NEWSLETTER CS4ME

CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

HIGHLIGHTS

APRIL – JUNE 2026

ABOUT CS4ME

CS4ME is a global network of civil society organizations (CSOs) and community groups engaged to eliminate malaria. It brings together more than 1,000 members, including CSOs and national networks, across 50 countries in Africa and South Asia mainly. Since its creation in 2019, CS4ME has worked to strengthen the capacity of its members and unite civil society organizations so they can play a decisive role in driving change and achieving the goal of malaria elimination.

Join the movement and become a CS4ME member by clicking **here!**

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SPOTLIGHT

Prince Mulumba Mathias Ssuuna
leadership in the service of African communities

A prominent figure in Ugandan civil society, Prince Mulumba Mathias Ssuuna's career illustrates the power of community leadership, philanthropy and social innovation in the service of health and development. Originally from the Kingdom of Buganda in Uganda, Prince Mulumba has for many years devoted his energy to strengthening community participation in public policy and development initiatives.

As Executive Director of the Centre for Participatory Research & Development (CEPARD), he works to promote inclusive approaches that place citizens at the heart of decisions that affect them. Convinced that sustainable solutions arise from listening to and involving local communities, he has made strengthening community engagement a cornerstone of his work.

His commitment to the fight against malaria is particularly noteworthy. As a founding member and coordinator of the Uganda Civil Society Alliance Against Malaria (UCAAM), he helps to bring together civil society organisations to strengthen advocacy, collaboration and community responses to this disease, which continues to take a heavy toll on the African continent. His work illustrates the importance of partnership between communities, civil society and public institutions in accelerating progress towards the elimination of malaria.

Recognised for his expertise, Prince Mulumba also sits on the High Policy Advisory Committee (HPAC) of the Ugandan Ministry of Health and participates in several technical working groups across various ministries, departments and government agencies. Through these roles, he brings a perspective rooted in the realities on the ground and contributes to the development of more inclusive and effective policies.

Beyond the health sector, he is actively involved in regional development as a National Technical Support Expert for the Uganda Nile Basin Development Network and the Ugandan chapter of the Nile Basin Discourse. He is also a member of the East Africa Philanthropy Network and the Philanthropy Forum of Uganda, where he promotes local philanthropy and community-led initiatives.

Currently a PhD student in the humanities and social sciences, Prince Mulumba continues to explore issues relating to society, development and civic engagement. His career path reflects a deep-seated conviction: communities are not merely beneficiaries of health and development programmes; they are their true partners and driving forces.

Through his unwavering commitment, Prince Mulumba Mathias Ssuuna embodies a generation of African leaders who are building bridges between research, community action and policy-making. His work serves as a reminder that a healthier, more resilient and more equitable Africa is built, first and foremost, with communities and for communities.

Thank you, Prince Mulumba Mathias Ssuuna, for your leadership, your commitment and your contribution to an Africa where every community has the power to take action and shape its own future.

REGIONAL NEWS FROM THE NETWORK

Reinvest, Reimagine, Revitalise: ACSOV-DRC and TETEA ASBL-DRC empower the young people of Nyiragongo

ACSOV DRC Volunteers

To mark World Malaria Day, the "Mémoire des Anges" Health Centre was transformed into a hub for learning and engagement. Led by the organisation "Actions Contre les Souffrances des Orphelines et des Veuves" in Democratic Republic of Congo (ACSOV-DRC), in partnership with "TETEA ASBL-RDC", 60 children and 4 teachers took part in an awareness-raising session that was both enriching and interactive.

As the discussions progressed, participants learnt about the main causes and symptoms of malaria before exploring, in a simple and interactive way, the steps that can be taken to effectively prevent the disease. The discussions, interspersed with question-and-answer sessions, encouraged active participation and helped participants to better take on board the key messages.

At the end of the meeting, three key practices emerged as the cornerstones of prevention: sleeping under an insecticide-treated mosquito net every night, keeping the environment clean to reduce breeding sites, and adopting daily habits that help protect against malaria.

