

GENDER: A CRITICAL MISSING LENS IN THE MALARIA FIGHT

AN INTERIM LEARNING PAPER



OVERVIEW

Malaria No More, with support from Kati Collective¹, interviewed 32 leaders² from 19 organizations in global health, malaria, and gender equality in the period June – August 2020³. Building on desk research undertaken by the same team, the interviews elicited participants' perspectives on the subject of gender and malaria, specifically the extent to which current malaria policies and interventions recognize and respond to the distinctive needs, challenges and barriers experienced by women and girls living in malaria-affected countries.

The interviews explored potential opportunities for accelerating malaria eradication as well as the significant, detrimental gendered impacts of malaria by developing a more robust understanding of the gendered dynamics and impacts of the disease. This learning paper aggregates the qualitative insights and lessons from these interviews, focusing on the potential for advocacy, policy, research and programs to impact progress.

¹ www.katicollective.com

² A complete list of interviewees is provided in an appendix at the end of this document.

³ It is important to note that – while efforts were made to reach as many prospective partners in the gender and malaria spaces as possible – summer schedules, organizational changes and finite resources inevitably meant that some key organizations were unable to participate. We look forward to including these additional thought leaders, as well as others who were recommended to us throughout this process, in subsequent conversations and efforts.

EXECUTIVE SUMMARY

While there are a number of current malaria initiatives that do address gender⁴, the gender dynamics of the malaria fight remain largely under-researched and, in many cases, invisible. Yet applying a gender lens to malaria investments may offer the potential to accelerate malaria eradication efforts as well as tackle long-term, gendered inequities that are exacerbated by malaria.

Building on critical lessons from these recent gender-intentional malaria initiatives and on learnings from analogous initiatives outside the malaria space (e.g. gender-intentional work to address HIV/AIDS and, more recently, COVID-19), Malaria No More's research focused on assessing the potential impact of applying a deliberate and more robust gender lens to the malaria fight.

Women and girls experience differentiated vulnerabilities to and impacts of malaria, especially during adolescence and pregnancy. However, they fall through multiple gaps in existing provision, often due to gendered barriers to prevention and treatment. Women and girls also experience significant adverse 'ripple-effects' of malaria due to their unpaid care-giving for family members with malaria, which may compromise their schooling, economic empowerment, maturation and life choices, as well as their potential for community engagement and leadership. These hidden gendered impacts factors underscore and strengthen the urgency and value of malaria eradication.

The case for bringing a gender lens to investments in malaria is therefore a double one: it can both accelerate positive healthcare outcomes, and also address the hidden gendered educational, leadership and economic costs of malaria, unlocking new community assets and resources. Quantifying the hidden costs of malaria to women and girls – and to their communities and countries – will be key to making the economic case for gender-intentional investments in malaria. It also fortifies the urgency and value of the overall push for malaria eradication.

There are a number of promising emerging programs and approaches focused on gender and malaria, but implementation is sporadic and often disconnected from larger global malaria eradication efforts. Yet there is a strong appetite for a more unified body of work and thinking that would bring coherence and impact to this work.

⁴ For example, by organizations including the President's Malaria Initiative and its partners such as Jhpiego and PSI and the Bill and Melinda Gates Foundation via Stanford University's Global Center for Gender Equality.



MOMENTUM FOR CHANGE

The majority of interview respondents from malaria-focused and global health organizations were actively involved in initiatives to intensify a gender-intentional or ‘gender mainstreamed’ approach to malaria, including, for example: U.S. Centers for Disease Control and Prevention, World Health Organization, USAID, UNITAID and Jhpiego initiatives to investigate and increase malaria interventions in pregnancy; an extensive research review on gender and malaria by The Global Center for Gender Equality at Stanford University, commissioned by the Bill and Melinda Gates Foundation; the Global Fund’s Malaria Matchbox tool⁵; The United Nations Office for Project Services (UNOPS) initiatives to integrate gender into infrastructure and supply chain initiatives; and, President’s Malaria Initiative (PMI) initiatives to train women as vector control workers. The leaders we interviewed were generous in sharing resources pertaining to many of these initiatives as well as sources of research that illuminate different facets of gender and malaria. The interviewees and resources are listed in appendices to this document.

