STRATEGIC PLAN
2021 – 2023
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ACRONYMS

ABCHEALTH  African Business Coalition for Health
AGA  Anglo Gold Ashanti
ALMA  African Leaders’ Malaria Alliance
ASTMH  American Society of Tropical Medicine and Hygiene
CAMA  Corporate Alliance on Malaria in Africa
DRC  Democratic Republic of Congo
FTE  Full Time Equivalent
GBCHEALTH  Global Business Coalition for Health
GTS  Global Malaria Targets
IEC  Information Education and Communication
LLIN's  Long Lasting Insecticidal Nets
NMCP  National Malaria Control Programme
NMEP  National Malaria Elimination Programme
PMI  US President’s Malaria Initiative
PPP  Public Private Partnerships
PSC  Private Sector Constituency to the Global Fund
RBM  RBM Partnership to End Malaria
RTI  Research Triangle International
SDG’s  Sustainable Development Goals
UN  United Nations
USAID  United States Agency for International Development
WHO  World Health Organization
ACKNOWLEDGEMENT

This strategic plan was developed under the guidance of the CAMA Secretariat, including the GBCHealth Country Manager and President. We are grateful to the Co-chairs of CAMA as well as the members who provided input and reviewed this document.
INTRODUCTION
INTRODUCTION

We are pleased to present CAMA’s Strategic Plan. It sets out the blueprint for action for the alliance for the next three years (2021 – 2023), giving the alliance members direction and inspiration to continue as leaders in mobilizing the private sector for malaria control and elimination in Africa.

Our 14-year history in Africa has an impressive legacy. This plan will continue to build on our remarkable achievements and help to achieve stronger representation, growth, sustainability and most importantly accelerate impact on malaria control and elimination efforts in Africa.

While the plan’s ambitious goals will not be reached overnight, progress will be made yearly. We believe the plan reflects the alliance’s current and future priorities, and sincerely appreciate all CAMA members and partners who have contributed to where we are today. We look forward to working with you to execute this plan and save more lives.

CAMA Co-Chairs
For the past 14 years, the Corporate Alliance on Malaria in Africa (CAMA) has mobilized business action on malaria—recognizing that the assets of the private sector are a valuable resource in the fight to protect employees, communities and consumers from malaria. Today, CAMA member companies both lead and support innovative malaria prevention, control and treatment activities and collectively deploy millions of dollars to programs that serve the needs of malaria-affected people and communities.

Africa has made substantial progress against malaria since 2000 and the private sector has contributed greatly to this progress. However, malaria is still a public health challenge on the continent and there is more work to be done. The next few years will be a period of great opportunity for businesses to contribute to a rapid acceleration of progress in the critical fight against malaria in Africa to achieve the 2030 global malaria targets (GTS). Success will require overcoming underlying systemic challenges, and a renewed commitment to controlling the disease. In light of this, CAMA members see the need to further mobilize the private sector and expand alliance activities in Africa to reduce the incidence and mortality due to malaria.

The 2021–2023 CAMA Strategic Plan provides a focus for the alliance over the next three years. It is developed in response to CAMA members’ request for a three-year strategy that clearly articulates the long-term vision, program elements, strategy, Expected Outcomes and required resources that will enable CAMA to deliver on its mandate, expand its work, create more impact and save more lives.

The Strategic Plan outlined on the following pages reflect members priorities, critical needs to be addressed in the current malaria landscape in Africa and what the alliance will accomplish over 2021–2023. The Plan details:

- Strategic programmatic goals
- Operational priorities
- Key performance indicators
- Anticipated outcomes and impact

The Plan will be reviewed annually and, if needed, adjusted to reflect changes in the public health, malaria space and members’ needs.
WHO WE ARE
CAMA is a GBCHealth-led initiative launched by Marathon Oil in 2006. The Alliance is a unique coalition of companies from various industries, all with business interests in Africa.

From its inception, CAMA has been a trusted platform for knowledge sharing and networking for companies to support the development and execution of workplace and community-based malaria programs. Over the past decade, CAMA has evolved from an Alliance of companies in the extractives industry, to an Alliance with broader sector representation that includes commodity manufacturers, construction firms, beverage firms and financial services firms. CAMA’s initial focus on workplace programs and corporate-led community programs has expanded over the years to include increased private sector engagement in national technical capacity building and region-wide initiatives.

