Beyond Malaria Days

WORLD MALARIA DAY

Communities Leading the Endgame:
Resilience Built, Last Mile Financed.



Communities are Resilient

Citizens Self-Reliant

Last Mile Financing

Malaria ends when communities lead, systems deliver, and financing reaches the last mile.

CHESTRAD GLOBAL

Our Commitment

Citizens are Self-Reliant **Communities are Resilient** **Development is Sovereign**

Communities Leading the Endgame: Resilience Built, Last Mile Financed

A Systems and Financing Approach to Accelerating Malaria Elimination

Chestrad Global | World Malaria Day 2026

By Lola Dare, President, Chestrad Global, United Kingdom & Michael Adekunle Charles, CEO, RBM Partnership to End Malaria, Switzerland

Executive Summary

The global malaria community has achieved substantial progress over the past two decades through the scale-up of proven interventions, including insecticide-treated nets (ITNs), rapid diagnostic testing, effective case management, and seasonal malaria chemoprevention (SMC). These efforts have contributed to significant reductions in malaria morbidity and mortality, particularly in sub-Saharan Africa (WHO, 2023). However, progress has plateaued in many high-burden countries. The remaining challenge is no longer primarily about expanding access to tools, but about ensuring consistent, equitable, and sustained delivery at the last mile (WHO, 2023; Global Fund, 2023).

Persistent gaps in coverage and outcomes reflect deeper structural constraints - weak system resilience, limited community ownership, and financing models that do not adequately support delivery at community level (Kruk et al., 2015; OECD, 2021).

This brief argues that accelerating malaria elimination requires a strategic shift toward:

- resilient communities
- community co-created implementation
- financing models aligned with last-mile realities
- Coordination across delivery platforms in health
- Integration towards cross sector impact on productivity and economic growth

Chestrad Global advances this integrated approach through the UbuntuPlus Resilience Readiness Framework and the Àjọjẹ Community Resilience Model and Fund, which together strengthen delivery systems and align financing with sustained impact.

Core proposition: Malaria ends when communities lead, systems deliver, interventions are integrated, and financing reaches the last mile.

Where the Malaria Fight Stalls

Despite elevated levels of intervention coverage in many settings, gaps persist in actual utilisation and impact. ITNs are distributed but not consistently used. Diagnostics are available but not always accessible or trusted. Treatment is effective but often delayed. SMC campaigns achieve seasonal reach but face sustainability challenges. Surveillance data is collected but not consistently used for timely local decision-making (WHO, 2023; UNICEF, 2022).

These gaps are widely recognised within the malaria community and reflect constraints in delivery systems rather than shortcomings in intervention design. Health facilities may experience stock-outs or workforce shortages. Community resilience and ownership platforms are often under-resourced. Implementation platforms are still fragmented across programmes. Financing flows are frequently short-term and not aligned with local system needs (Global Fund, 2023; OECD, 2021). As a result, progress becomes uneven and difficult to sustain, particularly in high-transmission and resource-constrained settings (WHO, 2023).

A Systems Lens: From Intervention Coverage to Delivery Performance

Malaria programmes have historically prioritised the scale-up of interventions, measured through coverage indicators such as ITN distribution and treatment rates. While these are still critical, there is increasing recognition that coverage does not automatically translate into impact without strong delivery systems (WHO, 2010; Kruk et al., 2015).

A systems lens shifts the focus towards building community resilience through:

- continuity of service delivery beyond campaign cycles and World Malaria Day
- integration with primary health and other sector productivity platforms
- workforce capacity, motivation, and retention
- supply chain reliability
- real-time data use for adaptive management

Resilience Readiness, the ability to absorb shocks, adapt, maintain essential services, and support self-reliant productivity, has emerged as a key determinant of sustained health outcomes, credibility, investment, and the foundation of sovereignty (Kruk et al., 2015, Dare et al, 2025, Chestrad Global, 2026).

The UbuntuPlus Resilience Readiness Framework operationalises this perspective by strengthening interconnected domains of system performance, including governance, service delivery, financing, partnerships, and learning systems. This integrated approach aligns with global health system strengthening frameworks and supports sustained malaria outcomes (WHO, 2010, Dare et al, 2025).

Communities as Leaders of the Endgame

Community engagement is widely recognised as essential to malaria control, yet it is often implemented as an adjunct rather than a core strategy. Evidence shows that community participation significantly improves intervention uptake, treatment-seeking behaviour, and accountability (Rifkin, 2014; WHO, 2023).

Communities influence:

- the consistent use of ITNs
- care-seeking behaviour for febrile illness
- acceptance of interventions such as SMC
- local accountability for service delivery

Reframing communities as leaders rather than beneficiaries enables co-design of interventions, strengthens trust, and improves sustainability. This approach aligns with the principles of people-centred health systems and primary health care (WHO & UNICEF, 2018).

At the last mile, where formal systems are often weakest, community leadership becomes the defining factor of success. Communities are not the last mile. They are the endgame.

