Presentation of Francophone African advocates in the fight against malaria, tuberculosis and HIV/AIDS in favor of communities

These champions are recognised and committed in their communities to the fight against malaria, tuberculosis and HIV/AIDS

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By Impact Santé Afrique
January 2021
In 2012, Joseph WATO became involved in the defence of the rights of communities to access to health care and services, health promotion and disease prevention.

He quickly focused on the fight against malaria and HIV/AIDS. He holds a Bachelor's degree in and a Master's degree in international relations, his skills in communication skills have led him to develop an expertise in the use of "health diplomacy". As Executive Director of APDSP, he now advocates for the participatory and community approach to health and in the fight against malaria in particular.

« Malaria is a major health problem in Cameroon. It claims many victims in our families, especially among pregnant women and children under 5 years old. Our country is one of the 11 countries that alone bear 70% of the burden of the disease in the world. The causes are multiple and only the combined efforts of several actors could significantly reduce the trend at the national and therefore global level.

My involvement in the fight against malaria goes back to the dramatic experience of losing my younger sister to the disease shortly after she graduated from high school. After having tried in vain to treat her with "street drugs", she lost consciousness and died within a few days of a fever linked to severe malaria, which was diagnosed late for financial reasons.»

Dear leaders, we have a common enemy that is destroying our families, kills our children, our wives, our parents, our brothers and sisters, our friends and colleagues; this formidable enemy knows no borders. We bear responsibility for every malaria death in our communities and it is time for change and it is possible!

LET’S FIGHT NOW, LET’S FIGHT TOGETHER!"
Ms IDE Zeinabou is involved in communication, advocacy and programmes in the fight against malaria within Impact Santé Afrique, an NGO based in Cameroon. She comes from a highly endemic country, she is committed to the fight against malaria. She suffered from the disease in primary school and high absenteeism throughout her academic career. She has lost her adolescent cousin Jalila and her friend Nana Barira, both of whom died of cerebral malaria, a particularly severe form of the disease that is still little known in Africa.

« Due to its geographical area, Africa is a favourable terrain for the evolution of malaria, which is becoming more and more resistant. 94% (215 million) of the estimated cases in 2019 were recorded there (source: WHO). As for Niger, it is a highly endemic country of malaria, we are part of the "High Burden High Impact Countries" meaning that it is among the 11 countries most exposed to malaria in the world. According to the November 2020 Council of Ministers, Niger has recorded 3,861 deaths from malaria out of 3,193,598 confirmed cases. It is unacceptable that millions of people are still continue to suffer and die from it.

In this fight, my greatest achievement is to have contributed to the 6th replenishment of the Global Fund. By conducting advocacy campaigns, I was able to meet with several local decision makers in Niger and Cameroon. The objective is that African Heads of State contribute more to the financing of the fight against malaria, HIV/AIDS and tuberculosis. At the same conference, with young activists involved in this cause, we drafted a statement to world leaders urging that the interests of youth be represented and that their voices be heard. As a result of these strong advocacy actions, I feel like I helped to move the lines. I would like to emphasize that thanks to the strong mobilization of civil society, for the first time, 24 African countries have pledged to contribute to the replenishment of the Global Fund.»

“As a member of the ALMA Youth Advisory Council, we advocate for a greater voice for youth at the decision-making table and I call on national leaders to make a significant contribution to the mobilization of counterpart funds for Global Fund malaria grants and an increase in domestic resources for health.”
Ms Floribert BIOMBI A KIKI has been fighting against HIV/AIDS since 2015. Her area of expertise covers both advocacy for strengthening the fight against HIV/AIDS and field work within communities and with the most vulnerable people, including transgender women.

« In 2015, the GAP Report published by UNAIDS estimated that transgender women are 9 times more likely to be infected with HIV/AIDS than cisgender women adults of childbearing age. In reality, because of their gender expression, transgender women are gender expression, transgender women are frequently victims of social stigma. This marginality exposes them to more or less violent forms of violent forms of exclusion: family break-ups, exclusion: family breakdowns, de facto eviction from places of sociability, rejection from the labour market, sex work and, consequently, repeated contact with the disease, repeated contact with the disease.

