

Bridge the Gap Initiative

Sustaining Malaria Control Amid Funding Gaps
6 November 2025
Virtual Webinar



AKROS



BTG Methodology - Progress and status by country

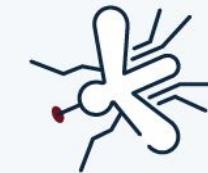
	Step 1 Gather data	Step 2 Gap inventory	Step 3 Detailed funding profile	Step 4 Mobilize resources
DRC	X			
Ethiopia	X	X	X	
Ghana	X	X	X	
Nigeria	X	X		
Zambia	X	X	X	
Additional countries?				



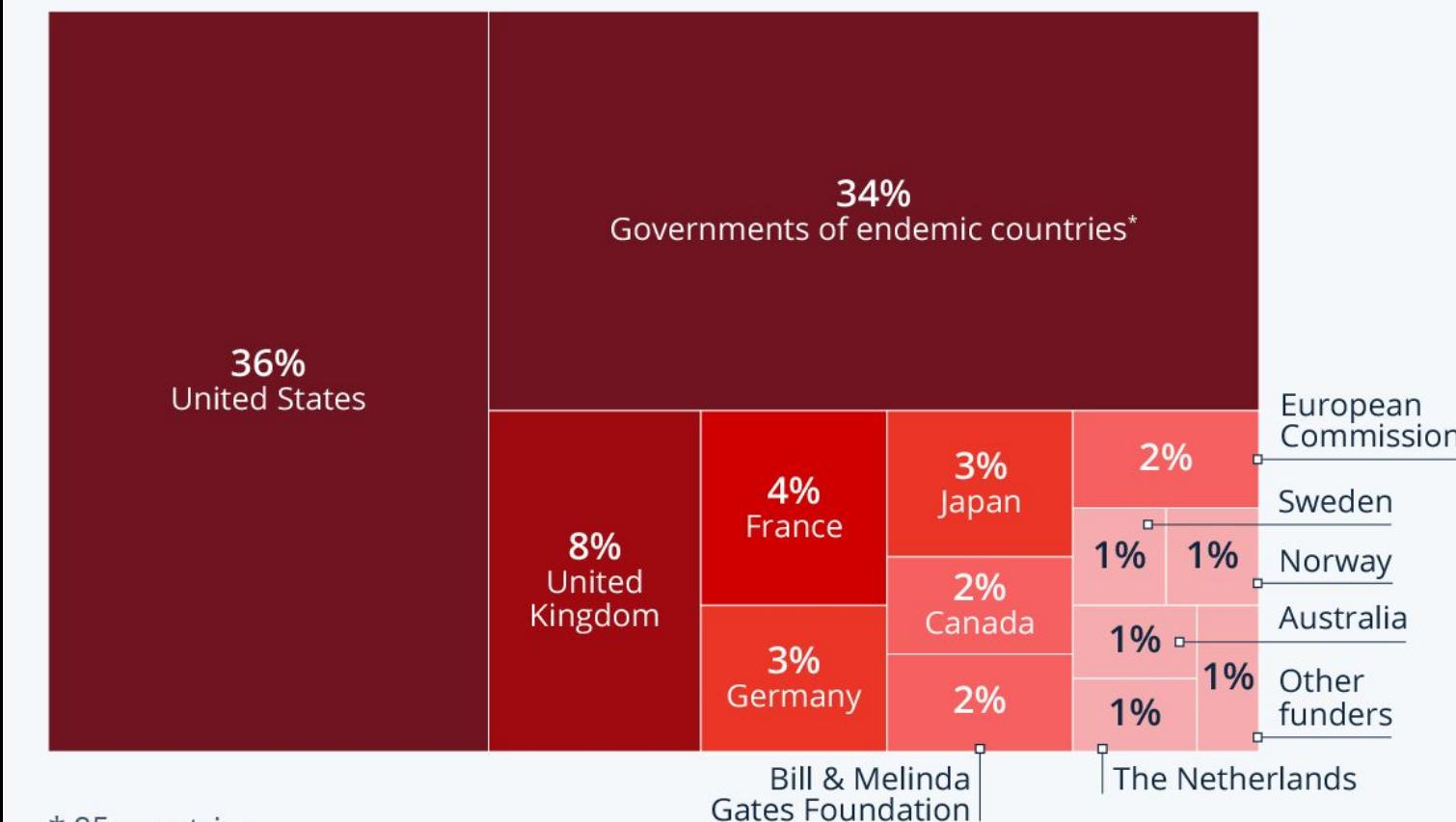
Malaria: Global Health & Funding Challenge

- Malaria remains a major global health challenge
- Funding reductions have been severe
- Risks posed to many malaria control programs.
- Urgency to mobilize alternative strategies
- A dynamic situation

Who's Funding the Fight Against Malaria?



Share of malaria control and elimination funding, by source (2010-2022)



Source: WHO World Malaria Report 2023





Purpose of the Bridge the Gap Initiative

With the rapidly evolving donor landscape, countries have been scrambling to salvage malaria control programming and circumvent unnecessary sickness and death. The Bridge the Gap Initiative aims to provide precise, actionable intelligence on gaps left by donor withdrawals, providing opportunities for effective, supplementary support.



BTG Executive Leadership Team



Dr. Peter Mumba

Executive Director BTG

Dr. Peter Mumba is a global health leader with over two decades of experience in epidemiology, disease surveillance, and health systems strengthening.



Dr. Oliver Lulembo

Executive Leadership Team Member

Dr. Oliver Lulembo is a Zambian pediatrician and public health expert with over 30 years of experience advancing health systems across Southern Africa.



Dr. Paul Psychas

Executive Leadership Team Member

Dr. Paul Psychas is an American public health physician who has lived and served over 16 years in sub-Saharan Africa with the CDC (10 years), USAID (3 years), and Peace Corps (3.5 years).



Dr. Anna Winters

Executive Leadership Team Member

Dr. Anna Winters is a spatial epidemiologist and global health leader with over 20 years of experience strengthening health systems across the Global South.



Benjamin Winters MBA

Executive Leadership Team Member

Benjamin Winters is an informatics specialist and co-founder of Akros, with deep expertise in designing and scaling digital health and geospatial systems across Africa and Asia.



BTG Advisory Board

Dr. Peter McElroy
Malaria Branch Chief, US Centers for Disease Control and Prevention

Dr. Larry Barat
Consultant, Malaria and Tropical Disease, Former PMI Senior Advisor

Where We Work

Nigeria

DRC

Ethiopia

Zambia

Ghana



BTG currently works alongside malaria programs in Ethiopia, the Democratic Republic of Congo (DRC), Ghana, Nigeria and Zambia. These five countries collectively represent nearly half of Africa's malaria cases, highlighting their critical role in the continent's malaria burden.

Zambia

- 1.4% of malaria cases in Africa
- PMI's planned support was expected to avert 298,000 malaria cases in 2025 across PMI-supported areas in Zambia
- Zambia remains a high-burden country for malaria, and the reduction of PMI support in 2025 would jeopardize significant progress, particularly in ACT availability and vector control. With 3,300 lives on the line and nearly 300,000 cases preventable, sustained PMI engagement is critical for the continuity of Zambia's national malaria response.

