



The Alliance for
Malaria Prevention

Campaign digitalization presentations: Key take- home messages

SMC Alliance & AMP Joint Annual Meeting
Entebbe, Uganda: 24–27 February 2026





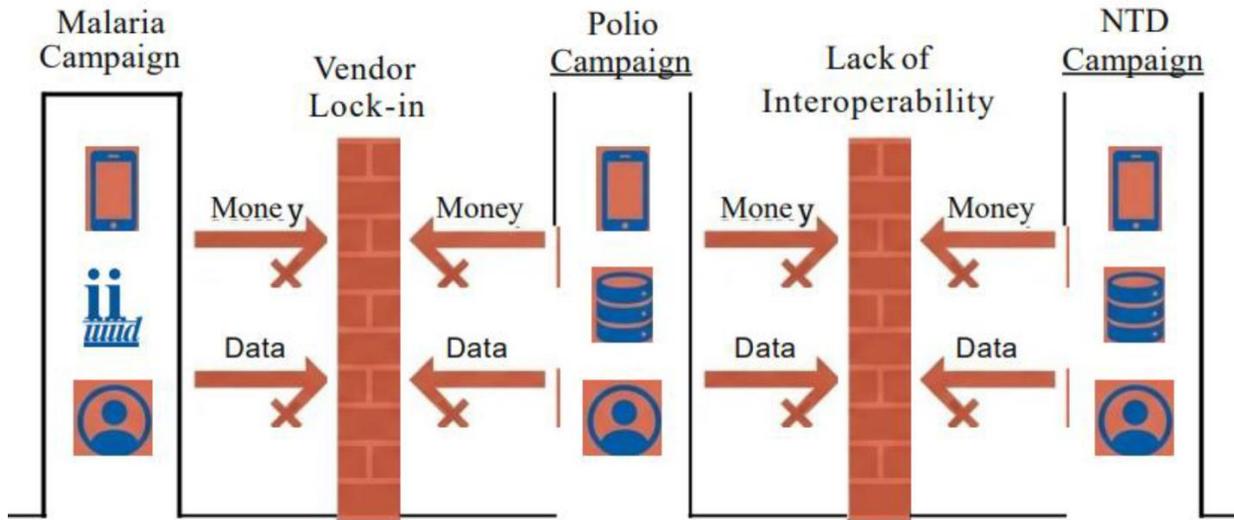
Key take-home messages: digitalization sessions

SMC Alliance & Alliance for Malaria Prevention – Joint Annual Meeting
Kampala, Uganda · 24–27 February 2026

Digitalization in a resource-constrained environment: maximizing the potential

Victor Alegana, WHO AFRO · Day 2 joint session

Result: Redundant investments and fragmented data.



Reduce fragmentation

Eliminate siloed, non-interoperable campaign tools across disease programmes

National sovereignty

Countries own their data and digital infrastructure — platform providers are custodians, not owners

Cost efficiency

Reuse digital assets across Malaria, Polio, Nutrition & NTDs — initial investment is higher; reuse is the payoff

WHO-endorsed

Aligned with WHO AFRO regional digital transformation strategy; cross-programme DIGIT engagement being coordinated

Guinea: Digitalizing MILDA (ITN) mass distribution campaigns

Day 2 · Alioune Camara, NMCP Guinea [session in French]

FACTEURS CLÉS DE SUCCÈS

Recommandations pour d'autres pays



Leadership gouvernemental

Le PNLP doit porter la vision. La digitalisation ne peut pas être imposée de l'extérieur.



Évaluation rigoureuse des outils

Processus transparent avec des critères clairs. Impliquez toutes les parties prenantes.



Approche itérative

Commencez petit (pilote), apprenez, et montez en échelle. CDM22 a préparé CDM25.



Investissement dans la formation

Budget formation \geq budget technologie. Les outils ne valent rien sans des utilisateurs formés.



Interopérabilité dès le départ

Intégrez avec les systèmes existants (DHIS2). Ne créez pas de silos de données.



Partenariat technique solide

Un partenaire technologique engagé, présent sur le terrain, et capable de s'adapter.

