

A DATA-DRIVEN CALL TO ACTION: SUSTAINING ZAMBIA'S MALARIA RESPONSE

BRIDGE THE GAP INITIATIVE



AKROS

FROM OUR EXECUTIVE DIRECTOR

As a medical doctor, I've seen the devastating toll malaria exacts, especially on children under five and pregnant women. This knowledge fuels my deep commitment to advancing sustainable, high-impact solutions to end malaria.

In Zambia, we are now facing a critical challenge. The recent decline in traditional donor funding—particularly from the U.S. President's Malaria Initiative (PMI)—has placed its malaria control efforts at risk. Without timely action, the country could see a reversal of decades of hard-won progress, particularly in high-burden provinces.

The Bridge the Gap (BTG) Initiative was launched to respond to moments like this. Our approach is data-driven, country-led, and focused on rapidly identifying and addressing critical funding shortfalls. In addition to linking countries with global donors, BTG supports the strategic mobilization of domestic resources to ensure long-term resilience.

In Zambia, our collaboration with the National Malaria Elimination Program has already yielded a robust investment case and activity-level gaps inventory. This report presents a summary of that work, outlining the most urgent needs and the pathways—financial and operational—to sustain momentum through 2026. We encourage you to read the unabbreviated inventory, attached separately.

This is more than a funding roadmap. It is a call to action and a reflection of what is possible when local leadership, technical excellence, and global solidarity converge. With urgency and partnership, I believe we can protect Zambia's progress and advance toward a malaria-free future.

With thanks,



Dr. Peter Mumba
Executive Director

Bridge the Gap Malaria Initiative at Akros



Dr Peter Mumba
Executive Director
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ZAMBIA AT A CROSSROADS: MALARIA PROGRESS AT RISK

Malaria remains a major cause of illness and death in Zambia, with an estimated 8.3 million cases and 1,616 deaths annually.¹

While progress has reduced mortality, the disease still exacts a heavy toll, especially in rural provinces where prevalence among children under five can exceed 34 percent.² Driven largely by the *Plasmodium falciparum* parasite and transmitted by efficient *Anopheles* mosquito vectors, malaria entrenches cycles of poverty and ill health. Zambia's National Malaria Elimination³ Strategic Plan (2022-2026) outlines proven interventions such as insecticide-treated nets, indoor residual spraying, case management, and surveillance.

Yet the stakes of declining donor investment have already begun to materialize. Modeling by the Malaria Atlas Project estimated that sustained support from the U.S. President's Malaria Initiative (PMI) at 2025 business-as-usual levels could have averted up to 392,486 malaria cases and 3,610 deaths in Zambia alone.⁴ With cuts already in effect, these preventable outcomes are now at serious risk. Any reduction in external funding threatens to unravel hard-won gains, drive a resurgence in malaria transmission, and place additional strain on Zambia's already stretched health system.

1. [WHO Malaria 2024 Zambia country profile](#)

2. [Malaria Indicator Survey 2024](#)

3. [National Malaria Elimination Strategic Plan, 2022 - 2026](#)

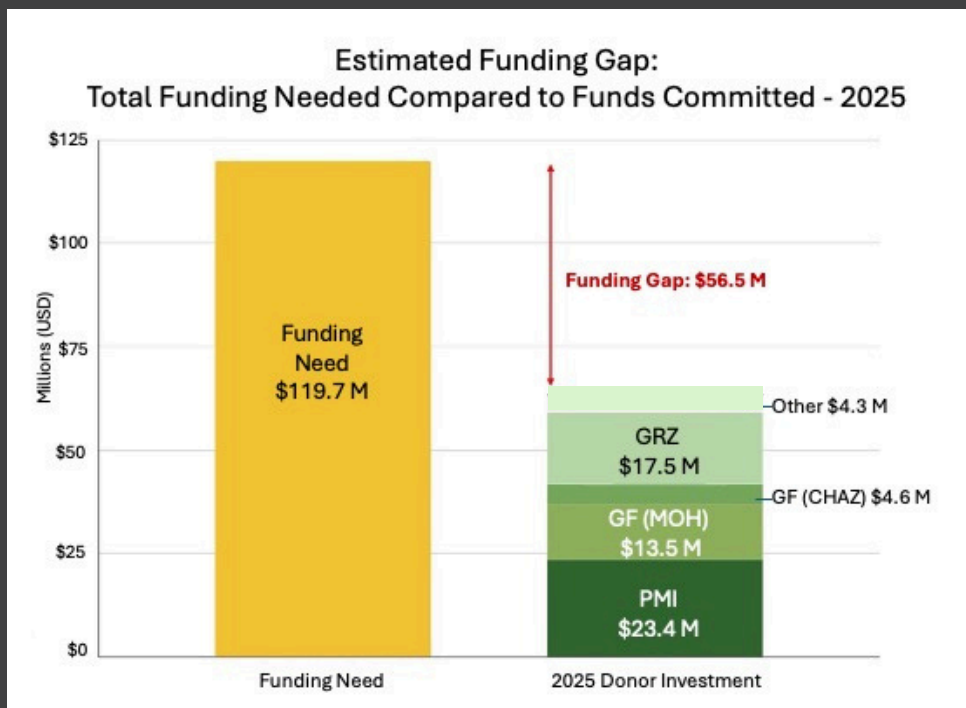
4. Symons et al 2025. Estimating the potential malaria morbidity and mortality avertable by the US President's Malaria Initiative in 2025: a geospatial modelling analysis. *The Lancet*. 405: 2231- 2240



WHAT ARE THE GAPS?