● Where We Work

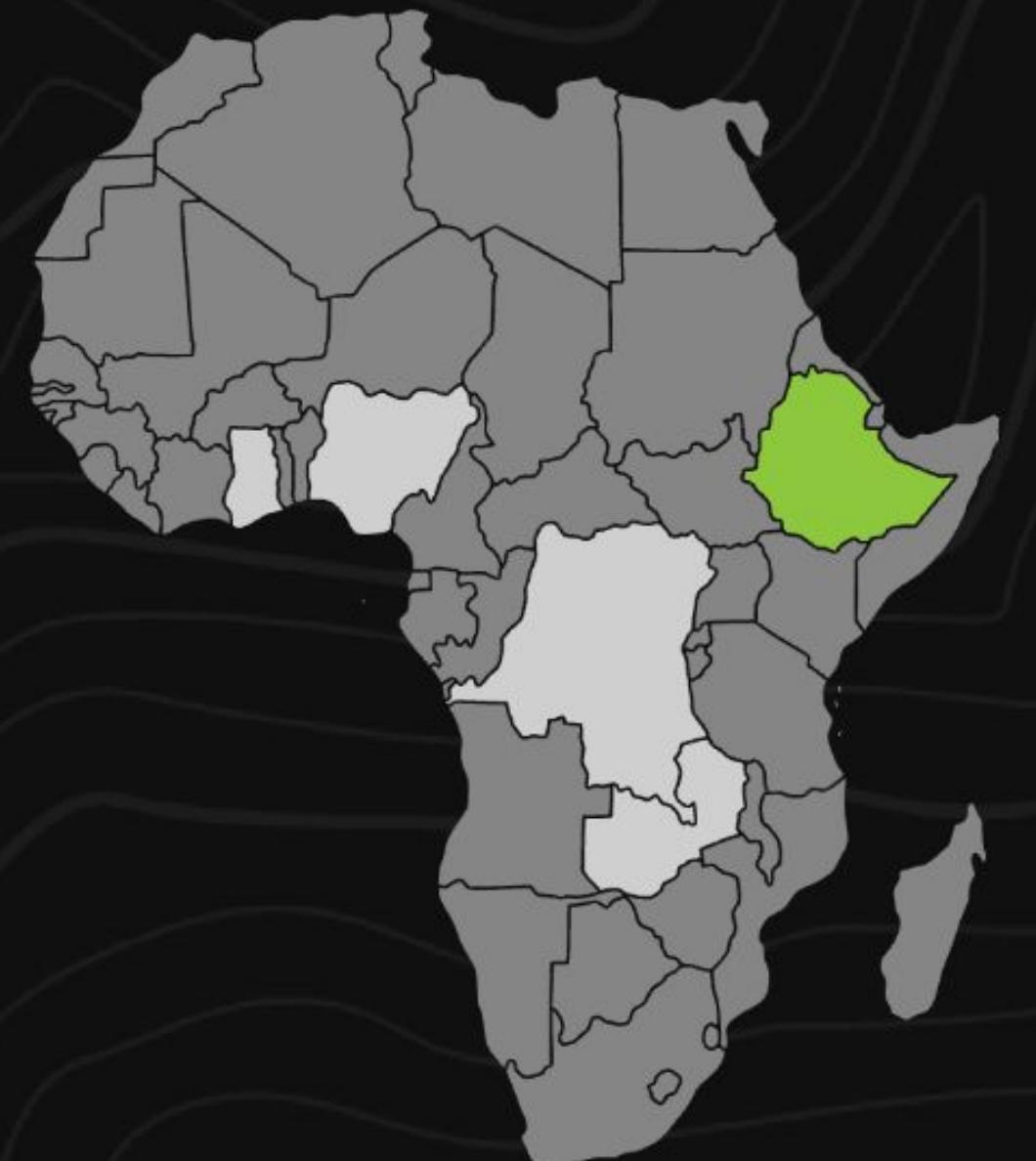
Nigeria

DRC

Ethiopia

Zambia

Ghana



Ethiopia

- 3.6% of malaria cases in Africa
- PMI's planned support was expected to avert 190,000 malaria cases in 2025 across PMI-supported areas in Ethiopia
- Ethiopia has a lower overall malaria burden compared to countries like Nigeria and DRC, but the risk of disease resurgence remains. A gap in funding could undermine years of progress.

● Where We Work

Nigeria

DRC

Ethiopia

Zambia

Ghana



Ghana

- 2.5% of malaria cases in Africa
- PMI's planned support was expected to avert 248,000 malaria cases in 2025 across PMI-supported areas in Ghana
- Ghana is moderately affected in absolute numbers but remains highly reliant on PMI for malaria case management. The loss of nearly 600 lives and a quarter-million preventable infections highlights the fragility of malaria gains if international support wanes.



BTG Methodology



01 Gather primary data

- Letters of Support
- PMI Operational Plans
- GF Grants
- Stakeholder input (MOH, NMCP, IPs, Former PMI staff, WHO, RBM)



02 Country specific gap Inventory

- Assessed budget revisions
- PMI: post Foreign Assistance Review (PMI)
- GF: post Reprioritization
- Outcome: Original vs Revised expected spending



03 Detailed funding profile

- Describes funding gaps
- Provides BTG recommendation for priorities
- Targeted and quantified call for donor support



04 Mobilize Funding and Resources

- Explore alternative financing
- Guide current and new donors to make targeted investments



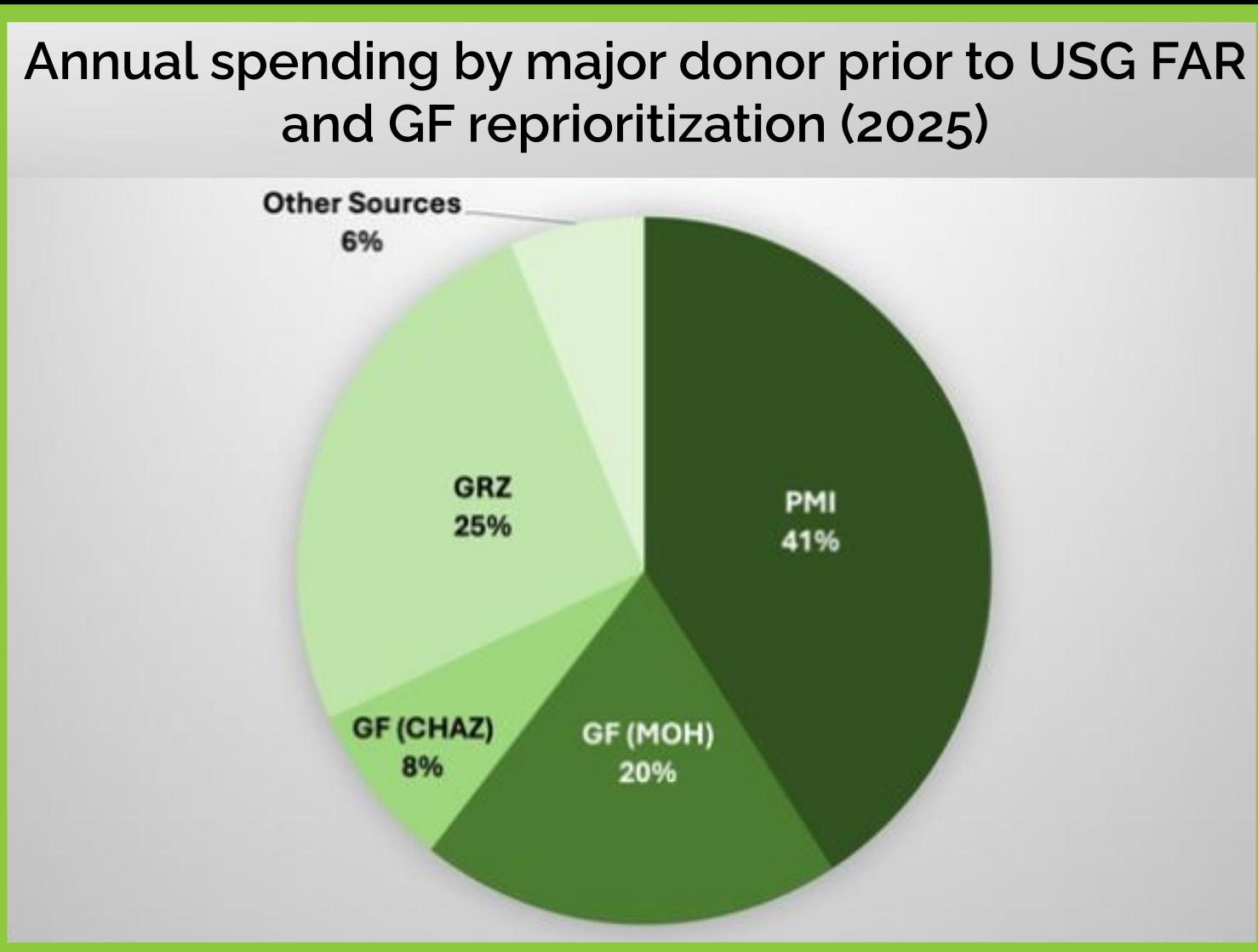
Timeline

	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
FAR Initiated; SWOs												
GF Reprioritization												
BTG ELT Formed; Board Members												
USG Awards End America First Strategy												
Analysis Plan & Primary Data												
Zambia; Ethiopia	Letters; Meeting with MOH, NMEP, Stakeholders											
Nigeria, Ghana, DRC				Letters; Meeting with MOH, NMEP, Stakeholders								
Donor Engagement												
Programming												



Key Findings from Zambia

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



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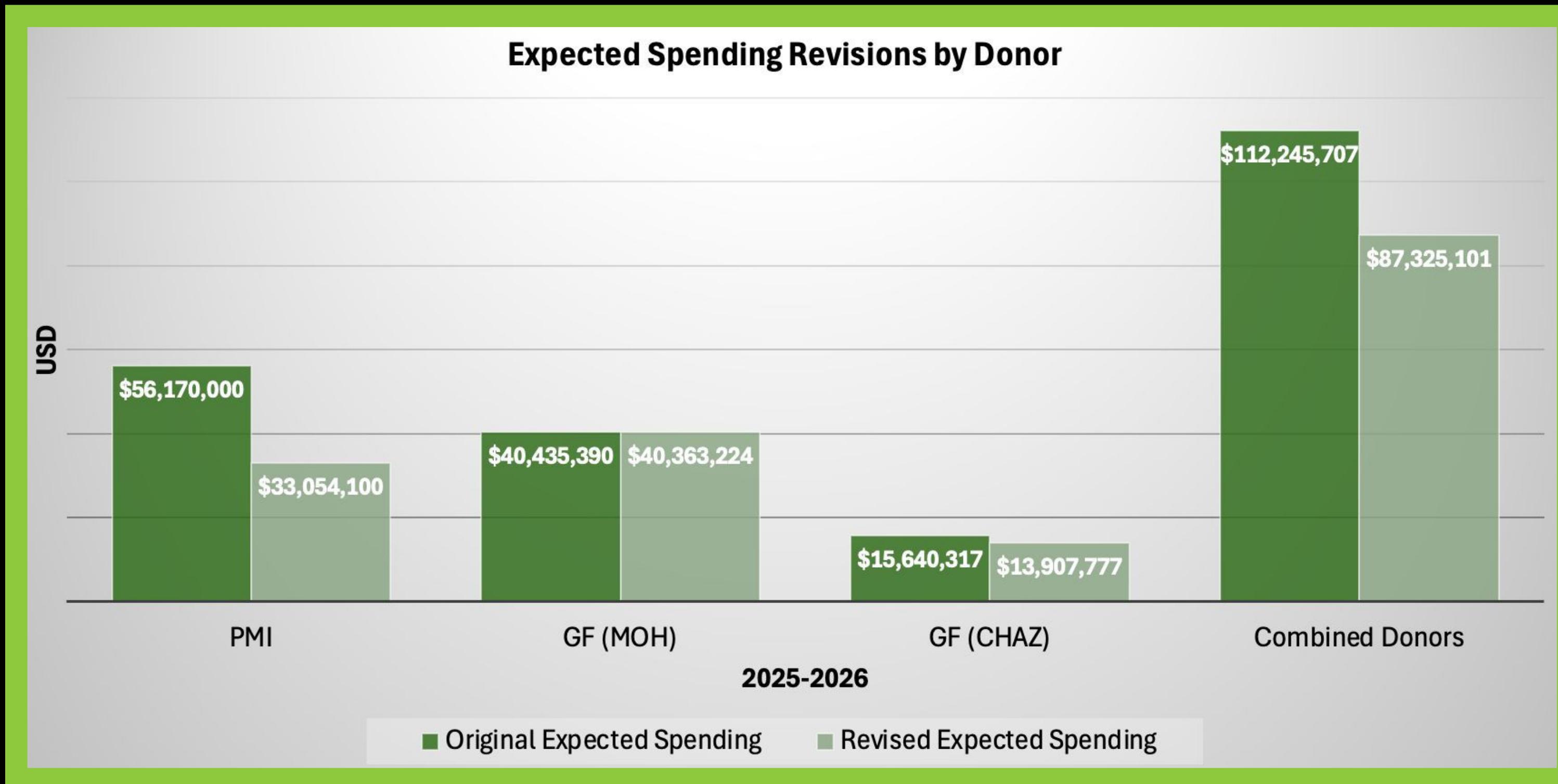


Disclaimer: The findings presented herein are the independent work of the Bridge the Gap (BTG) Initiative.