VISION & MISSION

CAMA’s vision for the private sector in Africa is one that is engaged cooperatively towards achieving zero malaria in Africa.

CAMA aims to bring the collective force and voice of the private sector to drive impactful partnerships for malaria control and elimination in Africa from workplaces to communities and region-wide initiatives.

OVERVIEW OF GOVERNANCE

GBCHealth serves as Secretariat and implementing partner for CAMA, a role which includes providing tools and research; providing management, coordination and advisory services, including expanding corporate engagement; increasing collective action with the public sector; and providing thought leadership to companies, governments and development partners.

CAMA is a currently co-chaired by Chevron Corporation and Access Bank Plc. These companies provide overall leadership and guidance on the strategic and programmatic direction of the Alliance, in close consultation with CAMA’s leadership council. CAMA members also play a key role in shaping its annual work plan, with input and oversight from GBCHealth.

OUR STRENGTHS

- PRIVATE SECTOR — Strong corporate relationships, track record, experience and expertise in engaging private sector
- NETWORKS — Strong connection with key stakeholders in the malaria community including local government and civil organizations in target nations
- DIVERSITY — Working with diverse companies from various industries ranging from banking, oil & gas, beverage, agribusinesses, telecommunication, construction etc.
- FOCUSED — Precise aim of mobilizing the private sector on malaria, both locally and regionally
- ENGAGED — Core group of engaged companies committed to, and with history of, investment in malaria prevention, treatment and control, etc.
- ADVOCACY — Leading private sector advocacy organization for malaria intervention in Africa
IMPACT TO DATE
IMPACT TO DATE

• +70% of Alliance members have dedicated malaria policies and programs.

• Created evidence-based tools to help companies develop and manage workplace and community malaria programs, including SC Johnson’s Anti-Malaria Information, Education & Communication (IEC) program.

• CAMA publications and tools have been valued resources for companies including the Company Management Guide for Malaria and the first Nigerian Private Sector Malaria Mapping Survey.

• Advisory support to companies for the development and expansion of initiatives (Chevron, Cameron, Aliko Dangote Foundation, Anglo Gold Ashanti). CAMA’s work with Anglo Gold Ashanti laid the foundation for the company to become the first private sector principal recipient of US$138 million Global Fund grant monies for IRS programming in Ghana.

• CAMA laid the foundation leading to development of the African Business Coalition for Health (ABCH), a coalition of African companies, philanthropists and individuals committed to improving the health and wellbeing of Africans in Africa.

• Six industry or issue-specific dialogues conducted. Collaboration with the Global Fund’s PSC on a Bed Net Industry Dialogue led to agreement among manufacturers to address bottlenecks to rapid procurement and delivery of LLINS.

• Over 10 convening’s in Africa reaching more than 500 private sector representatives and more than 1,500 attendees, stimulating dialogues and knowledge exchange on key issues.

• Trainings and workshops in over five countries in Africa. For example, the Partnership with USAID/PMI and RTI International on Entomological Training in Angola and Democratic Republic of Congo (DRC) which targeted health workers to improve vector control operations received national and international recognition as example of successful PPP. This workshop also led to the creation of Angola’s first insectary.

• Provided platforms for Alliance members to dive deeper into countries of joint interest including Angola, South Africa, Ghana and Nigeria.

• Established multi-company and multi-sector partnerships to increase the scale and impact of malaria control activities, e.g. the Southern African Development Commission and E8 agenda.

• Established relationship with the NMEP/NMCP (the coordinating body for all malaria interventions in-country) in some African countries; provided feedback into national and regional strategic plans, policies and dialogues for malaria control and elimination from the perspective of a unified private sector hub.
MALARIATODAY:
THE NEED IN AFRICA
Malaria occurs mostly in poor tropical and subtropical areas of the world. In many of the countries affected by malaria, it is the leading cause of illness and death. In areas with high transmission, the most vulnerable groups are young children who have not developed immunity to malaria yet and pregnant women whose immunity has been decreased by pregnancy.

In 2018, the WHO African Region accounted for 94% of all malaria and 93% (213 million) of the global malaria cases.