My greatest achievement was leading the Global Fund to Fight AIDS, Tuberculosis and to fight and malaria in 2017. The objective of my intervention was to ensure that the existence and experience of transgender people is taken into account in the fight against HIV/AIDS in Cameroon. This has now been done and I am very proud to see that this resolution has not remained a dead letter since 2019, gender minorities are stakeholders in the stakeholders in the fight against the three diseases.»

I would like to say to our leaders that HIV/AIDS is an objective reality that ignores the walls we put up between human beings and therefore it is important that in our response we do not differentiate between victims of this disease.

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1 Woman whose perceived gender corresponds to gender assigned at birth
For the past three years, Mrs Brenda Ngoufack has been involved in the fight against malaria with the Global Fund. Journalist by profession, she has worked in particular for the of a magazine specialised in the health sector before in the health sector.

In 2020, she joined the Global Fund’s Youth Council, which works to provide insight into overview of the needs and challenges facing young people health. In this newly created assembly, Brenda Ngoufack is striving to bring the voice of journalists involved in the fight against malaria:

« I’ve been dealing with this disease since I was a child. Since I started school, it was common for me and my friends and I often missed classes because of malaria. My best friend, who was six years old at the time, died of it. Since that day, I have understood that malaria was considered as witchcraft because it is still not well known in our communities.

For me, it is out of the question to lose yet another loved one because they did not have access to the right information to protect themselves from this disease that decimates thousands of people every year.

In this spirit, I would like to ask our national leaders to invite women and young people to the decision-making table because they are among the most vulnerable populations. I would also call on our leaders to increase the domestic funds allocated to health and the national budget for malaria. The world is being hit by the Covid-19 pandemic which makes us that we forget that there is malaria, which is taking an even greater toll in our communities. Dear leaders, let’s not let up on the efforts made so far to curb this pandemic and continue to carry out awareness activities to protect our people. The ball is in your court, let us act together for a malaria-free Cameroon and Africa.»
Committed to the fight against malaria, HIV/AIDS and Tuberculosis for over 20 years, Mr SYLLA Boubacar has been observing the disastrous socio-economic consequences of Malaria, HIV/AIDS and Tuberculosis in the communities of western and middle Guinea. As a result of loss of income linked to the various costs borne by patients and their families, it is undertaking a large-scale awareness-raising campaign for young people. Very involved in the fight, Mr. SYLLA Boubacar accompanies a number of national CSOs in the strategic monitoring of programmes implemented in the health sector. Today, it is on the dedicated platforms that he conducts the bulk of strong communication to CSOs to improve community management of malaria in Guinea.

“Today, I am very proud to be able to bring my experience and expertise to support the advocacy and mobilisation of CSOs in the fight against the three diseases.”

“Malaria, HIV/AIDS and Tuberculosis are particularly dangerous for young people, who remain who have little or no knowledge of the causes and consequences of these diseases. This is compounded by the financial constraint that prevents families from having access to advice, care and support they need. Witness of the ravages of these diseases among young people, it was the source of my commitment to the within the Friends of the World Club. 20 years after the Abuja commitment to allocate 15% of the national budget to health, our country has not been able to allocate more than 5% of its budget to the health of the population. We call on the Guinean authorities to react and remedy a situation where almost 90% of medical costs are borne by the population.”
Involved in the fight against malaria for more than 6 years, Mrs. LAKO ZOUMA Christiane has added Malaria and Tuberculosis to her priorities in 2019. In a context where one in 24 infants dies before reaching the age of one month, the local resonance of her commitment to the fight against malaria is very important to the people of the Central African Republic is particularly significant.

“People live with malaria. Yet this disease continues to kill. I myself have been close to this disease; I lost a cousin to cerebral malaria and that marked the beginning of my commitment. Today, I am saddened to see that a large number of deaths are attributable to a lack of information about malaria. For this reason, I decided to train in strategic communication and advocacy.

