Policy Briefing:

Closing Cameroon's Malaria Action Gap: Lessons from Countries that Eliminated Malaria

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Overview:

This brief draws on a session of the Cameroon Town Hall for Healthcare Professionals held on April 18, 2026, ahead of World Malaria Day. Co-moderator Dr. Bryan Tegomoh presented the findings of the WHO World Malaria Report and three recent elimination stories, and diagnostics experts and a National Malaria Control Programme official discussed what they mean for Cameroon.

Context:

Malaria caused about 282 million cases and 610,000 deaths worldwide in 2024, 94% of them in the African region, which is off track against WHO targets (WHO World Malaria Report, as presented). Cameroon has year-round transmission and several transmission zones, and was among the first countries to introduce malaria vaccines. Global funding covers about 42% of need, the Global Fund has reduced Cameroon's malaria allocation for the next cycle, and community health workers' external funding is being transferred to the State (as reported by the programme).

Key Issues:

1. **Population growth outpacing control:** Flat incidence in a growing population means more cases each year.
2. **Funding shortfall:** Reduced external funding threatens commodities and community health workers, whose transition to State funding is not yet assured.
3. **Data blind spots:** Most African case reports lack basic variables such as sex, limiting targeting.
4. **Diagnostic gaps:** HRP2 deletions, asymptomatic carriers and over-diagnosis of malaria and typhoid undermine case management.
5. **Resistance:** Insecticide and drug resistance require updated nets and continuous monitoring.

Discussion Highlights:

- Dr. Tegomoh: we have to scale faster just to stand still.

- Dr. Tegomoh: universal access, community ownership and regional coordination equal elimination.
- Dr. Kenji: Cameroon is Africa in miniature for malaria; one strategy will not fit every district.
- Dr. Maloba: asymptomatic carriers are an overlooked reservoir.
- National Malaria Control Programme: priorities are commodities, community health workers and prevention for under-fives.

Recommendations:

- **Protect community case management:** MINSANTE and the Ministry of Finance should adopt a funded, time-bound plan to take over payment of community health workers who test and treat malaria, as external funding ends. First step: cost the transition and include it in the midterm review of the 2024 to 2028 National Strategic Plan.
- **Make testing and treatment free for all:** Following Suriname and Timor-Leste, MINSANTE should guarantee free malaria testing and treatment at every level and for every person, including displaced and migrant populations, with secure supplies of rapid tests and medicines.
- **Stratify interventions by district:** The National Malaria Control Programme and regional delegations should use surveillance data to match interventions to transmission zones: intensive control and vaccination in high-burden districts, case investigation and focal responses in low-burden ones.
- **Fix the data basics:** MINSANTE should make sex, age and pregnancy status mandatory fields in malaria reporting tools and DHIS2, and publish standard surveillance case definitions. First step: revise reporting forms in the next data tool update.
- **Monitor resistance and diagnostic performance:** The programme, with research institutions, should routinely monitor insecticide resistance, antimalarial efficacy and HRP2 deletions, and replace nets with newer types where resistance is documented.
- **Honour Abuja and Yaoundé commitments:** Government should report each year on progress towards the Abuja target of 15% of public spending on health and the Yaoundé Declaration's domestic financing commitment, and involve other ministries in a funded multisectoral malaria plan.

Next Steps: The town hall will share this brief with the National Malaria Control Programme ahead of World Malaria Day and invite the programme to report on the midterm review of the National Strategic Plan at a future session.

Conclusion: Countries with fewer resources than Cameroon have eliminated malaria by making care free and universal, trusting communities and building strong programmes. Cameroon's tools already exist; closing the gap depends on funding, data and political will.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of April 18, 2026. Recording to follow.