They do not represent the official policy or position of the Zambian Ministry of Health.

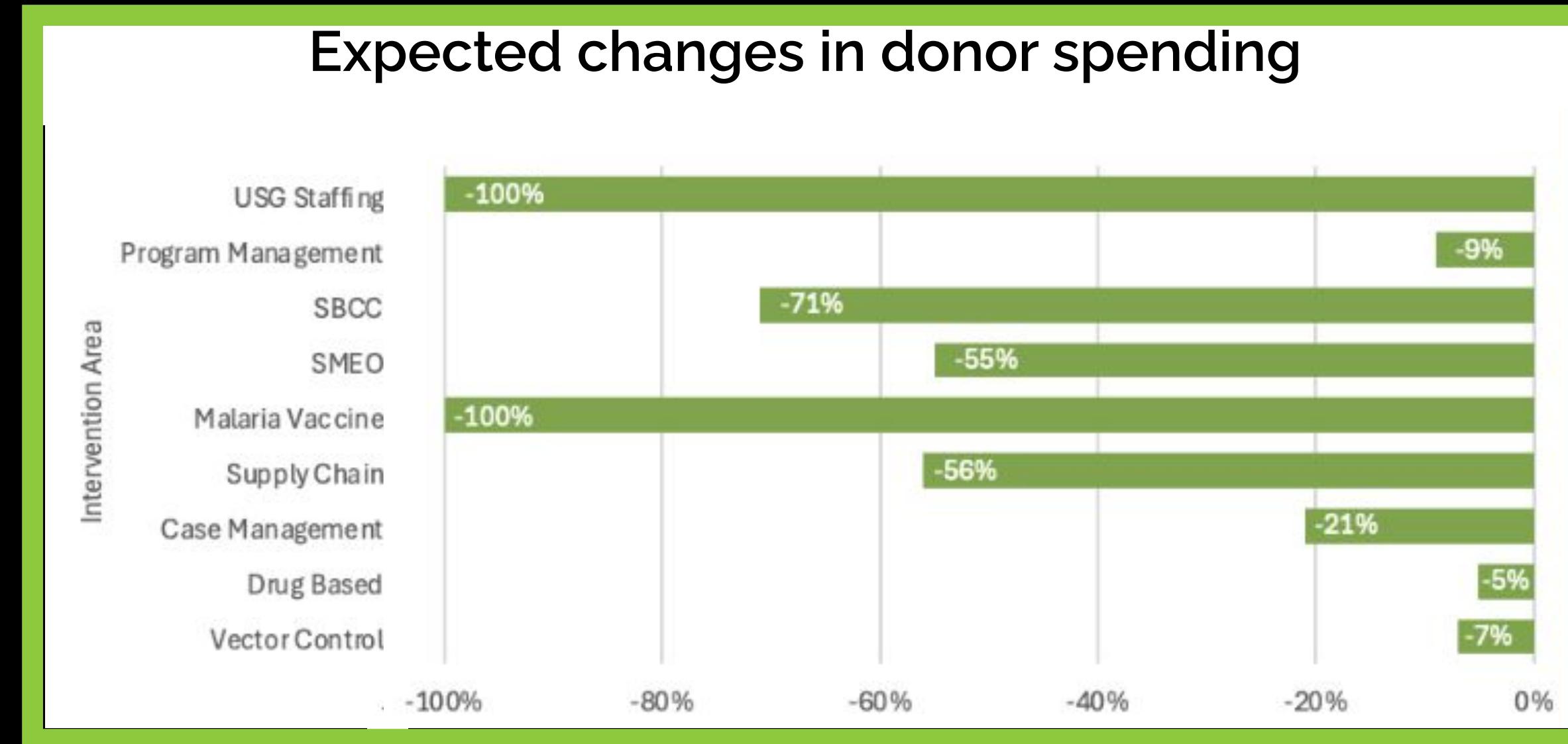


Total funding was revised down by -\$24.92 million





Significant cuts to “non” life-saving activities: “System-level” cuts





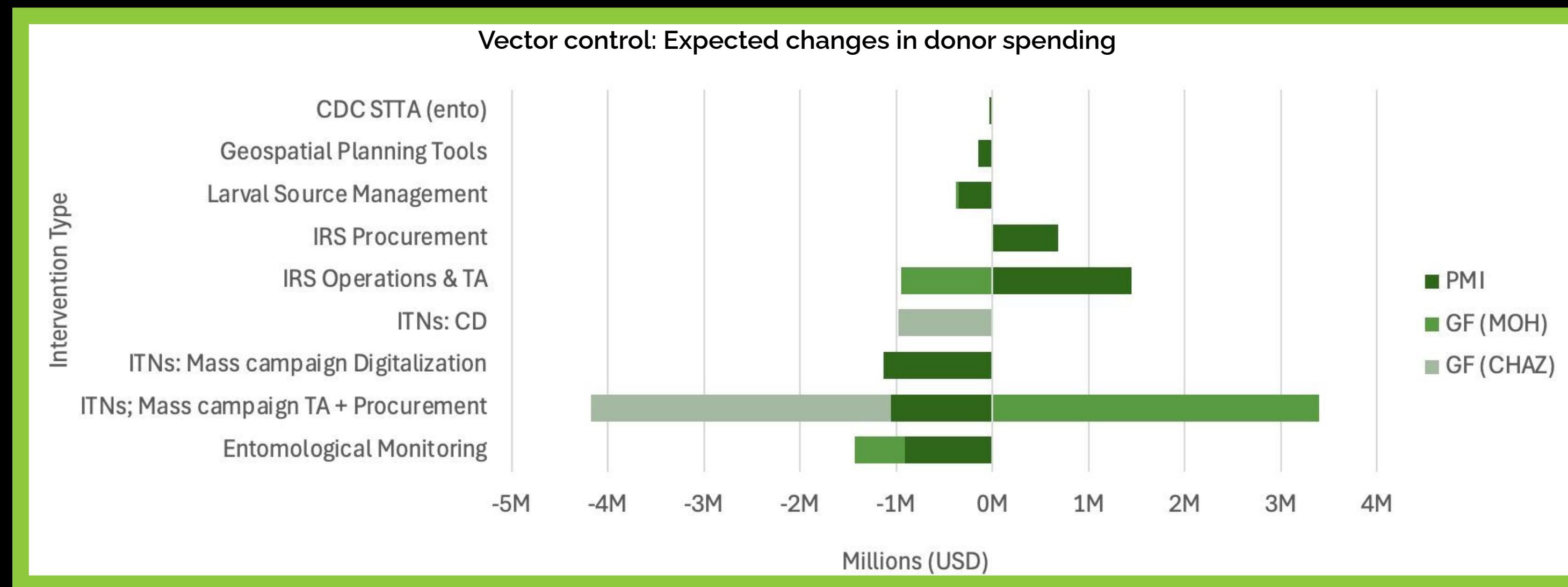
Five major opportunities for investment: Zambia



1. ITN mass campaign implementation

\$6.31M USD Gap

- Distribute ITNs procured by GF & AMF
- Restore MOH target of universal coverage
- Fill major gaps in campaign supervision, M&E and SBC