In 2017, during an awareness-raising activity in my country’s capital for World Malaria Day, I was able to sensitise about 100 people about malaria, its modes of transmission and prevention, as well as the use of impregnated mosquito nets.

I am very proud to have been able to participate in the improvement of access to information, which is a determining factor in the number of infections. From this point of view, I would like to say to our national leaders that this is a serious time and that the share of the national budget allocated to health cannot remain as it is without us suffering the consequences.”

“Let’s mobilise together to improve the health of our populations!”
Mr. **FOUDA Patrick** advocates for an optimal response to HIV/AIDS and Tuberculosis among adolescents. For a little over 6 years, he has been the National President of the “Réseau Camerounais des Adolescents et Jeunes Positifs”. Although he was born HIV-positive, it was not until the age of 13 that he discovered his HIV status.

He is now on life-long treatment and is fighting for better access to the treatment young people need. As brilliant communicator, he is also a member the Global Fund's Youth Council to ensure that they not only consulted but also to advocate for the inclusion of young people to the decision-making table.

“I have through things that have made me made me stronger. It is mainly to pass on this strength to my peers that I got involved. To tell the truth, I don't wish any young person to live with HIV. I want national leaders to hear that the effectiveness of the national response to HIV/AIDS must be improved. So that no more children are born with HIV/AIDS, so that no adolescent or young person lacks care, counselling or treatment,

*For the future of our continent.*
Committed to the fight against Malaria, HIV/AIDS and Tuberculosis since 2012 Rose Michèle BONKOUN NZIE, uses her skills in community mobilisation and advocacy for the promotion of the health of populations. Within the FIS, she works for the promotion of social justice in the field of health by putting forward the principles of equal treatment, transparency of equal treatment, transparency, justice and fair distribution of resources. Committed, She strives to promote the emergence and dissemination of innovative approaches to health policies.

« At the FIS, we strive to work in a complementary to public services and to take into account the I am proud to have worked on the development of the FIS. 

I am proud to have worked to reduce the prevalence of HIV/AIDS in the Lolodorf health area, but my greatest achievement has been contributed to the increase in the attendance of pregnant women at the prevention of HIV/AIDS transmission of HIV/AIDS from mother to child.»

My ambition today is to work towards reducing inequalities in access to health services. Whether it is a question of advice, care or treatment, the democratisation of access to health, particularly for vulnerable people, is an essential prerequisite for the emergence of our continent.
Involved in the fight against Malaria for 10 years, Mr Ndolmbaye DJASNARBE is a humanitarian committed to his country, Chad.

«Because in Africa, and in Chad in particular malaria is the first cause of mortality and morbidity in health centres, because pregnant women and children under 5 are the most vulnerable and because malaria is a deadly scourge in our communities, I couldn't not invest myself in the fight.»
It is in her capacity as Executive Director of the NGO Dimension Humaine that Ms Rachel BOYINDJO has made a name for herself in the fight against Malaria and HIV/AIDS in Togo.

Particularly comfortable speaking, she strives to mobilise and engage the community in her action while advocating for the inclusion of gender in malaria treatment.

She is particularly comfortable speaking, and strives to mobilise and engage the community in her work while advocating for the inclusion of gender in malaria and HIV/AIDS treatment. Her slogan, “the power of girls and women against all discrimination and abuse”, is particularly relevant to the socio-cultural context in which she works:

“Malaria is a reality that ravages our communities and dramatically affects our daily lives. I encourage national leaders to step up efforts to mobilise domestic resources for health and malaria control in particular.

I encourage national leaders to increase their efforts to mobilise domestic resources for prevention, diagnosis and treatment of malaria!”