- Government (PNLP) must own the digital vision digitalization cannot be externally driven.
- Leadership support is a critical success factor
- Interoperability with other national data sources
- Digital capacity: building staff and volunteer skills is as important as deploying the technology.
- Use CDM25 infrastructure to digitalize other mass campaigns;
- Integrate AI for predictive analysis;
- Build permanent in-country digital capacity

Côte d'Ivoire: How digital technology revolutionized SMC coverage

Day 2 · David Appeti, NMCP Côte d'Ivoire [session in French]

Suivi individualisé

- Chaque enfant enregistré dans la base de données dispose d'un **code identifiant unique lié à un point GPS**
- Les points GPS de chaque ménage étaient disponibles sur une carte pour le suivi de l'administration de la SP+AQ par localité pendant les 4 cycles
- Quand l'enfant n'est pas administré pour un cycle, le point GPS affiche un point rouge.
- Ainsi, une **orientation** est donnée à l'agent sur le terrain pour l'administration de l'enfant



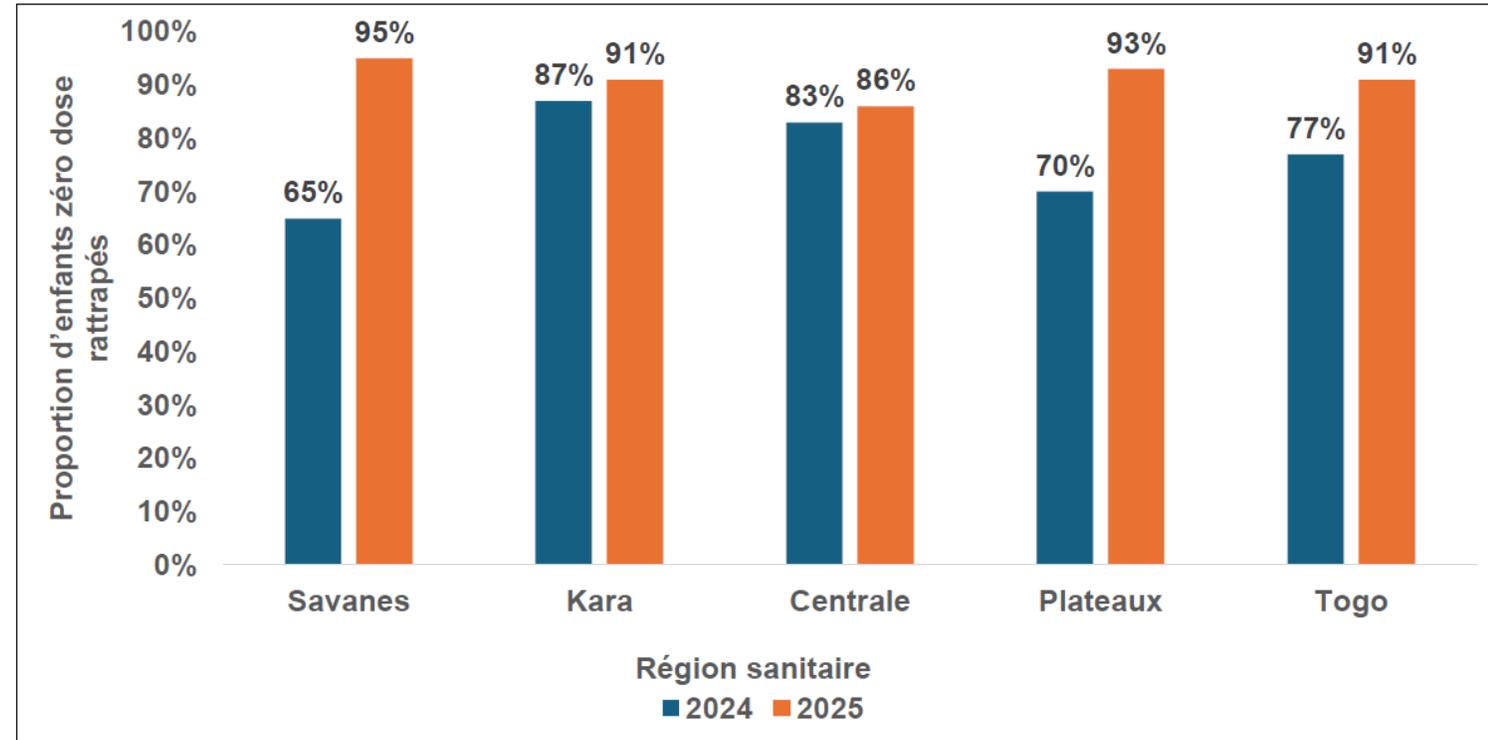
- 10 districts fully digitalized for SMC 2025 (4 cycles) using IASO app
- QR code-based individual child registration: each child assigned a unique ID with GPS location.
- Red flag system automatically identified children not yet dosed enabling targeted follow-up
- GPS tracking enabled follow-up even when a child moved to a different district between cycles no child lost across all 4 cycles
- Dynamic dashboard available during and after each cycle at district, health area and village level guided real-time decision-making by district and coordination teams