Funding from US PMI and the Global Fund To Fight AIDS, Tuberculosis and Malaria (GF) for malaria interventions in Zambia has been reduced by -\$24.92 million (across 2025 and 2026). This significant reduction from two major donors further exacerbates the already existing problem of insufficient funds to meet the malaria control needs in Zambia (estimated at \$119.7M for 2025).

Now, the hard-won gains to reduce malaria morbidity and mortality are at an even greater risk of being reversed. For 2025, a \$56.5 million (USD) funding gap exists (below).



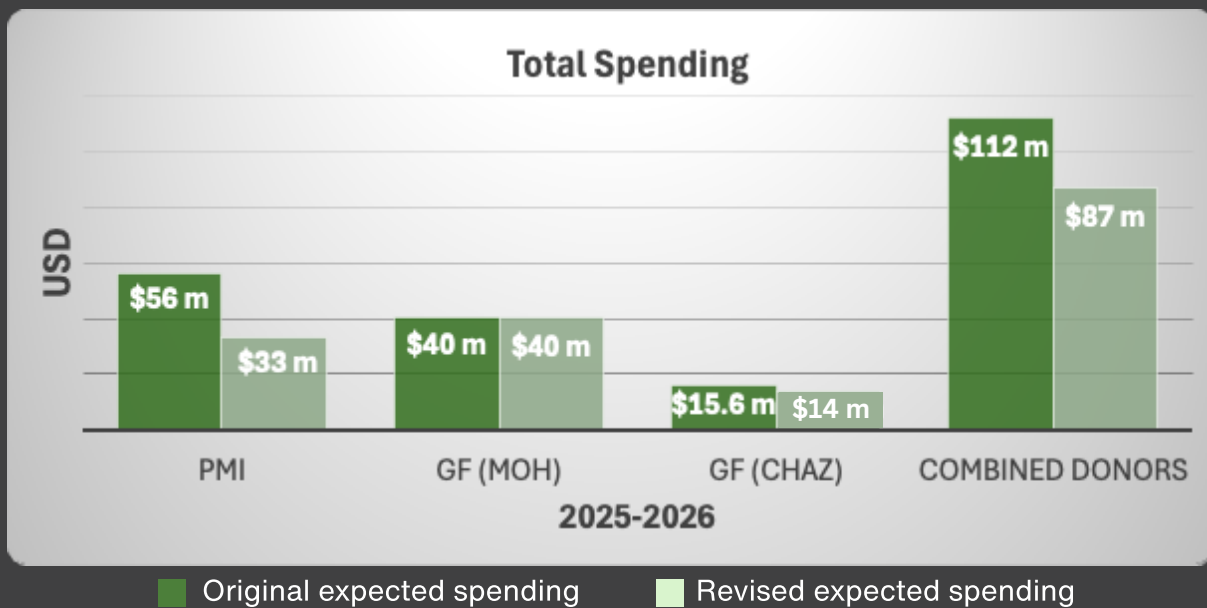
5. *National Malaria Elimination Strategic Plan, 2022 - 2026*

6. *Global Fund GC7 grant application*

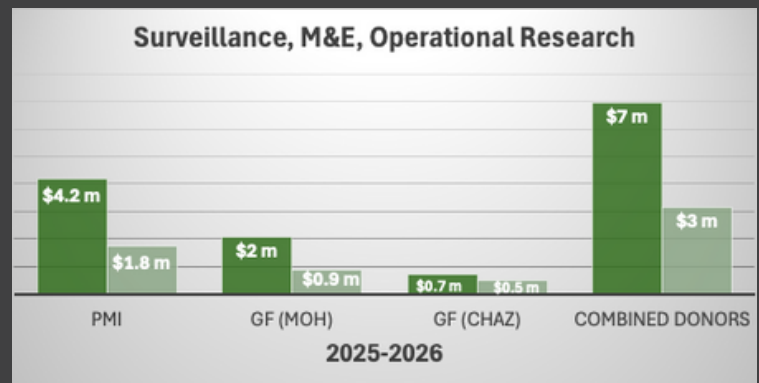
7. *Review of USAID PMI budgets pre and post federal review, Global Fund (MOH and CHAZ grants and reprioritization documents), PMI Malaria Operational Plans. Gap is defined as total financial need from NMEP strategic plan, less known, committed funding.*



SPENDING REVISIONS BY DONOR



As of mid-2025, both PMI and GF have either signaled or enacted reductions in planned spending for 2025-2026.