Malaria deaths

94%

Nineteen countries in sub-Saharan Africa and India carried almost 85% of the global malaria burden.

Malaria burden worldwide

85%

Six countries accounted for more than half of all malaria cases worldwide: Nigeria (25%), the Democratic Republic of the Congo (12%), Uganda (5%), and Côte d’Ivoire, Mozambique and Niger (4% each).

Malaria cases worldwide

50%
Malaria-related death have been reduced from an estimated 585,000 in 2010 to 405,000 in 2018. However, cases and deaths are not coming down fast enough to meet the milestones and goals set by countries in the World Health Organization (WHO) Global Technical Strategy for Malaria (GTS) 2016–2030, which provides a technical roadmap for the achievement of the relevant Sustainable Development Goals (SDGs) target. The objectives of reducing the disease burden and eliminating malaria are intrinsically linked to most of the SDGs, and are central to SDG 3: Ensure healthy lives and promote well-being for all at all ages. The rate of reduction in malaria incidence and mortality has slowed since 2015, with spikes in cases being reported by many countries around the world. Between 2016 and 2017, the number of cases increased in all 10 countries with the highest malaria burden in Africa.

<table>
<thead>
<tr>
<th>Malaria-related mortality</th>
<th>2010</th>
<th>2018</th>
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The situation was dire before the advent of the COVID-19 pandemic which has emerged at a critical juncture in the fight against malaria and threatens to derail years of progress. The ongoing COVID-19 pandemic places an extra burden on health systems worldwide, and especially in countries with fragile health systems. Many countries, particularly in sub-Saharan Africa which accounts for more than 90% of global malaria cases and deaths, are facing a double challenge of protecting their citizens against existing threats to public health, like malaria and emerging ones like COVID-19.

Countries are already witnessing the impact of COVID-19 on the fight against malaria. In a recent WHO survey of 105 countries, 46% of countries reported disruptions in malaria diagnosis and treatment. Delays in mosquito net distribution and indoor spraying programs have threatened to undermine vector control. Meanwhile the testing and treatment of people with fevers, particularly children, depends critically on the availability of health workers, who might be unable to travel, sick or scared to expose themselves without protective equipment. This is a major cause for concern and urgent action is needed to put the response back on track.

In 2018, an estimated US$ 2.7 billion was invested in malaria control and elimination efforts globally by governments of malaria endemic countries and international partners – a reduction from the US$ 3.2 billion that was invested in 2017. The amount invested in 2018 fell short of the US$ 5.0 billion estimated to be required globally to stay on track towards the GTS milestones; that is, a reduction of at least 40% in malaria case incidence and mortality rates globally by 2020. Around the world the global total of domestic funding spent on malaria has not changed since 2012. In addition to insufficient funding, other challenges to malaria elimination in Africa includes the following, insufficient levels of access to and uptake of lifesaving malaria tools and interventions, rise of drug and insecticide resistance, scarcity of safe and effective vaccines, and weakness of public health systems.

Malaria in Africa has an economic cost for individuals and businesses. It is estimated to cost US$12 billion every year, which includes cost in health care, absenteeism, days lost in education, decreased productivity due to brain damage from cerebral malaria and loss of investment and tourism. Furthermore, households have lost up to 25% of income to malaria in Africa. It is well established that malaria is both a cause and a consequence of poverty and social inequality.

To better manage and eliminate malaria, there is a need for a comprehensive approach that includes increased funding; more strategic partnerships; improved data quality; development of new tools; implementation of vector control measures, early diagnosis and treatment especially at the grass root level; and better coordination by all endemic countries, donors, the private sector, academia and research organizations to strengthen malaria responses and prevent the unbearable loss of life.
STRATEGIC PILLARS

 Systems Strengthening, Workplace and Community Building, Advocacy and Communication, Partnership - SWAP

Systems Strengthening:

We will provide high quality technical assistance that focuses on national priorities and maximizes the effectiveness of a country’s resources. Our work will strengthen the performance and interconnectedness of the six-health system building blocks identified by the WHO: service delivery, health workforce, strategic information, commodities, health financing, and leadership and governance.

