its 2024–2028 strategy centers on preserving the effectiveness of vector control in the face of rising insecticide resistance and shifting mosquito behaviors, while expanding its toolbox through cutting-edge chemistry and engineering

A comprehensive portfolio represents this ambition. In the realm of insecticide-treated nets (ITNs), IVCC has been instrumental in introducing dual-active ingredient nets. Under the New Nets Project, 56 million such nets were distributed across 17 sub-Saharan countries, preventing an estimated 13 million cases of malaria These nets include innovations like BASF's Interceptor G2 (pyrethroid + chlorfenapyr) and Royal Guard (pyrethroid + pyriproxyfen), designed to overcome resistance and reduce mosquito fertility.

In indoor residual spraying (IRS), IVCC facilitated the development and WHO pre-qualification of several breakthrough insecticides. It partnered with Syngenta to bring Actellic® 300CS to fruition, a micro-encapsulated formulation of pirimiphos-methyl effective for over eight months even on resistant mosquito strains. Collaborations with Bayer produced long-lasting deltamethrin IRS, offering an effective alternative to DDT. IVCC also supported Sumitomo Chemical's SumiShield® 50WG and Bayer's Fludora™ Fusion, both WHO-qualified formulations aiding resistance management across diverse surfaces

Beyond conventional nets and sprays, IVCC has championed new paradigms such as spatial emanators devices releasing insecticide indoors to kill or repel mosquitoes, and outdoor biting controls that that address transmission occurring outside the home . It supports testing these tools through field trials and regulatory frameworks to facilitate adoption across regions.

ATSB® (Attractive Targeted Sugar Baits) represents one of IVCC's most promising innovations in outdoor vector control. Trials in Mali, Kenya, and Zambia, conducted with partners like PATH, Westham Co., and local research institutes, have begun to demonstrate epidemiological and entomological impacts on malaria vectors.

IVCC goes further by investing in the systems and institutions that ensure lasting impact. It helped seven African research centers achieve Good Laboratory Practice certification, enabling high-quality field testing vital for regulatory approval. Its NATNAT program in Papua New Guinea, funded since 2019, builds local capacity for rapid evaluation and uptake of novel tools. A 2024 USAID-supported visit to the Ifakara Health Institute in Tanzania underscored its long-term commitment to strengthening regional research infrastructure.

IVCC's scope has also broadened to include dengue and other Aedes-borne diseases. Through its Indo-Pacific Initiative, backed by Australian Aid, it is helping test Aedes control technologies, such as spatial emanators, in Malaysia, Thailand, Cambodia, and PNG. It doesn't stop at development and validation. Market access and country engagement suffer no neglect. IVCC's New Routes to Market program, launched in 2020 with partners like CHAI and MSH, seeks to create alternative funding and delivery mechanisms so tools reach communities faster and affordably. Meanwhile, its collaboration with Unitaid and PMI supports co-payment schemes

such as for next-generation IRS insecticides, aimed at reducing costs, boosting competition, and protecting thousands from malaria. At the interface of chemistry and public health, IVCC champions open science. In 2022, jointly with Medicines for Malaria Venture, it released a set of 240 compounds, 80 with activity against mosquito vectors, forming a Global Health Priority Box to catalyze further research and innovation .

Backed by funders such as the Gates Foundation, UK Aid, USAID, Unitaid, the Global Fund, and the Swiss and Australian governments, IVCC maintains a robust governance and funding structure . It partners with major agrochemical firms, BASF, Bayer, Mitsui, Sumitomo, Syngenta, as well as academic and NGO institutions like LSHTM, LSTM, Imperial College, Path, and Abt Associates.

IVCC's strength lies in its holistic approach. It merges cutting-edge product development, spanning next-generation nets, IRS, sugar baits, emanators—with infrastructural capacity, market shaping, regulatory facilitation, and policy advocacy. With more than eight vector-control products now in markets, and with ongoing field trials, capacity building efforts, and market engagement, IVCC continues to uphold its vision: saving lives, protecting health, and increasing prosperity by preventing insect-borne disease.

