January – June 2026

Ensuring that the Global Fund's malaria programs (GC7) are effective for communities.

A special publication from CS4ME :

How CS4ME's support enhances the effectiveness of national malaria programs by promoting active community participation?

How does dialogue between CSOs and local partner organizations enable a better identification of community needs and the joint implementation of tailored interventions to reach vulnerable populations?

How support provided by CS4ME have ensured quality participation of CSOs in the Malaria GC8 application processes?

Developped by ISA IMPACT SANTE AFRIQUE , Secretariat CS4ME CIVIL SOCIETY FOR MALARIA ELIMINATION

More Than a Community, *a Global Movement!*

CS4ME (Civil Society for Malaria Elimination) is a global network of more than **1,000** civil society organizations and local networks committed to malaria elimination, operating mainly in **55** countries across Africa and South Asia. Our mission is to ensure that malaria programs are effective, sustainable, community-rooted, rights-based, equitable, innovative, adequately funded, and inclusive. The secretariat of this global platform is hosted by Impact Santé Afrique (ISA), whose mission is to strengthen local civil society and empower communities to improve the quality of health services and contribute to the eradication of malaria.

CS4ME counts more than **100** member organizations representing civil society and vulnerable communities on the Global Fund Country Coordinating Mechanisms (CCMs) in their respective countries.

Are you a civil society organization working on malaria?

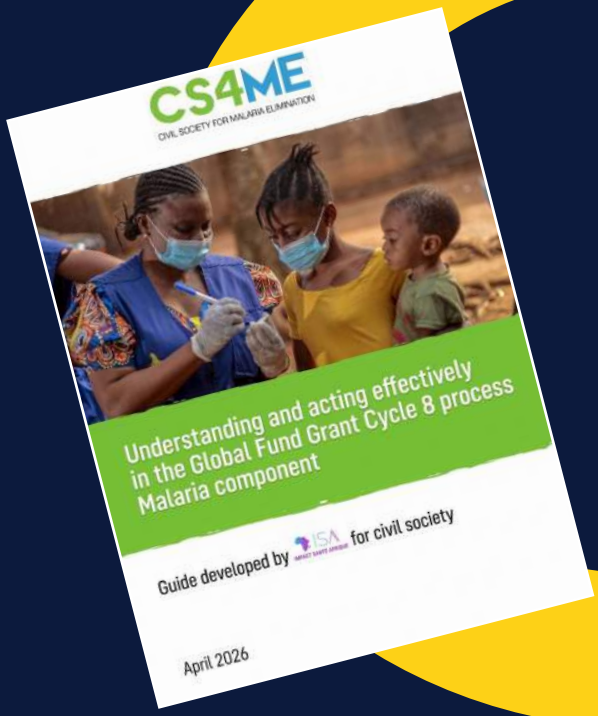
Join the movement and become a CS4ME member by **Click here**



New Resource!

Would you like to deepen your understanding of the Global Fund's GC8 funding cycle and your role as a malaria actor throughout this process? Discover the latest guide developed by CS4ME for civil society organizations.

Learn more about the CS4ME guide:
Click here



Learn more about CS4ME: www.cs4me.org

LEADERS OF THE COUNTRY COORDINATING MECHANISMS (CCMs) IN ACTION.

KOTOKO Mahugnon Fabrice: a civil society leader at the forefront of advocacy for more inclusive health governance



As Chair of the Board of Directors of the Platform of Health and Human Rights Civil Society Organizations ("Plateforme des Organisations de la Société Civile (OSC) Santé et Droits Humains – POSDH") and First Vice-Chair of the Global Fund Country Coordinating Mechanism in Benin (CCM), Mr. **KOTOKO Mahugnon Fabrice's** commitment to communities has made him a leading figure in community health in Benin and across Francophone Africa.

His commitment stems from his own personal journey. A former tuberculosis patient who has been cured, he now chairs the Association of Former Tuberculosis Patients of Benin ("Association des Anciens Patients Tuberculeux du Bénin - ASSAP-TB/BÉNIN"). At regional and global levels, he represents communities within CS4ME and DRAF TB (Francophone Africa Tuberculosis Response Dynamic), and he is a member of the Stop TB Partnership's Global Delegation of Affected Communities, where he amplifies the voices of people affected by the disease.

