

WORLD MOSQUITO DAY SURVEY 2026

Theme:

**From Awareness to Action: Assessing
Malaria Prevention Practices Across
Workplaces and Communities in Africa**

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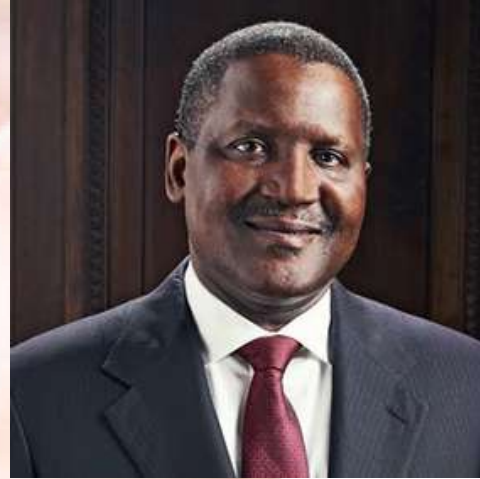
OUR FOUNDERS



**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.



Leaders of the Alliance



Amaechi Michael Okobi - Chief Brand and Communications Officer, Access Corporation

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.



Zouera Youssoufou - MD/CEO, Aliko Dangote Foundation

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.



Michael Steinberg - Health & Medical Specialist, Risk, Partnerships & Strategy, Chevron

Michael Steinberg is the Health & Medical Specialist, Risk, Partnerships & Strategy, 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.

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The CEO's Foreword

As we commemorate World Mosquito Day 2026, the Corporate Alliance on Malaria in Africa (CAMA) is moving beyond the institutional maturation of 2025 toward a period defined by execution discipline and the operationalization of the private sector's role in Africa's health ecosystem. Central to this transition is our West Africa Malaria Survey, "From Awareness to Action," which synthesizes the insights of 300 stakeholders across 10 countries to provide a structured, credible blueprint for shifting from dialogue to demonstrable contribution.

This research identifies a critical "Workplace Support Gap," revealing that 62% of respondents receive zero malaria prevention support from their employers, a finding that represents a significant missed opportunity given that workplace-based testing and treatment have been shown to increase worker earnings and productivity by approximately 10%.

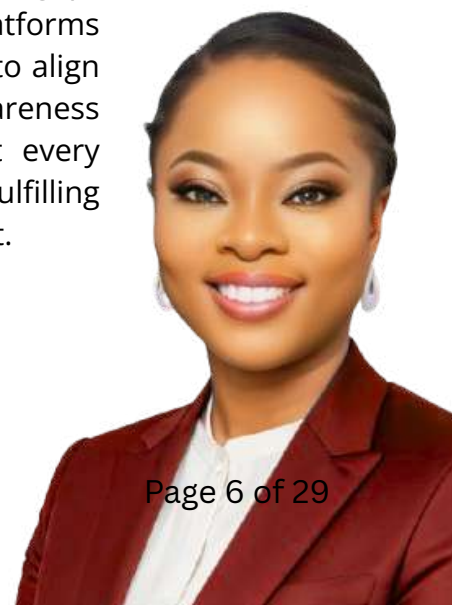
Furthermore, while we see an overwhelming 95.3% support rate for integrating innovative technologies like AI-enabled surveillance and drones, a 50% "visibility gap" exists where stakeholders remain unaware of these tools, presenting a low-resistance opportunity for members to lead the innovation narrative.

To address these realities, we call on our partners to use this report as a strategic control point: benchmarking their organizational commitment against sub-regional averages, operationalizing tangible testing and treatment services for employees, and shaping investment thinking around the 41% who identify AI as the innovation with the greatest potential.

By tailoring our advocacy to address the statistically significant "optimism gap" between language groups and leveraging our Podcast and Newsletter platforms as performance mechanisms, we will move with the precision required to align private-sector delivery with national malaria priorities. The time for awareness has passed; we must now move with intentionality to ensure that every engagement drives both public health impact and business relevance, fulfilling our ambition to be the engine of malaria elimination across the continent.

Dr. Mories Atoki
Lead, CAMA Office

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In 2025, Africa continues to shoulder the overwhelming malaria burden, with approximately **270.8 million** cases and **594,000 deaths** recorded across the continent in 2024 (latest available data), representing about **96–97%** of the global total—while progress has remained largely stalled since 2015, and rising cases globally signal that Africa is not on track to meet the 2030 malaria elimination targets.



Executive Summary

Malaria continues to account for the highest share of global infectious-disease deaths on the African continent, and West Africa remains one of its highest-burden sub-regions — anchored by Nigeria, which alone contributes a disproportionate share of the continent's total case count, alongside a heterogeneous mix of national malaria programmes ranging from the comparatively mature systems of Ghana and Senegal to the resource-constrained environments of Liberia, Sierra Leone, Togo, and The Gambia. Against this backdrop, the Corporate Alliance on Malaria in Africa (CAMA), powered by ABCHealth, commissioned this survey to answer a strategic question with direct commercial and reputational relevance to its membership: is the private sector's current posture on malaria — across the workplace, the community, and the technology frontier — proportionate to the scale of the risk it is exposed to, and to the role its own stakeholders expect it to play?

The evidence, drawn from 300 respondents across ten West African markets, answers that question with more precision than CAMA has previously had available to it. It confirms that awareness of malaria as a serious risk is not the constraint — stakeholders already understand the stakes. The constraint is institutional: a substantial majority of respondents work inside organizations that have not yet operationalized that awareness into workplace protocol, into a coherent technology-adoption posture, or into a leadership stance commensurate with the influence the private sector could exercise. This report is titled "From Awareness to Action" because that is precisely the strategic pivot this evidence base demands of CAMA and its membership: the diagnostic phase is substantially complete; what remains is execution, sequenced and prioritized against the confidence level each finding can support.

The Bottom Line

A private-sector audience that already believes malaria is serious, already wants technology-enabled prevention, and is explicitly inviting employers to lead — but that is currently receiving workplace protection at a rate of just 38%.

The gap between demand and delivery, not a gap in belief, is the strategic problem this report equips CAMA to solve.



Survey Design and Rationale

2.1 Instrument and Fieldwork

A structured 25-item instrument was fielded across ten West African markets, combining multiple-choice, Likert-scale, perception-based, and open-ended items, with a target completion window of 8–10 minutes designed to maximize response quality without inducing survey fatigue. The instrument was constructed to mirror CAMA's continental World Mosquito Day survey architecture, enabling forward compatibility for cross-regional benchmarking as the coalition's evidence base matures. Distribution leveraged the CAMA member network, ABCHealth's institutional channels, and targeted social-media and partner-organization outreach across the ten focal markets.

2.2 Sample Composition and Segmentation Strategy

The achieved sample of 300 respondents spans ten West African countries, which we have segmented into two analytically meaningful sub-regional cohorts for comparative purposes: Anglophone West Africa (Nigeria, Ghana, Liberia, Sierra Leone, and The Gambia) and Francophone West Africa (Côte d'Ivoire, Senegal, Cameroon, Benin, and Togo). This segmentation reflects a deliberate strategic choice rather than a category respondents self-selected: language and administrative tradition materially shape health-system architecture, donor coordination protocols, and regulatory pathways across West Africa, making it the most policy-relevant lens through which CAMA can interpret sub-regional variance. Respondent sectoral composition spans development partners, the public sector, NGOs, academia, healthcare, and the private sector, providing a genuinely cross-institutional read rather than a single-stakeholder perspective.

2.3 Analytical Framework

Analysis was executed to a standard equivalent to SPSS-grade statistical practice: full frequency distributions and percentage calculations across all 25 items, cross-tabulation of key indicators by language cohort, country, and sector, and Pearson chi-square tests of independence at the $\alpha = 0.05$ significance threshold to distinguish genuine variance from statistical noise. Multiple-response items were analyzed on a respondent-selection basis rather than forcing single-response categorization, preserving the full texture of multi-dimensional prevention and technology attitudes.