“Heavy prejudices still surround the use of bed nets. At first sight, they create a feeling of discomfort that people often associate with a sense of suffocation or, in some cases, a feeling of sleeping in a coffin (‘lying corpse’). In addition, women who are often tired from long days rarely take the time to apply themselves to bed-making before going to bed. In addition, women who are often tired from long days rarely take the time to make beds before going to bed, so that the installation of mosquito nets is an additional burden for them. Finally, the population in general and women in particular show little concern for malaria prevention, preferring to focus on treating the disease that has already occurred. While malaria continues to kill, I rejoice at every cure and hope to see the disease disappear one day. Join the movement and together, let’s mobilise more resources for prevention, diagnosis and treatment of malaria!”
Mrs. TAKALEA Gisèle has been fighting against tuberculosis since 2005 alongside the COLTMR-CI. In addition to being an advocate, she accompanies and coaches CSOs in their consideration of tuberculosis in their programmes and in strengthening their capacities. According to UNAIDS, with a seroprevalence of 2.8% and a co-infection rate of 18%, Côte d’Ivoire is deeply affected by the dual pandemic of TB and HIV/AIDS.

According to the National Tuberculosis Control Programme (NTCP) 21,307 new cases and relapses of tuberculosis have been identified in 2019.

According to Mrs. TAKALEA, « This situation is favoured by the low funding of the fight against Tuberculosis. The country does not provide any domestic subsidy to the fight against Tuberculosis and the contribution of Ivory Coast’s contribution to the Global Fund to fight malaria, HIV/AIDS and Tuberculosis is still below the grants to fight tuberculosis, and conventions. »

« My greatest achievement is to have obtained, with the support of the Global Fund to abolish the stamp that TB patients were obliged to buy in order to be treated. This prevented patients from going to the centres (CAT) to get treatment, so it was a great victory that we achieved the concerted work of civil society representatives and society and international organisations. »

Today, we expect national leaders to commit to the fight against TB by providing an essential domestic grant each year to support community-based organisations that are doing the work with people.
Formerly suffering from tuberculosis, Mr. Fabrice KOTOKO joined the association ASSAP-TB/BENIN a few years after its creation in 2007. Now recovered, he puts his skills in advocacy and communication at the service of the prevention of this disease whose victims still suffer certain more or less internalized forms of social exclusion. For Mr. Fabrice KOTOKO, the prevalence of Tuberculosis is a problem that affects both society and the Beninese economy, especially in the context of COVID-19. Indeed, most TB patients are young and many of them are unaware that they are infected. It is therefore the labour force that is most exposed to the disease.

« Africa is the second most affected region in the world by TB. The persistent lack of funding is an obstacle to progress in eliminating the disease. In the community, there is a lot of inaccurate information about TB. This leads to a strong self-stigmatisation of people with the disease, who keep themselves away from social places and, if necessary, from health institutions. The existence of our association is proof of the strong commitment of some former patients to the fight against this disease. Furthermore, we are happy to know that for the first time, at MFM3, human rights funds will be allocated to the fight against the 3 diseases (HIV/AIDS, malaria and tuberculosis). »

“ It is urgent to go beyond the commitments made in Abuja in 2002 by domestic health financing to at least 15% of national budgets. 15% of national budgets. Dear leaders, the health of our people is not a cost but an investment, let's fight together to keep the momentum going! ”
Mrs Henriette Nafissa YOUGANG TAME has been fighting against malaria for more than 5 years. It is important to understand that the female anopheles, the vector of malaria, which looks harmless, can kill a healthy person in less than 48 hours.

For several years, Henriette Nafissa YOUGANG TAME has been working to encourage the referral of communities to health services. She is also known for her pedagogical approach to the issue. She has a complete knowledge of malaria-related issues related to malaria; in addition to working on prevention and raising awareness of her community members of her community on understanding the disease and related services. She is actively engaged in advocacy for the strengthening of the against malaria.

