Shining Alamime Stars

A newsletter on webinars given by and with ALAMIME Alumni

JULY, 2026 **VOL 3, ISSUE 7**

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Dear reader,

ALAMIME is transforming the approach to malaria on the African continent. Its July 2026 Alumni Country Webinars highlighted crucial aspects that connect malaria to often overlooked factors in the fight against it, such as proper disposal of medical and domestic waste as a deterrent to antimalarial resistance and mosquito breeding places; findings from Tanzania's School Malaria Parasitological and Nutritional Survey implying that immunity against malaria due to nutritional deficiency, declines with age; and the need for fairness in access to malaria vaccine resources across the continent. Uniquely, each event made a valuable contribution to how malaria is understood and responded to in the various countries in which the project operates.

Alumni Webinars in July 2026

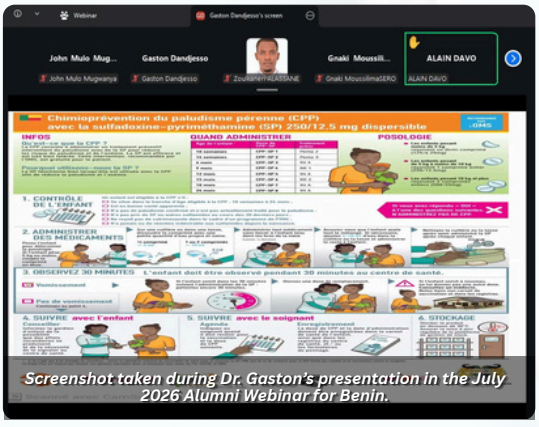
Nigeria

The Dawn of Life Foundation has supported Nigeria's Rivers State in supplementing traditional methods of monitoring malaria with the active involvement of community members. Ms. Nkechinyere Daniel's presentation on 16 July 2026 at 5:00 P.M. (WAT), during the July 2026 Alumni Webinar for Nigeria, provided attendees with insight into the concept of community-led monitoring (CLM) of malaria—an initiative that places the responsibility of tracking malaria outcomes on the very people affected by malaria. The third cohort alumna, who serves as a Coordinator at the Dawn of Life Foundation, described this process as community-owned data collection that holds duty-bearers accountable. She considered CLM relatively advantageous compared to passive facility-based surveillance, which misses informal-sector gaps. She demonstrated CLM's impact with case studies from areas in Rivers State, Nigeria, such as Obio Akpor, Ahoada East, and Etche, where improvements in commodity tracking, clinic attendance, and complaint redress were observed. Moderating the Q&A session, Dr. Tolulope Fagbemi (Cohort 1), an Assistant Director for Surveillance, Monitoring & Evaluation at the National Malaria Elimination Program in Nigeria, received questions on resistance from primary health officials and pathways to scale CLM beyond Rivers State.

Niger

In the July 2026 Alumni Webinar for Niger, a critical issue surfaced that goes beyond merely introducing the malaria vaccine on the African continent—ensuring its equitable access and uptake. Dr. Hadiza Jackou (Cohort 1), former NMCP Coordinator, reported that Africa benefited from the malaria vaccine as early as 2019 and 2023 through the pilot Malaria Vaccine Implementation Programme in Kenya, Malawi, and Ghana. In her presentation, she praised the pilot for achieving a 13% reduction in mortality and for quickly informing the introduction of the vaccine in 25 countries by the end of 2025. However, Dr. Hadiza expressed skepticism about fully harnessing the protective potential of the malaria vaccines if equity concerns are ignored in their scaling across the continent. She identified zero-dose children, nomadic, refugee, and remote children as those particularly likely to be missed by vaccination campaigns in countries where they are conducted. During this event, which took place on July 28, 2026, at 3:00 P.M. (WAT), Dr. Abdul Rachid Admou supported Professor Alkassoum Ibrahim—a Lecturer and Researcher at the University of Abdou Moumouni—in facilitating attendee inquiries on the pre-roll-out perception surveys in Niger and the duration of the vaccine's protective effect after the completion of the four doses.

Benin



Screenshot taken during Dr. Gaston's presentation in the July 2026 Alumni Webinar for Benin.