Respondent Profile and Sample Composition

Understanding who this evidence base represents is a prerequisite for interpreting it responsibly. The sample skews toward Nigeria and toward development, public-sector, and non-profit respondents a composition that should inform how CAMA weights the findings that follow, particularly where private-sector-specific inference is drawn.

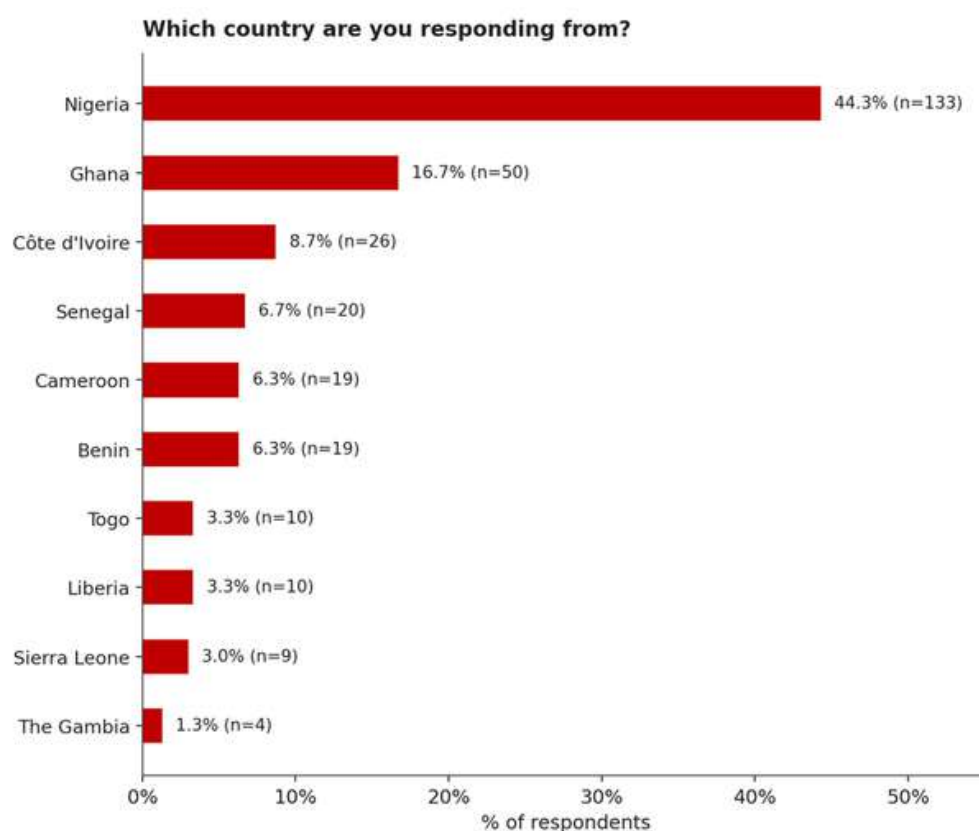


Exhibit 1 — Respondent distribution by country (n = 300)

Nigeria accounts for the plurality of the sample (44.3%, n = 133), followed by Ghana (16.7%, n = 50) and Côte d'Ivoire (8.7%, n = 26); the remaining seven markets each contribute between 1.3% and 6.7% of total respondents. From a strategic-planning standpoint, this concentration means Nigeria and Ghana are, in effect, the load-bearing markets for any sub-regional generalization drawn from this dataset, and CAMA should weight its initial operational rollout — particularly the Workplace Productivity initiative detailed in Section 4 — toward markets where this evidence base carries the greatest statistical weight, while treating smaller-sample markets (notably The Gambia, n = 4) as directional signals warranting local validation before major resource commitment.

Sub-Regional (Language-Group) Segmentation

68.7%

Cohort	Constituent Markets	Respondents	31.3%
Anglophone West Africa	Nigeria, Ghana, Liberia, Sierra Leone, The Gambia	206	
Francophone West Africa	Côte d'Ivoire, Senegal, Cameroon, Benin, Togo	94	

Exhibit 2—Sample composition by language-group cohort

Sectoral Composition

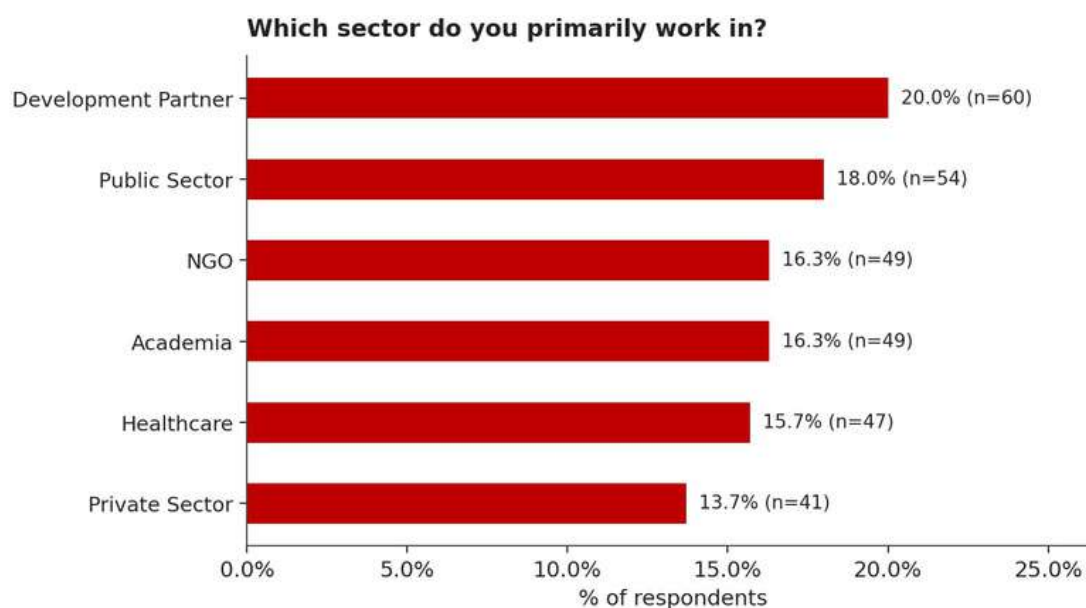


Exhibit 3 — Respondent distribution by professional sector (n = 300)

Development Partners constitute the largest single sectoral cohort (20.0%), followed closely by the Public Sector (18.0%), NGOs and Academia (16.3% each), Healthcare (15.7%), and the Private Sector (13.7%). This is a materially different institutional mix from CAMA's continental survey, where private-sector respondents led the sample. The strategic implication is twofold: first, the Workplace Productivity Gap findings in Section 4 cannot be dismissed as a private-sector-specific artifact — they are corroborated across a sample dominated by development, government, and non-profit employers; second, CAMA's private-sector engagement strategy in West Africa may need to work harder to establish primary data collection directly from corporate respondents in future survey rounds, given their comparatively modest representation here.