« I was personally affected by malaria as a child. This was a hindrance to my studies. for my studies. Moreover, I lost my niece of 5 years old from severe malaria in the space of only 3 days. In the communities where we work, it is more difficult to break down social barriers. We need to make the community aware of the seriousness of this vector. »

« My greatest achievement was probably participating in the Global Fund replenishment advocacy event held in Lyon in 2019. This advocacy was a great success in my opinion. »
For more than 4 years, Ms. TASSI Augustine has been roaming the city of Yaounde (Cameroon) and its region in order to prevent, orient and ensure the care of the most vulnerable populations in terms of health. Like others, she suffered from malaria as a child, but it was the loss of her older sister to HIV/AIDS - which has been particularly prevalent among women in recent years - that prompted her commitment to the fight against HIV/AIDS, Malaria and Tuberculosis. Like all community health workers, Ms Tassi is involved in the communities. She is the final link in the global effort to combat the three diseases.

Anchored in the reality of the communities, her expertise in the field is as decisive as it is fundamental to understanding how to improve the effectiveness of health programmes.

« I note with bitterness that despite the efforts of our leaders, malaria continues to kill. Firstly, we must address the lack of malaria inputs available to community health workers. Similarly, the lack of available insecticide-treated nets has a direct impact on the mortality of pregnant women and children under five. Despite the obstacles we face on the ground, I am proud to contribute to the global effort to fight malaria, HIV and TB.»
Mrs Catherine ETONDE fights against malaria by ensuring the distribution of impregnated mosquito nets (LLINs) and by putting her skills in oral communication and advocacy at the service of this cause.

« I suffered a lot from malaria in my childhood. I also watched helplessly as many people around me died, mainly due to ignorance and neglect. I find it unacceptable that children under the age of five continue to die of this disease because Civil Society Organisations do not have the necessary to inform, educate and sensitise communities against I therefore urge national leaders to take action to prevent the spread of malaria.»

I therefore urge national leaders to provide us with adequate technical and financial to remedy this situation.
Mr. THIAM Babacar defends access to health services for all, particularly for the benefit of the poor services for all, especially for gender minorities, marginalised minorities, marginalised people and high-risk populations for over 20 years. A graduate in health economics, strategic communication and sociology of organisations, he is also a strong leadership skill. He has served 16 terms of office with the National Coordination Forum.

He has recognised experience in strategic planning, and in the management of Global Fund grants, and monitoring and evaluation, research and production and strategic data production.

« In Senegal, the prevalence of HIV/AIDS is fairly low in the general population, but remains very high among key populations, particularly MSM (27% at national level and 50% in the Dakar region). These high rates can be explained by the persistence of very high social, legal and cultural barriers as well as the existence of strong discrimination against sexual minorities.

Senegal has made considerable efforts in the fight against malaria, but while many districts are already in the pre-elimination phase of malaria, the work to be done to generalise these successes remains important. My greatest achievement to have been able to achieve a real involvement at the regional level to strengthen the networking of CSOs in the Francophone space around CS4ME, GFAN/Africa, ISA, Plateforme Régionale Francophone (PRF).»
Mrs Martty DUSHIME supports in particular the cause of children, adolescents and young people affected by the disease. Involved in collective actions on a daily basis, it is by reference to the principles of peer education that she carries out tutoring, follow-up and support activities, as well as representing young people within the “Grandir Ensemble” network. In addition to this, she has consolidated her experience in public expression both orally and through her involvement in the drafting of an advocacy manifesto for young people.

“UNAIDS data remains worrying for children and adolescents living with HIV and their families. In 2019, more than 2.8 million children and adolescents aged 0-18 years were living with HIV worldwide, with about 90% of them in Africa. The decline in the number of deaths recorded in the data obscures the situation of adolescents aged 15-19, where there has been an increase in deaths of around 35% between 2010 and 2016. HIV and AIDS thus remain the leading cause of death among young people aged 10–19-year-olds in Africa.

According to these estimates, 320,000 children and adolescents would have been infected with the AIDS virus in 2019 (or about 880 per day). Nearly 3 out of every 4 new infections occur in sub-Saharan Africa; in the same region, 3 out of 4 new infections among 15–19-year-olds are among girls.