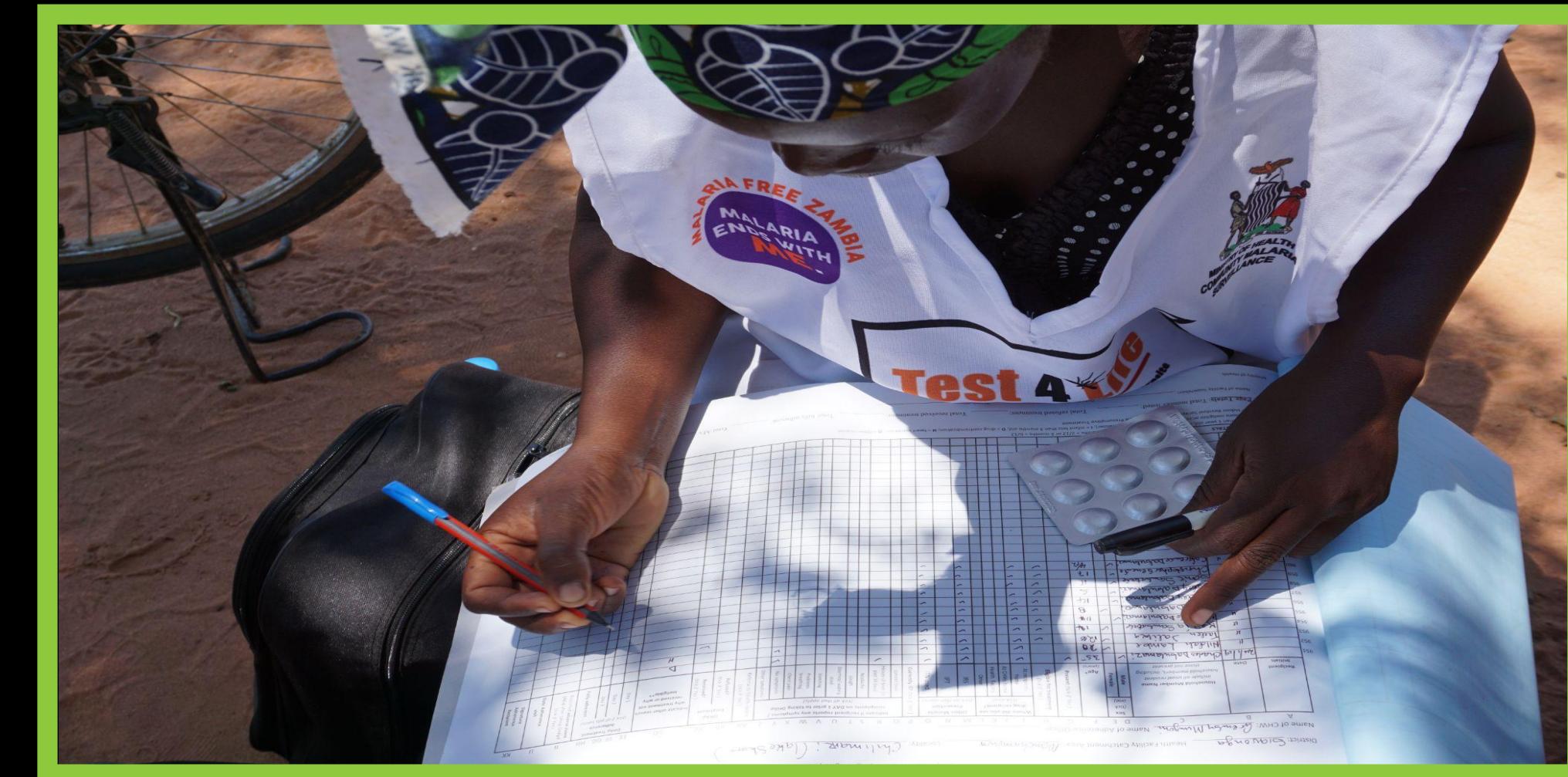




2. Case management implementation

\$7.1M USD Gap

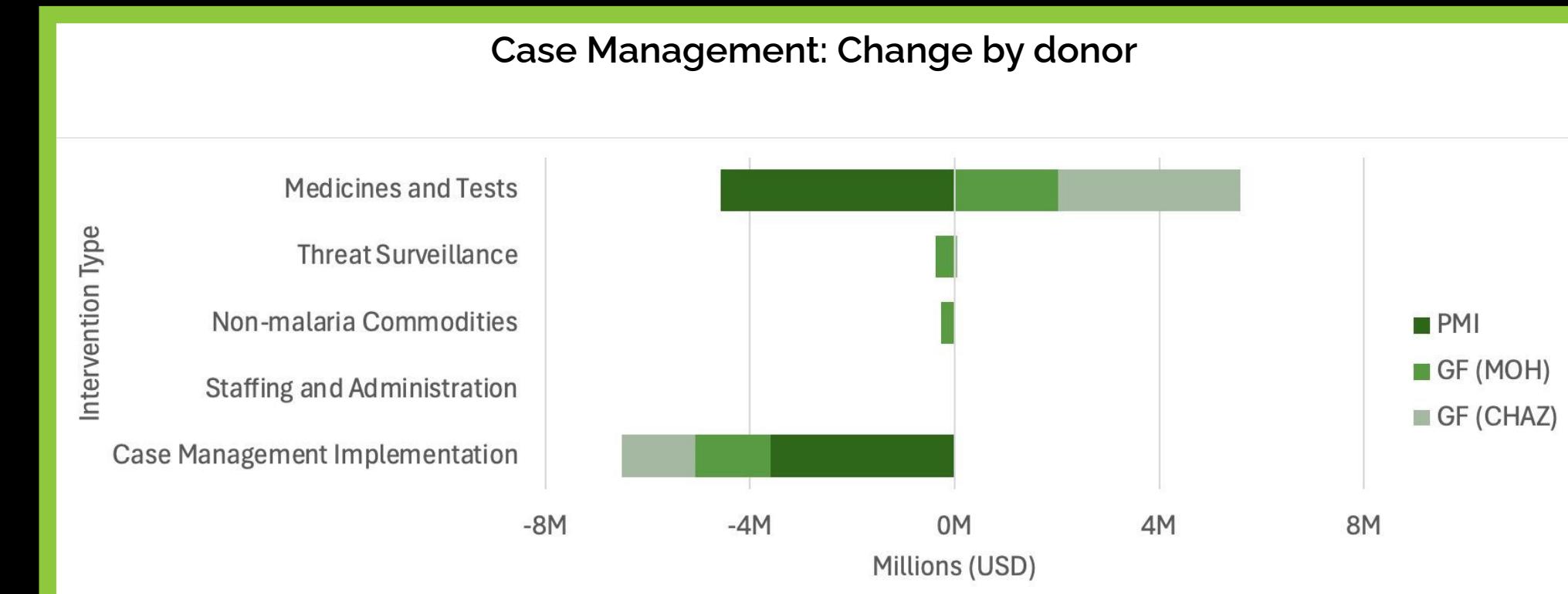
- Train, supervise and provide QA for healthcare facilities and CHWs
- Sustain activity levels of CHW volunteers through provision of enabler packages (bicycles, backpacks, job aids)



Case Management: Total changes in donor spending



Case Management: Change by donor

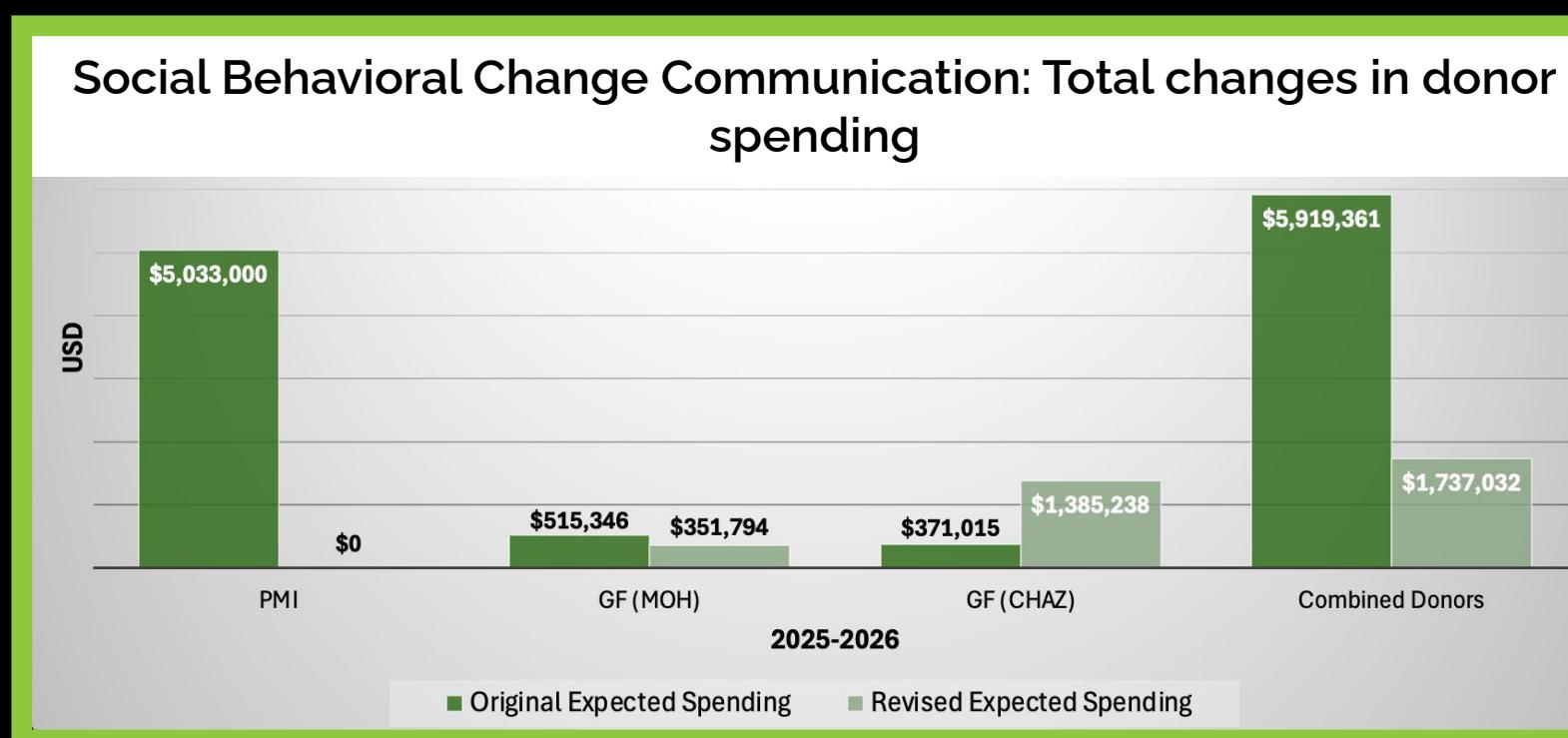




3. Social Behavior Change Communication

\$4.2M USD Gap

- Inter-personal and mass communication activities targeting high-risk populations

