



HOW COMMUNITIES ARE AFFECTED BY THE SUSPENSION OF MALARIA PROGRAMS

FEBRUARY 2025

CS4ME

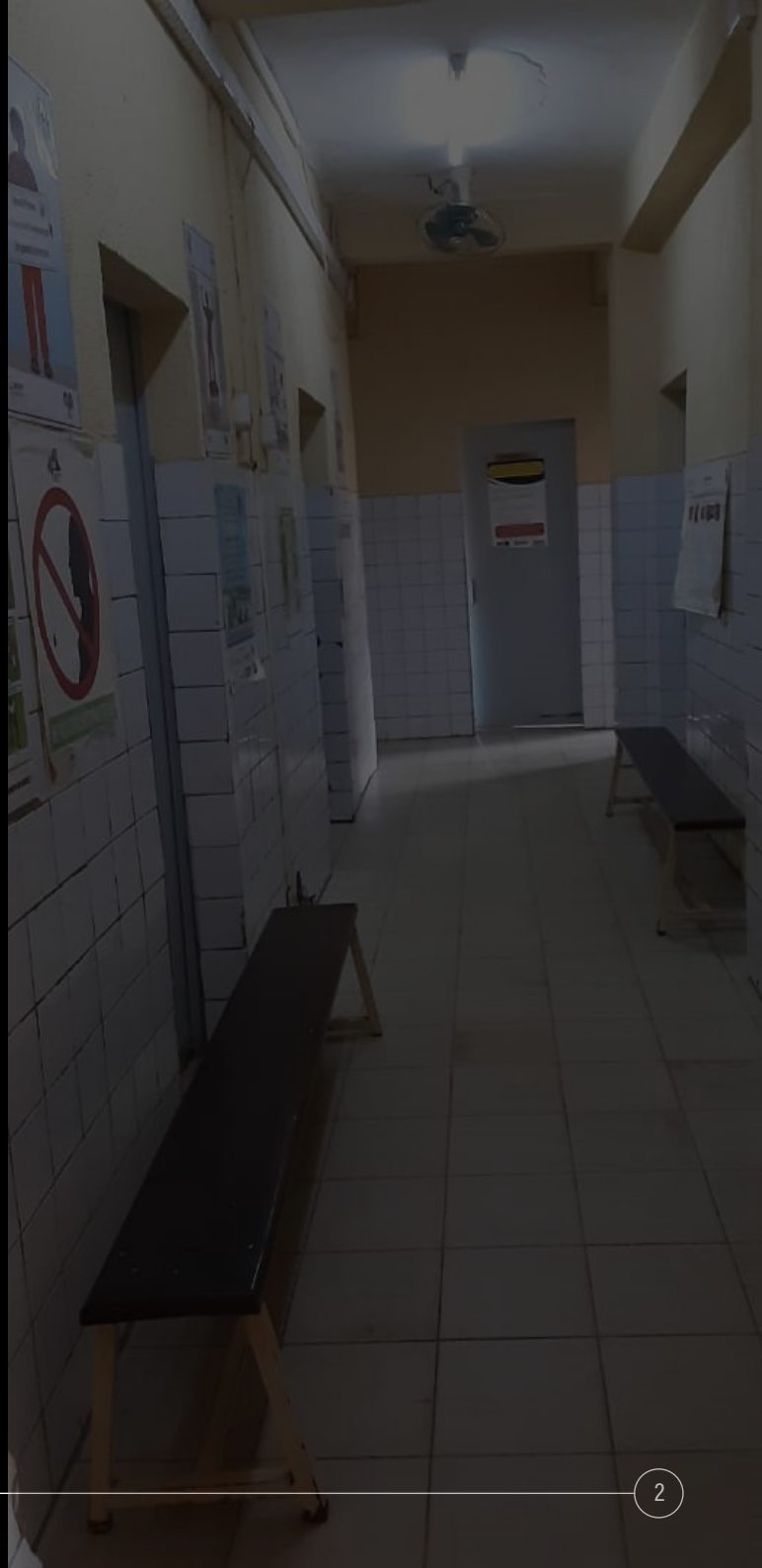
CIVIL SOCIETY FOR MALARIA ELIMINATION

CONTEXT

The suspension of PMI/USAID funding for malaria control programs is having a significant impact on malaria control and public health in several African countries. This summary highlights stories and key information for civil society affected by this suspension in the following countries: **Cameroon, the Democratic Republic of Congo, Burkina Faso, Nigeria, Togo, Ghana, Rwanda, Senegal, Tchad, Tanzanie, Mozambique, Congo Brazzaville and Zambia.**

Through these stories, we discover the immediate consequences of this suspension: reduced access to malaria screening and treatment, reduced activities and campaigns. Unfortunately the most vulnerable communities are bearing the price.

Together, we can amplify these voices and mobilize the support we need to ensure the continued fight against malaria and protect the lives threatened by this disease.



STORIES FROM THE FIELD



CAMEROON

At present, there is a shortage of mosquito nets, essential for malaria prevention, and the supplies hoped for at the beginning of the year have not materialized. This shortage makes women and children particularly vulnerable to the disease.

Malaria case management is heavily dependent on inputs such as free treatment, which are no longer available. Access to medicines is crucial for the treatment of pregnant women. Without these treatments, the risk of complications and death increases considerably. In a region where life is

already expensive, families are forced to pay for medicines that can cost from 650 to 1,300 francs, making access to treatment virtually impossible for many. This situation exposes children to serious complications and increases the risk of death.

Seasonal chemoprevention (SMC), crucial for protecting young children, is also threatened by this suspension. If this activity is interrupted, the consequences for the health of vulnerable children will be dramatic, especially during the rainy season.