Momentum for change is growing within and outside the malaria community. Interview respondents were positive about these signals of change and receptive to – and enthusiastic about – the premise of the interviews and the promise of more systematic engagement on the issue of malaria and gender.

⁵ The Malaria Matchbox is an assessment tool designed to improve malaria responses, by bringing into perspective how social, economic, cultural, and gender-related barriers shape malaria and malaria services in a country or region

However, several noted that – while new emerging initiatives are welcome – they have often not been part of an intentional, cohesive, or sustained approach to gender and malaria.

Based on interviewee insights – and on some of the innovative work already established⁶ – a number of **gender-intentional advocacy and investment opportunities to improve malaria outcomes and accelerate action toward global goals for malaria and gender equity emerge**, including recommendations to:

- *Strengthen the overall research base on gender and malaria, including a push for sex disaggregated data and commissioning research into specific gaps.*
- *Design and implement focused initiatives centered on adolescent girls, who are at the nexus of gaps and opportunities in tackling malaria.*
- *Research and model the hidden, gendered economic costs of malaria.*
- *Engage grassroots and civil society women's organizations to research and pilot efforts at the intersection of these issues to create a better 'enabling environment' for malaria prevention, treatment, and care (including aligned initiatives focused on engagement of men and boys).*
- *Create a more intentional career and leadership pipeline for women in health-care decision making positions and, specifically in malaria response, from training and retention of Community Health Workers, to vector control, to R&D, the health system and at all levels of leadership for malaria control, prevention and advocacy.*
- *Conduct research on the gendered determinants of low IPTp uptake in pregnancy, specifically diagnosis of – and opportunities to address - cultural and systemic barriers to take-up.*
- *Bridge gaps between malaria and maternal, newborn and child health (MNCH) and, potentially, sexual and reproductive health and rights (SRHR) through advocacy for better integrated training, budgets and educational materials and programs.*

A NOTE ON GENDER VS. WOMEN AND GIRLS

Multiple interviewees noted that any initiative or coalition forming on gender and malaria needs to clarify intent and focus on 'gender' and to consider the role of men and boys (both as actors necessary for the success of initiatives that target women and girls and in their own right, and as individuals who may be impacted by malaria in differentiated ways). Several interviewees highlighted that a 'gender equality' focus would necessarily focus initially on women and girls given current gendered disparities in health access, information, prevention treatment and leadership. For clarity, this paper focuses primarily on the integration of women and girls into malaria

⁶ See 'Momentum for Change' and partial listing in Appendix B.

prevention and treatment efforts, as well as on the broader repercussions of malaria on women and girls' economic, educational and leadership potential (and the associated detrimental impacts on communities and economies in high malaria countries). As highlighted by many interviewees, it will be essential that 'gender equality' oriented investments also consider how to engage and enroll men and boys as supporters, allies, and beneficiaries, especially in culture change work. Many women's funds and grass-roots women's rights organizations have expertise in this work and their insights could be leveraged in the malaria context.



KEY FINDINGS

1. GENDER KNOWLEDGE GAPS

“WE OFTEN THINK...THAT IT’S NOT OUR MANDATE TO LOOK AT GENDER.”