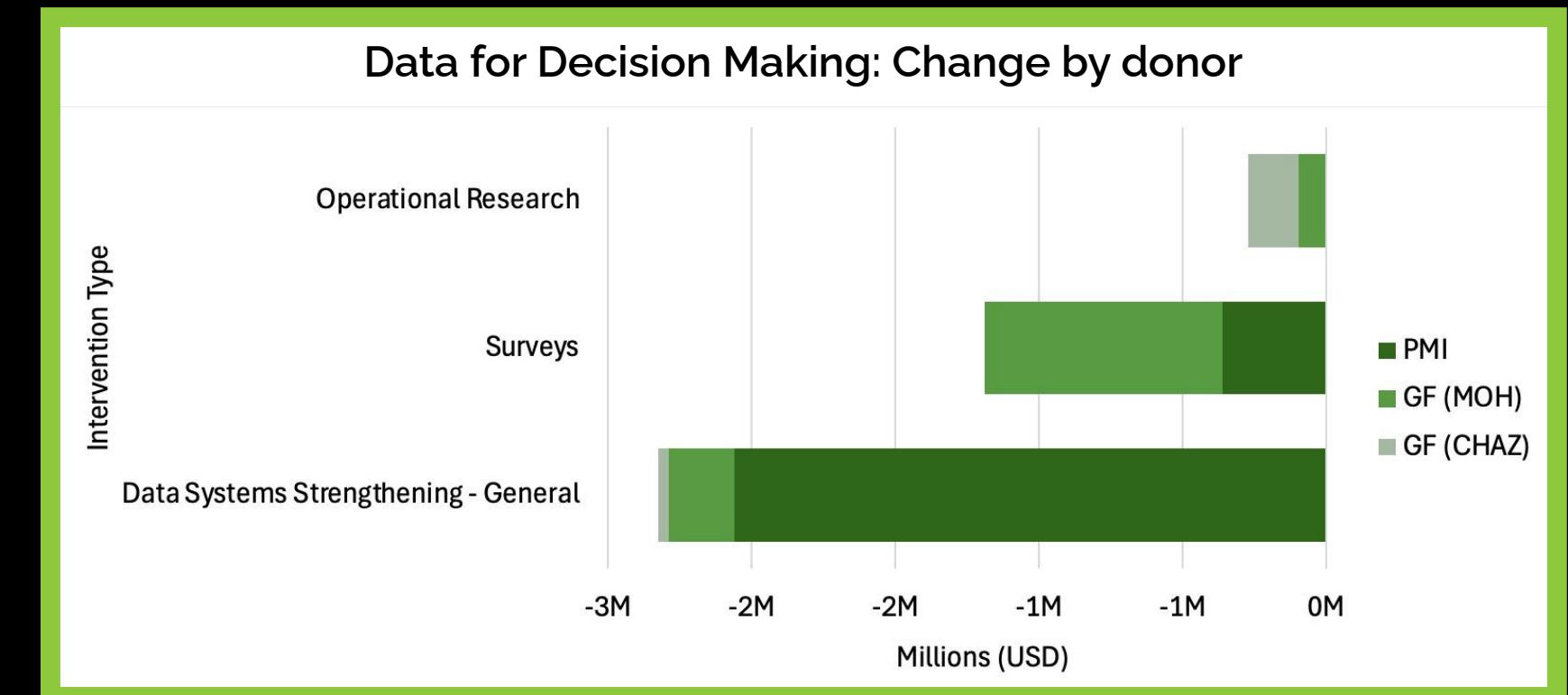
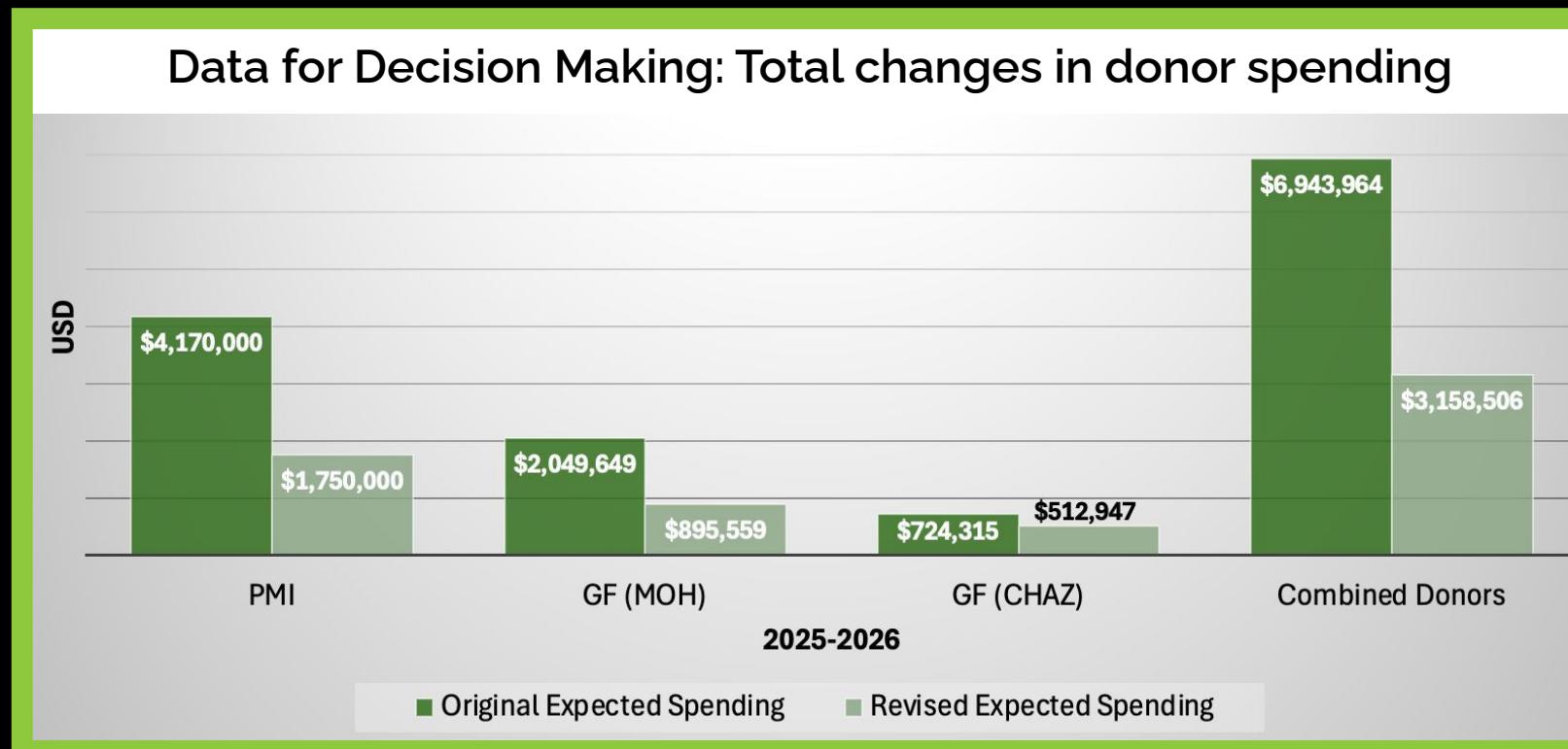




4. Data for decision making

\$8.35M USD Gap

- Entomologic surveillance - track insecticide resistance, invasive vectors
- Epidemiologic surveillance: track malaria cases and deaths; track anti-malarial drug resistance
- Program M&E: use household surveys, geospatial tools, data analysis to guide investments
- CDC technical assistance: provide expert advising to increase impact