At the national level, he has actively contributed to the strategic oversight of Global Fund-supported interventions in malaria, HIV, tuberculosis, and Resilient and Sustainable Systems for Health (RSSH). He played a pivotal role in the national and community dialogues that shaped Benin's GC6, GC7, and GC8 funding requests.

Recognizing the need to harmonize civil society action, he spearheaded the establishment of the POSDH. The platform brings together civil society organizations, community networks, and key populations involved in the Global Fund grant process in Benin, ensuring more structured and equitable participation.

An expert in the Community, Rights and Gender (CRG) approach, project planning, and strategic communication, he places his expertise at the service of health governance.

While acknowledging the importance of CS4ME's work in driving regional mobilization, he reaffirms the need to place communities and frontline actors at the heart of strategies to achieve the goal of eliminating malaria and other endemic diseases.

Cameroon: GISDIC and civil society organizations from Cameroon's health districts document best practices in community-directed health interventions under GC7 to prepare for the Global Fund's GC8 cycle.



Lessons-learned workshop on the implementation of GC7 by district-level CSOs

Ahead of the GC8 grant cycle, the "Groupement des Organisations de mise en œuvre des ISDC au Cameroun (GISDIC)" convened a lessons-learned workshop in Yaoundé, bringing together 23 key stakeholders in Community-Directed Health Interventions (CDHI) for a retrospective review of its members' work under the Global Fund's GC7. The workshop aimed to showcase best practices in CDHI implementation by health district-level CSOs during GC7 and to integrate them into the design and implementation of the upcoming GC8 grant.

Since 2013, Cameroon has relied on CDHI to bring health care closer to populations in remote areas. Under GC7, CDHI covers 62 health districts across 8 regions of Cameroon and mobilizes 4,078 multipurpose community health workers (CHWs), supervised by 62 CSOs. Jointly led by the Ministry of Public Health through Plan International Cameroon and CARE International Cameroon, this integrated HIV–Tuberculosis–Malaria–Immunization model has improved access to primary health care where health facilities remain difficult to reach.

The workshop, held on May 8, 2026, highlighted two realities on the ground. Data from 2024 confirm persistent bottlenecks in the malaria response within CDHI: weak governance, stockouts of commodities, and delays in ASCP payments. Yet they also demonstrate the CSOs' capacity for innovation. Using their own resources, they have developed mechanisms that boost community health workers' motivation, service quality, and the sustainability of community gains beyond donor funding.

Several models drew particular attention from participants as part of initiatives to foster community ownership and sustainability of CDHI. In Ayos, village funds self-managed by community members help secure the supply of antimalarial commodities without relying on conventional supply chains. The Maïs-GO project, piloted in 2024 in the Evodoula, Ndikinimeki, and Ngog Mapubi health districts, offers a credible pathway toward the economic empowerment of CHWs. Finally, with support from the Cameroonian Federation of Health Mutuals, a community insurance scheme has been proposed to protect CHWs and Community Health Volunteers.

Discussions also helped align CSOs priorities for GC8. The three national programs for malaria, HIV/AIDS, and tuberculosis further called on GISDIC to conduct more structured advocacy with the Ministry of Public Health's coordination bodies. Other participants stressed the need to formalize these regular experience-sharing forums between CSOs and technical and financial partners, reaffirming their shared conviction that genuine community ownership of CDHI is a key factor in achieving the targets set by Cameroon's Ministry of Public Health.

NMCP–Civil Society CS4ME Task Forces commit to strengthening the community response to malaria funding challenges

As part of their efforts to strengthen collaboration with National Malaria Control Programs (NMCPs), the NMCP-CS4ME Task Forces in Côte d'Ivoire and Cameroon held their first quarterly meetings of 2026. Beyond reviewing ongoing activities, these meetings enabled NMCPs, civil society organizations (CSOs), and technical and financial partners to define concrete commitments to strengthen the community response and contribute to the development of funding requests for the Global Fund's GC8 funding cycle.



In Côte d'Ivoire, stakeholders reported broadly positive results from the implementation of GC7 community interventions, with more than 90% of activities completed. Discussions nevertheless highlighted several persistent challenges, including the limited involvement of community health workers in active case finding, stockouts of commodities and medicines, low attendance at antenatal care services, and insufficient consideration of gender in certain interventions. The work carried out by Task Force members led to the update of 37 priority activities, including 27 community interventions and 10 health system strengthening activities, to be included in the forthcoming GC8 concept note.