- **PMI cuts targeted activities which are not deemed immediately lifesaving**—most notably social and behavior change campaigns (SBCC), disease surveillance and surveys, malaria vaccine introduction, and supply chain strengthening.
- Zambia's Ministry of Health GF grant has maintained its total allocation, but **funding has shifted away from longer-term investments (data system strengthening, SBCC, and innovation) toward short-term commodity needs (medicines, tests, and nets).**
- The Churches Health Association of Zambia (CHAZ) GF grant has also **reduced planned spending for 2025-2026 by 11 percent.**
- Although the Zambian government intends to increase its own health and malaria allocations, **fiscal space to fill these emerging gaps remains sharply limited.**

INTERNATIONAL AID - WHERE DO WE STAND?

Local capacity isn't where it should be

For over two decades, global partners have pursued two goals in parallel: delivering technical and financial support for malaria interventions, and strengthening national systems to lead this work. While progress has been made, recent funding cuts have exposed persistent weaknesses. Intense transmission continues, and most affected countries remain unable to sustain malaria control independently. Simply restoring past budgets would not fix these structural gaps. Moving forward will require patient, iterative collaboration with governments to strengthen systems while addressing immediate needs.

Resources are shrinking

Sharp reductions in foreign aid in early 2025 compounded an already inadequate global malaria budget. This shortfall is driving preventable illness and death, even as capacity-building remains essential. Bridging this tension - protecting vulnerable populations now while strengthening systems for the future - will define the next phase of malaria control.

Our position

Our approach is twofold. First, prioritize efficiency and precision to **prevent unnecessary deaths** with limited resources. Large consultant footprints, poor targeting, and weak coverage are no longer tolerable. Second, **pair each near-term gain with system strengthening wherever feasible**: default to MOH/NMEC platforms when risk is manageable; where not, use time-bound parallel channels with clear re-entry plans. Rapid deployment and patient system-building must proceed together—protecting lives now while securing sustainable leadership for the future.



Pushing for rapid deployment of efficient interventions can feel at odds with the slower, patient work of country ownership. We must hold both truths.

Protect children and other vulnerable groups now and ensure that each immediate gain is thoughtfully paired with **new methods for government engagement** so that progress persists beyond the current funding cycle.

IMMEDIATE PRIORITIES ZAMBIA'S MALARIA CONTROL

Intervention	Acute needs	Gap	Why?
ITN Mass Campaign: Sept-Oct 2026	- Distribute ITNs procured by GF and AMF - Restore MOH target of universal coverage (excluding Lusaka city) - Fill gaps in campaign supervision, M&E, SBC	\$6.31m	Preventing infected mosquito bites reduces malaria sickness and death
Case management implementation	- Train, supervise and provide QA for health facilities and CHWs - Sustain activity levels of CHWs through provision of enabler packages (bicycles, backpacks, job aids)	\$7.1m	Prompt and effective case management of malaria cases averts severe complications and saves lives
SBC	Inter-personal and mass communication targeting high-risk populations (pregnant women, young children)	\$4.2m	Helping the public understand why and when to use malaria interventions saves lives
Data for decision making	- Entomologic surveillance: track insecticide resistance, invasive vectors - Epidemiologic surveillance: track malaria cases and deaths; track drug resistance - Program M&E: use household surveys, geospatial tools, data analysis tools - CDC technical assistance: provide expert advising to increase impact of these activities	\$8.35m	Without data visibility, it is nearly impossible to direct malaria interventions accurately
Supply chain strengthening	- Warehouse and distribute malaria commodities (net, pesticides, medicines, tests) - Provide last-mile delivery through third-party logistics, filling major gaps in government capacity - Carry out commodity security activities	\$2.6m	Keep critical malaria commodities in stock where they are most needed

Significant funding cuts and shifting donor priorities have created critical gaps, heightening immediate risks of malaria infection and death while weakening essential systems for the future. BTG has identified priority underfunded interventions for 2025-2026, targeting high-impact activities that protect vulnerable populations, sustain core services, and maintain Zambia's capacity to reduce malaria burden.



HIGH IMPACT RETURN ON INVESTMENT

Investing in malaria control in Zambia yields one of the highest returns in global health—saving lives, reducing illness, and boosting economic resilience. But recent funding cuts threaten essential interventions: Zambia will lose critical logistical support for the distribution of 15 million bednets, routine protection for pregnant women and children under 5 at ANC and EPI clinics, and timely treatment access. Without urgent action, Zambia risks a deadly resurgence and the reversal of hard-won progress.

CALLS TO ACTION

Extend the impact - Help us take this work to other countries. 25 malaria-endemic countries need support.

Invest in solutions - Interested in funding a high-impact malaria intervention? Contact us for details.

Engage with the data - Want to discuss these findings in depth? Schedule a call with our team.

CONTACT



ABOUT THE BRIDGE THE GAP INITIATIVE

Bridge the Gap (BTG) was created to provide critical, country-level support to malaria endemic countries in the wake of dramatic and widescale funding reductions for global malaria control. BTG is a consortium of international and local career malariologists dedicated to saving decades of progress in malaria control and elimination programs.

BTG delivers rapid, strategic support to national programs through detailed analysis of fiscal and technical gaps, donor engagement, local partner coordination and direct support for malaria programming in select countries.

FOR MORE INFORMATION:
MALARIA.AKROS.COM



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