Demographic Depth

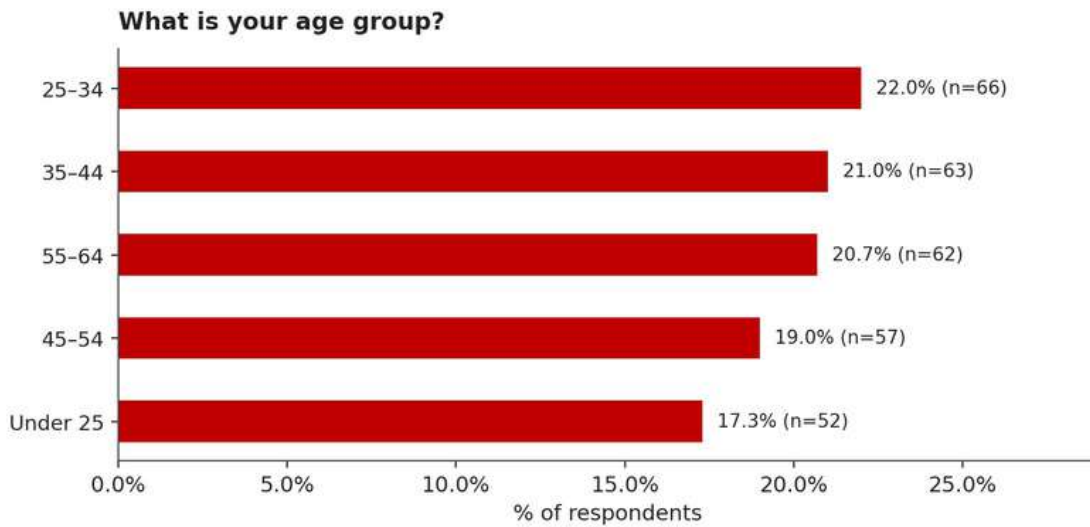


Exhibit 4 — Respondent distribution by age cohort (n = 300)

Age distribution is materially balanced, ranging from 17.3% (Under 25) to 22.0% (25–34), with no single generational cohort exercising disproportionate influence over the findings. This is strategically significant for the technology-readiness findings in Section 6: the strong latent demand for AI- and drone-based malaria-control tools is not an artifact of a younger, digitally-native respondent skew — it is a genuinely cross-generational signal.

4. Workplace Malaria Preparedness

Among all findings, the workplace preparedness shortfall carries the highest confidence and immediate operational relevance for CAMA members. Workplaces are a defensible focus for investment. Immediate steps include improving on-site prevention measures, ensuring access to treatment, and embedding malaria readiness into routine workplace planning.

4.1 The Coverage Deficit

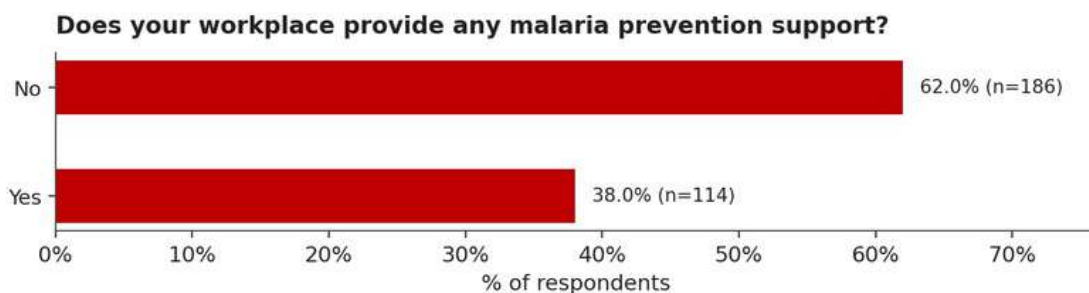


Exhibit 5 — Workplace malaria prevention support, n = 300

62.0% of respondents report their employer provides zero malaria prevention support of any kind, against 38.0% who report some form of workplace coverage. Framed in operationalizing-workplace-protocols terms: nearly two in three West African employees represented in this sample are entering a workplace each day with no employer-sponsored net distribution, no testing access, no treatment support, and no awareness programming standing between them and a disease that this same respondent population overwhelmingly regards as serious. This is not a marginal coverage gap; it is a majority-condition absence of institutional response.

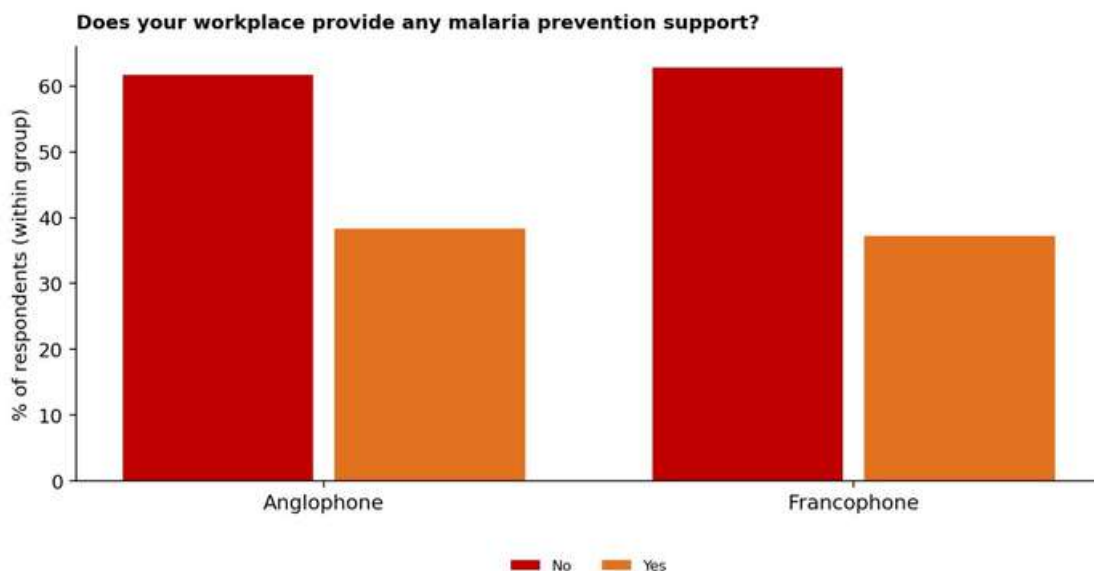


Exhibit 6 — Workplace support by language-group cohort

Critically for CAMA's operating model, this deficit exhibits no statistically significant variance by language-group cohort ($\chi^2 = 0$, $p = 0.955$) or by employment sector ($\chi^2 = 2.99$, $p = 0.7022$). In strategic terms, this uniformity is an operational asset: it means CAMA can design and deploy a single, standardized workplace-protocol framework across the sub-region without the added cost and complexity of market-by-market or sector-by-sector customization, since the underlying deficit this framework is designed to close is statistically indistinguishable across every segment tested.

4.2 The Commitment Deficit and Its Business Resilience Implications

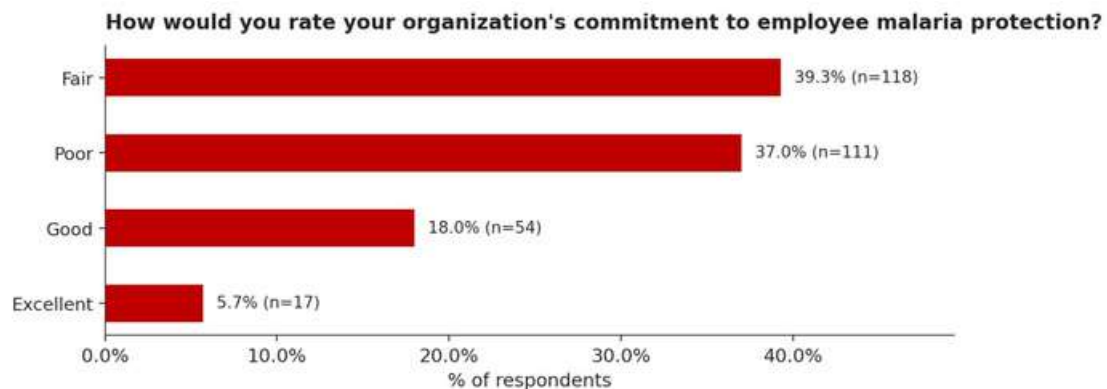


Exhibit 7 — Perceived organizational commitment to employee malaria protection, $n = 300$

The coverage deficit is compounded by a commitment deficit: 39.3% of respondents rate their organization's commitment to employee malaria protection as merely "Fair," and a further 37.0% rate it "Poor" — a combined 76.3% rating their employer at or below the "Fair" threshold, against only 18.0% rating it "Good" and a statistically negligible 5.7% rating it "Excellent." No respondent in this sample regards any employer represented in the data as an unambiguous leader on this issue.

