July – December 2025

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 control 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 is the malaria civil society being prepared for the Global Fund's GC8 process?

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

More than a community, *a global movement!*



CS4ME is the global platform for civil society organizations (CSOs) committed to eliminating malaria. With more than 1,000 members in 50 countries, we work alongside National Malaria Control Programs (NMCPs) to ensure that every strategy is more effective, sustainable, inclusive, and community-centered.

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LEADERS OF THE GLOBAL FUND'S NATIONAL COORDINATING BODIES (ICNs) IN ACTION

Ms. Takaléa Gisèle Estelle Anastasie, embodies commitment and dedication to community health in Ivory Coast



Ms. Takaléa Gisèle Estelle Anastasie is a leading figure in Ivorian civil society in the health sector. As president of the Platform of Networks and Umbrella Organizations for the Fight Against AIDS, Tuberculosis, and Malaria, she works to defend the right to equitable access to health services without discrimination. She advocates for strengthening community engagement and health advocacy, with the goal of promoting equitable access to health services for all. "Equitable access to health services is a fundamental right," she says.

With over 15 years of experience in humanitarian work and community health, she holds a Master's degree in Sociology. She has held several leadership positions, including President of COLTMR-CI and of the Platform of Networks and Umbrella Organizations for the Fight Against AIDS and Other Pandemics.

Ms. Takaléa is also a member of several international networks and organizations, including the CS4ME Steering Committee and GFAN Francophone Africa, where she serves as the focal point for Ivory Coast.She is also the chair of the Community Advisory Group (CAG).

She is convinced that civil society participation is essential to achieving the goal of promoting equitable access to health services for all. That is why she works to build the capacity of community organizations and promote their involvement in health-related decision-making processes.

Thanks to her experience and expertise, Ms. Takaléa has become a leading figure in the field of community health in Ivory Coast. She is regularly called upon to share her expertise and knowledge with other organizations and institutions.

> **"Equitable access to health services is a fundamental right."**



Community Engagement Strategic Initiative (CE SI) : An Essential Driver for the Success of GC7 in Ghana

As part of the implementation of the Global Fund's GC7 malaria grant, Ghana brought together a diverse range of stakeholders from the Community Engagement Strategic Initiative (CE SI) sectors. This multitude of stakeholders operated in a fragmented manner, without a formalized space for consultation or shared learning. Data generated by the communities was not sufficiently synthesized to inform rapid decision-making, and local civil society organizations (CSOs) lacked opportunities to interact effectively with the National Malaria Elimination Program (NMEP).

To address this fragmentation and transform the response, the partners of the CE-SI project have established a strategic collaborative framework aimed at placing the voices of local communities at the heart of health governance. To ensure the long-term impact of these interventions, several national working groups have been created, with the strengthening of the NMCP-CS4ME platform at the core of this initiative. This forum for regular exchange brings together the NMCP, the Country Coordinating Mechanism (CCM) , technical partners, and CSOs every quarter around a common goal: to transform field monitoring into a tool for decision-making. Thanks to the support of SI partners, the synthesis and analysis of community data now provide decision-makers with a clear and unified view of needs.

This momentum is accompanied by a major investment in human capital: through training and mentoring sessions, the capacities of small local CSOs are being strengthened to enable them to fully engage with the GC7 framework and ensure the sustainability of their advocacy efforts.

Concrete Progress and Promising Prospects for GC8

This synergy has made it possible to optimize the coherence of interventions, eliminate duplication, and gradually address the barriers to access to care identified by the communities. Although challenges remain such as fatigue related to coordination processes or budgetary constraints the lessons learned from GC7 are actively shaping the future.

For the next steps, the partners plan to scale up this coordination at the subnational level, strengthen feedback loops to communities, and develop strategic guidance notes to inform planning for the upcoming GC8 cycle.

“Zero Malaria” Goal: Tanzania Moves from Theory to Action!