Community Health Workers (CHWs), who play a key role in the fight against malaria, are also affected. Without the necessary inputs, their ability to diagnose and treat cases of malaria will be seriously compromised. They will no longer be able to carry out diagnoses, limiting themselves to awareness-raising activities, which is likely to lead to an increase in serious cases of the disease.



BURKINA FASO

The health situation in Burkina Faso has become critical following the suspension of funding, pointing to disastrous consequences for healthcare. The interruption of funding has already led to a significant reduction in the care available to patients.

Health establishments will no longer be able to provide the care they need, increasing the burden on patients, who will find themselves even more vulnerable. Concerns are growing about the future of their care, and clarification on continuity of care is urgently needed.

At the same time, patients are facing a serious shortage of medicines. The suspension of the material resources needed to transport treatments, especially to hard-to-reach areas, has created a vacuum that endangers the health of vulnerable populations

Civil societies are also expressing strong concerns about job security for many healthcare workers. Contracts signed last October are now being called into question, raising fears about the professional future of these employees and the continuity of healthcare services.





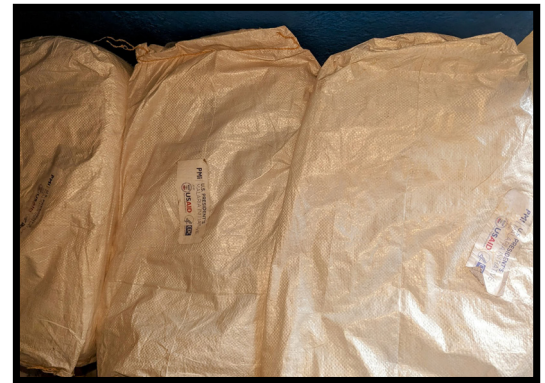
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

The impact of this suspension on health services affects not only the care provided to the population, but also prevention activities and essential community initiatives. The shortage of vaccines compromises children's health and growth, leaving the population vulnerable to various pathologies.

A lack of supply of anti-malarial treatments and essential inputs, forcing the community to resort to outdated methods due to shortages of medicines and inputs. Reduced efforts to combat HIV/AIDS and tuberculosis threaten the health of the population, jeopardizing the progress made over the past five years.