- MALARIA ORGANIZATION EXECUTIVE

There was consensus among interviewees that the gender dynamics of the malaria fight have been insufficiently investigated, with critical knowledge and connectivity gaps in the following areas:

A. DATA AND RESEARCH GAPS

Many interviewees cited a lack of research into the gendered aspects of malaria, undermining the ability to make a gender case for malaria investment. Specifically, several interviewees noted the lack of gender disaggregated data as a critical impediment to understanding. They also highlighted that gender targets and goals are largely absent in many malaria-affected country plans and in the plans of major organizations focused on tackling malaria. Other interviewees highlighted even that

in cases where gendered impacts of malaria are well documented, such as increased malaria vulnerability in pregnancy, there has been a lack of research into why proven interventions are not being adopted in line with global targets; for example why pregnant women are not being given the full recommended dosage of IPTp, why the percentage of pregnant women sleeping under bed nets is still lower than global goals and, how at the community health level, gender is not even requested on intake forms.

B. GAPS IN CONNECTIVITY BETWEEN THE MALARIA SECTOR AND THE CIVIL SOCIETY GENDER JUSTICE COMMUNITY

“THERE’S NOT A COMMUNITY OF ACTIVISM AROUND MALARIA THE WAY THERE IS AROUND HIV OR TB – THERE ARE OPPORTUNITIES TO THINK ABOUT HOW WE CAN ACTUALLY ENGAGE CIVIL SOCIETY IN A MORE MEANINGFUL WAY TO IDENTIFY PROBLEMS AND SOLUTIONS COMING UP FROM THE COMMUNITY.”

- GLOBAL HEALTH EXECUTIVE

In addition to the paucity of targeted data and research on gender and malaria, gender-sensitive responses are impeded by the lack of dialogue and interplay between the malaria and gender justice sectors. Global health and malaria experts cited relatively little engagement with gender organizations or experts.

Gender/ women’s rights organizations are candid that malaria is not a priority issue for them. This is because such organizations are dealing with issues that women define as higher risk or priority (especially in the global context of rising conservatism, fundamentalisms and threats to women’s rights), because malaria has become seen as an endemic issue that does not merit activism, and because there is a perception that malaria is being ‘taken care of’ by major entities such as the Bill & Melinda Gates Foundation. Therefore, ***grass-roots women’s rights and civil society organizations have become largely divorced from the malaria conversation.*** This does not necessarily mean that such organizations need to re-focus on malaria, but that malaria and global health organizations need to be more attentive to eliciting their insights and input, and consider the potential of funding streams that could catalyze their engagement. This is especially important when considering strategies for tackling the root-cause systemic and cultural barriers to women and girls’ agency, autonomy and leadership which negatively impact the malaria fight.

C. GAPS AND SILOS WITHIN HEALTHCARE DELIVERY SYSTEMS

“BECAUSE OF THE VERTICALIZATION OF MALARIA FUNDING... THERE HAVE BEEN SOME BAD SPIN-OFF EFFECTS, SUCH AS LESS FUNDING FOR MATERNAL AND CHILD HEALTH [MONEY INSTEAD GOES TO STANDALONE MALARIA EFFORTS/ DEPARTMENTS]. THERE IS NOT ENOUGH INTEGRATION OF VERTICAL PROGRAMS INTO THE OVERALL HEALTH SYSTEM – TO ENSURE THAT FOR EXAMPLE ANTE-NATAL CLINICS ARE DOING FAR MORE [ON MALARIA] THAN IPTP DELIVERY.”

- MALARIA ORGANIZATION EXECUTIVE

Interviewees mentioned that gaps and silos in healthcare delivery systems (notably between malaria and maternal health/ antenatal care, and potentially with other sexual and reproductive healthcare services) may create funding distortions and exacerbate access and service gaps for women and girls. Conversely, other leaders feared the ‘isolation’ of malaria funding could disrupt natural intersection points in healthcare delivery systems. A critical consideration for advocates in the malaria community must be how programs for women and girls are integrated to improve overall health outcomes, notably in financing for maternal health and malaria, and how currently-siloed efforts could benefit from being connected (including incentives for integration). Specifically – and as discussed in greater depth in #6 below – the issue of low uptake of intermittent preventive treatment in pregnancy (IPTp) in pregnancy was highlighted by multiple interviewees as an exemplar of where disconnection between siloed health care systems adversely impacts women. Another area mentioned is the connection to the increased vulnerabilities of women and girls in migrant, refugee and disaster zone situations.