Togo: SMC digitalization integrated with search for zero-dose children

Day 2 · Théophile B. Damdjigle, NMCP Togo [session in French]

- SMC digitalization integrated with search for zero-dose and incompletely vaccinated children using DHIS2 / HCM DIGIT (Laafia app).
- BYOD approach with full offline data capture on smartphones
- During SMC registration (Cycle 1): volunteers check vaccination status via carnet or parental questionnaire.
- Zero-dose children automatically flagged and referred to vaccination clinics for catch-up
- Cycles 2–5: digital lists from previous cycle used for targeted follow-up of identified zero-dose children; status updated in the app each cycle
- Integration is a major equity lever: SMC reach into hard-to-reach communities surfaces children missed by routine immunisation systems should be continued and expanded

RESULTATS COMPARATIFS DES ENFANTS ZERO DOSE ENTRE 2024 ET 2025



La proportion des enfants zéro dose rattrapés est passé de 77% en 2024 à 91% en 2025. La région des savanes a enregistré la plus forte performance avec une proportion qui est passée de 65,% en 2024 à 95% en 2025.

Burundi: Digitalized ITN campaign with barcode and QR code net tracking

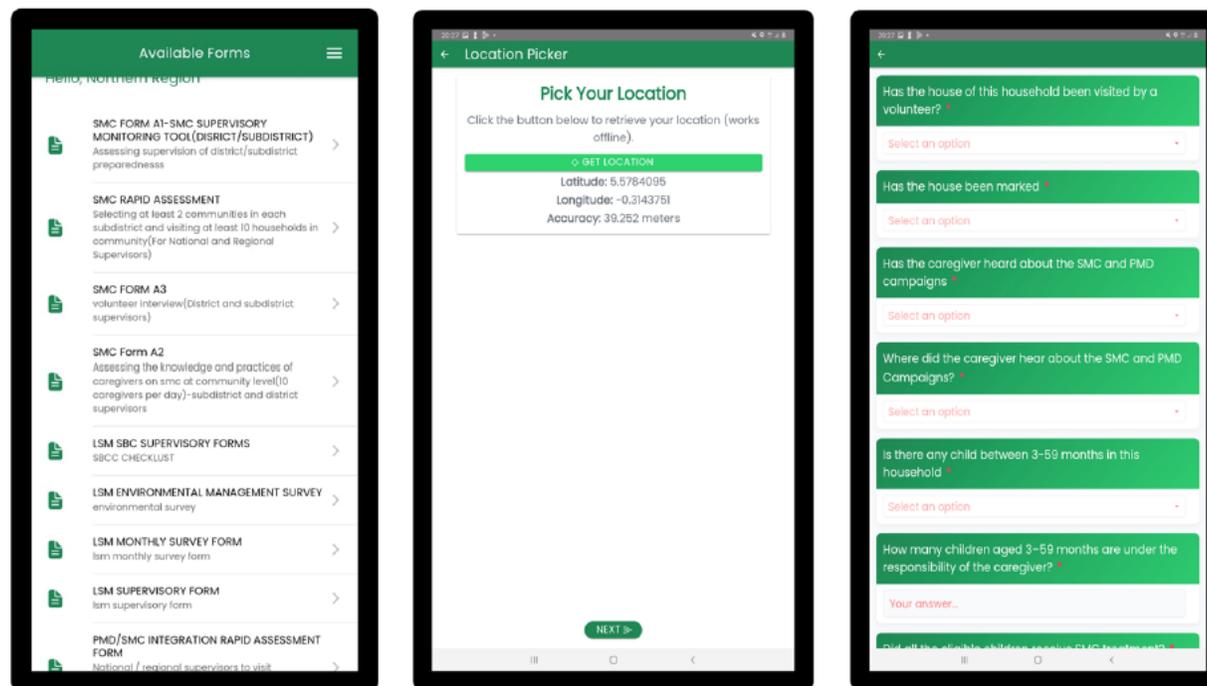
Day 2 · Georgette Nibitanga, NMCP Burundi [session in French]