Advocacy and Communication:

We will support efforts to create a conducive platform to ensure that business, government and civil society leaders are working together to accelerate the impact of policy interventions focused on malaria elimination. We will leverage on digital and traditional media platforms to amplify life-saving messages on malaria for employees and community members.

Workplace and Community Building:

We will support businesses to build and improve community and workplace malaria program to ensure a coordinated, systematic and comprehensive approach towards achieving health protection, health promotion and disease prevention.

Partnership:

We will convene high level stakeholders to discuss opportunities and innovations focused on achieving zero malaria in Africa. Also, we will promote multi-stakeholder collaboration towards championing interventions focused on malaria elimination.
STRATEGIC PLAN: THE NEXT THREE YEARS
STRATEGIC PLAN: THE NEXT THREE YEARS

The 2021 – 2023 plan calls for focus on areas where CAMA has a clear comparative advantage and the ability to make a difference. CAMA will continue to explore the relationship and interdependencies between its priority areas of programming in order to ensure effective use of resources and achievement of balanced outcomes.

The overall goal of our strategic plan for the next three years is to strengthen multi-sectoral partnership towards achieving zero malaria in Africa.

We believe that strengthening multi-sector partnership and investment over the next three years will put us on a path towards achieving the goal of the WHO Global Technical Strategy of reducing malaria mortality rates by at least 90% by 2030. Our strategic plan over the next three years will focus on accelerating the pace of malaria elimination using our SWAP strategy.

- **S**ystems Strengthening
- **W**orkplace and Community Building
- **A**dvocacy and Communication
- **P**artnerships
According to the 2018 WHO World Malaria report, approximately 70% of the world’s malaria burden is concentrated in just 11 countries – 10 in sub-Saharan Africa - Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania. Targets for reducing malaria cases and deaths will not be reached unless these countries make considerable progress towards malaria elimination. This is wholly aligned with the High Burden to High Impact initiative launched in November 2018 with the leadership of WHO and the RBM Partnership to End Malaria.

**Objective 1:**
Expand work in high burden countries to rapidly reduce malaria cases and deaths through improved private sector engagement

**Activities:**
- Deep-dive into two or more high burden countries of interest and introduce CAMA’s model including landscape analysis, cross sector dialogue between the public and private sector etc. This will enable us to better understand the issues facing these countries and to build out CAMA’s network of both international companies operating in-country as well as local businesses.
- Establish relationships and build two to three partnerships with key stakeholders in selected countries.
- Establish relationships and work with member companies in selected countries.

**Key Indicators:**
- Partnerships fostered with key stakeholders like the NMCP and initiatives executed in high burden malaria countries.
- Champions in new countries.
- Cross sector dialogue between the public and private sector.

**Expected Outcomes:**
- Expanded reach and impact.
- Better integrated planning between the public and private sector.
- Improved malaria programming in high burden countries.
- More companies invested in malaria programs.
Objective 2:
Provide support to businesses to develop and scale up initiatives which will enhance malaria control and elimination efforts in-country.

Activities:
- Work with businesses to design and organize comprehensive malaria workplace and community programs. CAMA will leverage its network of partners including implementing organizations to deliver on this.
- Enhance existing malaria action toolkit, and educational materials that will provide guidance to private sector on designing, implementing, monitoring, evaluating, communicating and scaling up their workplace and community malaria programs.
- Build business capacity and organize annual training on malaria programming.

Key Indicators:
- Number of workplace and community programs implemented and scaled up / number of persons reached.
- Increased number of businesses engaged in workplace and community malaria programs.

Expected Outcomes:
- Better programming through best in class benchmarking.
- Better guidance and coordination on program implementation.
- Increased private sector engagement and investment in malaria programs.
- Better employee and community awareness on malaria.
- Reduced malaria incidence among employee and community.