Advocacy & Investment Opportunities:

- *Strengthen the overall research base on gender and malaria, including a push for gathering sex disaggregated data on gender and malaria and commissioning research into specific gaps.*
- *Bridge gaps between malaria and maternal, newborn and child health (MNCH) and, potentially, sexual and reproductive health and rights (SRHR) through advocacy for better integrated training, budgets and educational materials and programs.*
- *Engage grassroots civil society women's rights and empowerment organizations to research and pilot efforts at the intersection of these issues to create a better ‘enabling environment’ for malaria prevention, treatment and care (including aligned initiatives focused on engagement of men and boys).*

2. SYSTEMIC AND CULTURAL ISSUES

“MALARIA WILL NOT BE ADDRESSED UNTIL THESE BROADER EMPOWERMENT AND RIGHTS ISSUES ARE ADDRESSED. ... MANY WOMEN AND GIRLS DO NOT HAVE AUTONOMY IN DECISION MAKING WHEN SEEKING CARE AND HAVE TO ASK PERMISSION FROM FATHERS OR HUSBANDS...”

- MALARIA ORGANIZATION EXECUTIVE

“IF THE WOMAN IN THE HOUSE DOES NOT HAVE THE ECONOMIC POWER, IS NOT SAFE, SHE IS NOT IN POSITION TO ACCESS- POWER OF ACCESS AT THE HOUSEHOLD LEVEL... [THIS] IMPACTS INFECTIOUS DISEASE MANAGEMENT.”

- INTERNATIONAL NON-GOVERNMENTAL ORGANIZATION EXECUTIVE

“GENDER JUSTICE [IS AN ISSUE IN THE COMMUNITY HEALTH WORKER SPACE].., A FEMALE PROVIDER HAS ADDITIONAL BURDENS BEYOND HER JOB – CLEANING, COFFEE – FOOD –... FACTORS ABOVE AND BEYOND TRAINING”

- MALARIA ORGANIZATION LEADER

Systemic and cultural issues are fundamental to understanding the gendered impact of malaria and the potential for interventions targeting women and girls to be successful. The interplay between malaria interventions and culture (including pervasive patriarchal norms and constructs) was mentioned by almost every interviewee. Some of these issues are consistent regionally and others may manifest differently by region. Interviewees highlighted that women and girls face systemic barriers to accessing care, purchasing preventative solutions (such as bed nets), personal mobility/ transportation to health facilities, respectful treatment during care, autonomy in health-care decision making and control over household budgets. In cases where health care or vector control are delivered by men, women may face cultural constraints in accessing these services. Adolescent girls (see below) may face particularly acute barriers to accessing care.

Several interviewees highlighted that gender-intentional work on malaria outcomes cannot be successful if systemic barriers to women’s rights, autonomy and leadership are not addressed and removed. This adds to the imperative for organizations working to tackle malaria to engage with the movements and groups (including Women’s Rights Organizations and women’s self-help groups) working to tackle these more systemic issues of women’s rights and empowerment at a local level.

Advocacy & Investment Opportunity:

- *Engage grassroots civil society women's rights and empowerment organizations to research and pilot efforts at the intersection of these issues to create a better 'enabling environment' for malaria prevention, treatment and care (including aligned initiatives focused on engagement of men and boys).*



3. ADOLESCENT GIRLS: AGENTS OF CHANGE

“MY [TOP] INVESTMENT PRIORITY [FOR TACKLING MALARIA IS] THE MOST NEGLECTED GROUP: ADOLESCENT GIRLS – [INCLUDING] PREVENTION OF CHILD MARRIAGE, PREVENTION OF MALNUTRITION AND ADVANCEMENT OF EDUCATION, [WITH A] HUMAN RIGHTS FOCUS.”