As a member of the Global Fund’s Youth Council, my greatest achievement was being able to represent young people at the sixth replenishment of the Global Fund held in Lyon, France in October 2019. I want to reiterate to national leaders the importance of youth involvement in the fight against AIDS. We know the difficulties on the ground, the shortages of drugs, the judgments and the psychological impacts of the disease. I would also like to encourage our leaders in the production of leaders in their efforts to increase domestic funding for health. Finally, to reiterate that awareness raising is all the more important because the nature of the global health context should not make us forget the urgency of fighting together against malaria.”
It was in October 2000 that Maxime LUNGA NSUMBU became involved in the fight against tuberculosis. He was himself a victim of this disease. Tuberculosis kills more than 5,000 people every year in the DRC; more than 40% of people affected by TB are not diagnosed; and this is due, among other things, to the difficult access to TB services. He has since been working in oral communication and leadership in the fight against TB.

« The DRC is among the 30 high burden TB countries and is among the 14 that simultaneously bear a high burden of drug-susceptible TB, drug-resistant TB and TB/HIV co-infection in the world. The estimated incidence of TB in the general population is 321 per 100,000 population (Global TB report 2019, page 200) while notification is 189 cases per 100,000 population (TB Epidemiological Report 2018, NTP) that is a detection rate of 59%.

Dear leaders, it is important to expand TB services without any interruption and to include comprehensive, inclusive and accessible social protection; to increase the budget allocated to the fight against TB; and to ensure that our response to TB is people-centred, prioritising community monitoring, peer support and the elimination of stigma and discrimination.»

My greatest achievement is my contribution to the integration of the “TB patients’ involvement in TB prevention, screening and treatment” approach into the national TB policies and guidelines in DRC.
Mrs Marie Solange Ngoueko has been fighting Malaria, HIV/AIDS and Tuberculosis since 2003 personally, and with the PHICC since 2017. She intervenes in oral communication, advocacy, leadership and community empowerment.

« Cameroon is a developing country, access in the communities very difficult, number of doctors per capita very below the inadequacy because of the enclosure the medical staff accumulates in urban areas thus leaving the populations of the villages without qualified medical staff.

Most of the health budget of our country has an internal source, it is time to think about the mobilization of health resources at the national level, the public sector private sector partnership is an opportunity to be taken into account, we speakers have skills to accompany our states without action. »

My greatest achievement is to have demonstrated at the national and international level through implementation, communication and advocacy that community health can be achieved with the communities. Without forgetting the mobilisation of Cameroonian political leaders in favour of the 6th replenishment of the Global Fund.
Ms. Justine HOUZANME is committed to the defence of vulnerable groups in relation to HIV/AIDS, malaria and tuberculosis and the fight against gender-based violence. Several circumstances have contributed to this. It is active in advocacy, training, awareness raising and promotion of the rights of key/vulnerable populations.

"On a cold harmattan morning, as a young student hurrying to catch my bus, I was struck by the sight of a weeping woman in the middle of her luggage, scattered on the road, surrounded by her children, all moaning in pain at their father who was busy getting them out of the house where they were born and raised. I slowed my pace to listen to the story the mother was telling the indignant passers-by. Accused of being the one who brought HIV into the house, her husband decided to abandon her and her unfortunate offspring to the street. I was very upset and revolted. The answer to the question 'what can we do to avoid such a tragedy?' is the ferment that nourished my commitment to the response to HIV. This initial commitment was enriched by experiences of the difficulties that women and the most vulnerable face on the road to malaria and tuberculosis, and those of all key populations in the quest to enjoy their rights to dignity and health.

Thus, I have been involved in the response to HIV/AIDS, the defence of vulnerable groups in relation to the three diseases and gender-based violence since 1993, 2005 and 2015 respectively.