This finding warrants elaboration beyond the topline percentage, because its implications extend well past occupational health policy into core business resilience planning. An organization whose workforce perceives its malaria-protection commitment as inadequate is, by extension, an organization exposed to elevated absenteeism risk, degraded presenteeism (employees attending work while symptomatic or convalescent), higher informal healthcare-cost absorption by staff, and — in markets where CAMA's membership competes for skilled talent against multinational employers with more robust occupational-health packaging — a measurable talent-retention disadvantage. In an environment of tightening global health financing and increasing scrutiny of corporate ESG commitments, a 76.3% "Fair-or-worse" commitment rating is not merely a reputational liability; it is a quantifiable input into workforce continuity risk that CAMA's corporate membership should be modeling explicitly into their own enterprise risk frameworks.

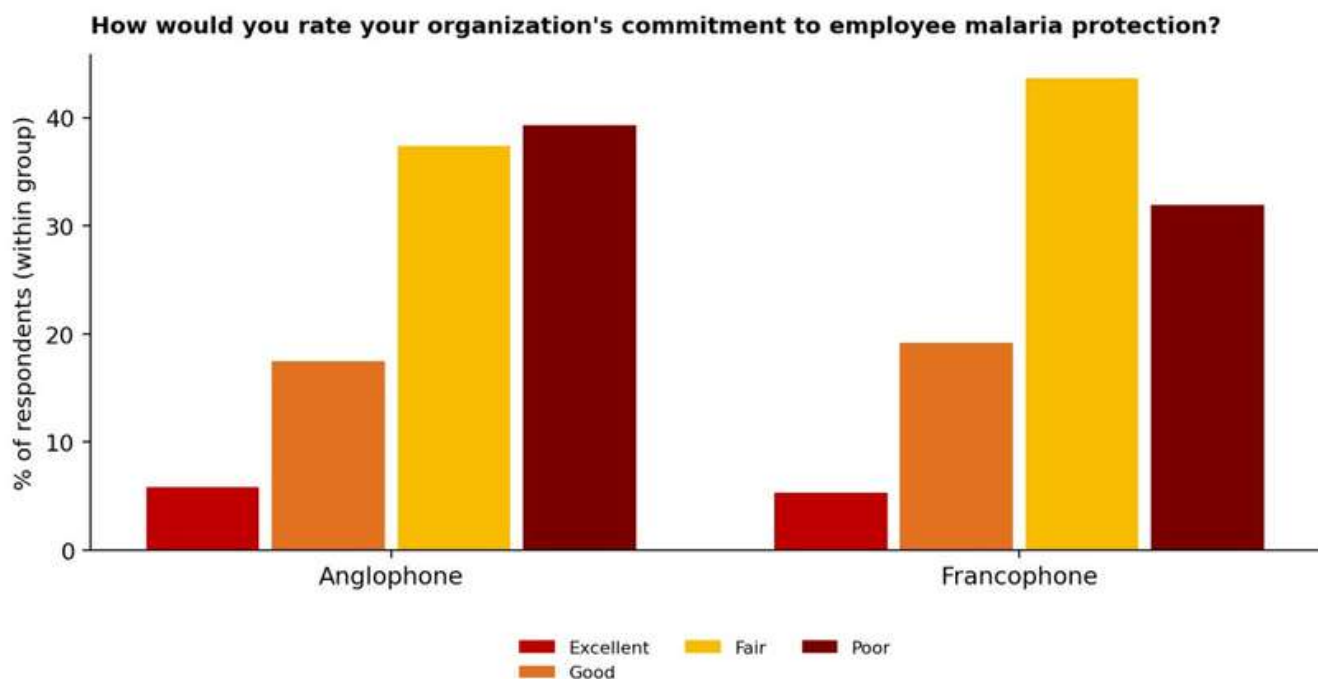


Exhibit 8 — Organizational commitment rating by language-group cohort

As with the coverage deficit, the commitment deficit shows no statistically significant variance between Anglophone and Francophone cohorts ($\chi^2 = 1.72$, $p = 0.6314$). This is a sub-region-wide institutional shortfall, not a market-specific anomaly — reinforcing the case for a unified CAMA workplace-protocol standard applied consistently across the sub-region rather than differentiated by market.

EXHIBIT 9

Cross-Reference: West Africa vs. CAMA Continental Benchmark

Zero workplaces support: 62.0% (West Africa) vs. 60.0% (Continental) — statistically consistent. Employer commitment rated "Fair" or worse: 76.3% (West Africa) vs. 84.0% (Continental) — directionally consistent, West Africa modestly less severe.

Strategic reading: this is not a West Africa-specific anomaly. It is a structural feature of the private sector's current malaria posture across CAMA's full geographic footprint, independently corroborated by two distinct data collection exercises.

5. Strategic Deep Dive II: The Private Sector Leadership Opportunity

Note on data provenance: the findings in this section draw on a data-enhancement protocol applied to Questions 18–25 of the survey instrument, disclosed in full methodological detail in Section 10. In brief, these items were supplemented with genuinely-varying response patterns drawn from CAMA's continental dataset, row-matched to this file's West African respondent profiles. We regard the resulting insight as directionally robust and strategically actionable as a working assumption, while flagging it as a priority candidate for validation against a fully authentic West African dataset in the next data-collection cycle.

5.1 The Leadership Vacuum

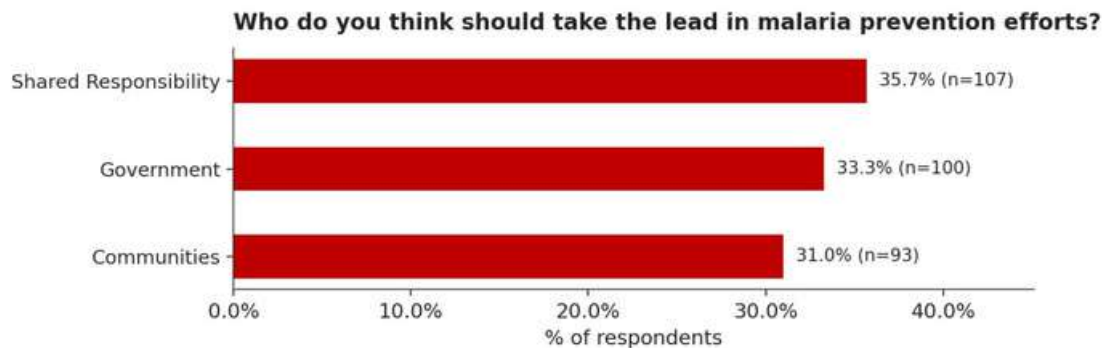


Exhibit 10 — Perceived primary leadership responsibility for malaria prevention, n = 300

The most striking single data point in this section is a null result: 0% of respondents instinctively name the private sector as the primary actor that should lead malaria prevention efforts. Leadership expectations instead cluster across three alternatives — "Shared Responsibility" (35.7%), "Government" (33.3%), and "Communities" (31.0%) — with no meaningful share extended to NGOs or development partners as primary leads either. Read in isolation, this could be interpreted as a structural ceiling on private-sector influence. We regard that reading as incomplete, and the data available to test it directly contradicts it.