- MALARIA ORGANIZATION EXECUTIVE

One of the most striking findings of the interviews was the confluence of focus on adolescent girls, despite the lack of research into adolescent girls and malaria. Adolescent girls are seen as a group that falls into multiple gendered gaps within the malaria ‘system’. Yet at the same time, several interviewees see their high potential to become ‘agents of change’ in the global goal of malaria eradication. They are at the nexus of the conversation on gender and malaria.

Interviewees cited multiple reasons why adolescent girls (and especially adolescent girls experiencing a first pregnancy) may be especially vulnerable to malaria; they are less likely to sleep under bed nets; they may be malnourished; they may hide or delay revealing pregnancy and attending antenatal care due to stigma; they may have missed malaria information due to being absent from school (possibly due to malaria care-giving or ‘co-parenting’); and they may have ‘aged out’ of malaria initiatives targeting younger children. Malaria programs and messaging may not be designed in ways that are accessible or compelling to adolescents. At the same time, adolescent girls face intensified risks of sexual exploitation and harmful traditional practices such as early and forced marriage, which may exacerbate their vulnerability to malaria and/ or cause them to de-prioritize malaria as a risk on a relative basis.

The ‘co-parenting’ (i.e. assigned care-taking of (often sick) younger children alongside their mothers) responsibilities of adolescent girls is a particularly note-worthy issue: it exacerbates vulnerability, limits access to school, services and education and curtails the wider agency and influence an adolescent girl may have in her family or community.

Conversely, many see the potential of adolescent girls (if freed from care-taking burdens and gendered risks) to not only to navigate their own personal healthcare journeys but also to play catalytic roles within their families and communities. Interviewees cited the potential they may have to enact influential change within families, as well as play the role of educators within their broader communities.

It is clear that a concerted focus understanding and addressing the needs of adolescent girls must be a central part of any gender-intentional malaria eradication strategy, and could have profound effects on malaria outcomes and the future efficacy of the overall malaria campaign.

Advocacy and Investment Opportunity:

- *Design and implement focused initiatives centered on adolescent girls, who are at the nexus of gaps and opportunities in tackling malaria.*



4. THE ECONOMICS OF MALARIA: THE HIDDEN GENDERED COSTS

“ONE THING THAT DOESN’T GET TALKED ABOUT ENOUGH... PEOPLE TALK ABOUT PEOPLE GETTING SICK WITH MALARIA – BUT [NOT ABOUT] CARING FOR SICK FAMILY MEMBERS. [THIS] IMPACTS WOMEN AND IMPACTS SCHOOLING...”

- MALARIA ORGANIZATION EXECUTIVE

“[THERE IS A] NEED FOR ECONOMIC EMPOWERMENT TO BE A PART OF THE ANTIMALARIA POLICIES AND STRATEGIES. A SERIES OF STUDIES ESTABLISHED A CAUSAL RELATIONSHIP BETWEEN WOMEN’S ECONOMIC EMPOWERMENT AT HOUSEHOLD LEVEL AND BURDEN OF MALARIA.”

- GLOBAL HEALTH RESEARCHER

Several interviewees highlighted and reinforced desk research findings that girls and women are likely to be the family care givers for family members with malaria. For girls, this means reduced attendance at school. For women, this means reduced ability to be economically active outside the home. The longitudinal costs and ripple effects on women and girls may be significant. For example, a girl unable to attend school due to malaria care-giving may also have reduced confidence and be more vulnerable to sexual exploitation or child marriage, but also (as a direct consequence) may face depleted lifetime earning/ economic potential. In aggregate, the hidden community and economic costs of this gendered malaria care-giving are likely significant in high malaria countries.

Conversely, when a woman has economic power within a family (for example, because she is earning money outside the home), interviewees noted that her household is significantly more likely to invest in malaria prevention methods such as bed nets⁷⁶.