IVCC's strength lies in its holistic approach. It merges cutting-edge product development, spanning next-generation nets, IRS, sugar baits, emanators—with infrastructural capacity, market shaping, regulatory facilitation, and policy advocacy. With more than eight vector-control products now in markets, and with ongoing field trials, capacity building efforts, and market engagement, IVCC continues to uphold its vision: saving lives, protecting health, and increasing prosperity by preventing insect-borne disease.

Through strategic partnerships and cutting-edge science, IVCC's research spans insecticide discovery, advanced formulations for nets and sprays, and innovative surveillance and intervention technologies. Each project addresses a critical gap in vector control, ensuring that emerging threats like insecticide resistance and outdoor transmission are tackled with precision, sustainability, and measurable impact. By enabling access, affordability, and accelerated deployment of breakthrough tools, IVCC plays a pivotal role in reshaping the global vector control landscape.

- **Insecticide Discovery and Development**: IVCC evaluates new insecticides for efficacy, safety, cost, resistance management, and suitability for vector control tools.
- **Indoor Residual Spraying (IRS)**: Over two decades, IVCC has co-developed six innovative IRS products with varied modes of action.
- **New Nets Project (ITNs)**: IVCC advances dual-insecticide nets to counter growing resistance and maintain the effectiveness of bed nets.
- **Attractive Targeted Sugar Baits (ATSBs)**: IVCC supports sugar-based baits that lure and kill mosquitoes through toxic ingestion during their natural feeding.
- **Indo-Pacific Initiative**: A five-year, Australia Aid-funded project to expand vector control tools for malaria and mosquito-borne diseases in the Indo-Pacific.
- **Actellic®300CS**: A long-lasting, micro-encapsulated IRS product co-developed with Syngenta, offering extended protection against resistant mosquitoes.
- **Royal Guard®**: A dual-action net providing personal protection and reducing mosquito fertility for community-wide impact.
- **Fludora® Fusion**: IVCC backed Bayer's trials of this dual-insecticide IRS formulation for WHO evaluation and approval.
- **Interceptor® G2**: A new-generation bed net combining two insecticides to improve personal and community malaria protection.
- **NgenIRS**: A four-year Unitaid-funded initiative led by IVCC to expand access to new IRS products by partnering with major global health stakeholders.
- **SumiShield®**: A next-generation IRS formulation with a novel mode of action, supported by IVCC through extensive trials and scientific input.
- **Resistance SIM**: A strategic effort to monitor and manage insecticide resistance to sustain the long-term effectiveness of current and future interventions.
- **VERV (Vector Expedited Review Voucher)**: An incentive mechanism to encourage private sector investment in novel public health insecticides by accelerating regulatory review.
- **Zika Grand Challenge Projects**: IVCC managed nine USAID-funded projects to develop innovative vector control tools for Zika and supported them through proof-of-concept.
- **Good Laboratory Practice (GLP) Certification**: IVCC helps African institutions achieve GLP status to ensure high-quality data generation for product evaluation and regulatory approval.

PHOTO ALBUM

ACKNOWLEDGEMENTS

On behalf of the Corporate Alliance on Malaria in Africa (CAMA), the office of the African Business Coalition for Health (ABCHealth), we extend our profound gratitude to the distinguished leaders whose vision and unwavering commitment continue to shape and accelerate Africa's journey toward malaria elimination. Our heartfelt appreciation goes to Alhaji Aliko Dangote, President of Dangote Industries Limited and Co-Founder of ABCHealth; Mr. Aigboje Aig-Imoukhuede, Chairman of Access Corporation and ABCHealth; Ms. Zouera Youssoufou, Managing Director/CEO of the Aliko Dangote Foundation and Director at ABCHealth; and Dr. Mories Atoki, CEO of ABCHealth. Their leadership in mobilizing private sector action for health and convening catalytic conversations at the highest levels has been instrumental in the success of the CAMA Malaria & Tech Workshop held during WHX Lagos 2025.

The CAMA Malaria & Tech Workshop, held as part of WHX Lagos 2025, provided an essential platform for aligning science, innovation, investment, and policy in the service of malaria elimination. Under the theme "Mobilizing Corporate Resources and Private Wealth for Sustainable Malaria Solutions, Leveraging Technology," the workshop convened a wide spectrum of stakeholders, from scientists and technologists to investors, public health experts, and private sector leaders. Together, we examined both the advancements and the gaps in malaria control, from the promise of next-generation vaccines and gene-editing technologies, to the role of real-time data, digital surveillance, and scalable funding models in reshaping the future of malaria response.