Benin has prioritized protecting its most vulnerable populations from malaria in its southern coastal areas through the implementation of the Perennial Malaria Chemoprevention (PMC) intervention. On July 28, 2026, at 5:00 P.M. (WAT), Dr. Gaston Dandjesso (Cohort 4), a medical coordinator of the Aplahoué-Djakotomey-Dogbo Health Zone, explained that the rollout of PMC in this region involves an eight-dose administration of the chemoprophylactic drug, integrated with EPI and vitamin A visits, from 10 weeks to 24 months. Demonstrating the impact of the... intervention, he shared DHIS2 data, which showed a declining incidence and near-zero severe malaria mortality in the early implementing zones. Mrs. Sero G. Moussilima (Cohort 4), an Epidemiologist and Surveillance Focal Point in the Bassila Zone, allowed webinar attendees to ask how PMC's impact is distinct from the concurrent vaccine introduction in the region and whether PMC and SMC were administered simultaneously in the same area.

Uganda

An articulate malaria elimination goal, supported by an understanding of where malaria remains a challenge and the opportunities within communities facing this challenge, forms the basis for strengthening Uganda's health system to eliminate the disease. In the Uganda webinar on 29 July 2026, at 5:00 P.M. (EAT), Dr. Quinto Ebony (Cohort 1), the RSSH Coordinator for the Global Fund at the Ministry of Health, emphasized that Uganda's health system must be resilient to eliminate malaria by significantly reducing local transmission and achieving zero malaria deaths by 2030. He advocated for the optimal use of epidemiological stratification to achieve this goal. He recognized great potential in leveraging a whole-of-society approach—where communities are at the center—to ensure that technical targets are responsive to community malaria needs. Questions arose from attendees, moderated by Dr. Damian Rutazana, the Global Fund National Facilitator at the Ministry of Health, regarding whether community participation had been sufficiently addressed in the presentation and the factors driving recent case increases despite vector-control investments.

Burkina Faso

Microscopy remains an indispensable diagnostic tool that has significantly improved case management outcomes in Burkina Faso. Dr. Hermann Jonas Tapsoba (Cohort 2), an Assistant Biologist Physician in Parasitology at ULBO, compared microscopy as a diagnostic method with other diagnostic tools like Rapid Diagnostic Tests (RDTs), ELISA, Sysmex, Polymerase Chain Reaction (PCR), and Quantitative Buffy Coat (QBC) across various efficacy and effectiveness parameters. In the Burkina Faso event, on 29 July 2026 at 5:00 P.M. (GMT), he concluded that microscopy remains unrivaled in diagnosing malaria, as it uniquely identifies the specific plasmodium species in cases, quantifies the copies of such species in a unit of drawn blood, and facilitates therapeutic...

efficacy monitoring. In this event, Dr Ouedraogo Ambroise, a Public Health Physician and Burkina Faso Alumni Representative, helped attendees to further appreciate: the feasibility of placing microscopy at primary-care level; and the mechanisms in place to regulate unapproved RDTs circulating on the Burkinabe private market.

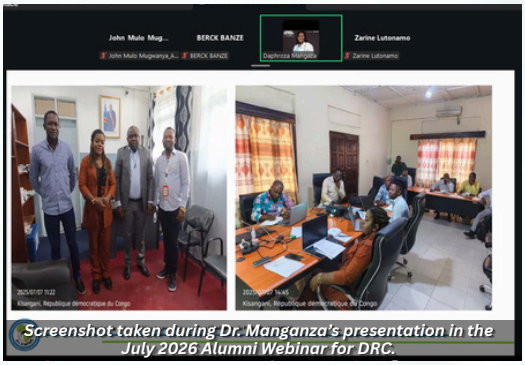
Togo

Screenshot taken during Mrs. Ekpe's presentation in the July 2026 Alumni Webinar for Togo.

Diverse communication and community engagement strategies are helping Togo recover from the low uptake of its PMC doses. Speaking at the July Webinar for Togo on 30 July 2026, at 3:30 P.M. (GMT), Mrs. Ekpe Dossim A. Delali (Cohort 4), a Health Care Administrative Officer responsible for Malaria Promotion and Partnership at the NMCP, reported that first-year coverage of PMC fell from 79% at the first dose to 19% at the fourth dose. This sharp decline in the uptake of subsequent doses was attributed to misinformation about the chemoprophylactic drug and gaps in reminding parents about subsequent doses. In addition to managing misinformation at the community level, interpersonal, mass media, and digital media channels were said to have helped restore trust in the PMC drug and improve awareness of how PMC is delivered in the country. Moderating this session, Mr. Aliou Nourou (Cohort 3), a Field Epidemiologist and Maritime Regional Malaria Focal Point, enabled attendees to distinguish between PMC and Seasonal Malaria Chemoprevention (SMC) and highlighted the role of "Papa Champions" in community engagement for PMC.