Tanzania has taken a historic step forward in the governance of the fight against malaria with the creation, in 2024, of the NMCP-CS4ME national working group, convened and supported by the Health for Children organization (HeCOTz). After more than two decades marked by the absence of community involvement in the monitoring of national programs, this initiative directly brings together the National Malaria Control Program (NMCP), civil society organizations, and local representatives around a common goal: to ensure joint and autonomous oversight of the implementation of care.

As part of this effort, a joint field monitoring visit was organized to the Thubutu Africa Initiative (TAI), which operates in four districts of the Shinyanga region, to test a pilot model for collaborative monitoring that can be replicated nationwide.

Key Focus Areas of the Field Mission and Operational Findings

Teams from the NMEP and civil society organizations assessed the quality of services, the distribution of mosquito nets, and health education activities among households on-site. Structured interviews identified the daily challenges faced by community health workers (CHWs) in the field, including delayed payments, uncovered transportation costs, and the management of supply inventories. In light of the recent withdrawal of certain major external funding sources (particularly from the United States), a dedicated session was held to assess the impact of these cuts on community programs and explore mitigating solutions.

Success Factors and Strategy for Financial Sustainability

The success of this initiative was based on the mutual trust built throughout the process, the role of neutral facilitator played by HeCOTz, TAI’s openness, and the technical support provided by the CS4ME regional network. Feedback from the field also strengthened the strategic dialogue with the Ministry of Health and the Tanzanian Parliamentary Alliance Against Malaria (TAPAMA). In light of current financial challenges, the working group has focused its next steps on mobilizing domestic resources. Priorities include advocacy with parliamentarians and donors, raising public awareness about enrollment in community health insurance funds, and the sustainable formalization of the Task Force’s mandate through institutional memoranda of understanding.

The NMCP-CS4ME working group is determined to continue its efforts to combat malaria in Tanzania and improve the health of affected communities with the goal of achieving zero malaria.

Community Engagement at the Heart of Improving Health Services in Nigeria



The Civil Society for Malaria Control, Immunization and Nutrition (ACOMIN) has expanded the implementation of its Community-Led monitoring program to more than 13 states, thereby reaffirming its commitment to strengthening integrated services for HIV/AIDS, tuberculosis, and malaria through community mobilization, advocacy, and accountability to promote equitable access to essential health services.

ACOMIN has established and supported community accountability teams composed of neighborhood development committees, representatives of community organizations, and community leaders to collect real-time data through focus groups and interviews.

Among the common challenges identified across all states were: persistent shortages of malaria and HIV testing kits, dilapidated facilities, gaps in water and sanitation, unreliable electricity, low service utilization due to misconceptions or mistrust, staff shortages, and rugged terrain in hard-to-reach areas. These findings guided targeted advocacy efforts.

ACOMIN implemented its CLM model based on four main strategies: evidence-based advocacy, targeted engagement, health education and mobilization, and an integrated approach to antimalarial drug management (ATM). Community-led advocacy resulted in concrete changes, including the renovation of the Kadna Primary Health Care (PHC) center, the provision of cement and repairs to primary health care centers in Kwara, the restoration of the drinking water supply at the Owu primary health care center, the cleaning of mosquito breeding sites and the areas surrounding health facilities, and the provision of volunteer staff and minor equipment repairs by local philanthropists.





Civil Society Capacity Building : Strategy and Mobilization



CSO Consultation Workshop on the Advocacy Strategy and Preparations for GC8 in ivory coast

Ivory Coast faces a major public health challenge, including malaria, tuberculosis, and HIV, which place a heavy burden on vulnerable populations and the health care system. Against a backdrop of declining external funding, civil society is actively mobilizing to ensure the sustainability of community health services and bridge financial gaps. To address this challenge, several key activities and milestones have been accomplished:

- A health education workshop held on October 21–22, 2025, at the headquarters of the Platform of Networks and Umbrella Organizations for the Fight Against AIDS and Other Pandemics, with the aim of developing an advocacy strategy. The actions taken included identifying key advocacy stakeholders, drafting the official document, submitting letters to the Ministry of Health and the Office of the President, and holding a press conference to raise public awareness.
- A preparatory meeting of CSOs on December 4, 2025, focused on developing the GC8 concept notes for malaria, HIV, and tuberculosis. These efforts led to the creation of a joint roadmap, the consolidation of priority activities, and the establishment of strict selection criteria based on technical expertise and community representation.