This initiative has shown that, with limited resources but strong community involvement, it is possible to get life-saving messages across. Through this initiative, ACSOV-DRC and TETEA ASBL-DRC reaffirm their commitment to raising awareness in schools and promoting the long-term health of communities.

We'll end with malaria!

Family picture - Student Awareness Campaign by ACSOV DRC

Task Force NMCP–CS4ME Côte d'Ivoire: CSOs join forces to shape GC8

Family picture - NMCP-CS4ME Task force members

How can we ensure that the needs of communities are fully taken into account in the next Global Fund grant? It was to address this question that the first meeting of the Task Force NMCP–Civil Society CS4ME Côte d'Ivoire was held on 17 April 2026 at the Mirabel Hotel. Bringing together 35 participants, including 32 civil society organisations, one Principal Recipient, one CCM member and one consultant, this meeting marked a key milestone in the preparation of the malaria concept note for Grand Cycle 8 (GC8).

The stakes are high. Despite the progress made, Côte d'Ivoire continues to face the triple burden of HIV, tuberculosis and malaria. Malaria remains the leading cause of visits to health facilities and continues to affect children under five in particular. Against a backdrop marked by the withdrawal of the PMI, the suspension of funding from USAID/PEPFAR and budgetary constraints at the Global Fund, it is becoming essential to focus resources on high-impact community-based interventions.

The participants began by reviewing the outcomes of GC7. Presented by the Representant of Save the Children, the review showed that 90% of planned activities had been completed. Whilst community engagement and the availability of qualified staff were among the key achievements, several challenges remain, notably the low level of involvement of community health workers in active case finding. For GC8, the priorities identified focus on strengthening chemoprophylaxis, improving case management and digitising interventions.

The discussions also highlighted several cross-cutting issues, including the integration of services, the workload of community health workers and the need to take better account of the most vulnerable groups, particularly people who use drugs.

After that, the participants then set about tackling two major obstacles: frequent shortages of supplies and medicines, and low uptake of antenatal care, against a backdrop where gender issues are still not sufficiently taken into account. Through a root-cause analysis and a prioritisation exercise, 37 community-based activities eligible for GC8 were approved.

To consolidate these achievements, civil society organisations have recommended the establishment of a small committee, supported by a consultant, to finalise priority interventions, reformulate proposals into activities for which clear budgets can be drawn up, strengthen the integration of gender and human rights, and improve community representation in the governance of grants.

The message that emerges from this meeting is unequivocal: when communities are fully involved in setting priorities, future grants are better aligned with the realities on the field. This is an essential condition for making GC8 a genuine driver of impact in the fight against malaria in Côte d'Ivoire.

NMCP–CS4ME Cameroon Task Force: rethinking the fight against malaria in a time of budgetary constraints

How can we maintain the progress made in the fight against malaria as resources become scarcer? It was to discuss this issue that members of the NMCP–Civil Society CS4ME Cameroon Task Force met on 13 May 2026 l for their first quarterly meeting of the year. Alongside the National Malaria Control Programme (NMCP), Impact Santé Afrique, Plan International and several civil society organisations, the participants reviewed the first quarter of 2026 and set out the priorities that will guide their work in the coming months.

The current situation calls for an unprecedented mobilisation. With a 28% reduction in funding from the Global Fund's Grant Cycle 8 (GC8), those involved in the response are being forced to rethink their strategies in order to safeguard the progress made, improve the efficiency of interventions and strengthen their sustainability.

The discussions highlighted encouraging progress. The distribution of long-lasting insecticide-treated mosquito nets (LLINs) in orphanages, the strengthening of collaboration between the NMCP's Supply Management section and National Procurement Centre for Essential Drugs and Medical Devices, and the appointment of communication focal points within civil society organisations are evidence of closer coordination between the various stakeholders. For 2026, two priorities have emerged: the implementation of a performance framework for CSOs and the creation of regional task forces to bring governance closer to local realities.