Beyond this prioritization, the Task Force launched several structuring initiatives. Members agreed to set up a small committee tasked with identifying high-impact community interventions and supporting the finalization of the concept note. They also committed to reformulating the selected activities so that they are technically sound and costable, strengthening gender and human rights in community interventions, better integrating communities into health system strengthening, and improving the representation of civil society organizations on governance and grant management committees. Finally, a roadmap was adopted to produce a consolidated document of community priorities for the national team responsible for drafting the GC8 funding request to the Global Fund.



In Cameroon, discussions took place against a backdrop of a nearly 28% reduction in the budget envelope allocated to the GC8 grant and disbursement delays that resulted in the non-payment of incentives to multipurpose community health workers (CHWs). Task Force members also reviewed the findings of the Community-Led monitoring (CLM) analysis, which show that more than one in two people in four health districts of Cameroon in particular (Doume, Mifi, Maroua 3, and Mokolo) continue to pay for malaria treatment services, despite the free-of-charge policy for children under five and pregnant women.

To address these findings, the Cameroon Task Force adopted several resolutions to strengthen community governance and the quality of the response. Members committed to monitoring the payment of CHWs incentives, particularly in the North-West and South-West regions, and to widely disseminating the ministerial notes setting out the free services and products available for malaria control in order to improve their enforcement. They also committed to revitalizing dialogue platforms with mayors, heads of health districts, and other community leaders, and to ensuring civil society participation in the development of an advocacy document addressing the gaps identified, as part of the preparation of the GC8 funding request.

Beyond each country's specific context, civil society actors share a common determination to make communities a key player in the malaria response, in an environment increasingly constrained by funding cuts. The resolutions adopted illustrate how the Task Forces have evolved from simple consultation forums into genuine decision-making bodies, capable of setting priorities, guiding advocacy, and contributing effectively to national GC8 preparation processes. By embracing more inclusive governance, stronger civil society representation, enhanced dialogue with local authorities, and greater mobilization of domestic financial resources, the NMCP–CS4ME Task Forces share a common commitment to safeguarding the gains made in the fight against malaria and strengthening the resilience of community interventions in the face of new funding challenges.

Understanding and Engaging Effectively in the Global Fund Grant Cycle 8 Process: A CS4ME Guide for Malaria Civil Society

The Global Fund's eighth grant cycle (GC8) is now underway, marking a major shift in how health programs will be funded and implemented in the coming years. In light of these changes, the guide "**Understanding and Engaging Effectively in the Global Fund Grant Cycle 8 Process – Malaria Component"**, developed by Impact Santé Afrique for CS4ME and published in April 2026, has become an essential tool for civil society organizations and communities engaged in the fight against malaria.

Designed to be both educational and practical, the guide unpacks the new strategic directions and equips CSOs with the knowledge and tools they need to participate effectively at every stage of the GC8 process.

