

# DRIVEN TO END MALARIA IN SOMALIA



**NOW WE CAN. NOW  
WE MUST.**

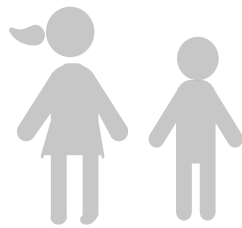
# OUR COMMITMENT: FIGHTING MALARIA IN A CHANGING CLIMATE

## THE GLOBAL CHALLENGE IN 2026

While global efforts have averted 14 million deaths since 2000, the World Malaria Report 2025 confirms we have reached a critical plateau. In 2024, global cases rose to 282 million, and deaths reached 610,000. We enter 2026 with rising biological threats, including insecticide-resistant mosquitoes and diagnostic-failing gene deletions. In Somalia, malaria remains a complex humanitarian and environmental challenge that demands maximized efficiency for every resource.

CHILDREN UNDER FIVE TREATED  
FOR MALARIA IN 2025

↑ 23K



HEALTH



↑ 924K

## THE CAAFIMAADPLUS COMMITMENT

With funding from European Union Humanitarian Aid and the British Embassy Mogadishu, the CaafimaadPlus Consortium is making significant progress across 31 districts by "doing more with less." The mission aims to close the budget gap through impactful, data-driven interventions.

NUTRITION



↑ 683K

Success is rooted in an Integrated Service Model that combines Health, Nutrition, WASH, and Protection. Focusing on the "whole person" and tackling the environmental factors contributing to disease ensures that life-saving services reach even the most remote areas.

## ACCELERATING THE MOMENTUM

Despite the global stall, the situation in Somalia is uniquely positioned for success due to:

- Evidence-Based Progress: Research indicates that Somalia has successfully reduced the prevalence of certain issues from 20.1% to 4.1% in recent years. We are building on this momentum to achieve the National Adaptation Plan goal of a 30% reduction in climate-related diseases by 2030.
- The iCCM Edge: By empowering community health workers to diagnose and treat at the household level, we have closed the "inequity gap," ensuring that nomadic and displaced populations are never left behind.
- Partnership & Surveillance: Under the strategic leadership of the Somalia Ministry of Health, our real-time disease surveillance enables us to track outbreaks and respond with clinical precision before they escalate.

## DELIVERING CARE AT EVERY LEVEL

To ensure no case goes undetected, we deliver care through three primary channels:

- Our Static Facilities provide consistent, high-quality clinical care.
- Specialized mobile teams reaching nomadic populations in remote areas.
- iCCM Approach: Bringing the "Now We Must" mandate directly to the front door of every household.

## COMMUNITY HEALTH WORKERS POWERING INTEGRATED FRONTLINE CARE

The Community Health Worker (CHW) network serves as a vital link in this integrated health strategy, transforming frontline care across the region. These workers provide a consistent connection between clinics and households.

This model goes beyond isolated interventions by offering a holistic approach to child survival. While CHWs play a key role in nutritional surveillance, their main impact comes from conducting comprehensive screenings.

These teams identify early clinical signs of malaria alongside signs of wasting, ensuring no symptoms are overlooked. This integrated detection reduces the time between the onset of illness and professional treatment.

By recognizing symptoms such as fever alongside physical malnutrition, CHWs can refer children to stabilization centers or malaria units before their condition becomes critical. This acts as a real-time defense system.

The Consortium now deploys diagnostics and next-generation PBO (Piperonyl Butoxide) insecticide-treated nets swiftly to control local outbreaks. This ensures that displacement does not result in a loss of care.

## THE GU RAINS & SOMALIA'S CRITICAL MALARIA WINDOW



Communities along riverine corridors remain disproportionately vulnerable to malaria outbreaks.



Asli carries her son Saahid into the Trócaire-run Akara Health Center in Dollow to begin his recovery from malaria and malnutrition.

“Living near the river makes our children more at risk, especially during the rains. In our area, almost every child gets fever when the water rises, but now I see that with the right help, our children can pull through.