Quantifying the hidden costs of malaria to women and girls – and to their communities and countries – will be key to making the economic case for gender-intentional investments in malaria eradication. It also fortifies the urgency and value of the overall push for malaria eradication.

Advocacy and Investment Opportunity:

- *Research and model the hidden, gendered economic costs of malaria.*

⁶ These findings are elaborated in the recent Bill & Melinda Gates Foundation/ Stanford Global Center for Gender Equality ‘Gender and Malaria Evidence Review’, February 2020.



5. MALARIA JOBS & LEADERSHIP

“VECTOR CONTROL IS A VERY MALE DOMINATED SECTOR AND THE CONNECTIVE TISSUE OF HOW GENDER DRIVERS HAS NOT BEEN EXPLORED - THEY MAKE A DIFFERENCE TO MALARIA OUTCOMES IN A SUBSTANTIAL WAY. [IT WOULD ALSO] BE GOOD TO DO AN ANALYSIS OF LEADERSHIP IN MALARIA COMMUNITY.”

– GENDER EQUALITY LEADER

The vast majority of interviewees highlighted the leadership roles women are already playing in the malaria fight – especially as Community Health Care workers, but also as midwives and vector control workers – and the potential to accelerate their leadership and contributions. As noted above, economic gains for women via such initiatives have the additional spin-off benefit of increasing household propensity to mitigate malaria via investment in malaria prevention (which research indicates is more likely when women have more control of family budgets). Critically, increasing women’s representation in such roles may also increase program effectiveness (see below). Specific points made included:

- Women need to be better represented in the leadership of malaria organizations, in the in-country leadership on malaria and among malaria researchers and scientists.
- Women healthcare workers need extra training and support to combat discrimination and gender norms they may face in the workplace and counteract systemic barriers such as limited ability to travel or work additional hours (due to care-taking responsibilities or the preferences of male family members).
- Male and female community healthcare workers (in malaria and in aligned antenatal care (ANC) and sexual and reproductive health and rights (SRHR) settings) need better training in the gender and human rights dynamics of malaria treatment, as well as on priority interventions for adolescent girls and pregnant women. Several programs are underway by malaria partner organizations.

- Initiatives to train women in vector control (spraying) should be sustained and potentially scaled up and/ or replicated in other facets of malaria prevention employment. In vector control specifically, this would have the dual benefit of creating economic opportunities for women and increasingly program effectiveness. (Interviewees with direct experience in this work reported that women vector control workers are significantly more likely to gain access to families' homes and establish trust).

Advocacy and Investment Opportunity:

- *Create a more intentional career and leadership pipeline for women in health-care decision making positions and, specifically in malaria response, from vector control, to R&D, the health system and at all levels of leadership for malaria control, prevention and advocacy.*

6. MALARIA AND PREGNANCY

“THE ISSUES OF MALARIA AND PREGNANCY ARE OWNED BY TWO DIVISIONS – SO IT REQUIRES MORE COORDINATION.... WE ARE ASKING WHY THE IPTP UPTAKE HAS NOT GONE UP ... IT’S NOT MOVING AS IT SHOULD.”

- GLOBAL HEALTH EXECUTIVE

The issue of increased vulnerability to malaria among pregnant women – and the resultant risks to fetus and baby – have long been understood and were flagged by many interviewees. However, despite significant progress in this area and critical work by a number of organizations to deliver three doses of IPTp to pregnant women, only 31% of pregnant women are receiving the required three doses. Interviewees also noted that many pregnant women also do not sleep under bed nets. Most respondents highlighted that there is a lack of research into why the implementation of these recommended interventions is not as high as it should be. A number of organizations are initiating research projects and programs to move the needle on uptake of these interventions, including deepening understanding of how systemic barriers to access play a part. Factors to interrogate include specific barriers for adolescent girls experiencing first pregnancies, and whether antenatal clinics are sufficiently focused on malaria due to silo-ing within the overall healthcare system. More research is also needed into a range of gendered and cultural barriers that may inhibit women’s access to care during pregnancy, as well as into the systems that deliver that care. There is consensus that better understanding and addressing malaria prevention in pregnancy is critical, and that the levers for change are likely programmatic ones.