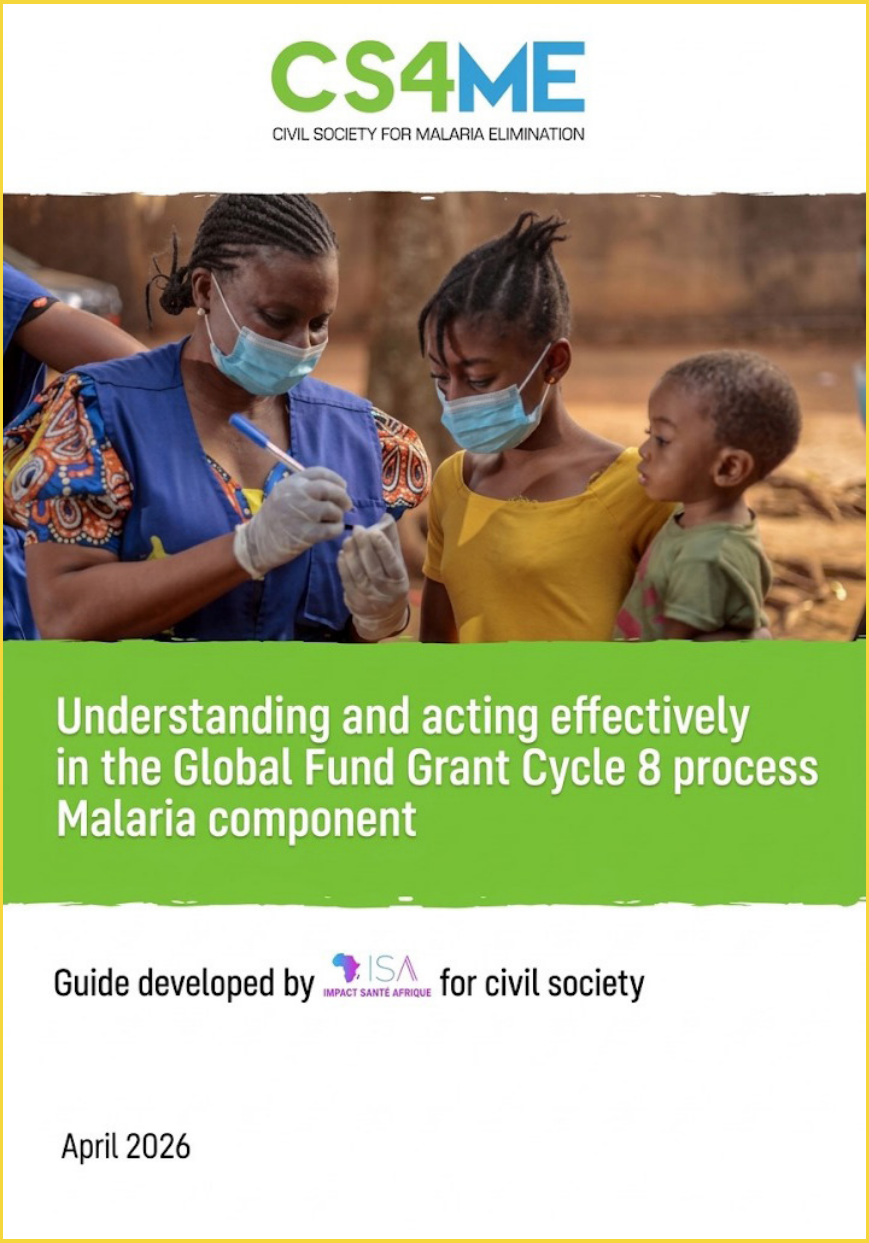
Structured in five complementary sections, it helps readers to:

- Understand the global context, marked by shrinking resources and shifting funding priorities;
- Master each stage of the GC8 cycle through a clear comparison between GC7 approaches and the new requirements;
- Explore the eleven major shifts introduced by the Global Fund and their practical implications for community actors;
- Strengthen CSO participation in country dialogue, in defining community priorities, and in decision-making processes;
- Identify emerging opportunities, particularly in social contracting and the integration of community interventions.

More than just an information document, this guide is a genuine strategic preparation tool. At a time when expectations of community actors are higher than ever, CSOs that come prepared—with evidence, robust proposals, and a clear understanding of the new funding mechanisms—will be better positioned to influence national priorities and advocate for community needs.

Conversely, a lack of familiarity with the changes introduced in GC8 can significantly limit opportunities for participation and influence. The guide therefore helps organizations anticipate change, avoid the most common pitfalls, and fully seize the opportunities offered by this new cycle.

Because the decisions made today will shape tomorrow's fight against malaria, every CSO engaged in community health would benefit from making this guide a key reference document.



Find all our tools on our page:
https://cs4me.org/webinars-tools/cs4me-guides-tools/

FROM GC7 TO GC8: TOWARD A NEW FUNDING CYCLE

Côte d'Ivoire: From community consultations to the integration of vulnerable populations' priorities into the GC8 concept note



Group photo of participants at the GC8 2027–2029 preparation workshop in Côte d'Ivoire

In Côte d'Ivoire, malaria, HIV, and tuberculosis remain public health emergencies. In 2023, malaria incidence stood at 268 cases per 1,000 population, HIV prevalence at 1.7%, and tuberculosis incidence at 123 cases per 100,000 population. As the 2024–2026 cycle draws to a close, the country is preparing its GC8 funding request for submission to the Global Fund. This time, the Platform of Networks and Umbrella Organizations, with support from the Global Fund's CRG initiative, made a bold choice: **to place civil society and communities at the center of the drafting process.**

As early as April 13, 2026, CSOs came together to prepare for GC8. Advocacy efforts and orientation meetings with Principal Recipients followed. Community consultations gave a voice to vulnerable people and those affected by HIV, tuberculosis, and malaria. Their needs were collected and prioritized.