WORKPLACE AND COMMUNITY BUILDING
PROMOTE AND SUPPORT BUSINESS IN WORKPLACE AND COMMUNITY PROGRAMS
ADVOCACY AND COMMUNICATION

ADVANCE MALARIA ON THE NATIONAL AND INTERNATIONAL AGENDA

Objective 3.0:
To guide regional and national policies and strategies to enhance control and accelerate elimination of malaria

Activities:
- Compile, create and publish three to four white papers, case studies, op-ed, on priority issues on malaria and private sector position/impact/lesson/PPP to inform viewpoints and create connections within relevant discussions in meetings, publications and other relevant fora.
- Representation of CAMA at key local, regional, global malaria platforms and policy meetings; participate and speak at three to four policy-oriented platforms.
- Organize two to three nation/region-wide campaigns with involvement of CAMA partners to advocate for achieving GTS targets for 2030.
- Provide technical support to national malaria control programs and businesses to reduce malaria mortality and morbidity.
- Leverage the voice of business community to lobby and ensure continued government investment in malaria.

Key Indicators:
- Number of white paper/reports/case studies published.
- Number of policy meetings/platforms and documents CAMA shaped.
- Increase in the uptake of CAMA messages by leaders and key stakeholders.

Expected Outcomes:
- Improved malaria outcomes at country and regional levels.
- Improved relationships with policy makers.
- Viewed as a trusted voice in the global health space.
FACILITATE COMMUNICATION AND ENHANCE MEMBERSHIP

Objective 3.1:
Serve as a forum and platform to share information, best practices and enhance member visibility and engagement

Activities:
- Develop a comprehensive database of private sector activity in sub-Saharan Africa and associated malaria intervention projects:
  - Identify companies by industry sector and country presence.
  - Identify private sector malaria programs in place and the intervention approach, extent, partnership, funding mechanism and outcome of these programs.
- Organize events (in-person/virtual) (3) that seek to bridge the gap between local, regional and global actors to encourage partnership development, sharing of best practices, networking and the exchange of business insights, with the goal of ‘connecting to act’.
- Develop annual CAMA side events (2) at pre-identified event platform e.g UN General Assembly, WEF Africa, World Health Assembly, ASTMH, MIM etc.
- Increase quantity and quality of media coverage of malaria and CAMA, through use of social media and strategic media partnerships.
- Recruit four to five businesses into CAMA to expand the alliance reach and impact.

Key Indicators:
- Increase in coverage and public discourse on the work of CAMA and its members.
- Increased visibility, membership and participation in CAMA activities, projects and events by stakeholders.
- Updated website; two to three high profile events
- Increased acknowledgement and feedback from partners

Expected Outcomes:
- Increased recognition of business investments and impact on malaria at a local, regional and global level.
- More effective planning, better investments, quality data, improved impacts on malaria.
- Open dialogue between private sector & policy makers to drive impact.
PARTNERSHIPS

FOSTER STRATEGIC PARTNERSHIPS TO SCALE UP MALARIA CONTROL AND ELIMINATION EFFORTS

Objective 4:
Foster multi-sector coordination and strategic partnerships with major stakeholders, key influencers in the health community to scale up malaria control and elimination efforts in country.

Activities:
- Deepen our partnerships and collaboration with the Global Fund, RBM, ALMA, WHO and other leading stakeholders at a local, regional and global level to produce more coordinated support in service of affected country governments.
- Facilitate three to five multi-stakeholder partnerships for malaria control and elimination; create multi-stakeholder platforms to systematically broker partnerships across sectors and organizations.
- Ensure partnership best practices and effectiveness, and measuring results to demonstrate value.

Key Indicators:
- Increase in local, regional and international joint projects.
- Increase in new partnerships and alliances developed.

Partnerships Targets:
- Private – public
- Private – private
- Industry specific e.g. media organizations (digital and traditional media platforms) and Information and communications technology companies
- Non-governmental organizations
- CAMA members’ networks
- Coalitions with similar objectives in Africa

Potential Impact:
- Amplify/accelerate results and improve malaria outcomes through collective action.
In 2018, the WHO African Region accounted for 94% of all malaria deaths and 93% (213 million) of the global malaria cases. Malaria in Africa has an economic cost for individuals and businesses. It is estimated to cost US$12 billion every year, which includes cost in health care, absenteeism, days lost in education, decreased productivity due to brain damage from cerebral malaria and loss of investment and tourism.

1. SYSTEMS STRENGTHENING
- Expanding technical support and capacity building work in high burden countries to rapidly reduce malaria cases and deaths through improved private sector engagement.

