

IT IS TIME TO BRING AN INTENTIONAL GENDER LENS TO THE GLOBAL MALARIA FIGHT

OVERVIEW

Despite tremendous progress against malaria between 2000 and 2015, over the last few years funding has flatlined and the rate of progress to end malaria has slowed in the highest burden countries.

With committed funding and political will, global efforts saved 7.6 million lives from malaria and prevented 1.5 billion malaria cases since 2000, contributing to achieving global goal targets of reduced maternal and child deaths. More than 20 countries have eliminated malaria in the last 20 years.

However, today a child still dies every 2 minutes from malaria, almost half of the world's population is at risk of the disease and cases are rising in the highest burden countries. COVID-19 has exacerbated these challenges. The global community is focused on driving new funding and strategies to renew accelerated progress against this preventable and treatable disease that killed 409,000 people and burdened fragile health systems with 229 million cases in 2019.

Gender is a critical missing lens in the fight against the malaria, an annual pandemic that has unique adverse “ripple effects” on women and adolescent girls. The hidden gendered impacts of malaria underscore the urgency and value of malaria and elimination.

Everyone experiences differential, gendered risks to and impacts from malaria, including men who may be more exposed through their work and adolescent girls and women during pregnancy. Due to these barriers, vulnerable groups can fall through gaps in existing provision of life-saving services and treatment.

Gender has long been a factor in considering causes and impacts of HIV/AIDS on women and girls. More recently, this recognition has become a focal point with COVID-19 and has led to a call for strategies that address or limit the pandemic's impact on women and girls' health, schooling, economic empowerment and life choices.

However, the gender dynamics of the malaria fight are under-researched. Lack of research, data and insights keep us in the dark about the true impact of the disease on families' health and women's and adolescent girls' economic empowerment. It also hinders the global community from knowing how best to target investments, treatments, policies and programs that could increase uptake of life-saving malaria interventions.

At the same time, women and adolescent girls are having a disproportionate impact on ending malaria as healthcare and vector control workers, as community leaders and advocates, as leaders in the malaria community and as mothers and caretakers. If further empowered through the malaria fight, these women and girls also can have an even greater impact on their families', communities' and countries' health and economic prosperity.

It is time to address malaria's hidden costs on women and girls and to bring an intentional gender lens to the global malaria fight.

There is a growing movement calling for an intentional, cohesive and sustained approach to gender and malaria.

Focusing on gender intentional strategies, policies and programs has the potential to increase equitable access to appropriate diagnosis and treatment and can deliver a double dividend: It can improve uptake of malaria interventions and malaria outcomes, reducing the burden of disease and accelerating malaria eradication. It also can address long-term gendered educational, leadership and economic costs of malaria on women and girls, thus advancing gender equality that can help break the cycle of poverty.

KEY MESSAGES

INVESTMENT AREA:
 Model the Hidden Gendered Health and Economic Costs of Malaria

MESSAGE: Timely access to malaria preventative treatment and care is a matter of life and death, opportunity and potential. Women and girls experience unique adverse ripple effects of malaria that result in significant and long-term health and economic costs.