- Digitalized using DIGIT-HCM platform 'Tsinda Malariya'; 5 modules covering the full campaign cycle including payment of campaign workers
- Key innovation: barcode and QR code scanning of individual nets; increased accountability and transparency while strengthening supply chain management and providing real-time data access for logistics
- Two-system for supply chain: RITA (WFP) at regional warehouses + Tsinda Malariya at distribution sites — required manual reconciliation between systems, which created additional burden
- Challenges included slow scanning at some distribution sites caused operational delays.
- Lesson: a single unified supply chain system is strongly recommended for future campaigns to avoid reconciliation difficulties. GS1-standard QR codes open new logistics possibilities
- Lesson: plan digitalization tools and devices well in advance; deployment delays pushed back campaign start dates

Ghana: Digital workflows for integrated ITN and SMC campaign delivery

Day 2 · Christian Atta-Obeng, NMEP Ghana

- Ghana Malaria Intervention System (GMIS): one connected campaign ecosystem supporting both ITN mass distribution (PMD) and SMC simultaneously
- Integration areas where digital workflows made a difference: national-to-local planning meetings; combined training at all levels; ITN registration combined with 1st SMC dosing cycle; integrated checklists and documentation; mapping
- Common challenges included integration requires customised training at each level, plus strong supervision to translate training into implementation on the ground. Volunteers reported heavier workloads
- Lessons included digitalization is the platform for campaign optimization but success requires robust infrastructure, thorough training and good supervision.
- Building this takes time and sustained investment



Images of unified checklist and rapid assessment form



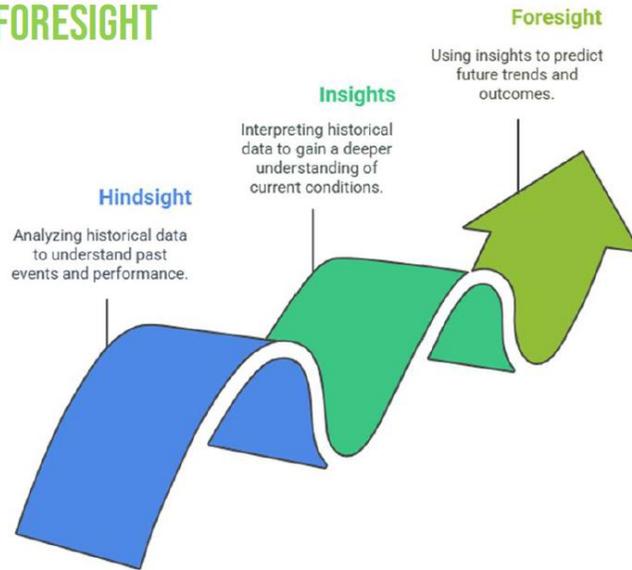
Use of AI to optimize health service delivery and operations

John Mark Esplana, IFRC · Day 3 opening

THE DESIRED SHIFT

FROM HINDSIGHT ----> FORESIGHT

Advancing Data Capabilities for Improved Decision Making



FROM REPORTING TO REASONING

AI is not the strategy

Malaria elimination is the strategy.
AI helps us get there faster.

From hindsight to foresight

Move from reporting what happened to anticipating where and when to act

AI will not replace humans

AI helps identify where to look. Humans decide what to do. The combination is more powerful than either alone.