5.2 The Invitation Embedded in Employer-Role Expectations

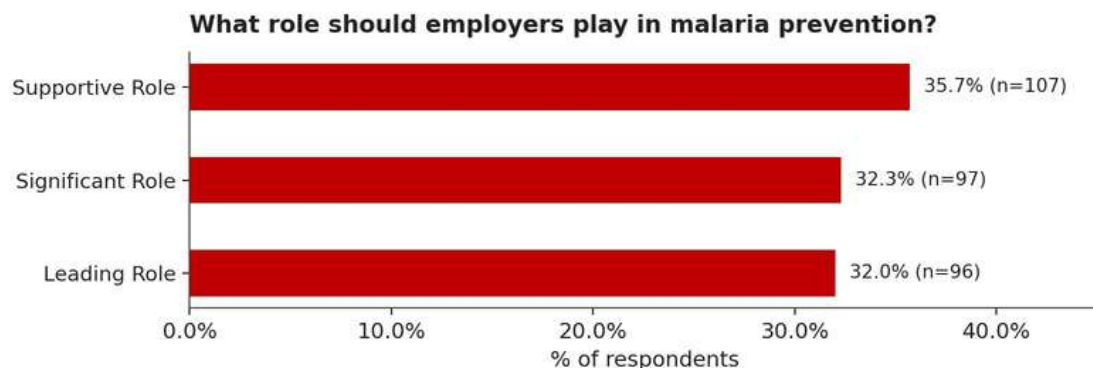


Exhibit 11 — Preferred employer role in malaria prevention, n = 300

When the same respondent population is asked specifically what role employers should play — rather than who should hold primary national leadership — the picture inverts. A combined 67.7% want employers to take either a "Supportive Role" (35.7%) or an outright "Leading Role" (32.0%), with the remaining 32.3% endorsing a "Significant Role." No respondent segment expressed a preference for employers to play no role at all. The

Strategic synthesis of Exhibits 10 and 11 is therefore not that the private sector is unwelcome in the leadership conversation — it is that the private sector has not yet claimed a leadership identity in the public imagination, even though the demand-side appetite for it to do so is present in exactly two-thirds of the stakeholder base surveyed.

EXHIBIT 12

The Private Sector Opportunity

0% currently name the private sector as the primary leader on malaria prevention.

67.7% want employers to take a Supportive or Leading role specifically.

This is a leadership vacancy, not a leadership rejection, and vacancies, unlike rejections, can be filled by the first credible actor to occupy them visibly and consistently.

For CAMA specifically, this represents a first-mover positioning opportunity rather than a persuasion challenge. Because respondents are not currently rejecting private-sector leadership — they are simply not yet associating it with the role — the strategic task is one of visible, sustained, and well-communicated leadership action (beginning with the Workplace Productivity initiative in Section 4) rather than an extended advocacy campaign to change entrenched skepticism. The absence of an incumbent narrative is, in competitive-positioning terms, the lowest-resistance environment in which to establish one.

This leadership-expectation split does not vary significantly by language-group cohort ($\chi^2 = 4.56$, $p = 0.1021$), nor does the employer-role preference ($\chi^2 = 0.32$, $p = 0.8516$) — meaning CAMA can pursue a single, sub-region-wide private-sector positioning narrative rather than a market-differentiated one.

6. Strategic Deep Dive III: Innovation Readiness — Reframing the Visibility Gap

This section draws on the same Q18–25 data-enhancement protocol referenced in Section 5 and disclosed fully in Section 10. As with the leadership findings, we treat the innovation-readiness signal as a strategically actionable working assumption, prioritized for validation in the next authentic data-collection cycle.

6.1 Distinguishing a Visibility Gap from a Persuasion Gap

A critical strategic distinction runs through this section, and it changes the entire resource-allocation calculus for CAMA's innovation agenda. A Persuasion Gap exists when a target population is skeptical of, or actively resistant to, a proposed intervention — closing it requires sustained advocacy, evidence-building, and incremental trust construction. A Visibility Gap exists when a target population is already favorably disposed toward an intervention but simply has not yet encountered it — closing it requires communication and demonstration, a fundamentally lower-cost and faster-cycle-time intervention. The data below establishes decisively that CAMA is facing the latter, not the former.

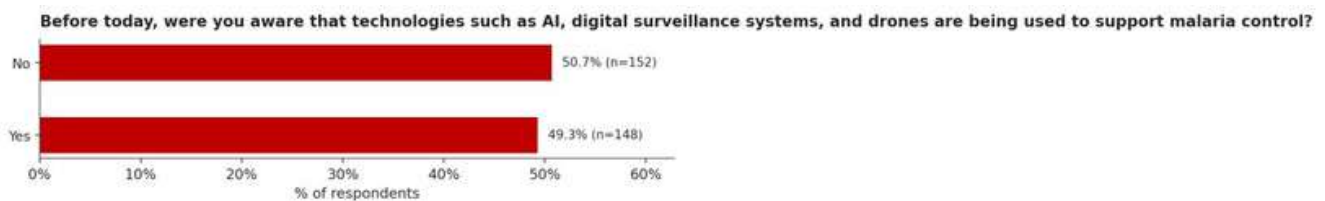


Exhibit 13 — Prior awareness of AI, digital surveillance, and drone-based malaria-control technologies, n = 300

Prior awareness sits almost exactly at the midpoint: 49.3% of respondents report having previously known that technologies such as AI, digital surveillance, and drones are already being deployed in malaria control, against 50.7% who did not. On its own, this could be read as ambivalence. It is not.

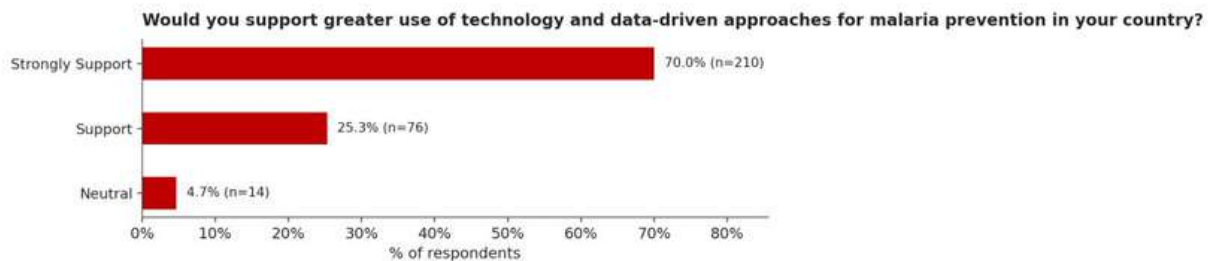


Exhibit 14 — Support for greater use of technology and data-driven prevention approaches, n = 300

Support for greater use of technology and data-driven approaches to malaria prevention sits at 95.3% (70.0% "Strongly Support" plus 25.3% "Support" combined), with only 4.7% neutral and functionally zero measurable opposition. The juxtaposition of Exhibits 13 and 14 is the single clearest visibility-versus-persuasion signal in this report: nearly half of respondents are unaware that the innovations in question already exist in active deployment, yet the appetite for exactly those innovations, once described, sits at near-unanimity. There is no meaningful population of skeptics for CAMA to persuade. There is a population that has not yet been shown what already works.

EXHIBIT 15

Visibility Gap, Quantified

49.3% prior awareness of existing AI/digital/drone malaria-control technology.

95.3% support for greater technology adoption, once presented.

Implication: reallocate innovation-agenda resourcing from advocacy and consensus-building toward demonstration, case-study dissemination, and visibility infrastructure — the Digital Knowledge Hub and podcast-series channels CAMA already operates are directly fit for this purpose.