Convinced that health is a fundamental right, Ivorian civil society reaffirms its unwavering commitment to working toward equitable access to quality healthcare for all vulnerable populations.



Group photo of participants at the CSO consultation workshop in Ivory Coast

The Institutionalization of the NMCP–CS4ME Niger Task Force: From an informal framework to a structured mechanism for national coordination

Malaria is a major public health concern in Niger. Cooperation between the National Malaria Control Program (NMCP) and civil society organizations (CSOs) remained insufficiently integrated into the decision-making process, leading to fragmented actions and reduced institutional visibility. The establishment of a sustainable consultation framework proved necessary to strengthen coordination, the complementarity of interventions, and the overall impact of the national response. This framework enables CSOs to play a greater role in shaping health policies and to strengthen their advocacy capacity for mobilizing domestic resources, thereby contributing to improving the effectiveness of the fight against malaria in Niger and achieving the Sustainable Development Goals.



The goal of institutionalizing a structured consultation framework was to establish a formal framework for dialogue aimed at enhancing the legitimacy, visibility, and effectiveness of civil society. The goal was to replace informal and sporadic collaboration with an organized, participatory, and sustainable mechanism for coordination among the NMCP, the Country Coordinating Mechanism (CCM), civil society organizations (CSOs), the DES-ICI platform for health democracy and citizen engagement, and the Santé Plus Network. This shift proved essential for ensuring effective civil society participation, improving the coherence of actions, strengthening advocacy for the mobilization of national resources, and ensuring that national responses fully take into account the realities and needs of communities, while promoting transparency and accountability.

The institutionalization of the NMCP–CS4ME Niger Task Force was achieved through a pragmatic, inclusive, and results-oriented approach. CSOs, with support from the Community, Rights, and Gender (CRG) project implemented by the NGO ONEN in partnership with Impact Santé Afrique, initiated discussions with the NMCP to present the project's objectives and lay the groundwork for collaboration. High-visibility field activities, such as advocacy efforts, demonstrated the added value of civil society, sparking growing interest from the PNLP and leading to a more formal engagement with the CS4ME CE-SI project, as evidenced by the involvement of the Deputy Coordinator and the appointment of a focal point. The process was consolidated through a participatory co-design process conducted with all stakeholders, resulting in the development of an operating charter

and internal regulations, shared governance jointly managed by the NMCP and CSOs with an administrative secretariat housed within the NGO ONEN, as well as the creation of four thematic committees (community mobilization, communication, advocacy, and community monitoring).

This profound transformation has enabled collaboration to take place within a regular, structured, and formal framework, facilitating CSOs' access to decision-makers and forums for strategic dialogue. In 2025, five task force meetings were held including one special session with consistent participation from the NMCP, ensuring better planning of actions through an annual work plan. These joint efforts are now bearing fruit by contributing to the NMCP's strategic framework, particularly in the performance review of the 2023–2026 National Strategic Plan (NSP), the establishment of a multisectoral committee to combat malaria, and the incorporation of CSO contributions into the new 2027–2031 plan. As a representative of the CSOs on the task force points out: **"This is a major step forward for civil society in Niger. We are now recognized as key partners in the fight against malaria,"** a view shared by the NMCP, which adds: **"The task force has helped improve the coordination and effectiveness of our interventions. We are convinced that this will help reduce the prevalence of malaria in Niger."**

- The Task Force's experience highlights several key lessons:
- the added value of concrete and visible actions to convince public authorities
- the early and ongoing involvement of the Country Coordinating Mechanism (CCM) as a guarantee of legitimacy
- a collaborative approach based on trust and transparency
- the existence of a formal framework clarifying roles
- inclusivity, ensuring better representation and collective ownership.

Buoyed by these successes, the NMCP–CS4ME Niger Task Force has promising prospects for establishing itself sustainably as a key driver capable of influencing national policies, strengthening advocacy for domestic resource mobilization, and making a lasting contribution to improving public health.



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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