Gender-based violence (GBV) affects many Beninese women regardless of the diseases they suffer from and their socio-professional categories. Taking into account the serious nature of the violence (having suffered at least two forms of violence during the year), apart from Ouémé/Plateau and Mono/Couffo, where seven out of ten women have been victims/survivors of GBV, the situation is more worrying in the other departments, with prevalence rates ranging from 100 percent according to women's statements. 83.7% were raped for not asking permission before going for care (Study on gender-based violence in relation to HIV and stigma/discrimination, 2017). For the general population, homosexuality and other sexual orientations are rejected by the majority as a Western imposition that constitutes a curse. This picture calls for action.

My greatest achievement is to coordinate the work that enabled Benin to be among the 5 countries in the world to have successfully submitted 3 concept notes (HIV/AIDS, TB and Malaria) to the Global Fund, in 2015, as 1st Vice President, Coordinator of the CCM Benin Strategic Monito-
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The challenges related to Health for All, to which you are committed, require continuous and increasing efforts from you. To do this, it is imperative that you mobilise more domestic resources to serve the health of your populations. This is an opportunity to translate the Abuja commitments into action. It is time to go. Civil society will continue to play its part.
Ms. Laure MBUYI has been involved in the fight against HIV/AIDS and all problems related to the sexual and reproductive health of adolescents and young people for 15 years, the fight against tuberculosis for 10 years and the fight against malaria for 5 years.

« I lost my eldest son of 5 years to malaria and I didn't want to live this tragedy again and see children lose their lives because of a mosquito bite. I am committed to saving human lives in general and reducing the vulnerability of young people to these three diseases. »

My message to leaders is that we must respect international agreements and set maximum action in health specifically in the fight against the three diseases that are destroying the population. Increase the budget allocated to the fight against tuberculosis and malaria and follow up on the disbursement. Support humanitarian actions by supporting health CSOs to eliminate HIV/AIDS, malaria and tuberculosis in our country.
Mr. Hamza DJIBO is a programme officer at the NGO ONEN and specialises in the community approach, advocacy and communication for behaviour change.

« In 2008, following a field visit in a context other than health, I visited an Integrated Health Centre in a remote area of my country. For the first time, I saw children, most of them under 5 years old, convulsing on the floor suffering from malaria under the helpless eyes of their mothers. One handsome boy unfortunately succumbed as his mother shook him with the hope of seeing him live again but to no avail. The scene made such an impression on me that I decided to get involved in the fight against malaria, a cause that I defend with all my energy.

According to the latest WHO report on malaria in the world, progress in the fight against malaria is still stagnating, especially in African countries where the burden is high, including Niger. Difficulty in accessing life-saving tools is undermining global efforts to control the disease, and the COVID-19 pandemic is further hampering control efforts.

Sadly, each year the disease infects an estimated 200 million people and kills half a million, mostly children in Africa. In Niger, about 2.5 million cases and more than 2,000 deaths (of which more than 50% are children under five) are recorded each year. The year 2020 was particularly marked by an increase of more than 30% of cases, with rates varying from 11% to 75% depending on the region.

My greatest success in the fight against malaria is the fact that our pilot communes have integrated the fight against malaria into their annual investment plan following the analysis of their CDPs.»
Ms. Lovo ONIVOGUI has been involved in advocacy, oral communication and leadership in TB since 2008.

«The problem in Africa is manifested by a low knowledge of the population on the free treatment of tuberculosis in Guinea. Secondly, the high cost of X-rays for TB screening. Also, in the case of ransoming patients, for example, our association was contacted by a patient who had been ransomed in a treatment centre, and we immediately contacted the head of the centre, who also demanded that the patient's rights be restored, while stressing that tuberculosis treatment is free. After discussions with the head of the centre and the principal concerned, they apologised to us and promised to ensure that such practices would never happen again in their centre.

My greatest achievement is to have succeeded in mobilising and informing the population about TB, its prevention, screening and treatment.»

It is important to have the involvement of all national leaders in the fight against TB. Involving all the leaders makes it possible to better communicate and inform the population about treatment and free access to the disease. It is also necessary to create funding opportunities to support efforts in the field. This will allow us to organise activities in the field to reduce the number of people lost to treatment by setting up focal points in each centre to monitor the difficulties in the treatment circuit.