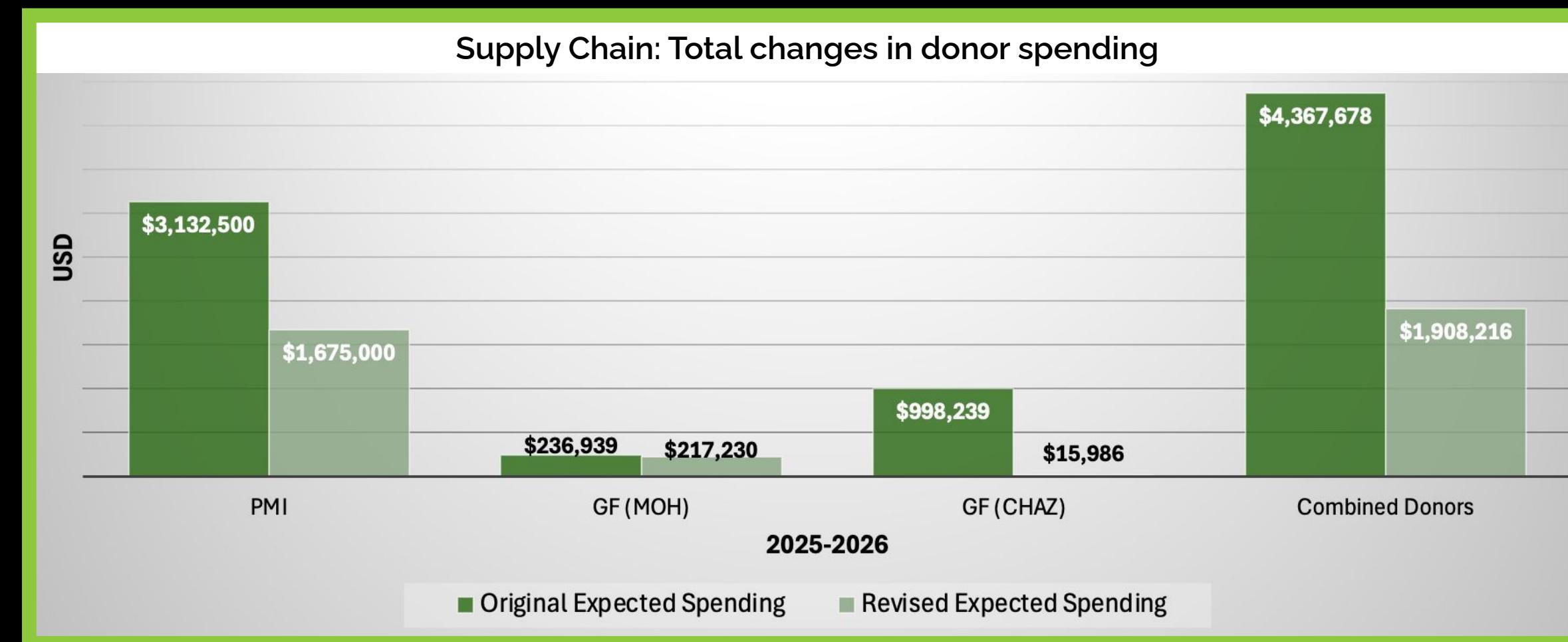




5. Supply chain strengthening

\$2.6M USD Gap

- Warehouse and distribute malaria commodities (ITNs, pesticides, medicines, tests)
- Provide last-mile delivery to fill major gaps in supply chain
- Carry out rigorous commodity security activities





Five major opportunities for investment in Zambia - Summary

Opportunity area	Gap (in Millions USD)
1. ITN mass campaign implementation	\$ 6.31
2. Case management implementation	\$ 7.10
3. SBCC	\$ 4.20
4. Data for decision making	\$ 8.35
5. Supply chain strengthening	\$ 2.60
Total	\$28.56





Key Findings from Ghana

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

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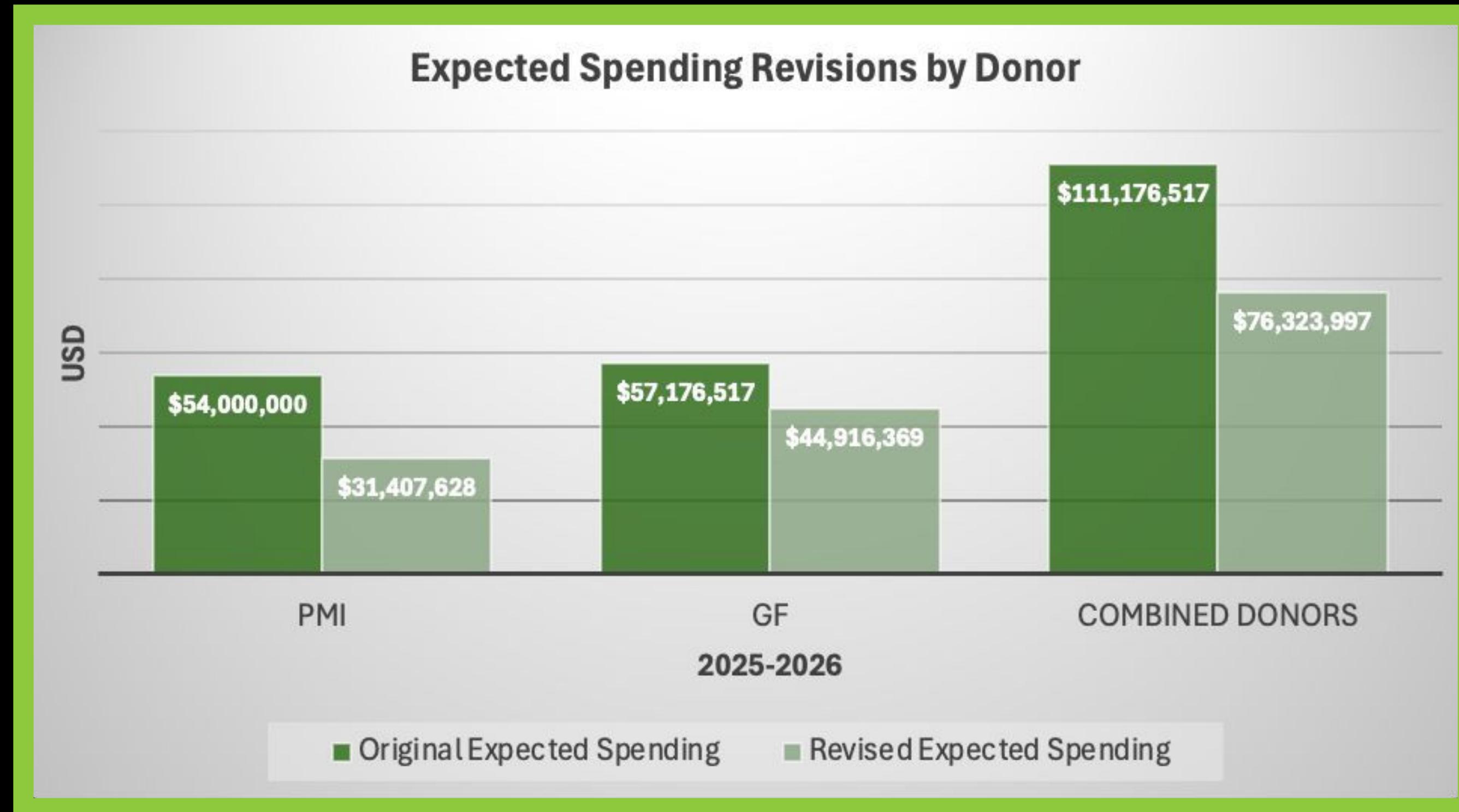
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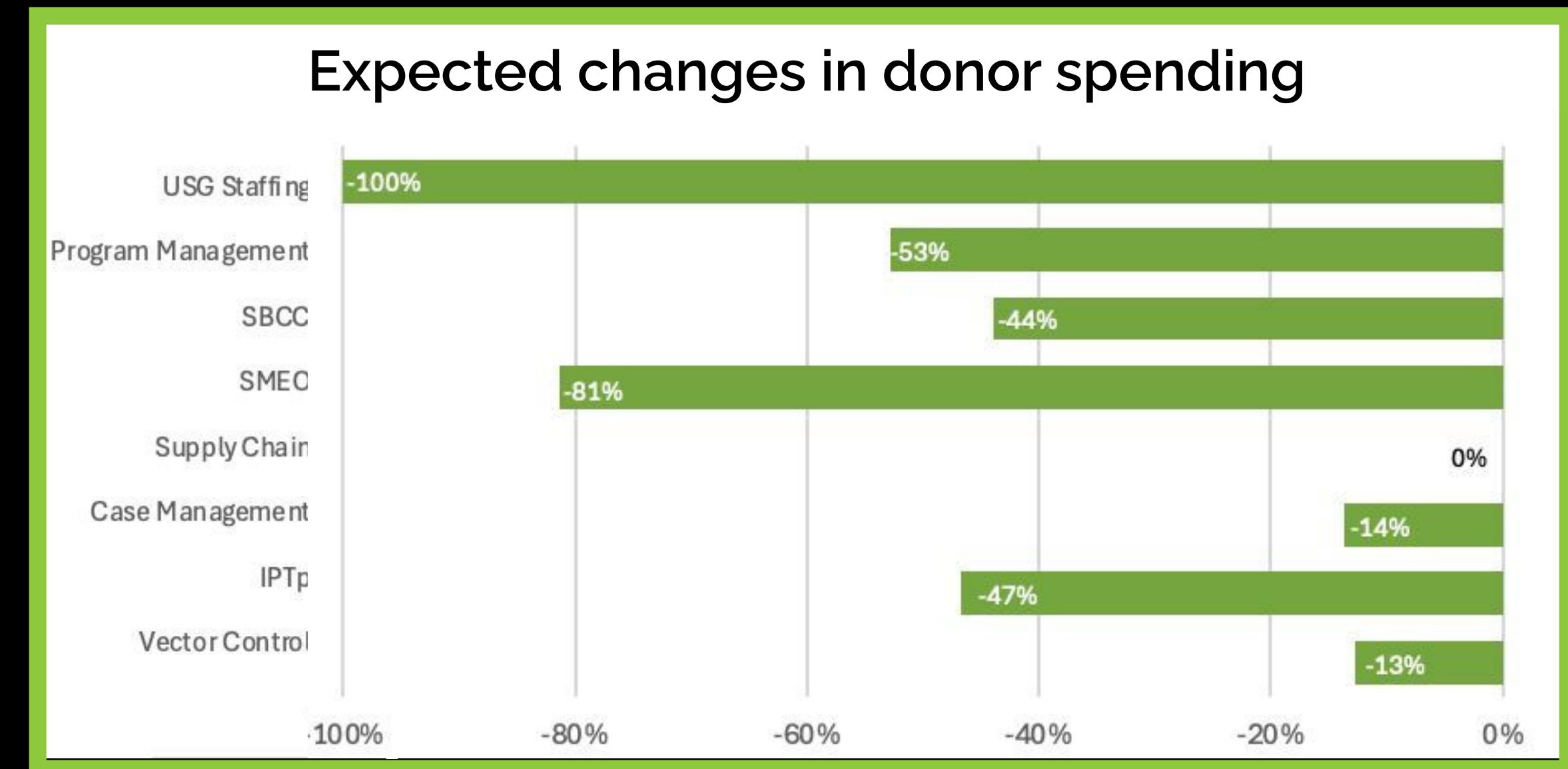