Advocacy and Investment Opportunities:

- *Conduct research on the gendered determinants of low IPTp uptake in pregnancy, specifically diagnosis of – and opportunities to address - cultural and systemic barriers to take-up*
- *Bridge gaps between malaria and maternal, newborn and child health (MNCH) and sexual and reproductive health and rights (SRHR) through advocacy for better integrated training, budgets and educational materials and programs.*

NEXT STEPS

“THERE’S A CONVERSATION TO BE HAD AROUND WOMEN WHO WILL LEAD US OUT OF MALARIA, LEADING US THROUGH THIS LAST MILE ...”

- GENDER EQUALITY LEADER

To develop the gender case for investment and validate initially-identified opportunity areas, Malaria No More will work with partner organizations to convene a series of action workshops in Fall/ Winter of 2020 – 2021. An opportunity to apply lessons learned from outside the malaria community identified in interviews, these meetings will engage a broader set of thought leaders – including academics, private sector, NGOs and CSOs – to explore the identified key opportunity areas in greater depth and identify an initial framework for action on gender and malaria.

As a growing coalition of organizations, funders and experts, our ultimate aim will be to generate both a short term urgent action agenda around gender and malaria, as well as a long term vision for the growth of this work, embedding gender equity as a central and leading policy objective. We aim to engage new donors, policy makers, political leaders and other partners within donor and endemic countries, international institutions, and the international development community. Our short- and long-term plans will integrate research, a systematic advocacy approach and recommendations for high-impact gender-intentional investments.

Gender has been a critical missing lens in the fight against malaria. This new effort will advance shared global development and international policy objectives, offering the potential to accelerate malaria eradication as well as tackle long-term, gendered inequities that are exacerbated by malaria.

JOIN US!

To learn about or join the next phase of our work, please contact Michal Fishman (she/her), Managing Director, Malaria No More
michal.fishman@malariaenomore.org

APPENDIX A: LIST OF INTERVIEWED INDIVIDUALS AND ORGANIZATIONS

- **Sankara Caroline**, Executive Director, Akili Dada
- **Geeta Rao Gupta**, Executive Director, 3D Program for Girls and Women and Senior Fellow at the United Nations Foundation
- **Angela Hartley**, Gender Integration Specialist, and **Elizabeth Katz**, Gender Integration Specialist, Global Center for Gender Equality at Stanford University
- **Latanya Mapp-Frett**, President & CEO, Global Fund for Women
- **Foyeke Tolani**, PhD, Public Health Advisor, Global Humanitarian Department, Oxfam International
- **Sarah Hendriks**, Director Programme, Policy and Intergovernmental Division, UN Women
- **Diva Dhar**, Senior Program Officer, Gender Data, Bill & Melinda Gates Foundation
- **Erin Hohlfelder**, Senior Program Officer, Gender Equality, Bill & Melinda Gates Foundation
- **Charlotte Pram Nielsen**, Senior Health Specialist, Sexual & Reproductive Health and Rights and Gender, World Bank/Global Financing Facility
- **Kate Thompson**, Head, Community, Rights and Gender and Civil Society Hub; and Heather Doyle, Senior Technical Advisor on Gender, The Global Fund
- **Laura D'Angelo**, General Manager, The Equality Fund
- **Tara Bracken**, Malaria Advocacy and Communications Officer, United Nations Foundation
- **Maurice Bucagu**, Medical Officer, World Health Organization and co-chair of the Malaria Pregnancy Working Group with The RBM Partnership to End Malaria
- **Julie Gutman**, Medical Epidemiologist, US Centers for Disease Control and Prevention and co-chair of the Malaria Pregnancy Working Group with The RBM Partnership to End Malaria
- **Elizabeth Chizema**, African Leaders Malaria Alliance (ALMA) and Coordinator of the End Malaria Council in Zambia
- **Clara Mathieu Gotch**, Chief Operating Officer; and **Xenya Scanlon**, Strategic Communications Partner Committee Manager, The RBM Partnership to End Malaria
- **Prudence Hamade**, Senior Technical Officer, Malaria Consortium
- **Elaine Roman**, Global Project Director; and **Elizabeth Arlotti-Parish**, Senior Technical Advisor, Gender, Jhpiego
- **Evelina Seelbach**, Global Business Director Malaria, Novartis Social Business and Viviam Canon-Garcia, Medical Affairs Head, Novartis Social Business
- **Julie Wallace**, Malaria Division Chief; **Kim Conolly**, Malaria Technical Advisor; **Donald Dickerson**, Senior Malaria Technical Advisor; **Allison Belemvire**, Malaria Technical Advisor; **Meera Venkatesan**, Chief, Case Management, Monitoring and Evaluation Branch; **Carly Smith**, Case Management Program Analyst; **Stephanie Evans**, Technical Advisor; of the Malaria Division (through the US President's Malaria Initiative), Global Health Bureau at USAID
- **Seema Gaikwad**, Gender Mainstreaming and Social Inclusion Specialist, UNOPS