However, the operational report presented by Plan International, a community sub-recipient of GC7, highlights persistent challenges. Across the ten intervention regions, including the North-West and South-West, community health workers tested 54% of suspected cases and provided care for 51% of patients. These results remain undermined by recurring shortages of supplies and the non-payment of community health workers' allowances. In 8 of the country's 10 regions, community health workers have not received their allowances between February - June 2026. In the North-West and South-West regions, the situation is far more critical, as workers there have not received their incentive allowances for the whole of 2025, compounded by difficulties in accessing areas affected by the security crisis. A study carried out in the Central region also reveals that shortages of supplies account for all of the observed under-spending of the budget, whilst payment delays constitute another major obstacle to the effectiveness of interventions.

In light of these findings, participants called for greater involvement of civil society organisations in the management of inputs and a review of performance indicators to ensure they better reflect the realities on the field. At the same time, several local resilience initiatives, such as village savings schemes and agricultural income-generating activities, were presented as promising avenues for gradually reducing dependence on external funding.

This first session of the year sent a strong message: despite cuts in funding, an effective response remains possible when institutions, communities and civil society organisations work together. More than ever, innovation, coordination and national ownership will be the driving forces behind a sustainable fight against malaria in Cameroon.

Family picture - Task force members

EANNASO : « Without the communities, malaria will not be eradicated »

The progress made over the last twenty years proves that it is possible to defeat malaria. Billions of cases have been prevented, millions of lives have been saved, and many countries have significantly reduced the burden of this disease. Yet these advances remain fragile.

In 2024, malaria claimed the lives of more than 600,000 people, mainly children living in Africa. The African region alone accounts for 94% of the global burden of the disease. Against a backdrop of health crises, economic tensions and cuts in international funding, there is a very real risk that this progress could stall.

It is against this backdrop that EANNASO reaffirms its commitment, alongside civil society organisations, to upholding a firm conviction: **no strategy to eliminate malaria can succeed without the communities.** Their participation, leadership and expertise are essential for designing, implementing and monitoring truly effective interventions.

As the Global Fund's Grant Cycle 8 (GC8) for 2026–2028 approaches, the network is calling on East African governments and their partners to translate this commitment into concrete action. Five priorities are highlighted:

- Placing communities at the heart of responses;
- Strengthening their leadership and accountability mechanisms;
- Ensuring equitable access to prevention, diagnosis and treatment;
- Promoting sustainable, state-led funding;
- Making communities full partners in the implementation of GC8 commitments.

EANNASO's message is clear: we have the tools, the knowledge and the evidence. It is now time to turn these achievements into concrete action. Ending malaria will only be possible by making communities the driving force behind the response.

We have the tools. We have the evidence. Now we must take action.

MALARIA NEWS

(source : UNITAID save lives faster)

Between 2000 and 2015, mosquito nets prevented 663 million cases of malaria in sub-Saharan Africa and contributed to 80 per cent of the decline in the disease. Today, mosquito resistance to pyrethroids is jeopardising these gains. The **New Mosquito Nets or AI project,** co-funded by Unitaid and the Global Fund, has demonstrated that mosquito nets combining both chlorfenapyr and pyrethroids reduce infections by nearly 50% among children under the age of 10. They offer enhanced protection to those sleeping under them and to communities by reducing transmission. In the face of resistance, these dual-insecticide nets represent the next generation of tools that must be rolled out without delay. (source : UNITAID)

SPEAKER ON

Fighting malaria: The CS4ME 2026 Forum lays the foundations for a community-centred response backed by sustainable funding

The fight against malaria is now at a pivotal moment that calls for both clear-sightedness and decisive action. After two decades of massive investment, the roll-out of proven tools and multilateral partnerships, the world has achieved major results: millions of lives saved, a significant reduction in child mortality and better control of transmission in many endemic areas, particularly in sub-Saharan Africa, where the burden of disease remains the heaviest.