Also, community relays, crucial for disease detection, lose their motivation without the necessary support, which could reduce patient care. The importance of adequate planning to guarantee continuity of health services and calls for awareness of community needs.

Stock-outs of Rapid Diagnostic Tests (RDTs), which are usually renewed every month, have put the structure in a precarious situation, forcing it to purchase these tests at rising market prices. In addition, free medicines for people living with HIV and tuberculosis are no longer available, causing increasing suffering in the community. If this situation persists, cases of disease are likely to increase, leading to a serious humanitarian crisis in the months ahead.



Stocks of mosquito nets forming part of USAID donations have been blocked since the programs were halted.



TOGO

Initial visits to certain organizations revealed that some sites had been forced to downsize. Only those positions deemed crucial to the care of the active file have been maintained, putting to the test the capacity of these structures to meet patients' needs.

Other facilities have chosen to implement a staff rotation mechanism, in order to adapt to new constraints while continuing to offer essential health services.

This situation underlines the importance of finding sustainable solutions and partnerships to support our teams and guarantee continuity of care. Together, let's face these challenges and work to rebuild a resilient healthcare system for Togo.



NIGERIA

Significant impact on community health. One of the most visible consequences is the interruption of training for Community Health Workers (CHWs), who play a crucial role in meeting local health needs.

Without such training, essential tasks such as data collection and enumeration of malaria cases within communities have ceased. This gap in the flow of information to health facilities compromises our ability to monitor the evolution of the health situation and respond effectively to emergencies.

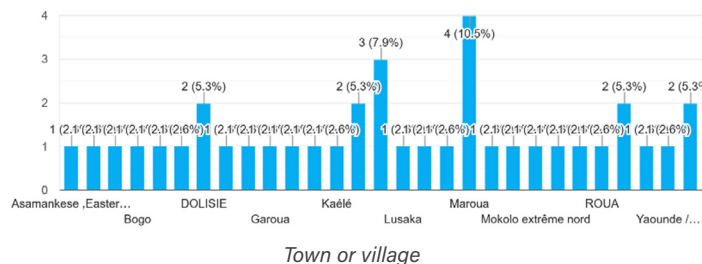
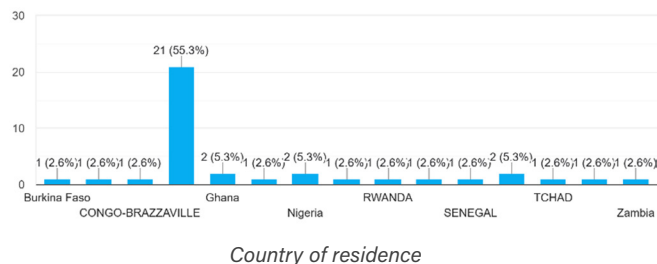
What's more, the cessation of community health working group meetings, previously facilitated by PMI, deprives local players of an essential platform for exchange and collaboration. This void leaves a gap in the coordination of healthcare efforts, jeopardizing the advances made.

In the face of these challenges, it is crucial to develop new solutions and mobilize support to revitalize these vital initiatives. Together, we can work to restore and strengthen community health in Nigeria.

STORIES FROM THE FIELD

1 – Country of residence and town or village

Questionnaire respondents come from several African countries, including Burkina Faso, Cameroon, Chad, Congo-Brazzaville, Democratic Republic of Congo, Ghana, Mozambique, Nigeria, Rwanda, Senegal, Tanzania and Zambia. They live in various locations, including Asamankese, Bafang, Belabo, Bogo, Cumbeza, Dakar, Dar es sala, Dolsie, Elet Akwa Ibom state, Garoua, Jalingo, Kaélé, Kigali, Kinshasa, Kousseri, Lusaka, Mada, Mokolo, Moundou, Papata, Ouahigouya, Roua, Singida, Teshie and Yaounde.