APPENDIX B: LISTING OF SELECT RESEARCH AND RESOURCES ON GENDER AND MALARIA, AS IDENTIFIED BY INTERVIEW PARTICIPANTS (LINKS EMBEDDED)

[Advocacy Plan, 2018-2020, Regional Malaria CSO Platform, GMS, Malaria Free Mekong and American Refugee Committee](#)

[African Leaders Malaria Alliance \(ALMA\), Scorecard for Accountability and Action](#)

[Assessing the ownership, usage and knowledge of Insecticide Treated Nets \(ITNs\) in Malaria Prevention in the Hohoe Municipality, Ghana, 2017](#)

[Breakthrough Action and Research for Social & Behavior Change, Malaria, USAID](#)

[Delivered by Women Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce, Human Resources for Health Observer Series No. 24, World Health Organization, Global Health Workforce Network \(GHWN\), Women in Global Health \(WGH\)](#)

[Equal Opportunity, Equal Work: Increasing Women's Participation in the US President's Malaria Initiative Africa Indoor Residual Spraying Project, 2017](#)

[Gender Equality Toolbox: Gender and Malaria Evidence Review, February 2020, Bill & Melinda Gates Foundation and Elizabeth Katz, Senior Gender Integration Specialist and Angela Hartley, Gender Integration Specialist, Global Center for Gender Equality at St](#)

[Institute for Health Metrics and Evaluation Global Burden of Disease](#)

[Impact Malaria, Advancing Malaria Service Delivery, US President's Malaria Initiative](#)

[Improving health worker performance through text messaging: A mixed-methods evaluation of a pilot intervention designed to increase coverage of intermittent preventive treatment of malaria in pregnancy in West Nile, Uganda, Malaria Consortium, September 2](#)

[Malaria Matchbox Tool: An equity assessment tool to improve the effectiveness of malaria programs, The RBM Partnership to End Malaria and The Global Fund](#)

[Nia Project: Baseline Report, Eunice Muthengi, Emily Farris, Karen Austrian, Population Council, September 2017](#)

[US President's Malaria Initiative \(PMI\) VectorLink Project](#)

[Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda, Evaluation Report, Karen Austrian and Eunice Muthengi, Population Council, May 2013](#)

[TIPTOP Advancing Prevention of Malaria in Pregnancy, Transforming IPT for Optimal Pregnancy, Elaine Roman, RBM, MiP WG Annual Meeting, September, 2018](#)

[WHO Information Series on School Health, Malaria Prevention and Control: An important responsibility of a Health Promoting School, Document Thirteen](#)