However, the annual Global Malaria Civil Society Forum , organised on 22 April 2026 by Impact Santé Afrique, the secretariat of CS4ME, as part of World Malaria Day, paints a stark picture. Bringing together 406 participants from 35 countries in an interactive virtual session, the forum confirms that progress has stalled and that the gains made, however solid they may be, remain fragile in the face of a convergence of threats: stagnating indicators, growing resistance to antimalarial drugs and insecticides, recurring

disruptions to supply chains for essential inputs, the effects of climate change which are reshaping the geography of transmission, and, above all, a worrying collapse in international funding flows. In this context, inaction is no longer neutral: **it amounts to a step backwards.** A paradigm shift is therefore no longer just one strategic option amongst others; it has become an immediate operational imperative.

The forum's assessment centres on four critical dimensions that underpin the current barriers to the elimination of malaria.

On a global level, the discussions highlighted a stagnation, or even a slowdown, in progress in areas of high endemicity, with a persistent gap between the availability of technical tools and their actual implementation on the ground. This situation undermines the path towards elimination and calls for an urgent acceleration of interventions to prevent any setbacks..

At the policy level, funding appears to be the key bottleneck in the response. Reliance on external funding remains high, even as contributions from the Global Fund to Fight AIDS, Tuberculosis and Malaria and from bilateral partners are tending to decline. This decline is not being offset by sufficient mobilisation of domestic resources in countries with a high disease burden, which exposes programmes to the risks of disruption and underfunding.

At the operational level, there are numerous constraints: delays in rolling out prevention campaigns, fragile surveillance systems, logistical constraints, and persistent limitations within health systems in terms of access to and quality of services. Added to these challenges are the growing effects of climate variability, which are altering transmission patterns and complicating the planning of interventions.

From a cross-cutting perspective, the forum highlighted the need for civil society to reposition itself. It can no longer be confined to a mere executive role in the implementation of activities. It is called upon to make an irreversible transition towards strategic functions: evidence-based advocacy, monitoring the accountability of public commitments, active participation in governance mechanisms, and citizen oversight of the use of resources.

It was against this backdrop that the forum, held under the theme **'Driven to end malaria. Now we can. Now we must: Place communities at the Center',** called for a strategic reorientation of the response centred on three key areas.

The first area concerns the urgent strengthening of sustainable funding. This is not merely a matter of calling for more resources, but of rethinking how they are mobilised. This involves increasing domestic funding in line with international commitments, greater involvement of national parliaments in budget allocation and the monitoring of commitments, and better alignment of international funding with national priorities and local realities.

The second priority area focuses on strengthening the role of civil society organisations. The forum reaffirmed that CSOs play a unique role in bridging the gap between public policy and community realities. Strengthening them requires developing their institutional and technical capacities, stepping up advocacy efforts for increased funding and better governance, and establishing robust citizen oversight mechanisms.

The third priority reaffirms the central role of communities in the design, implementation and evaluation of programmes. The experiences shared during the sessions demonstrated that interventions based on active community participation significantly improve access to services, encourage the adoption of preventive behaviours and strengthen the sustainability of actions. This central role involves moving away from a top-down approach to adopt models that are more inclusive, integrated and tailored to local contexts, whilst systematically taking gender and equity considerations into account.

To translate these guidelines into measurable results, the report resulting from the forum proposes a roadmap structured around four levels of intervention.

At the global level, donors and international institutions are called upon to increase and stabilise funding, to strengthen accountability and transparency requirements whilst supporting national capacities, and to promote the systematic integration of civil society into the governance of funding, particularly within the framework of the Global Fund GC8.

At national level, governments and parliamentarians must increase the budgets allocated to malaria, institutionalise civil society's participation in national coordination

mechanisms, strengthen health systems to improve access to and continuity of services, and develop legislative frameworks conducive to elimination.

For civil society, the challenge is to consolidate synergies between organisations, strengthen advocacy capacities and develop mechanisms for the independent monitoring of public policies.

At community level, the aim is to institutionalise the involvement of local stakeholders, build their capacity, harness local knowledge and improve communication in order to encourage the adoption of preventive behaviours.