We are deeply grateful to the esteemed speakers and thought leaders whose contributions enriched every session, from the compelling opening charge to the science-driven keynote addresses and the closing reflections that called us all to act with urgency and purpose. Their insights, grounded in experience, expertise, and a shared vision—brought a multidimensional lens to the discussions, advancing our understanding of how to move from intent to implementation, from pilots to scale, and from fragmented effort to integrated action.

To our member organizations, ABCHealth colleagues, technical contributors, and the dedicated teams behind the scenes, thank you. Your commitment to delivering a high-impact workshop and sustaining momentum across CAMA's platform is what transforms dialogue into action. CAMA remains committed to leading this charge on behalf of ABCHealth, ensuring that Africa's private sector is at the frontline of ending malaria for good.

CONTRIBUTORS

- **Dr. Kolawole Maxwell** - West & Central Africa Director, Malaria Consortium
- **Dr. Laide Lesi** - Head, Occupational Health, Chevron
- **Dr. Opeola Abegunde** - Executive Secretary, Nigeria End Malaria Council
- **Dr. Peter Billingsley** - Founder, The Vital Narrative
- **Dr. Amina Mohammed Baloni** - Public Health Specialist, Ex. Health Commissioner, Kaduna State
- **Dr. Francis Aminu** - Director of Health & Nutrition, Aliko Dangote Foundation
- **Dr. Jennifer Anyanti** - Deputy Managing Director, Society for Family Health (SFH) Nigeria.
- **Dr. James Adenuga** - Group Chief of HSSE & Sustainability at Dangote Industries Limited.
- **Rose Peters** - Commercial Head, Vector Control Sub-Saharan Africa, Syngenta
- **Andrew Saibu** - Africa Regional Co-ordinator (Engagement Manager), IVCC (Innovative Vector Control)
- **Hawa Diallo** - Public Health Business Manager, Syngenta
- **Dr. Akinola Shonde** - Technical Advisor, Malaria and Multisectoral Programming, Catholic Relief Services
- **Dr. Nonye Egekwu** - Senior Advisor, Quality and Learning, Nigeria National CEmONC Program
- **Rhoda Robinson** - Co-Founder, HACEY
- **Dr. Mories Atoki** - Lead, CAMA Office; CEO, ABCHealth
- **Richard Iddrisu** - CAMA Program Officer, ABCHealth

REFERENCES

Mokuolu, Olugbenga & Innocent, Idachaba & Babatunde, Musibau & Suleiman, Kafayat & Mokuolu, Toluwani & Lawal, Lukman & Osofisan, Adenike. (2023). A conceptual framework on the role of backward integration in sustainable access to malaria intervention commodities in Nigeria. Malaria Journal. 22. 10.1186/s12936-023-04641-z.

World Health Organization, 2024. World Malaria Report 2024: Regional Data & Trends Briefing Kit. Retrieved from: https://cdn.who.int/media/docs/default-source/malaria/world-malaria-reports/world-malaria-report-2024-regional-briefing-kit-eng.pdf

UNICEF/2024

https://www.unicef.org/nigeria/press-releases/nigeria-receives-malaria-vaccines-ahead-roll-out

https://malariajournal.biomedcentral.com/articles/10.1186/s12936-018-2562-4

https://panorama.rw/how-indoor-residual-spraying-helping-to-fight-malaria-in-rwanda/

https://gsconlinepress.com/journals/gscbps/sites/default/files/GSCBPS-2023-0514.pdf

FairfieldMarketResearch.com

CONTACT

Corporate Alliance on Malaria in Africa (CAMA)
African Business Coalition for Health LTD / GTE
Waterfront Plaza, 270a Ozumba Mbadiwe Avenue
Victoria Island, Lagos, Nigeria

Email: info@abchealth.com
Mobile: +234 802 478 2021 / +234 803 714 3251

www.abchealth.com