2 – Malaria activities under PMI/USAID funds that have been halted and their importance

a. Prevention and treatment

- Prevention, care/treatment of children under 5 and pregnant women and malaria monitoring
- Distribution of LLINs (Long-lasting impregnated mosquito net) and inputs (TDR, arthemeters Al1234)
- Chemotherapy for pregnant women.

According to the respondents, these activities, before being stopped, helped to reduce the prevalence of malaria and improve the quality of life of the affected populations. According to the NMCP, the prevalence of malaria has been reduced by 53% thanks to activities financed by PMI/USAID in Cameroon.

b. Advocacy and awareness-raising

- Community advocacy
- Community dialogues, radio spots, awareness-raising on the use of mosquito nets, how to care for them and how to put them on.
- Awareness and communication

These activities helped to inform the population about the risks of malaria and how to prevent it.

c. Input management

- Supply chain management of healthcare inputs
- Anti-malarial input support
- SPAQ distribution

According to respondents, these activities have provided access to the drugs and inputs needed to combat malaria.

d. Community activities

- Interventions under Community Directives (ICD)
- Support for multi-skilled Community Health Workers (CHWs)
- Community Health Worker (CHWs) supervision activities
- The cessation of CSOs activities in the fight against malaria
- Stop SMC (Preventive chemotherapy for seasonal malaria) routine activities
- Capacity building for health workers
- Support for health centers and hospitals, care for nursing staff
- Advocacy with community leaders for their support

These activities have had a major impact on the fight against malaria, tuberculosis and HIV/AIDS at community level. They have enabled us to detect/diagnose and treat cases of malaria, and reduce mortality among children and pregnant women.

e. Specific projects and financing

- The SEMBE I project, which focuses on reducing mortality among children and pregnant women, and SEMBE II, which combats malaria in the Far North and North regions.
- Suspension of all USAID (OWOD - CHEMONICS) malaria control activities.
- Monitoring and evaluation and health systems strengthening programs

3 – Impact of the suspension of USAID funding on your PMI programs

a. Impact on health

- Worsening malaria cases
- Lack of follow-up on prevention and patient care
- The mortality rate from malaria is very high
- Endangering patients, stopping free ARVs (Anti-retroviral drugs) and other health inputs
- All inputs are acquired thanks to USAID / PMI funding and consequently there is a risk of epidemics in the context of climate change.
- Pregnant women are more likely to miscarry

b. Societal and economic consequences

- The year 2025 is a year of counting and distribution of LLINs, with around 5 million beneficiaries exposed.
- Loss of life and livelihood. Vulnerable communities, especially flooded areas in Logone and Chari. The distribution of malaria inputs saved lives, especially for those without means in this area. Malaria was effectively treated
- Many people are unemployed, the workload will be too heavy for government nurses and the services risk to poor

c. Risk of new outbreaks of disease

- There will be an upsurge in the rate of these diseases in communities if the government does not react to continue carrying out these activities via CSOs. Bad practices will resume and the death rate will rise, especially among pregnant women and children under 5. In Zambia, for example, four people die every day from malaria, and there are over 20,000 cases a day. The burden is very heavy, and we need to mobilize all available resources.
- Community self-medication by clandestine drug sellers
- Risk about 16,986 beneficiaries will not receive household visits, malaria communication SBCC (Social and Behavior Change Communication), and the last-mile people will lack CLM (Communities Lead Monitoring) mechanism.

d. Humanitarian consequences

- Reduced access to healthcare, especially for vulnerable populations, jeopardizing progress made against malaria, tuberculosis and HIV.
- Drug price increases
- Future shortage of medication
- Making treatment very expensive
- A financial impact on the organization and the community that benefits from community malaria monitoring by community relays.

In short, according to the respondents, the suspension of USAID funds is jeopardizing the health of communities, leading to an increase in cases of disease and compromising the effectiveness of health programs, with potentially catastrophic consequences.