The forum also emphasised the strategic opportunity presented by GC8 of the Global Fund. **Making the most of GC8 means seizing the opportunity to position local CSOs as the main recipients, incorporating community priorities right from the concept note design phase, and laying the foundations for sustainable national ownership of the response.**

In conclusion, the forum is unequivocal: **the elimination of malaria remains an achievable goal, but it requires moving beyond fragmented, top-down approaches in favour of an integrated, inclusive, accountable and community-centred response.** The time for mere declarations of intent is over. The urgency of the situation demands concerted action between governments, technical and financial partners, civil society and communities, in order to turn commitments into concrete results and save lives.

WATCH THE VIDEO OF THE CS4ME FORUM

IN CLICKING **HERE**

SCAN HERE TO READ CS4ME STATEMENT

Now we can. Now we must.

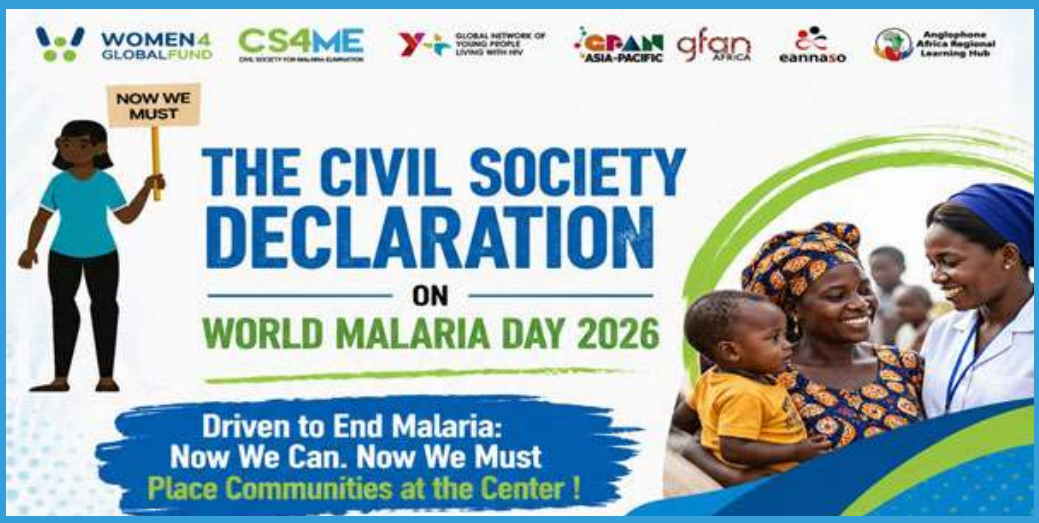
MEETING THE NEW MEMBERS

We are delighted to welcome 24 new members from 10 countries to the global CS4ME network this quarter, including:

- **ONG Unis pour Sauver des Vies** (Côte d'Ivoire)
- **Save Life Concern** (DRC)
- **Tanzania Youth AIDS Control Programme** (Tanzania)
- **North East African Community Health Initiative** (Uganda)

WE ARE STILL TALKING ABOUT IT

The civil society declaration on world malaria day 2026



The world is lagging far behind its targets for reducing malaria cases and deaths. This gap is a warning sign: our strategies are out of step with the reality on the ground. As long as the response remains disconnected from communities, progress will remain fragile.

In 2024, the leaders of the 11 most affected African countries made a strong commitment: "No one should die of malaria". Two years on from the Yaoundé Declaration, civil society and communities are setting out a simple truth. There is no path to eradication that does not begin and succeed with the communities, as they bear the direct brunt of the disease and provide the most appropriate solutions.

Resistance to antimalarial drugs is already a reality. Communities are paying the price. Protecting treatment means investing in surveillance right down to the last kilometre.

Malaria persists where systems are weak. The RBM Partnership's 'Big Push Against Malaria' framework highlights the key drivers: strong leadership, coordinated action, data-driven decision-making and sustainable national funding. But without transparency, nothing holds together. Communities need to be able to see what has been promised, funded and achieved, and the impact of these efforts.