A community dialogue then translated these needs into concrete interventions. The integration of the three diseases into primary health care was adopted. CSOs then co-drafted the concept notes with the three national programs for malaria, HIV/AIDS, and tuberculosis, ensuring that the priorities of civil society and vulnerable communities were included. **Civil society did not merely take part in consultations. It contributed to updating and harmonizing the national strategic plans, while ensuring that gender, human rights, and equity were taken into account in these framework documents.** Subsequently, civil society took part in the validation meeting of the funding request led by the Country Coordinating Mechanism (CCM) of Côte d'Ivoire, to ensure that the priorities of vulnerable communities were retained in the funding request prior to its submission to the Global Fund. With support from partners such as CS4ME, civil society carried the voices of the people. **The result speaks for itself: a community-driven GC8 concept note.**





Ghana: Malaria civil society brings frontline priorities to the table

Civil society organizations engaged in the fight against malaria through the Community Engagement Strategic Initiative (CE-SI) in Ghana have reached an important milestone in strengthening their capacities. Under the leadership of Hope for Future Generations (HFFG), CSOs benefited from several capacity-building sessions, mostly online, as well as mentoring, which enabled them to better understand the Global Fund's grant-making mechanisms and to engage in them more effectively.

Under GC8, three organizations were mandated to represent the voices of communities: Keba Africa and FLOWER, recognized for their strong grassroots presence, and Young Health Advocates Ghana (YHAG), driven by mobilized young people. Their mission was clear: **to capture the real needs of populations and ensure that these priorities were integrated into the design of future interventions.**

During the technical assistance provided by the Global Fund, CSOs, bilateral agencies, community representatives, and the Global Fund Country Team worked together to identify and prioritize key activities to be included in Ghana's funding request for HIV, tuberculosis, and malaria. The main priorities validated to reduce the malaria burden under GC8 were:

- Active case detection and referral/counter-referral through community health workers to reach populations in hard-to-reach areas.
- Monitoring of intermittent preventive treatment in pregnancy (IPTp) coverage to increase uptake and reduce the impact of malaria during pregnancy, with direct benefits for maternal and newborn health.
- Monitoring of the proper use of insecticide-treated nets (ITNs), through post-campaign follow-up and continuous monitoring carried out by volunteers using digital tools.
- Social and behavior change communication (SBCC).

Throughout the development of the GC8 funding request, civil society—including HFFG, YHAG, and FLOWER—remained mobilized to ensure that community voices stayed at the center of decision-making. **Thanks to this engagement, Ghana's GC8 malaria grant promises to be more relevant, more equitable, and better grounded in realities on the ground.**

SUCCESS STORY

In Shinyanga (Tanzania), civil society steps into the malaria control room

For the first time in Tanzania, communities and the National Malaria Control Program (NMCP) jointly oversaw a Global Fund grant in the field.

For more than twenty years, Tanzanian communities watched decisions on the malaria response being made without them. The National Malaria Control Program (NMCP) conducted its field supervision visits and consulted a handful of selected stakeholders, but civil society organizations (CSOs) had no formal mechanism to observe how interventions were being implemented or to report their findings to decision-makers. Bottlenecks went unnoticed. Barriers to accessing services remained poorly understood at the policy level. And accountability between grant recipients and the populations they served remained limited.

In 2024, something changed. The NMCP-CS4ME National Task Force, facilitated by Health for Children Organization Tanzania (HeCOTz), CS4ME's national implementing partner under the Community Engagement Strategic Initiative, brought NMCP officials, malaria CSOs, and community representatives together around the same table. Its objective: to strengthen coordinated civil society participation in the malaria response and ensure that community data inform programmatic decisions.

July 2025: The first joint supervision visit

The Task Force chose its first real-world test: a joint supervision visit to Thubutu **Africa Initiative (TAI)**, a Global Fund sub-recipient implementing a malaria project in four districts of the Shinyanga region. It was a first in the country's history: never before had the NMCP and civil society formally supervised a community grant together.

The methodological choice was deliberate: no passive observation. Task Force members engaged directly with TAI teams, community health workers (CHWs), and community members, and provided technical feedback on site. The agenda included direct observation of activities in all four districts, interviews and focus group discussions with CHWs involved in case management, net distribution, and health education, meetings with TAI management, and a dedicated session on resource mobilization in response to the withdrawal of U.S. funding.