DRC

Work of the Defeat Malaria Project in DRC has helped to on-board the private sector as a strategic partner in achieving the DRC's 2024-2028 National Strategic Plan. Dr. Daphroza Mangaza (Cohort 2), Head of the Community Diagnostics Section within the NMCP Case Management Division, reported how the Defeat Malaria Project onboarded 8,164 pharmacies and 4,151 facilities across seven cities, including Kisangani in the DRC, to improve diagnostic quality and treatment and strengthen malaria surveillance through DHIS2. The significance of this onboarding activity by the Defeat Malaria Project was highlighted as the key role that private players play as first-contact diagnostic and treatment centers in the country. At this DRC event, held on 30 July 2026, at 06:00 P.M. (WAT), Dr. Mangaza also shared the supervision findings in Tshopo Health Zone, which led to training on RDT use, restocking of ACTs, and provision of IEC materials, among other post-supervision actions. Dr. Berck Banze (Cohort 2), a Public Health Expert at Haut-Lomami Provincial Health Division, facilitated attendees' questions on the scalability of the Defeat Malaria Project activities in Tshopo and strategies to institutionalize gains after external funding for the project ends.



Screenshot taken during Dr. Manganza's presentation in the July 2026 Alumni Webinar for DRC.

Tanzania

Results from the 2023 School Malaria Parasitological and Nutrition Survey (SMNS) in Tanzania indicate that the effects of malaria and malnutrition affect older children mostly. On 31 July 2026, at 06:00 P.M. (EAT), Ms. Mwanahamisi Hussein (Cohort 2), the District Malaria Focal Person for Pangani District Council, reported that the national malaria prevalence among school-goers averaged 11%, with the highest prevalence among 12 to 16-year-olds at 13.6%. ITN ownership reached 72%, yet overnight use before the survey was only 40%. She also reported that stunting affected 28% of children and increased sharply after age 12. In this event, participants were interested in further understanding how this evidence was used to inform malaria programing for the at-risk age-group, the relationship between malaria and nutrition, and whether there was external validity of results provided the "survey excluded out-of-school children". These discussions were moderated by Mr Anthony A. Mwampulo (Cohort 3), serving as the Malaria Focal Person in Shinyanga Municipal Council.

Sierra Leone

In the July 2026 Alumni Webinar for Sierra Leone, discussions focused on the significance of environmental measures like waste management in effectively preventing and ultimately eradicating malaria. On 31 July 2026 at 05:00 P.M. (GMT), the Acting Dean of the Faculty of Public Health and Infectious Diseases at the University of Sierra Leone, Dr. Abdul K. Mbawah (Cohort 3), highlighted that environmental waste management is fundamental to malaria prevention and eventual eradication. He contrasted regulated medical waste systems with unmanaged domestic plastics and containers that create mosquito breeding sites near homes. He identified domestic waste as a challenge due to the lack of household-level training and monitoring and called for efforts to practice segregation of domestic waste and develop disposal discipline in communities as applied in health facilities. Commentary from webinar attendees emphasized once again the need for proper waste disposal in communities for malaria elimination, though it is practically challenging to achieve.

Upcoming Webinars in August 2026

19 August 2026 (Wednesday)
August Alumni Webinar for **Benin**

20 August 2026 (Thursday)
August Alumni Webinar for **Nigeria**

26 August 2026 (Wednesday)
August Alumni Webinar for **Uganda**

26 August 2026 (Wednesday)
August Alumni Webinar for **Burkina Faso**

27 August 2026 (Thursday)
August Alumni Webinar for **Togo**

27 August 2026 (Thursday)
August Alumni Webinar for **DRC**

28 August 2026 (Friday)
August Alumni Webinar for **Niger**

28 August 2026 (Friday)
August Alumni Webinar for **Tanzania**

JULY 2026 ALUMNI WEBINARS IN NUMBERS

Narrative Summary	Nigeria	Niger	Benin	Uganda	Burkina Faso	Togo	DRC	Tanzania	Sierra Leone
Total participants	93	75	57	107	43	122	55	38	27
Status									
Alumni	40	31	17	41	20	28	16	22	14
Non-alumni	53	44	40	66	23	94	39	16	13
Gender									
Male	60	56	38	74	31	84	41	28	19
Female	33	19	19	33	12	38	14	10	8
Consortium Status									
Consortium countries	4	4	5	4	4	4	3	4	4
Non-consortium countries	1	1	0	1	1	3	1	1	1