2. WORKPLACE AND COMMUNITY BUILDING
- Providing support to businesses to develop and scale up initiatives which will enhance malaria control and elimination efforts in-country.
- Initiating country wide community base malaria elimination intervention.

3. ADVOCACY AND COMMUNICATIONS
- Guiding international and national policies and strategies to enhance control and accelerate elimination of malaria.
- Creating a platform to share information, best practices and enhance member visibility and engagement.

4. PARTNERSHIP
- Fostering multi-sector coordination and strategic partnerships towards malaria elimination.

Issues
In 2018, the WHO African Region accounted for 94% of all malaria deaths and 93% (213 million) of the global malaria cases. Malaria in Africa has an economic cost for individuals and businesses. It is estimated to cost US$12 billion every year, which includes cost in health care, absenteeism, days lost in education, decreased productivity due to brain damage from cerebral malaria and loss of investment and tourism.
EXPECTED OUTCOMES
EXPECTED OUTCOMES

This strategic plan will generate the following outcomes:

- Increased membership and strengthened relationships with key malaria and global health stakeholders (NMCPs, USAID, UN, RBM, WHO etc.).
- Increased visibility and recognition of corporate contribution to, and impact on, malaria elimination.
- Strengthened public-private partnerships in-country through the identification, development and mobilization of key partnerships to increase the scale and impact of malaria control initiatives.
- More effective sharing of knowledge and best practices among CAMA members and other business leaders via events and publications hosted and sponsored by CAMA
- Increased private sector engagement and investment on malaria programming in Africa.
- Expanded reach and impact into 2-3 high burden countries and improved outcomes in these countries.
- Reduced malaria incidence among employee and community.
- At least three to five commitments from companies to invest in high-impact partnerships pre-identified to support the gaps identified in country-specific malaria Strategic Plan.
- At least five million persons directly reached with malaria commodities, and 100 million persons reached with malaria prevention, control and management messages.
MONITORING AND EVALUATION
A Monitoring and evaluation framework will be developed to measure progress of the activities of the strategy, document challenges and lessons as well as inform how technical and financial resources are being effectively used to achieve program outcomes.

A summative evaluation will be carried out after 3 years to measure Expected Outcomes and impact of the strategy.

Lessons learnt from the strategy implementation will be documented and disseminated to stakeholders to inform policy advocacy, program design and resource allocation.

Lessons will also inform program adaptation for scaling up to other African countries.
CRITICAL SUCCESS FACTORS (CSFS)
CAMA'S ABILITY TO EXECUTE THIS STRATEGY, AND EXPAND ITS WORK IN NIGERIA AND BEYOND IS CONTINGENT UPON THE FOLLOWING FACTORS:

**Financial and Human Resources**
Currently the CAMA Secretariat is driven by one full-time in-country Manager with part-time support from the GBCHealth's team in New York. In order to deliver on activities and objectives in country and broadly, the Alliance needs to commit financially to develop its staff base and cater for the scale of its planned activities.

To successfully deliver on the expectations of the plan, CAMA is proposing a staffing plan commensurate with the activities and budget and a secretariat that includes a CAMA Director, CAMA Officer and Communications Officer. This team structure allows CAMA to access a variety of skills and functions dependent on needs at any given time. Proposed CAMA staff commitments equate to approximately three full-time equivalents (FTE). When we roll out into new countries we would need to have new staff in these countries.

**Partnerships and Relationships**
Strategic relationship and partnerships with include a goal-orientation, and complementary stakeholders help to advance CAMA’s work.

**Communication**
Effective communication to position CAMA as the foremost private sector entity in malaria elimination. Increase CAMA’s online presence to raise awareness of the Alliance work.

**Project and Stakeholder Management**
Effective management of relevant stakeholders, and excellent management of projects.

**Leadership**
More involvement of CAMA leadership in expanding the Alliance work, recruit members, secure funds etc.
A CALL TO ACTION
A CALL TO ACTION

CAMA’s vision for the private sector in Africa is one that is engaged cooperatively in malaria control activities by protecting its workforces and the communities in which they operate, and by leveraging their unique competencies to strengthen programs implemented by partners towards malaria elimination. This means partnerships—with active and supportive partners—with other companies, the state and national governments, development agencies and civil society.