4 – Some clear, concrete examples of the effect of this suspension and how communities are affected

a. Increase in cases of illness

- Increased number of deaths, shift from uncomplicated to severe malaria
- Medicines in stores that have expiry dates and are not distributed, medicines intended for the communities donated by the CHs, management of cases of malaria in children in the community, all the activities of the CHWs planned are stopped and the community is clamoring for them, ignoring the situation.

b. Impact on health services

- Not only are nets purchased and not distributed, but around 5 million people will not have any nets at all.
- Closure of health centers: some health centers offering basic health services were closed, particularly for women and children. This has reduced access to healthcare for local populations.
- Low attendance at health areas due to lack of awareness on the part of stakeholders

c. Social consequences

- Motivational suspension for some 1,500 CHWs in Cameroon
- Around 18 employees are losing their jobs in a selected countries, leading to increased unemployment .
- Some families will not be able to afford treatment because drugs will no longer be subsidized.
- Women will no longer be motivated to go to the ANC (Antenatal consultation).
- Around 1.5 million children in Cameroon will not receive free medicines
- Around 800,000 pregnant women will not have IPT (Intermittent Preventive Treatment) in the Mokolo region of Cameroon.

d. Reducing preventive activities

- The community is unable to prevent malaria. Because they don't have the means to pay for mosquito nets, and they don't have the means to be treated in the event of illness. The CHWs, for their part, are no longer going to make the communities aware of this, and as a result, with the commissioner's ignorance, it's going to be a disaster, just like the screen.
- Some 16,986 beneficiaries will not receive home visits, malaria communication (SBCC), and people in the last mile will not benefit from the CLM mechanism.
- No mass campaign

5 – Anything else you'd like to share with us

a. Current situation

- The suspension has created a very worrying situation, with increasing deaths and reduced access to care.
- Many workers, particularly in the humanitarian sector, find themselves unemployed, affecting their well-being and that of their families.

b. Urgent needs

- The resumption of programs is crucial to protect the health of vulnerable populations. Advocacy is needed to relaunch these activities.
- Direct funding is needed to restart projects and meet patients' needs.

c. Community role and coordination

- Importance of coordination: It is essential to coordinate efforts between different players, including governments, community-based organizations, NGOs and local communities, to ensure an effective and efficient response to public health challenges.
- Crucial role for communities: Communities play a crucial role in disease prevention and control. Involving them in the design and implementation of health programs is essential to ensure their ownership and effectiveness.

d. Strengthening health systems

- The need to strengthen healthcare systems: Healthcare systems need to be strengthened to guarantee universal access to quality healthcare services. This requires investment in infrastructure, equipment, human resources and information systems.
- Social determinants of health must be taken into account: Social determinants of health, such as poverty, education, the environment and access to water and sanitation, must be taken into account to ensure a comprehensive and effective approach to improving people's health.

e. Advocacy and empowerment

- It is imperative that the governments concerned make sacrifices through special budget envelopes. States must commit to investing more in public health to avoid health crises.
- Continuity of action: Stakeholders must continue to advocate for the lifting of the suspension and ensure that communities receive the support they need.
- African countries should start producing vaccines and essential medicines to combat the high cost.
- The Ministry of Health (MOH) is asked to support CSOs in the continuity of ICD (Intervention under Community Directive) activities in regions where malaria, HIV and TB rates are high.
- Importance of research and innovation: Research and innovation are essential for developing new solutions and tools to combat disease. It is important to invest in research and promote innovation in healthcare.

Thanks to the contributors of this summary of testimonies :

- National Malaria Control Programs (NMCP);
- Community Health Works (CHWs) ;
- Managers of health facilities ;
- Healthcare personnel ;
- Civil Society Organization : Réseau Accès aux Médicaments Essentiels (RAME), Association Africaine Solidarité (AAS) from Burkina Faso ; Association des Femmes Amazones du Togo (AFAZ), Civil Society for Malaria Control, Immunisation and Nutrition (ACOMIN) from Nigeria; Civil Society for Malaria Elimination (CS4ME), Impact Santé Afrique (ISA).
- Beneficiary communities ;



STATEMENT OF AFRICAN CIVIL SOCIETY ORGANIZATIONS AT THE 38TH AFRICAN UNION SUMMIT

February 2025

Everyday counts in the malaria responses: it's urgent to act

Mindful of your commitment to the well-being and health of your populations, considering your determination to prevent malaria-related deaths in your communities, we hereby bring to your attention the current situation, which could considerably slow down efforts to fight against Malaria in Africa.