— Asli Adan Ibrahim, Mother

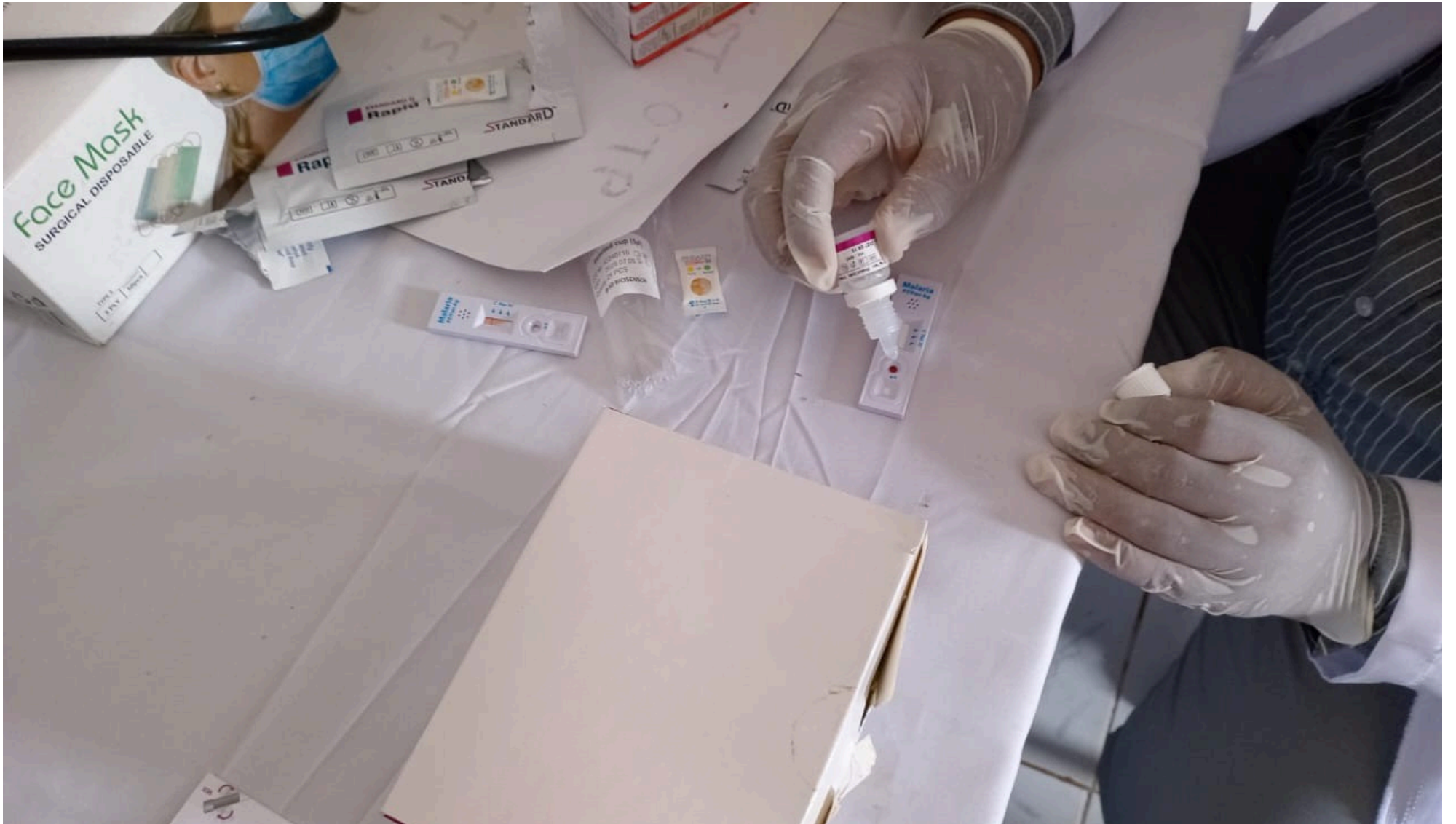
The Gu rainy season presents a "perfect storm" for malaria in Somalia. Stagnant waters and high humidity lead to an increase in mosquito breeding exactly when children are most vulnerable.

This environmental surge coincides with the nutritional lean season, leaving 1.8 million malnourished children at risk of severe infection. Our integrated WASH and Health services provide life-saving diagnostics during this crucial period.



*We are not just responders; we are a specialized frontline equipped with the tools to succeed. From high-sensitivity rapid diagnostics to advanced clinical protocols, we have brought the fight from distant clinics directly into the heart of our communities. While we are making significant progress against the disease, we must remain vigilant, utilizing real-time surveillance and an integrated approach to ensure no household is left behind..*

**Dr. Abdirahim Osman, Action Against Hunger**



Malaria testing done at one of the Caafimaadplus supported facilities in Mogadishu.

**Our path forward:** With continued support, we will expand our iCCM reach to ensure every household in high-risk riverine settlements is protected by real-time surveillance and advanced clinical protocols, leaving no one behind in the fight against malaria.

## Our donors



Funded by  
European Union  
Humanitarian Aid



British Embassy  
Mogadishu

## Consortium Partners