Coverage doesn't always become impact

The challenge, the gap, and the action must all be matched.

Panel: Data protection, consent & ethics in data sharing

Moderator: Joshua Harvey (CRS) · H.N. Sarwah (AMP) · Martin De Wulf (Bluesquare) · Chandra Muthukrishnan (Equidhi Digital) · Gnonsou Joel Sodjinou (CRS) · Day 3



Cross-cutting principle: establish clear data governance policies before digitalization begins. NMCPs must be co-owners of any platform holding beneficiary data.

Controller vs processor distinction

There must be a clear distinction between the data controller (who controls the data) and the data processor (who processes it). Platform providers do not own the data collected the data belongs to the country/programme. Roles and responsibilities of digitalization platforms must be enforced.

Data is a force carrier

Data carries both risks and values simultaneously. Protecting data means protecting people data is about people. Digitalization opens up a wider risk of attack and intrusion on personal data; technical and awareness capacity must be built to address this.

Consent: legal is not enough

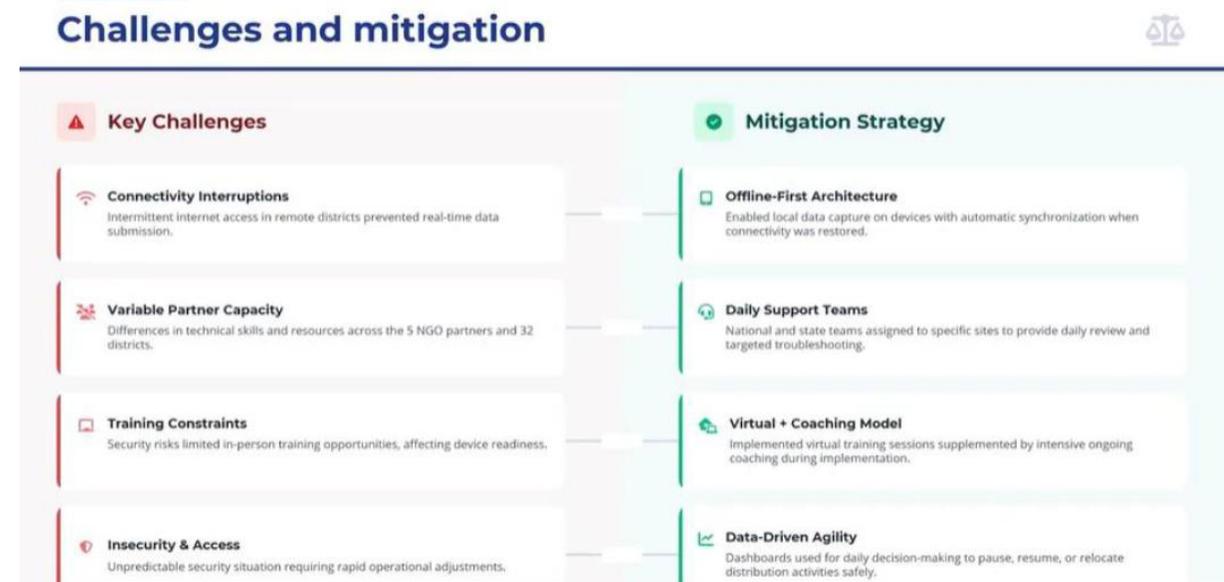
Government-level legal consent to collect data is not sufficient. Consent is also needed from each individual (household head). People must be informed: what data is collected, how it is stored, and for what purpose. Local authorities must lead by example during campaigns to build community confidence.

Traceability & access control

Different levels and credentials of access are needed to maintain data integrity. Platforms must feature audit trails: traceability of who accessed the data, when and for which purpose. Easy integration of data between systems should not come at the cost of access governance. Role-based access control is essential.

