

(This interview was originally conducted in French and has been translated into English)

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The theme of this year's World Malaria Day 2023 is [Time to Deliver Zero Malaria: Invest, Innovate, Implement](#). And this year is already bringing innovation, including a WHO recommendation for the widespread use of a new class of mosquito net containing two active ingredients: pyrethroid and chlorfenapyr. The new net offers about twice the protection against malaria than standard pyrethroid-treated nets only in areas where mosquitoes have already developed resistance to pyrethroids.

On this occasion, we heard from Dr. Sidzabda Christian Bernard Kompaoré, Permanent Secretary for Malaria Elimination in Burkina Faso, and Dr. Doudou Sene, Coordinator of the National Malaria Control Programme (NMCP) in Senegal, about the adoption of these latest innovations by their respective countries.



Dr. Sidzabda Christian Bernard Kompaoré is Permanent Secretary for Malaria Elimination

in Burkina Faso



Dr. Doudou Sene, Coordinator of the National Malaria Control Programme (NMCP) in Senegal

The World Health Organization (WHO) has just published its [new guidelines for dual-ingredient nets](#). How did Senegal and Burkina Faso welcome this announcement?

Dr Sene: We welcomed the news with great enthusiasm! In Senegal, we started to notice a certain resistance throughout the country to traditional nets which were losing their effectiveness. It was therefore important for us to have access to this type of innovation to counteract the phenomenon and adapt our strategy on the ground. The dual ingredient nets have proven to be very effective. So, we can only welcome this news from the WHO.

Dr. Kompaoré: We welcomed this news very positively. Especially since we had already noted the undeniable effectiveness of these nets during previous campaigns. The WHO's decision confirms our approach.

In your opinion, what should be put in place for countries to adopt new tools?

Dr. Sene: The Senegal NMCP systematically bases its decisions on data, and I think that each country should adapt its strategies according to the effectiveness of the tools it uses. We always discuss with all the experts, especially the vector ecology laboratory, but also with our partners from VectorLink, before investing in a new tool. If there is resistance to a tool, it is important to rectify this and to be able to change the policy, otherwise money may be wasted.

Dr. Kompaoré: We always rely on studies and data to make sure that tools are effective, and I think that once WHO says that they like a new tool, it makes it much easier for countries to take it on board. The crucial point remains the accessibility of these tools, especially in financial terms.

What factors do you think would facilitate the deployment of these nets?

Dr Sene: It should be noted that dual-use nets are more expensive. Africa alone consumes more than 600,000,000 nets per year and insecticide resistance, which is perceived in Senegal, is felt throughout the rest of the African continent. Lower costs would facilitate the deployment of these innovative nets and allow countries to place orders on a larger scale.

In Senegal, for example, our distribution campaigns have always been national. But the subsidy we have received to roll out these dual-use nets does not allow us to extend the campaign to all regions. We are therefore forced to focus on areas with a high malaria burden and/or high insecticide resistance. The less affected areas will continue to receive conventional nets.

Dr. Kompaoré: In Burkina Faso, our funding comes mainly from the Global Fund – part of the grant is also covered by the President’s Malaria Initiative (PMI). The cost of the logistics of deploying the tools comes on top of the price of the tools themselves, and the financial resources are not enough.

In addition, the implementation of a home-based net installation strategy would be more than beneficial: people often receive their nets but do not take the initiative to install them. Such a strategy, combined with increased awareness campaigns, could change this.



A bed net distribution campaign. Bed nets are considered one of the most effective means to prevent malaria.

What innovative tools do you think could make a significant contribution to malaria elimination?

Dr. Sene: We regularly have access to a wide range of global innovations that programmes

should be able to build on, such as the new generation of double-impregnated nets.

However, I think local initiatives are equally important. In 2018, we launched a synchronised campaign with our neighbouring country, Gambia. We plan to extend these synchronisation strategies to other neighbouring countries such as Mauritania and Mali. There is strength in numbers: no country will be able to eliminate malaria without the other.

Dr. Kompaoré: It is important to adopt innovative techniques that would take us further away from the vectors. I am thinking of a recent [study in Tanzania](#), where a small bag of insecticide is hung inside the house to keep insects and mosquitoes away. Similar strategies, coupled with bed nets, will take us in the right direction.

If there were no financial constraints, what would an ideal malaria control programme look like for you?

Dr. Sene: If there were no financial constraints, I can guarantee that Senegal would be there by 2030. On the condition that local actors, especially the communities responsible for sanitation in the neighbourhoods, get more involved. As long as there is stagnant water close to the population, especially in the red zone of the country, it will be difficult for Senegal to reach its goal.

Dr. Kompaoré: It would be a dream! Without financial constraints, the malaria programme would disappear because we would have enough resources to implement the necessary interventions. We could also focus on environmental sanitation. These two factors combined would eradicate the disease.

What are the main challenges you face in the malaria control programme?

Dr Sene: The major challenge concerns resistance: resistance of mosquitoes to traditional insecticides, but also drug resistance in communities. Ensuring good surveillance to monitor the emergence of new resistances seems to me to be a crucial point.

In Africa, most of the funding comes from our partners - and we thank them very much! - but it would be important for countries, especially Senegal, to further strengthen the mobilisation of financial resources internally with the involvement not only of local authorities, but also of the national private sector.

Dr. Kompaoré: Our main challenge is to reduce the incidence of malaria. At the moment, our capacity to act does not allow us to cover the national territory: we distribute one net for every two people. Being able to distribute the nets on a larger scale would be a major improvement.

Burkina Faso also faces a security challenge. The instability of the country sometimes prevents us from accessing certain remote areas and deploying all our strategies on the ground.

And do you have any message for World Malaria Day?

Dr Sene: We know the factors of this disease, which can be avoided by protecting our populations with mosquito nets. It is unacceptable that someone should die of malaria in Senegal today, when all the measures are taken by the State to guarantee universal access to the various areas of prevention, but also to treatment.

By working together, the fight against malaria is a battle that can be won.

Dr. Kompaoré: Apart from the financial aspect, which will always remain the sinews of war, I think that each country can act locally, with its own means, to raise awareness. In Burkina Faso, we are trying to involve community actors more in terms of access to care, awareness and prevention.

If all at-risk citizens sleep under mosquito nets and consult a doctor at the first sign of malaria, we have a great chance of eradicating the disease in the coming years.