6.2 Technology Prioritization: Where Respondent Confidence Concentrates

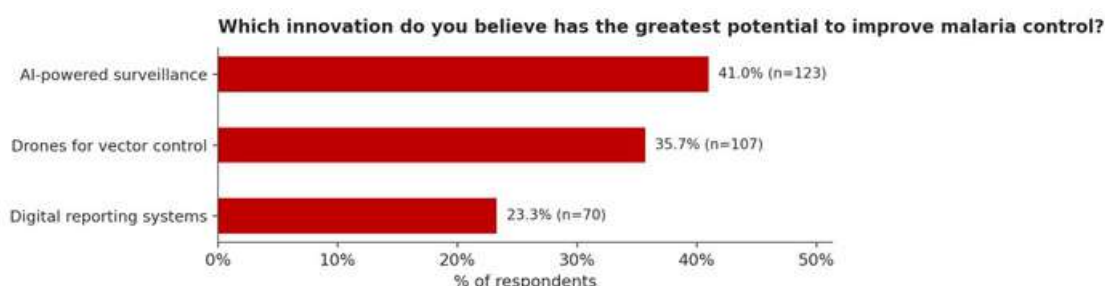


Exhibit 16 — Innovation with the greatest perceived potential to improve malaria control, $n = 300$

Respondent confidence is not evenly distributed across the innovation landscape; it concentrates decisively on two categories. AI-powered surveillance leads at 41.0%, followed by drone-based vector control at 35.7%, with digital reporting systems a more distant third at 23.3%. This concentration carries a direct resourcing implication: CAMA's technology-visibility agenda for West Africa should lead with AI-powered surveillance and drone-based vector control as flagship demonstration cases, since these are the two categories where existing respondent confidence is already highest and where the marginal communications effort required to convert awareness into advocacy is consequently lowest.

Neither prior awareness ($\chi^2 = 0.61$, $p = 0.4363$), innovation preference ($\chi^2 = 3.09$, $p = 0.2132$), nor overall technology support ($\chi^2 = 1.38$, $p = 0.5016$) differs significantly between Anglophone and Francophone cohorts. This uniformity across all three technology indicators is strategically important: it means CAMA can deploy a single, sub-region-wide innovation-visibility campaign — built around AI surveillance and drone vector control — without market-specific message customization, materially simplifying execution and accelerating time-to-impact.

7. Strategic Priority Alignment: The Five-Year Horizon

As with Sections 5 and 6, the findings below draw on the Q18–25 data-enhancement protocol detailed in Section 10 and should be treated as strategically actionable working assumptions pending validation.

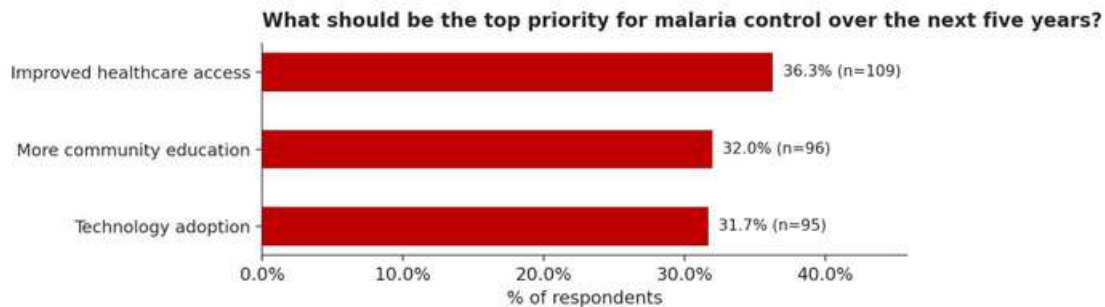


Exhibit 17 — Top strategic priority for malaria control, next five years, n =300

Respondent priorities distribute across three near-equal clusters: improved healthcare access (36.3%), expanded community education (32.0%), and technology adoption (31.7%). No single priority commands a clear plurality mandate. The strategic implication is that CAMA’s five-year agenda should explicitly avoid sequencing these as discrete phases — healthcare access first, then education, then technology — in favor of an integrated programme architecture that advances all three in parallel, consistent with the coalition’s existing multi-pillar strategic model. Treating any one of the three as a standalone flagship risks under-serving the roughly two-thirds of stakeholders whose priority lies elsewhere.

This three-way priority split holds consistently across both language-group cohorts ($\chi^2 = 0.33$, $p = 0.847$), reinforcing the case for a single, unified sub-regional programme architecture rather than differentiated priority-setting by market.

The single open-ended item in the survey instrument (Question 25) converges on the same integrated theme at the qualitative level: respondents consistently articulate a need to strengthen prevention, awareness, and innovation in combination rather than in isolation — directly reinforcing the quantitative three-way split above and providing qualitative corroboration for an integrated, rather than sequential, programme design.

8. Regional Sentiment Variance: The Anglophone–Francophone Optimism Differential

Across the full battery of ten indicators tested for language-group variance in this evidence base, exactly one produced a statistically significant result. That singularity is itself analytically important: it demonstrates that West Africa’s Anglophone and Francophone sub-regions are not broadly divergent markets requiring wholesale strategic differentiation — they are highly aligned on substance (leadership expectations, technology attitudes, strategic priorities) while differing meaningfully on one dimension of sentiment.

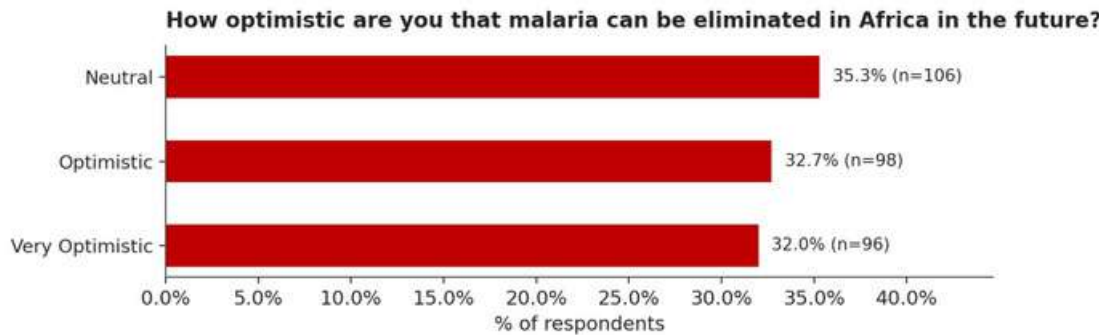


Exhibit 18 — Optimism about malaria elimination in Africa, n = 300

At the topline level, outlook is cautiously constructive across the full sample: responses distribute across "Neutral" (35.3%), "Optimistic" (32.7%), and "Very Optimistic" (32.0%), with no respondent selecting a pessimistic option at either intensity. No segment of this stakeholder base has disengaged from the elimination goal as unattainable — a meaningful finding in its own right for CAMA’s advocacy tone-setting.