Total funding was revised down by -\$34.85 million





Significant funding cuts experienced





Major opportunities for investment in Ghana

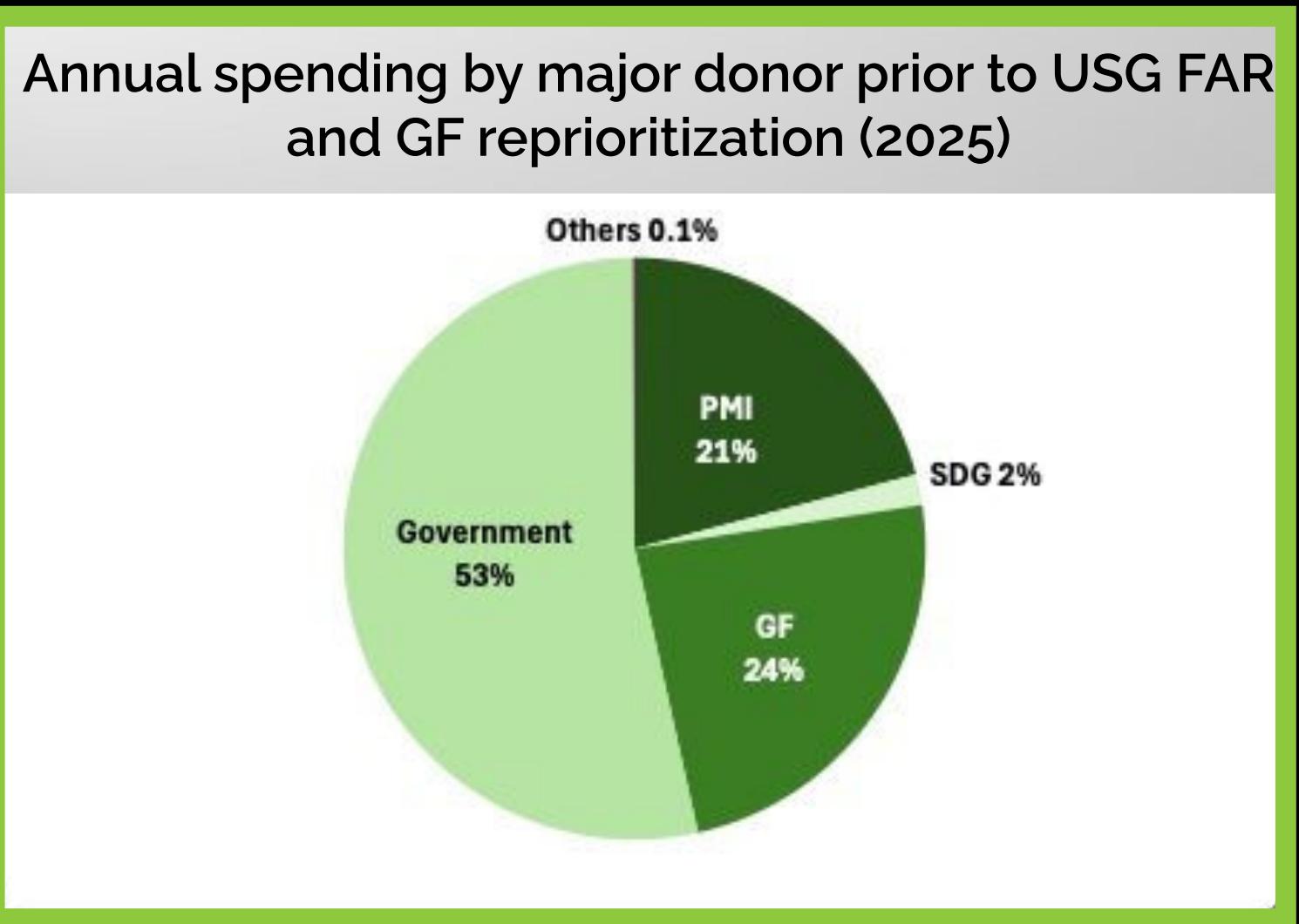
Opportunity area	Gap (in Millions USD)
1. ITN - Continuous Distribution for 2026	\$ 8.42
2. Case Management Implementation	\$ 5.33
3. Supply Chain Strengthening	\$ 3.30
4. Data for decision making	\$ 5.59
Total	\$22.64





Key Findings from Ethiopia

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



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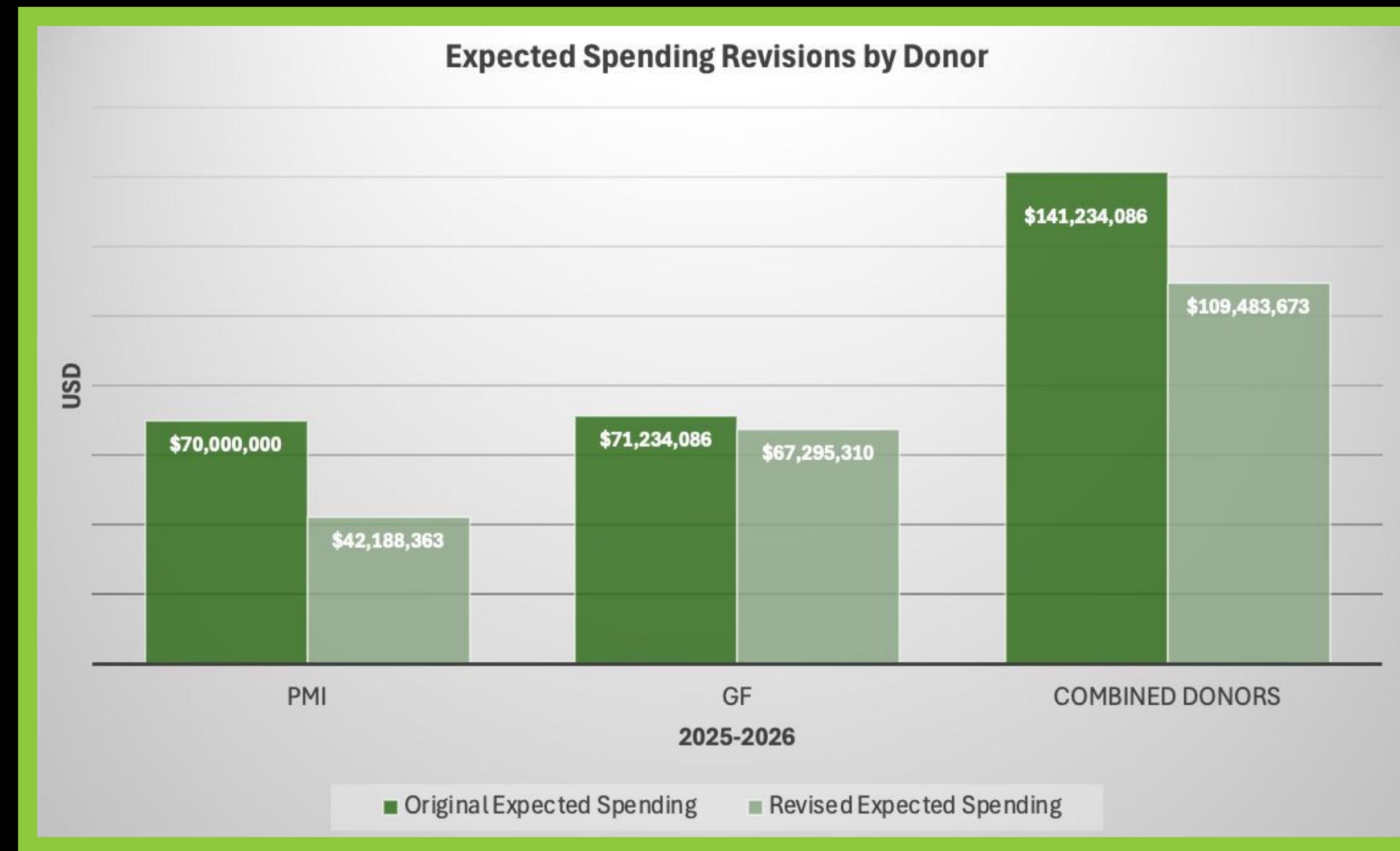
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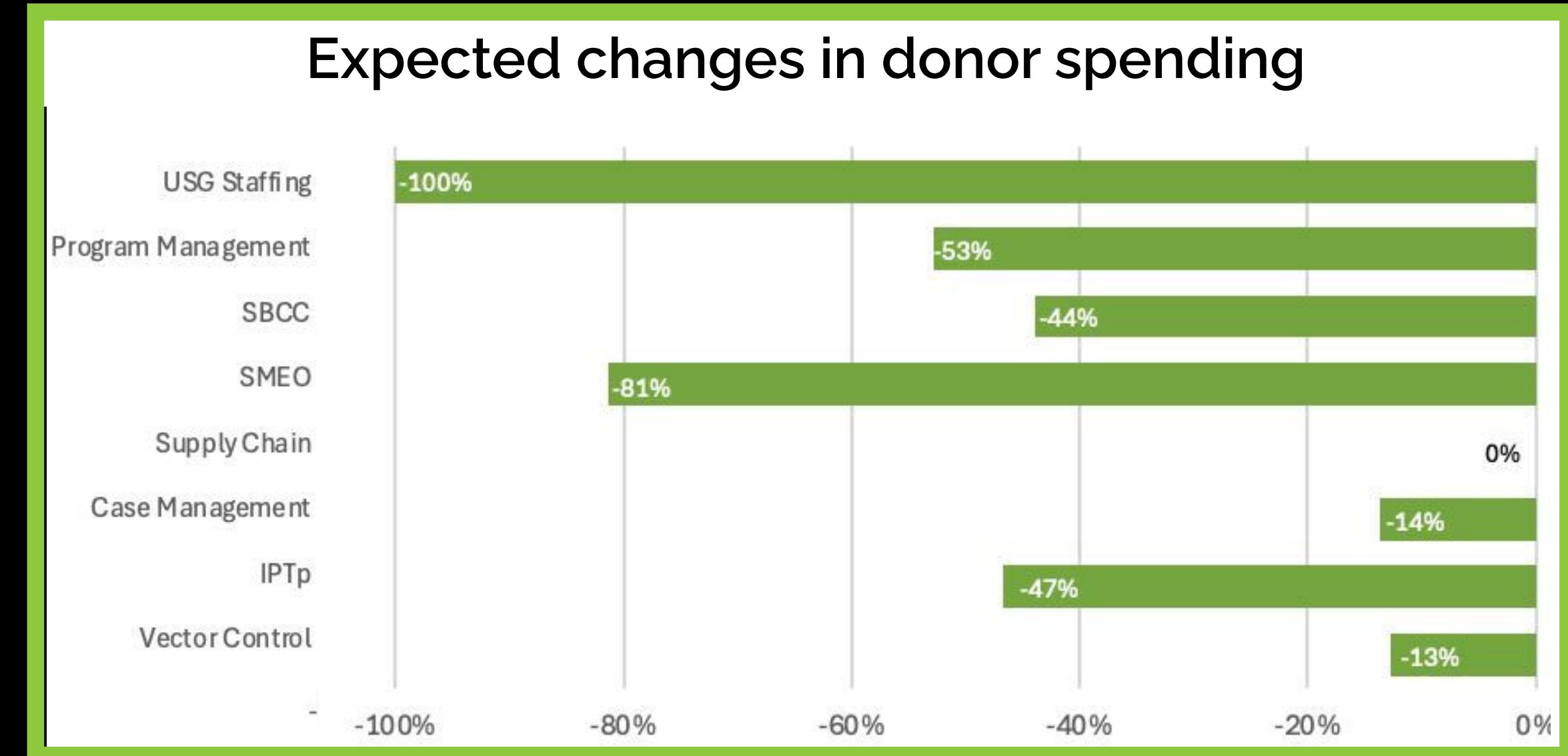