<p>The gendered barriers</p>	<p>Women’s lack of agency to make household decisions when it comes to access to life-saving health care.</p> <p>Stigma associated with pregnancy in adolescence puts adolescent girls at greater risk, particularly during a 1st pregnancy.</p> <p>Expectations of unpaid work to care for sick children or siblings typically fall to women and adolescent girls. In addition, barriers to employment and career advancement also have hidden economic gendered impacts.</p>
<p>The gendered differential impact (compared to other diseases)</p>	<ul style="list-style-type: none"> ● Malaria outcomes – While lack of agency in household decision making is relevant to most diseases, with millions of pregnant women and children under 5 at greatest risk of malaria, the difference in household decision making on <i>who gets access to preventive tools, when to seek care and how to access that care</i> can delay timely and life-saving diagnosis and treatment of malaria for all family members and has broader economic impacts as well. ● Timing also is critical when it comes to accessing life-saving prevention and treatment interventions such as insecticide-treated bed nets, the full course of Intermittent Preventive Therapy in pregnancy (IPTp) and receiving malaria treatments as soon as it is diagnosed. <p>(this is compared to other diseases such as HIV, cancer where price is large factor)</p> <ul style="list-style-type: none"> ● Gender outcomes – Women and adolescent girls are typically tasked as caregivers for family members with malaria. This means reduced attendance at school and ability to be economically active outside of the home. <p>Reducing the incidence of malaria not only delivers improved health outcomes for households but increases school attendance for adolescent girls while decreasing/reducing unpaid work for women and adolescent girls.</p> <p>Systemic and cultural barriers, such as education requirements and limits on or dangers of solo travel, prevent female healthcare workers from higher-paying jobs and opportunities that accelerate professional development.</p>
<p>Proposed solutions</p>	<ul style="list-style-type: none"> ● Invest in programs targeted at educating adolescent girls about the risks and broader impacts of malaria. ● Identify and assess policies that break down silos between malaria and antenatal health care programs. ● Educate all relevant decision makers – including husbands/fathers, elders and boys – about the life-saving and economic impacts of facilitating and increasing women’s access to timely malaria prevention and treatment. ● Change policies that unfairly limit a woman’s ability to advance her career as a health worker.
<p>Potential for a double dividend</p>	<p>Improved malaria outcomes –</p>

- **Reduced maternal deaths and complications in pregnancy, and improved child health** – Increasing access to life-saving malaria interventions for a mother and her children can accelerate reductions in maternal and child deaths, and increase a child's chance to survive past the age of 5.
- **Increased acceptance and use of life-saving malaria interventions** – Women and adolescent girls can increase their impact in the malaria fight as healthcare and vector control workers, as community leaders and as mothers and caretakers.
- **Reduced impact on health systems** – Increased women's and adolescent girls' access to health information and household decision making can improve the timely diagnosis and treatment of malaria.

Improved gender outcomes:

- **Improved female agency** – Women and adolescent girls have increased access to and are empowered to act on their and their family's health needs.
- **Faster economic recovery and contribution to breaking the cycle of poverty due to malaria** – Healthy and productive women and adolescent girls are playing a key role in the COVID-19 economic recovery and beyond. Female community health workers are increasing their household income and at-home bargaining power.

INVESTMENT AREA:

Fill Critical Research and Data Gaps

MESSAGE: Data will shed light on the hidden gendered health and economic costs of malaria.

The gendered barriers	Gender dynamics of the malaria fight are under-researched. Lack of data keeps countries and donors in the dark on how best to target investments, policies and programs.
The gendered differential's impact (compared to other diseases)	<p>Lack of data examining the unique impact of gender on malaria outcomes hinders the ability to invest in creating innovative programs to increase the coverage of life-saving malaria interventions and treatments.</p> <p>Lack of data also impacts countries' ability to understand the full economic costs of unpaid care and limited job growth opportunities for women and adolescent girls.</p>
Proposed solutions	<p>Strengthen the research on the unique effects of malaria on women and girls to increase knowledge and fill connectivity gaps.</p> <ul style="list-style-type: none"> ● Countries should collect gender disaggregated data through inclusion of gender and gender-sensitive indicators. ● Accelerate research and implementation of context-specific strategies to increase understanding of the barriers and needs of women and girls to enable more effective use of testing and treatment tools. ● Engage grassroots and civil society in research to help increase adoption of effective malaria programs and interventions.
Potential for a double dividend	Malaria outcomes:

- **Increase in gender data and development of more effective tools that take into account the unique effects of malaria on girls and women.** – Research, including clinical trials, is focused on unique needs of women and adolescent girls; new malaria treatments tailored to pregnant women and children are researched, developed and delivered.
- **Malaria financing doing double duty** – Increase in the amount of funding for malaria and the number of malaria programs and policies that are centered around the needs and unique circumstances of women and girls; millions of dollars in malaria funding and resources are better targeted and spent more effectively and efficiently.

Gender outcomes:

- **Deliberate gender research agendas and policies** – There is greater understanding of the needs and barriers of women, research projects focused on women and girls influence malaria funding, programs and policies.
- **Balanced ratio of female to male lead researchers** – Increases in female researchers leading research in malaria can lead to new areas of research as well as increased economic opportunity.