CAMA has been driving partnerships for malaria control and elimination in Africa for 14 years, and supporting the private sector in its quest to improve malaria outcomes. We have made incredible accomplishments in the fight against malaria and we would not have made it thus far without CAMA leadership, members and partners – thank you!

There is need for more work to be done. Even with our progress, a child still dies of malaria every two minutes, and the rate of reduction in malaria incidence and mortality has slowed since 2015. This calls for more urgent action. Progress on malaria has shown us that, with adequate investments and the right strategies, we can indeed make remarkable strides against this complicated disease. Success will demand the dedication and strong commitment of all stakeholders. We also need to think regionally and act nationally, because malaria knows no boundary; we need to start working together more as a region. Eliminating malaria will remove a key barrier to social and economic progress and help to ensure that we have a healthy and productive population.

CAMA believes that by building strategic partnerships, fostering dialogue and knowledge sharing between partners, increased investment and expanded reach and impact, we are on our way to making this vision a reality. Ultimately, these actions will help to create positive health outcomes while at the same time increasing the visibility and recognition of the business community’s efforts. In the next three years, we will expand our reach, strengthen our network, increase our impact and improve on malaria outcomes through your support.

Let us together focus on shared goals, partner with purpose, accelerate progress and amplify our impact for a world free of malaria.
MILESTONES – THREE YEARS
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<th>Main Activity Areas</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
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<tr>
<td></td>
<td>✗ Identify strategic partners</td>
<td>✗ Develop 2022 workplan</td>
<td>✗ Develop 2023 workplan</td>
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<td></td>
<td>✗ Develop 2021 workplan</td>
<td>✗ Review strategy</td>
<td>✗ Review performance &amp; strategy</td>
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<td></td>
<td>✗ Conduct landscape analysis of countries in Africa</td>
<td>✗ Engage 1 priority country for expansion</td>
<td>✗ Engage one additional country</td>
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<tr>
<td></td>
<td>✗ Develop strategy for expansion to additional countries</td>
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<td></td>
<td>✗ Confirm target countries for expansion</td>
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<tr>
<td>Business Planning,</td>
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<tr>
<td>Strategy and</td>
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<tr>
<td>Coordination</td>
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<tr>
<td>Finance &amp;</td>
<td>✗ Secure commitments for three year funding</td>
<td>✗ Grow staff to deliver on workplan</td>
<td>✗ Grow staff to deliver on workplan</td>
</tr>
<tr>
<td>Operations</td>
<td>✗ Hire one staff member</td>
<td>✗ Develop operational plans in additional country</td>
<td>✗ Develop operational plans in additional country</td>
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<tr>
<td></td>
<td>✗ Leadership Council meeting</td>
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<tr>
<td>Programmatic</td>
<td>✗ Identify and secure 1 policy-oriented platforms for CAMA to participate</td>
<td>✗ Secure 2 opportunities for CAMA members to participate in high level policy meetings</td>
<td>✗ Secure 2 opportunities for CAMA members to participate in high level policy meetings</td>
</tr>
<tr>
<td>Platform</td>
<td>✗ Policy briefing and publications (1)</td>
<td>✗ Policy briefing and publications (1)</td>
<td>✗ Policy briefing and publications (2)</td>
</tr>
<tr>
<td></td>
<td>✗ Convene two events (1 regional and 1 global)</td>
<td>✗ Convene three events (2 regional and 1 global)</td>
<td>✗ Convene three events (2 regional and 1 global)</td>
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<td></td>
<td>✗ Communications and media placements around key events and advocacy</td>
<td>✗ Launch advocacy campaign</td>
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<td></td>
<td>✗ Develop workplace and community programs</td>
<td>✗ Expand workplace community programs</td>
<td>✗ Expand workplace community programs</td>
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<td></td>
<td>✗ Identify existing programs that can be adapted or scaled</td>
<td>✗ Scale up 1 existing program</td>
<td>✗ Scale up 1 existing program</td>
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<tr>
<td></td>
<td>✗ Provide advisory services and tools to companies to boost their workplace malaria programs</td>
<td>✗ Provide advisory services and tools to companies to boost their workplace malaria programs</td>
<td>✗ Provide advisory services and tools to companies to boost their workplace malaria programs</td>
</tr>
</tbody>
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### MILESTONES: 2021-2023