Somalia: Implementing campaign digitalization amid insecurity and displacement

Day 3 · Hassan Mukhtar, NMCP Somalia



- Before 2025: Manual + ODK approach caused fragmented reporting, limited real-time visibility, poor data quality and intensive post-campaign reconciliation.
- One reporting standard: all 5 NGO partners (New Ways, WARDI, HIRDA, Havoyoco, ISDP) used identical DHIS2 configuration and dashboard data comparable across all 15 regions
- Lessons: earlier device planning; simplify initial forms; increase onsite mentoring; stronger pre-testing in insecurity-affected areas; tailor partner support to actual (not assumed) capacity

Malawi: Using iCHIS to optimize ITN mass distribution campaign

Day 3 · Austin Gumbo, NMCP Malawi

HOW REUSING iCHIS DATA REDUCES RECURRENT ITN CAMPAIGN COSTS

1. Household Registration

- No full re-registration every 3 years
- Use existing iCHIS household master list
- Conduct targeted updates only (new households, migration, demographic changes)

2. Results

- Reduced temporary workforce costs
- Minimal printing and paper tools
- Shorter registration period
- No large post-campaign data entry burden

1. ITN Distribution

- Preloaded verified household data in iCHIS
- Automated net allocation rules
- Real-time dashboards for tracking and reconciliation
- Potential QR/barcode voucher verification

2. Results

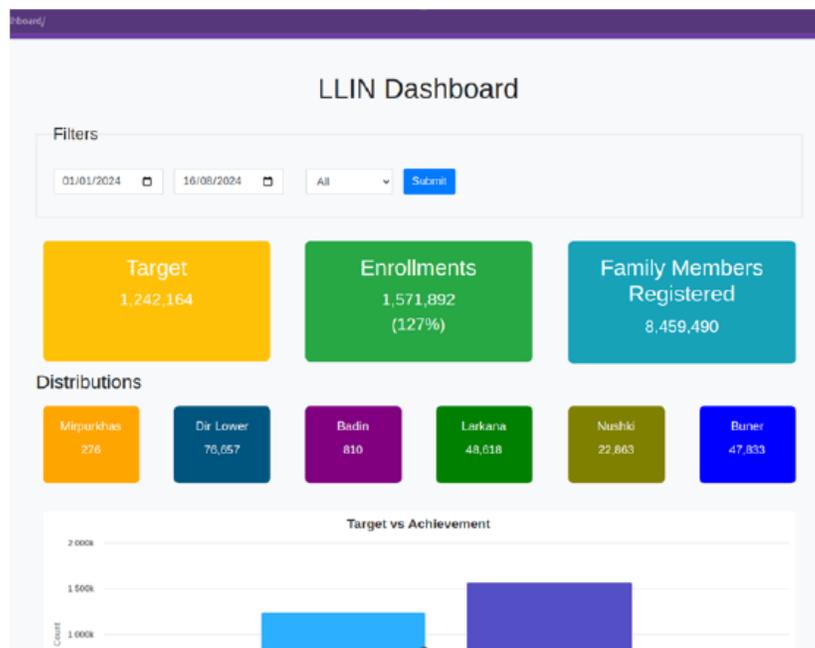
- Faster distribution
- Reduced supervision and reconciliation costs
- Lower leakage and duplication risk
- Improved accountability

- Integrated Community Health Information DHIS2 Tracker-based app for Health Surveillance Assistants (HSAs) replaced fragmented vertical reporting tools with integrated community health register
- **Lesson:**
- Digital transformation requires change management and workforce support not just software.
- Digital literacy investment is as important as hardware.

Pakistan: How real-time dashboards strengthened ITN campaign accountability

Day 3 · Dr. Sohail Ahmad, CMU/MOH Pakistan

ITN Campaign Dashboard



What we monitored daily (and who acted)

- **Daily:** target vs achieved, enrolment progress, distribution by district
- **Users:** district teams, provincial leads, national coordination cell
- **Cadence:** daily check-ins + weekly review with action owners

- DHIS2 built in-house for 6-district pilot with 3 modules: microplanning, household registration (with QR coupons), distribution
- Outcomes: 93% overall achievement; reporting time cut from 14 days to 8–12 hours; data errors reduced after validation rules applied; issue escalation improved to within hours
- Recommendations: one integrated digital platform covering microplanning through reporting; digital microplanning for accurate ITN needs estimation; real-time dashboards for rapid corrective action during implementation