According to the WHO 2024 report, the number of malaria cases in 2023 was estimated at 263 million. The WHO African Region is the most affected by the disease, representing around 94% of malaria cases worldwide.

In March 2024, a regional ministerial conference on malaria was jointly organized by the World Health Organization (WHO) and the government of Cameroon. During this meeting, the Ministers of Health of the 11 African countries with the highest malaria incidence and morbidity rates (HBHI), such as Burkina Faso, Cameroon, the Democratic Republic of Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda and the United Republic of Tanzania signed the Yaoundé Declaration, committing themselves that **"No one should die from malaria, given the tools and systems available"**. Meeting this commitment now requires states to mobilize resources to take concrete action to save lives.

Since January 2024, the U.S. administration, which has been the largest contributor to the fight against malaria, has issued a funding freeze and stop-work order on all foreign aid from the U.S. government, and a complete halt to many vital initiatives, including the U.S. President's Malaria Initiative (PMI). As a reminder, the PMI initiative (USAID) provides effective, life-saving interventions against malaria, such as intermittent preventive treatment of malaria in pregnant women, insecticide-treated bed nets (ITNs), and other life-saving interventions. This funding also supports the purchase of essential medicines, capacity-building for health workers and health systems to accelerate the fight against malaria in African countries.

ESTIMATES OF 90-DAY FREEZE IMPACTS

	FY23 TOTAL	90 DAY TOTAL
Total Trainings for Health Care Workers	262,394	64,700
Bed Nets Delivered	36,837,492	9,083,217
People Protected by Indoor Residual Spraying	15,486,767	3,818,655
Doses of Intermittent Preventive Treatment in Pregnancy Delivered	15,034,932	3,707,244
Doses of Seasonal Malaria Chemoprevention Delivered	48,027,150	*
Rapid Diagnostic Tests (RDTs) Delivered	102,676,425	25,317,475
Artemisinin-Based Combination Therapies (ACTs) Delivered	63,333,806	15,616,555

Source: Malaria No More US.

Faced with this situation, African civil society organizations are expressing their concern at the effects that this suspension will have, and undoubtedly already has, on the continuity of malaria prevention and treatment services, particularly in terms of mortality among the most vulnerable groups: pregnant women, children under 5 and internally displaced persons in our countries. It is therefore clear that, with the urgent to take concrete steps to mobilize domestic funds to avoid the chaos this situation could cause in the lives of millions of people who would no longer have access to means of prevention and treatment, which will inevitably lead to a significant increase in cases and deaths.

Moreover, this situation points out that the heavy dependence on external funding to solve a vital problem, such as the fight against malaria, is critical for our populations. **It is therefore time for Africa to put in place sustainable financing mechanisms and approaches to ensure the health of its populations in all circumstances.**

In response to this critical situation, Civil Society for Malaria Elimination (CS4ME) is calling on African heads of state to take 3 urgent actions:

- 1. **Organize an emergency meeting in countries covered by PMI/USAID to assess impact and implement urgent local measures to save lives.**
- 2. **Launch a national fund for malaria elimination in countries.**
- 3. **Review the 2025 Finance Acts to make urgent funds available for the purchase/dissemination of essential emergency malaria treatments and community prevention activities in PMI/USAID areas.**

Everyday counts in the malaria responses: it's urgent to act

Thank you for your kind attention.

Closed offices unoccupied by staff since the end of the Programs



About CS4ME: Civil Society For Malaria Elimination is a global platform of 900 civil society organizations in 48 countries committed to the elimination of malaria. Its core mission is to extend the power of a global network of civil society organizations and communities to strengthen the fight against malaria.

For more information,

Visit website: www.cs4me.org.

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