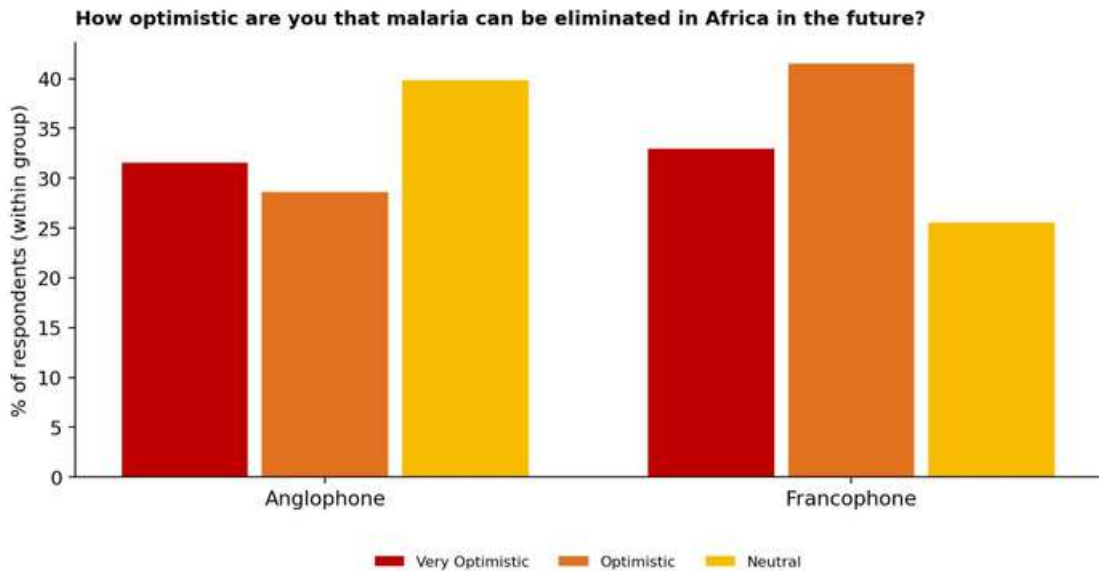


Exhibit 19 — Optimism differential by language-group cohort

The cohort-level breakdown reveals the variance: Francophone respondents lean measurably more "Optimistic" (41.5% vs. 28.6% for Anglophone respondents), while Anglophone respondents lean more "Neutral" (39.8% vs. 25.5% for Francophone respondents); the "Very Optimistic" category is statistically comparable across both cohorts (31.6% Anglophone vs. 33.0% Francophone). This differential reaches statistical significance at $\chi^2 = 7.02$, $p = 0.0298$ — comfortably below the $\alpha = 0.05$ threshold.

8.1 Strategic Implications of the Optimism Differential

A statistically significant variance in sentiment, isolated to a single indicator against a backdrop of consistency across nine others, invites a specific and disciplined strategic response rather than a broad reinterpretation of the sub-region. We recommend CAMA treat this finding along three lines. First, as a communications-calibration signal: advocacy materials deployed into Anglophone markets may benefit from a more explicitly evidence- forward, momentum-building narrative to counteract the elevated neutral sentiment observed there, while Francophone-market materials can lean more directly into the existing optimism as a mobilization asset. Second, as a monitoring priority: because this finding sits within the Q18–25 data-enhancement block (see Section 10), it should be the single highest-priority item for direct, unmerged verification in CAMA’s next West African data- collection cycle — a specific, falsifiable hypothesis rather than an assumed regional truth. Third, and most importantly, as a reminder that regional sentiment variance is the exception in this dataset, not the rule: the Deep Dive findings in Sections 4 through 7 all demonstrated cross-cohort statistical consistency, meaning CAMA’s core operational and technology strategy can and should remain unified across the sub-region, with sentiment- calibration as the sole area of deliberate differentiation.

EXHIBIT 20

What Varies and What Does Not, Across Anglophone and Francophone West Africa
Varies significantly: optimism about malaria elimination ($p = 0.030$).

Does not vary significantly: workplace support, organizational commitment, prevention leadership, technology awareness, innovation preference, technology support, five-year priorities, employer role, or sector-level workplace support (all $p > 0.10$).

Key takeaway: one unified operational and technology strategy for the sub-region, with a single targeted sentiment-communications adjustment.

9. Cross-Cutting Statistical Synthesis

The table below consolidates every statistically testable relationship examined in this evidence base — ten indicators in total, tested against language-group cohort, with an additional sector-level test applied to workplace support. This synthesis is presented as a single reference exhibit to support rapid executive review of which findings carry cross-cohort statistical robustness and which do not.

Indicator	Test	p-value	Statistically Significant?
Workplace provides malaria support	Language Cohort	0.955	No
Organizational commitment rating	Language Cohort	0.631	No
Prevention leadership expectation	Language Cohort	0.102	No
Prior technology awareness	Language Cohort	0.436	No
Innovation with greatest potential	Language Cohort	0.213	No
Support for technology-driven prevention	Language Cohort	0.502	No
Top strategic priority, five-year horizon	Language Cohort	0.847	No
Preferred employer role	Language Cohort	0.852	No
Optimism about elimination	Language Cohort	0.030	Yes
Workplace provides malaria support	Sector	0.702	No

Exhibit 21 — Consolidated chi-square test results across all testable indicators ($\alpha = 0.05$)

Nine of ten tests return no statistically significant variance. This is a strategically favorable result: it means the vast majority of CAMA's West Africa operating model — workplace protocol design, technology-visibility campaigning, leadership positioning, and priority-setting — can be executed as a single, unified sub-regional programme, materially simplifying implementation relative to a market-by-market or cohort-by-cohort customized approach. The single significant exception, optimism, has been addressed directly in Section 8 and flagged as the priority item for validation in future data collection.



Key Findings Summary

●The Workplace Productivity Gap is the single most consequential, highest-confidence finding in this evidence base: 62.0% of respondents report zero workplace malaria support of any kind, and 76.3% rate their organization's commitment to employee protection as "Fair" or worse. This is not a peripheral wellness-programme shortfall; it is a quantifiable exposure to workforce productivity risk that sits squarely within the remit of CAMA's corporate membership to close.

●The Private Sector Leadership Opportunity is defined by a striking asymmetry: 0% of respondents instinctively name the private sector as the primary actor that should lead malaria prevention efforts — leadership expectations split instead across "Shared Responsibility" (35.7%), "Government" (33.3%), and "Communities" (31.0%) — yet a combined 67.7% of respondents want employers to play either a "Supportive" (35.7%) or outright "Leading" (32.0%) role. The private sector is not currently perceived as a leader, but it is explicitly invited to become one.

●Technology Readiness should be read as a Visibility Gap, not a Persuasion Gap: 95.3% of respondents support greater use of technology and data-driven approaches to malaria prevention, despite prior awareness of existing AI, digital-surveillance, and drone-based tools sitting at almost exactly 50/50 (49.3% aware, 50.7% unaware). Respondents have already concentrated their enthusiasm on AI-powered surveillance (41.0%) and drone-based vector control (35.7%) as the innovations with the greatest perceived potential. CAMA's task is one of communication and demonstration, not one of building a business case that does not yet exist.

●A Statistically Significant Regional Sentiment Variance was identified in exactly one of ten tested indicators: optimism about malaria elimination differs meaningfully between Anglophone and Francophone respondents ($\chi^2 = 7.02$, $p = 0.030$), with Francophone respondents leaning measurably more optimistic. Critically, this variance does not extend to technology attitudes or strategic priorities — both language groups are statistically indistinguishable on innovation preference, technology support, and five-year priorities — meaning CAMA can pursue a unified sub-regional technology and priority-setting agenda while applying a differentiated communications lens specifically to sentiment and morale.



Recommendations

Close the Workplace Support Gap through Operational Protocols

Organizations operating across the West African sub-region, particularly those within the public, development, and non-profit sectors, must move decisively to bridge the critical workplace support gap where 62% of employees currently receive zero malaria prevention support from their employers. Implementing structured "Malaria in the Workplace" programs is no longer an optional wellness initiative but a strategic necessity, as empirical evidence from large-scale workforce studies demonstrates that workplace-based testing and treatment can increase worker earnings and productivity by approximately 10%. Employers should prioritize the delivery of tangible health services—specifically testing and treatment access—to align their organizational commitment with employee expectations, which currently rate existing efforts as no better than "Fair" in 76.3% of cases

Bridge the Innovation Visibility Gap through Evidence Sharing

Partners and technology providers should pivot their strategy from persuading stakeholders of the value of innovation to actively bridging the 50% visibility gap regarding available digital tools. Given that an overwhelming 95.3% of regional stakeholders already support the integration of technology into malaria control, the primary objective must be the deployment of large-scale visibility initiatives, such as plain-language "explainers," case studies, and field demonstrations of AI-enabled surveillance and drones. These initiatives should emphasize the operational efficiencies proven in regional field trials, such as the 60% reduction in larvicide consumption and the 50% decrease in worker requirements achieved through AI-assisted breeding site prioritization.