Financing the Last Mile: A Persistent Constraint

While malaria financing has been instrumental in driving progress, particularly through global mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, significant gaps are still at sub-national and community levels.

Current financing models are often:

- fragmented across multiple funding streams
- time-bound and project-based
- insufficiently flexible to respond to local needs
- weakly aligned with system strengthening

These limitations result in underinvestment in routine service delivery, community engagement, and system resilience (OECD, 2021; World Bank, 2022).

Blended finance has emerged as a strategic approach to mobilising additional resources and improving alignment with delivery systems. By combining public, philanthropic, and private capital, blended finance can enhance resource predictability, share risk, and support sustainable delivery models (OECD, 2021).

The Àjọjẹ Model: Financing Delivery Systems

The Àjọjẹ Community Resilience Model and Fund addresses last-mile financing gaps by linking financing directly to delivery systems.

It operates by:

- pooling diverse capital sources, including public, philanthropic, private, and community contributions
- channelling resources to community-level citizens hubs
- supporting integrated service delivery through Citizens' Resilience Centres
- enabling predictable and sustained financing flows

This model complements existing malaria financing by strengthening delivery systems rather than creating parallel structures. It also enables integration with other services - such as maternal health, nutrition, and livelihoods—thereby improving efficiency and sustainability. (Dare, 2026)

The Investment Case for Malaria Elimination

The economic burden of malaria is well documented. It reduces labour productivity, increases healthcare costs, and constrains economic growth (Gallup & Sachs, 2001). Conversely, malaria control and elimination generate substantial returns through improved workforce productivity, increased school attendance, reduced health expenditure burdens, and enhanced economic resilience (WHO, 2023; World Bank, 2022)

Investing in malaria is therefore not only a health priority but a development and economic strategy. When combined with blended financing approaches, these investments can leverage additional capital and amplify impact (Malaria No More UK, 2025).

Policy and Programme Implications

To accelerate progress toward malaria elimination, stakeholders should prioritise:

- Strengthening delivery systems by moving beyond campaign-based approaches toward continuous, integrated service delivery.
- Institutionalising community leadership by embedding communities in planning, implementation, and accountability mechanisms.
- Aligning financing with delivery by adopting blended financing approaches that support system strengthening and last-mile delivery.
- Integrating malaria within primary health care systems to improve continuity, efficiency, and resilience.
- Strengthening data-to-action systems to ensure that surveillance data informs real-time decision-making at all levels.

These shifts align with global policy directions on primary health care, universal health coverage, and health system strengthening (WHO & UNICEF, 2018; World Bank, 2022, PATH 2025, RBM 2025).

Conclusion

The malaria community has the tools, knowledge, and experience needed to end malaria. The remaining challenge lies in how these are delivered, sustained, and scaled. Resilient communities must underpin delivery. Communities must lead implementation. Financing must reach and sustain the last mile. This coordinated, integrated approach provides a pathway to accelerate progress, save lives, and achieve lasting impact on both productivity and growth. Malaria ends when communities lead, systems deliver, and financing reaches the last mile.

References

Chestrad Global (2026) Citizen's self-reliance and community resilience: Safeguards of Our Future and Foundation of Our Sovereignty. Strategy and Investment Memorandum 2026-2030. https://chestradglobal.org/chestrad-global-strategy-roadmap-2026-2030/

Gallup, J.L. & Sachs, J.D. (2001) The economic burden of malaria. American Journal of Tropical Medicine and Hygiene.

Global Fund (2023) Results Report 2023.

Kruk, M.E. et al. (2015) What is a resilient health system? The Lancet.

Lola Dare, Babajide Olowodola, Ahmed O. Ouma, Crystal Lander, Norah Obudho, Emily Bancroft, Claudia Shilumani (2025) African Solutions, Global Impact: Pathways for Resilience Through UbuntuPlus.

Lola Dare (2026) Community Resilience Financing: Africa's Next Frontier in Development Investment. https://africa.com/community-resilience-financing-africas-next-frontier-in-development-investment/

Malaria No More UK (2025) The Price of Retreat: How underinvestment in malaria risks resurgence, lost growth, and a generation's future, https://malarianomore.org.uk/report-how-underinvestment-malaria-risks-resurgence-lost-growth-and-generation%E2%80%99s-future

OECD (2021) Making Blended Finance Work for the SDGs.

PATH (2025) The -big-push-to-end-malaria-progress-challenges-and-the-road-ahead https://www.path.org/our-impact/articles/the-big-push-to-end-malaria-progress-challenges-and-the-road-ahead/

RBM (2025) Unity 2030 - United in the push to end malaria. RBM Unity 30 Strategy Framework https://endmalaria.org/sites/default/files/4-pager%20RBM_30%20Unity%20Strategic%20Framework_131125.pdf

Rifkin, S.B. (2014) Community participation and health outcomes. Health Policy and Planning.

UNICEF (2022) Malaria Overview.

World Bank (2022) World Development Report.

WHO (2010) Health Systems Framework.

WHO (2023) World Malaria Report 2023.

WHO & UNICEF (2018) Primary Health Care Vision.