What the visit revealed

The most frequently cited finding during the visit concerned not the technical quality of the project, but the working conditions of CHWs. These workers, the backbone of TAI's project, operate with very limited financial support: irregular allowances, transport costs borne out of their own pockets, and insufficient supplies. These gaps undermine both their effectiveness and their retention. The visit also documented the direct impact of the withdrawal of U.S. government funding, which has created a structural funding gap for the country's community programs.

These findings, heard firsthand in the field, were formally reported to the NMCP leadership and program partners. This is exactly what the Task Force was created to do.

"*Coordination and information sharing between the government and malaria CSOs have improved significantly thanks to the Task Force. Some of the most pressing challenges in the malaria response are now being put on the table to be resolved.*" Didas Misana, NMCP representative on the NMCP-CS4ME Task Force in Tanzania.

Beyond Shinyanga

The Task Force's impact already extends beyond the pilot visit. It now works closely with the Ministry of Health through the NMCP and has held several strategic meetings with the Tanzania Parliamentary Alliance Against Malaria (TAPAMA). CSOs now have a better understanding of how the NMCP operates, know how to engage, and participate more meaningfully in national health policies.

wAt a time when external funding is under pressure, a strong and independent community oversight function is no longer optional. It is a necessity. Shinyanga has just proven it.



A team of representatives from the NMCP-CS4ME Task Force, community members, and staff from Thubutu Africa Initiative pose for a photo during a field monitoring visit in the Shinyanga region

When African parliamentarians take action: COPEMA gets organized to better champion the fight against malaria

As international funding for malaria control becomes increasingly scarce, one question demands an urgent answer: **who will carry the voices of the people to policymakers to secure sustainable investment?**

The answer is now taking shape through the **Coalition of Parliamentarians to End Malaria in Africa (COPEMA).**

Gathered for their first quarterly meeting of 2026, coalition members took a decisive step by laying the foundations for strong governance and a shared vision. More than just a working session, this meeting marked the start of a new momentum in which African parliamentarians are affirming their determination to turn political commitment into concrete action to accelerate malaria elimination.

A coalition building governance that matches its ambitions

To address the challenges facing the malaria response, COPEMA first needed to strengthen its organization.

Members therefore endorsed the main orientations of the coalition's future structure as well as the strategic framework that will guide its action through 2030. This new architecture, organized at both regional and national levels, will strengthen coordination among parliamentarians, foster experience sharing, and ensure more coherent action across African countries.

This structuring reflects a strong ambition: to make COPEMA a platform capable of mobilizing parliamentarians, both sitting and former members, around a common goal: placing the fight against malaria firmly and durably at the center of national political priorities.

Beyond the texts adopted, this milestone above all symbolizes the members' determination to build a strong, inclusive, and results-oriented coalition.

Mobilizing more domestic resources: advocacy becomes a political priority

The real urgency remains funding. As the Global Fund's co-financing requirements increase and external resources become more limited, COPEMA parliamentarians reaffirmed a clear message: **the future of the malaria response increasingly depends on the ability of African states to invest in their own health programs.**

The discussions strengthened members' understanding of the new challenges and implications of the Global Fund Grant Cycle 8 (2027–2029) and of the strategic role parliamentarians must now play in national budget processes.

Advocacy will no longer stop at declarations of intent. COPEMA members committed to engaging with their governments to advocate for increased national budgets for malaria control, ensure better monitoring of public expenditure execution, and promote more efficient use of available resources.

This mobilization will also build on strengthened dialogue with NMCPs, civil society, technical and financial partners, and the private sector to develop sustainable solutions to funding gaps.

Turning commitments into results

This first steering committee meeting demonstrated that, beyond political commitments, African parliamentarians are now determined to take action.

By strengthening its governance and making domestic resource mobilization a core pillar of its advocacy, COPEMA is opening a new chapter in the fight against malaria in Africa—one in which parliamentary leadership, accountability, and national investment become essential levers to protect gains, accelerate progress, and bring the continent closer to its shared ambition: **a malaria-free future.**

A Glimpse into the Future!

This is just the beginning! In upcoming issues, we'll share more exciting news about CSO activities under Global Fund Grant cycle 7.

CS4ME

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