<table>
<thead>
<tr>
<th>Main Activity Areas</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
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<tbody>
<tr>
<td></td>
<td>Identify at least 1 high impact partnership opportunities for corporate sector involvement (local and/or regional level)</td>
<td>Identify at least 1 high impact partnership opportunities for corporate sector involvement (local and/or regional level)</td>
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<tr>
<td></td>
<td>Concept and work plan development on partner initiatives</td>
<td>Engage with 1-2 partners outside Nigeria</td>
<td>Engage with 2-3 partners outside Nigeria</td>
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<td></td>
<td>Draft 2-3 CAMA priority country assessments for selection</td>
<td>Dive into identified countries</td>
<td>Grow network in identified CAMA priority countries</td>
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<td></td>
<td>Secure 1 opportunity to present CAMA's work in selected countries</td>
<td>Secure 1-2 opportunities to present CAMA's work in selected countries</td>
<td>Secure 2-3 opportunities to present CAMA's work in selected countries</td>
</tr>
<tr>
<td></td>
<td>Report/case study (1)</td>
<td>Report/case study (1)</td>
<td>Report/case study (1)</td>
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<td>Member meeting</td>
<td>Member meeting</td>
<td>Member meeting</td>
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<td></td>
<td>Gather information for private sector database; Identify companies by industry sector, country presence, malaria programs and intervention approach</td>
<td>Develop the database</td>
<td>Continue update of the database</td>
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<td>Organize webinar (1)</td>
<td>Organize webinar (1)</td>
<td>Organize webinar (1)</td>
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<tr>
<td>Business Development/Client Engagement</td>
<td>Engage potential members and source partnerships</td>
<td>Engage potential members and source partnerships</td>
<td>Engage potential members and source partnerships</td>
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<td></td>
<td>Refresh recruitment documents</td>
<td>Achieve revenue targets</td>
<td>Achieve revenue targets</td>
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<tr>
<td></td>
<td>Refresh CAMA website</td>
<td>Recruit 2-3 new corporate members in CAMA</td>
<td>Recruit 2-3 new corporate members in CAMA</td>
</tr>
<tr>
<td></td>
<td>Achieve revenue targets</td>
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<tr>
<td></td>
<td>Recruit 1-2 new corporate member</td>
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<td></td>
<td>Draft a communications plan</td>
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</table>
CAMA allows us to profile our workplace program before peers and other partners, which we rarely get to do otherwise.

**Dr. Richard Ajayi**
Company Medical Advisor, Nigerian Breweries Plc.

As a result of the 2014 CAMA Forum in Abuja, we realized that we could do more with Malaria in Pregnancy, so we introduced this intervention into our community programs.

**Mr. Sunday Okegbemiro**
Former Coordinator, Corporate Responsibility & National Affairs, Nigeria, Chevron
For a long time, there existed a disconnect, between the public systems and the private systems, where everybody was doing everything by themselves individually, in pockets which led to inefficiencies and wasted resources. But, coming together in partnerships has brought increased efficiency in utilization of resources, but also in harmonizing what everyone is doing without duplication. For me, this is the correct step in the right direction that will ensure that our targets and goals are achieved.

Dr. Barnabas Bwambok  
Country Head Nigeria, Vestergaard
Through this platform and its convenings, we are able to integrate, share and leverage best practices; more effectively collaborate with partner networks; support like-minded advocacy and policy efforts; and work toward measurable positive outcomes in high risk communities. CAMA’s efforts align well with our goals of improving workforce health and safety and the health of local communities; optimizing partnerships; preventing infectious and communicable disease transmission and supporting health equity and system strengthening.

Michael Steinberg
Chevron Team Lead – Global Public Health & Special Projects

The effectiveness of a private sector alliance lies in the quality and dedication of its member organizations. Over the years, CAMA has demonstrated its value by collating and integrating the efforts of multiple cross-sector stakeholders to scale up the overall impact. These collaborations have fostered powerful and targeted engagement throughout the communities that need it the most. It is crucial that the momentum continues, therefore, we beseech you to remain committed to our joint efforts against malaria in Africa.

Omobolanle Victor-Laniyan
Head, Sustainability, Access Bank