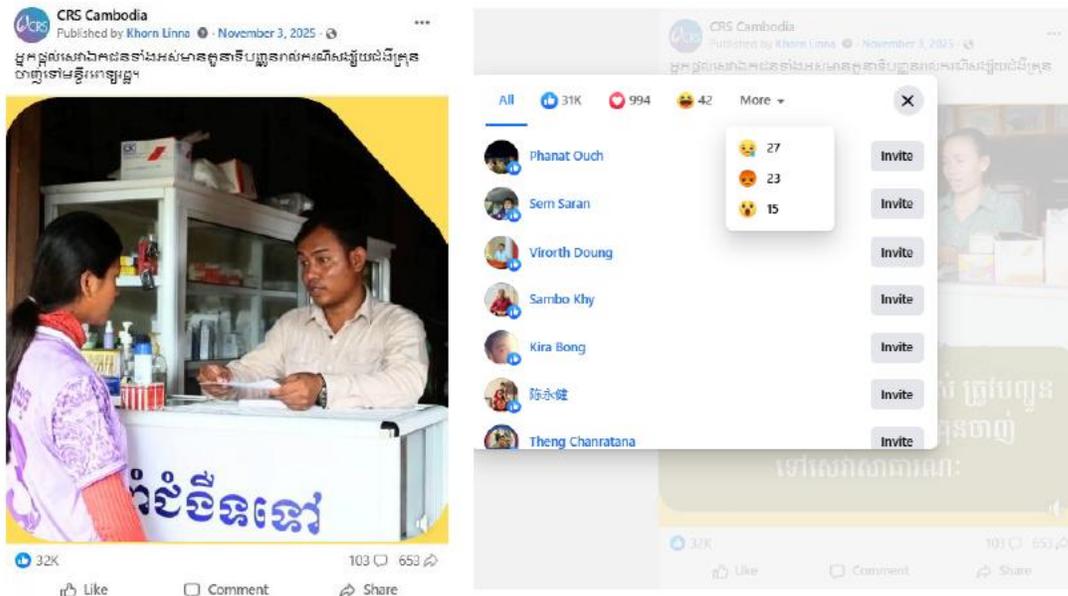
Cambodia: Using social media to increase ITN use

Day 3 · Linna Khorn, CRS Cambodia

Top Ad of Campaign for Private Health Providers and International Travelers

Post's Caption

"All private health providers must refer all suspected malaria patients to public health facility!"



- Two Facebook campaigns under Global Fund RAI4E project (CRS supporting CNM in 4 provinces):
 - Private Health Providers & international travellers
 - High-risk forest populations — 5 months, USD 20K budget
- PHP assessment (276 respondents):
 - 68% had seen the ads;
 - 72% use ITNs and repellent;
 - 92% say PHPs must refer malaria cases to public facility;
 - 97% seek malaria testing after return from endemic area

Uganda: Use of social media for malaria prevention

Day 3 · Rukia Nakamatte, NMED Uganda

Platform Specific Strategy

• TikTok & Instagram <https://vt.tiktok.com/ZSmqJUda9/>

- Youth-centered advocacy
- Use of hashtags (#ChaseMalariaToZero, #UnderTheNet)
- Influencer-led campaigns

- Use of Government Citizen Interaction

Center – GCIC - Complemented by information from Government officials for credibility. Aligned Team with Government Media Center

• WhatsApp

- District health coordination
- Community groups
- Thematic technical groups
- Rapid information dissemination

• X (Twitter)

- Real-time updates
- Distribution logistics
- Myth-busting threads
- Crisis communication



- Health sector institutionalized social media in its 2015 strategic plan.
- COVID-19 lockdown in 2019 was the turning point social media shifted from publicity/visibility to genuine behaviour change communication
- Content produced by a trusted, credible source prominent social media influencers who have community reach
- Social media is a complementary model it amplifies, not replaces, traditional SBC channels.
- Challenges: internet affordability and coverage gaps; gender digital divide; policy and regulatory limitations; misinformation spreads faster than corrections requires proactive monitoring
- Recommendations: establish a dedicated misinformation monitoring and response team for campaign periods; WhatsApp broadcast lists for community mobilisers are high-reach and low-cost



Our AMP and Rotary Honorees 2026





Thank you