The replenishment of the Global Fund confirms that the world still believes in success. With the GC8 allocations in place, it is now time to move on to implementation.

- We must **mobilise and disburse funds on time**, align them with community needs, enhance transparency, involve civil society throughout the entire cycle, and target the most vulnerable through a gender-equity approach.
- **To governments:** place malaria at the highest political level, prioritise budgets, honour co-financing commitments, and put communities at the centre.
- **To our partners:** maintain investment, support innovation in the face of resistance, and protect the Global Fund.

We have the tools. We have the evidence.

https://cs4me.org/wp-content/uploads/2026/04/The-2026-Civil-Society-Malaria-Declaration.pdf

STRONGER TOGETHER

CS4ME Webinar: Empowering civil society for effective participation in the Global Fund's GC8 cycle

Against a backdrop of unprecedented financial pressures on global health financing and, above all, the advent of the Global Fund's new Funding Cycle (2026–2028), Impact Santé Afrique (ISA) organized a training webinar to equip civil society organizations (CSOs) active in the fight against malaria with the knowledge and tools needed to navigate the Global Fund's GC8. This webinar was attended by 329 participants (27 countries) from civil society, NMCP, and technical and financial partners.

From the outset, it was noted that GC8 marks a fundamental paradigm shift. GC8 represents a structural break from GC7. Whereas GC7 was based on disease-specific programs, GC8 strongly recommends the integration of HIV–TB–malaria services and systems.

A review of the achievements of GC7 was conducted, including a presentation of the key lessons from the current cycle, namely: effective resource mobilization for the fight against the three diseases, as well as significant progress in reducing the burden of disease and millions of lives saved thanks to various interventions, including community-based actions led by field workers.

The presentation then outlined the key steps of GC8, ranging from early dialogue to grant implementation, highlighting the key role of CSOs at each of these steps.

Another session of this training webinar focused on the essential actions that civil society must take as part of national processes for developing funding applications.

The key action points for CSOs to remember are:

- Actively participate in ICN activities ;
- Analyze epidemiological profiles using DHIS2 and CLM data ;
- Prioritize vulnerable populations ;
- Demand evidence-based strategies ;
- Use the Global Fund's CSO/Community Priorities Annex ;
- Propose integrated malaria control activities for the concept note that take the other two diseases into account ;
- Promote activities such as identifying areas not covered by community health workers and integrated CLM among the proposed interventions.

CSOs must therefore adapt their approaches, redefine their activities, and proactively engage in country dialogues to ensure that community priorities are reflected in national funding requests.

The question-and-answer session helped clarify practical issues such as strategies tailored to crisis

zones, the challenge of integrating interventions, and CSO access to DHIS2 data.

At the conclusion of this webinar, it was reiterated that civil society must position itself as a strategic actor throughout the national GC8 processes and even beyond.

The CS4ME GC8 Guide remains available to support members by clicking **here**.

New CS4ME Guide : What I must know about the Global Fund as a civil society organization active in malaria

In March 2026, Impact Santé Afrique, the CS4ME secretariat, updated its practical guide for civil society organizations committed to the fight against malaria. As its name suggests, this tool aims to support these organizations by providing them with all the necessary information about the Global Fund, its mechanisms, the new GC8 funding cycle (2026–2028), and its new requirements, with the primary goal of placing communities at the center of the effort. **Please click on the following link to access this guide:** https://cs4me.org/webinaires-et-outils/guides-et-outils-cs4me/ce-que-je-dois-savoir-sur-le-fonds-mondial-en-tant-quorganisation-de-la-societe-civile-active-dans-la-lutte-contre-le-paludisme/?lang=fr

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- **2nd July 2026:** Malaria Civil Society coffee Talk
- **3rd July 2026:** Training webinar for Adolescents, Girls and Young Women
- **9th July 2026:** Webinar: What CSOs and community Groups expect from AIDS 2026
- **23rd July:** GFAN Africa monthly meeting

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CIVIL SOCIETY FOR MALARIA ELIMINATION

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Join our Work

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