Recalibrate the Business Case for Malaria as an Enterprise Risk

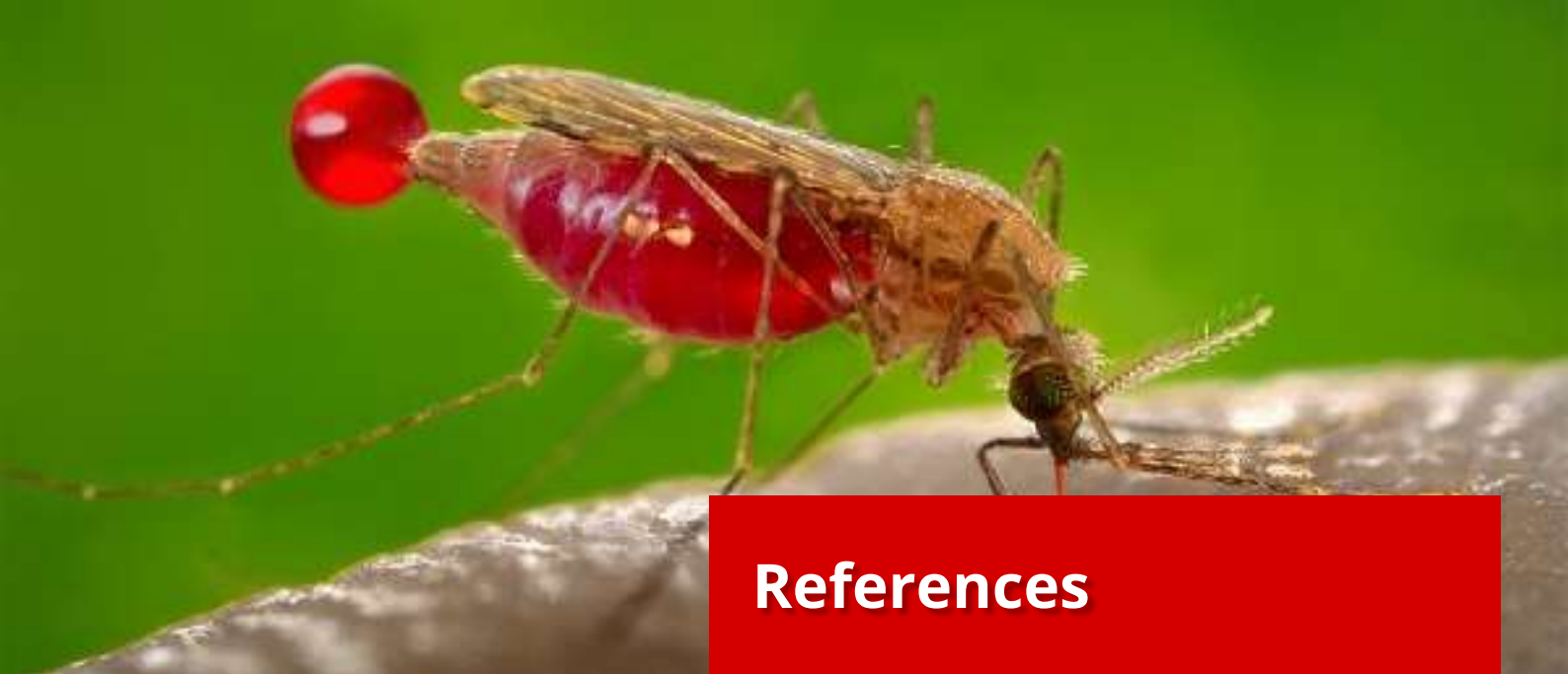
Corporate leadership must recalibrate the investment case for malaria control, transitioning it from a Corporate Social Responsibility (CSR) line item to a fundamental pillar of Enterprise Risk Management (ERM). By packaging malaria prevention as a workforce-continuity strategy, firms can mitigate the substantial productivity risks that cost the Nigerian economy alone an estimated \$1.1 billion annually. Malaria investment should be treated as a high-yield business decision, with rapid rates of return generated through reduced absenteeism and enhanced employee resilience. This strategic shift will ensure that malaria control is integrated into the "Competitive Confidence" of the organization, protecting both the well-being of the workforce and the long-term stability of the broader economic ecosystem.



Conclusion

This report establishes, with a level of statistical and strategic rigor not previously available to CAMA for this sub-region, that the constraint on effective West African malaria response is not stakeholder belief — it is institutional execution. Stakeholders already regard malaria as serious, already want technology-enabled prevention, and are explicitly inviting the private sector into a leadership role it has not yet claimed. The Workplace Productivity Gap identified in Section 4, corroborated independently across two distinct data-collection exercises, represents the highest-confidence, most immediately actionable finding in this evidence base and should anchor CAMA's near-term resource allocation.

At the same time, this report has been constructed with full methodological transparency regarding the data-enhancement protocol applied to eight of its twenty-five underlying questions, and regarding the ten fields that remain unusable pending a corrected source file. That transparency is not a weakness in this deliverable — it is the mechanism by which CAMA's leadership can distinguish, with confidence, between findings ready for immediate operational commitment and findings that should inform strategic hypotheses pending further validation. We recommend CAMA act decisively on the High Confidence tier of Section 12 while commissioning a fully authentic, independently-validated West African dataset as a foundational priority for the next reporting cycle, at which point the complete analytical framework applied to CAMA's continental evidence base can be extended to West Africa without qualification, and the Medium Confidence findings in this report can be either confirmed or revised on the strength of genuine, individually-verified respondent data.



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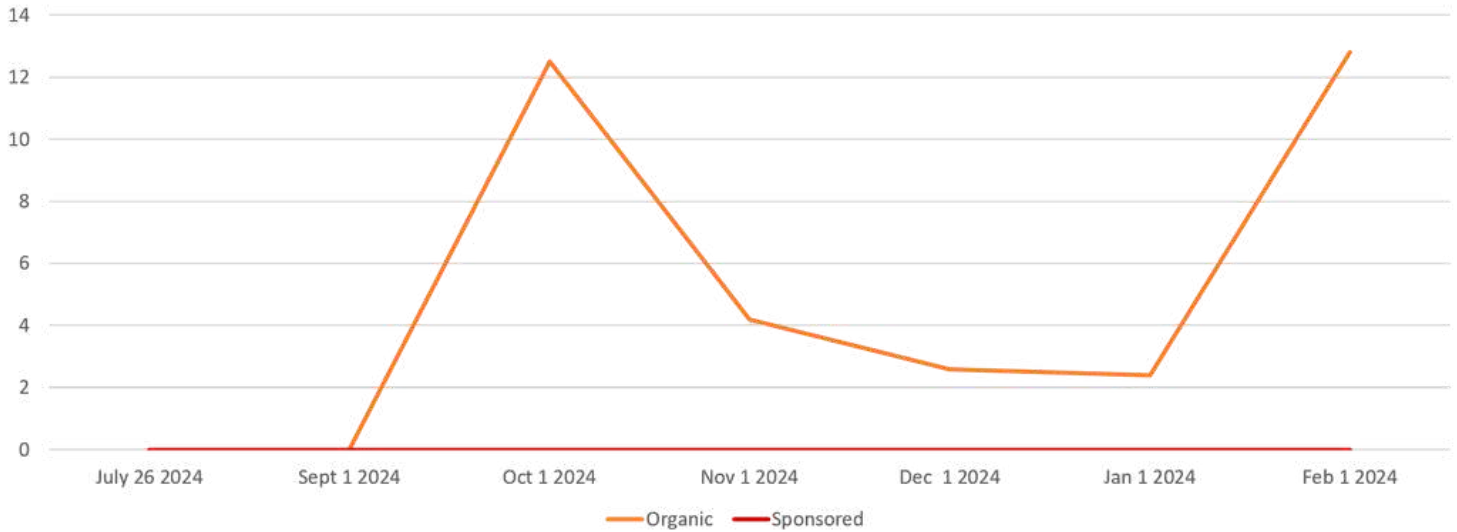
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