Total funding was revised down by -\$31.8 million





Significant funding cuts experienced





Major opportunities for investment in Ethiopia

Opportunity area	Gap (in Millions USD)
1. ITN mass campaign (rolling)	\$ 2.64
2. IRS campaign (annual)	\$ 3.69
3. Larval source management	\$ 2.35
4. Case management implementation and TES	\$ 3.35
5. SBCC	\$ 2.81
6. Data for decision making	\$7.89
7. Supply chain strengthening	\$0.45
Total	\$23.18





Major themes across the 3 countries so far: (Zambia, Ethiopia, Ghana)

- All malaria programs warmly welcomed engagement, quick to provide data, review analysis.
- USG cuts ranged from **40% - 42%** for Zambia, Ethiopia, Ghana.
- GF reprioritization helped to fill some gaps, primarily focused on commodities (Example 1,2,3)
- Major cuts to system-wide components necessary to deliver interventions, to measure their impact (data systems), or to support quality delivery/uptake (SBCC, entomology) while funds largely remain for commodities (drugs, ITNs).
- Minimal fiscal space of these countries limits the ability to immediately absorb donor withdrawal

Although commodities may be in place, the systems that enable good implementation leading to impact and ROI are now lacking.

Likely outcome: Without urgent bridging finance, these countries risk more malaria morbidity and mortality, particularly among children and other vulnerable groups in high-burden rural districts.



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

BRIDGE THE GAP INITIATIVE



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

BRIDGE THE GAP INITIATIVE



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

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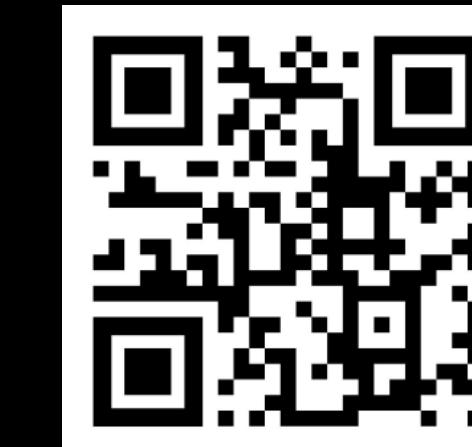


Nigeria Q1 2026

DRC

Q1 2026

Available at: malaria.akros.com





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Strategic & Advisory Portfolio Design

BTG can provide data-driven strategic insight to guide investment decisions; identifying where malaria interventions can deliver the greatest impact.

- ✓ **Existing malaria donors:** identify portfolio extensions or adaptations to address highest-need, highest-risk areas to prevent malaria resurgence, complementing existing investments
- ✓ **New malaria donors:** develop low-risk entry strategies for partnering with governments and IPs to maximize reductions in malaria morbidity and mortality; calibrate to budget, scale and scope preferences





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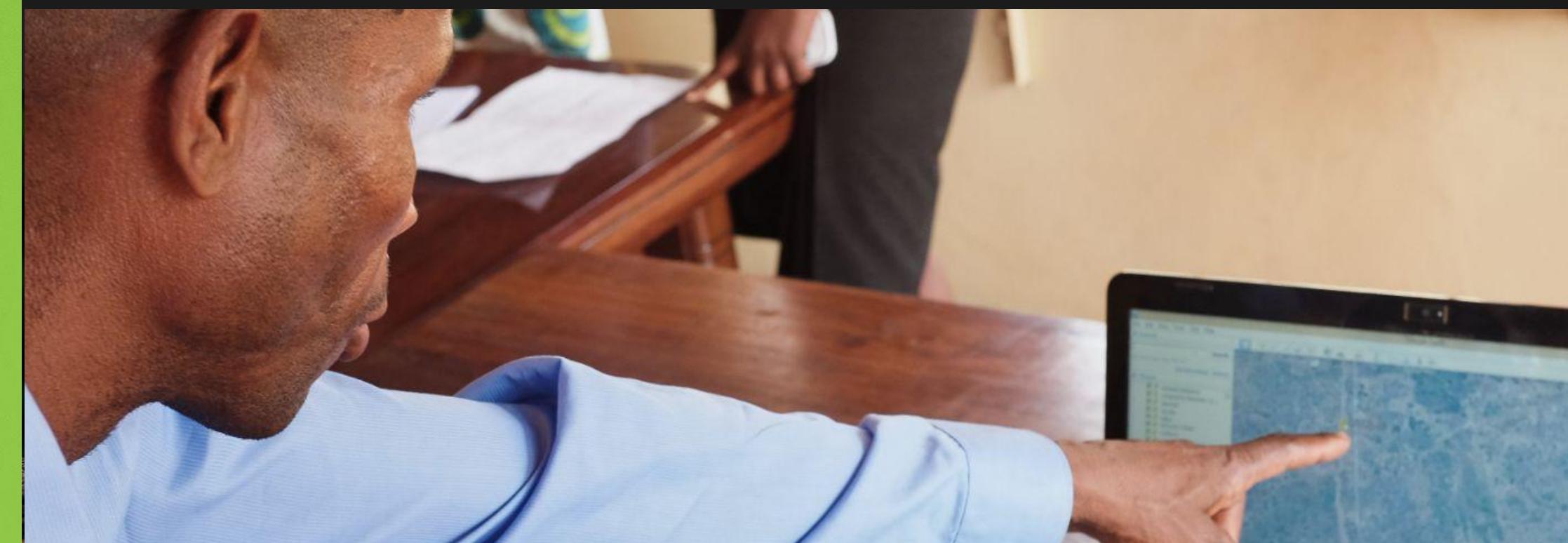
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Multi-country intervention packaging

BTG can identify and bundle aligned interventions across multiple countries, streamlining funding and coordination.

- ✓ **ITN Donors:** quantify current and forecasted gaps in commodity and delivery mechanisms; assess priority geographies against other vector control intervention coverage; plan for complementary investments in uptake interventions (SBCC)
- ✓ **IRS Donors:** quantify current and forecasted gaps in insecticide and PPE; assess implementation support across multiple countries; prioritize geographies against other vector control interventions; plan for SBCC
- ✓ **Other illustrative packages:** case management technical and commodity support, surveillance across all interventions...





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Direct implementation support

Through direct staffing throughout the continent, partnerships and program management, BTG can support country-led implementation of a wide range of interventions, ensuring technical quality, geospatial precision and cost efficiency.

- ✓ IRS Implementation support
- ✓ ITN Surveys/Validation
- ✓ Multi-intervention M&E
- ✓ Post-intervention audits
- ✓ Vaccine distribution
- ✓ SMC implementation





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Custom engagement

BTG can structure tailored collaborations from target analyses to country specific support or co-branded initiatives.

- ✓ **Risk assessment:** deeper dive into MAP modeling (or other frameworks) to precisely assess morbidity and mortality impact of current donor positioning
- ✓ **Extending to other sectors:** implementing the BTG gaps methodology into other affected sectors: HIV/AIDS, NTDs, WASH and more
- ✓ **Sustainability audit/advisory:** co-developing country-led plans for existing donor portfolios to adapt to recent changes
- ✓ **Supervising implementation:** assist with QA, surveillance





Thanks to:

- All participating Ministries of Health and their National Malaria Programs
- RBM/Country and Regional Support Partner Committee
- BTG Advisory Board members
- Mr. Presley Musonda
- Mr. Sheleme Tujuba
- Ms. Arden Saravis
- Ms. Carol Milambo-Mufana
- Mr. Presley Musonda