INVESTMENT AREA: Empower Adolescent Girls as Agents of Change

MESSAGE: Adolescent girls can be the leaders of the generation that will end malaria.

The gendered barriers

Adolescent girls face greater risk and vulnerability due to malaria's impact on them and their families. They are likely to be family caregivers for family members with malaria. This means reduced attendance at school.

In addition, adolescent girls who become pregnant are at greatest risk of malaria infection, and increased risk of their babies born with anemia.

The gendered differential's impact (compared to other diseases)

Malaria outcomes:

- The stigma associated with adolescent pregnancy often delays when a girl starts antenatal care to the 2nd trimester, creating an additional barrier for obtaining timely preventive tools and treatment to manage the risks of malaria while pregnant.
- There is a greater risk of malaria infection in the placenta in the first pregnancy^{1[4]}, which often occurs during adolescence.

Gender outcomes:

- Though girls and boys are equally at risk of death from malaria, adolescent girls suffer long-term effects when the disease hits any household member as they often are tasked with caretaking of sick siblings or a parent. This increases school absenteeism which impacts girls' ability to participate in opportunities to achieve economic and social equality such as school and paid work and hinders their path to agency in their communities.
- Reduced school attendance and the burden of family caretaking increases adolescent girls' risks such as child marriage and sex trafficking.

^{1[4]} <https://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-4-2>

Proposed solutions	<p>Design and implement initiatives centered on adolescent girls, who have the potential to be agents of change in the global malaria fight and can play catalytic roles in the generation to end malaria.</p> <ul style="list-style-type: none"> • Focus investments on educating adolescent girls about the dangers of malaria and the importance of getting timely malaria prevention and treatment. This empowers them to seek preventive malaria care as teens, at the start of pregnancy and throughout it. In addition, when these adolescent girls become mothers, they are more aware of the importance of ensuring their children are also protected. • Focus on and invest in lifting female voices and experiences to ensure their unique needs are heard and addressed. • Focus investments on educating and empowering adolescent girls to become leaders in their communities, their countries – as community health workers, scientists and researchers, government officials. • Educate all relevant decision makers – including husbands/fathers, elders and boys – about the life-saving and economic impacts of facilitating and increasing women’s access to timely malaria prevention and treatment.
Potential for a double dividend	<p>Improved malaria outcomes:</p> <ul style="list-style-type: none"> • Reduced maternal deaths and complications from pregnancy and improved child health – Improving access to timely malaria prevention and treatment during pregnancy is critical to survival, and to ensuring the baby is born healthy, without anemia or malnutrition. <p>Improved gender outcomes:</p> <ul style="list-style-type: none"> • Adolescent girls stay in school and have greater potential for a productive life – Healthy girls who aren’t burdened with co-parenting go to school. When millions of adolescent girls are empowered with information and leadership opportunities, and not burdened by co-parenting responsibilities, they are more likely to stay in school and are less vulnerable to early marriage or sex trafficking. • Empowered girls become agents of change – Adolescent girls can grow up to become agents of change in their community, country and globally – serving as community health workers, researchers and scientists and policy makers who will influence malaria and gender equality programming, research and policies. This also increases the number of females working across these currently heavily male areas. • Healthier girls, mothers, families and communities – Targeting adolescent girls for malaria education can empower them to navigate their own healthcare and spark influential change within families and communities.

INVESTMENT AREA:

Remove Barriers to Uptake of Proven Interventions During Pregnancy

MESSAGE: New strategies to boost access to life-saving malaria treatment can protect and improve the health of millions more pregnant women, their unborn babies and newborns and contribute towards the achievement of Africa’s and global health and development goals.

The gendered barriers	Because of systematic and cultural barriers, malaria prevention, detection and treatment does not reach pregnant women and adolescent girls at risk of the disease early or often enough.
The gendered differential's impact (compared to other diseases)	<p>Malaria outcomes:</p> <ul style="list-style-type: none"> ● It is not a coincidence that the WHO finds women and children under 5 at the greatest risk of death from malaria, even though men are more likely to be exposed to the disease. ● Malaria in pregnancy contributes to 10,000 maternal deaths each year. It is also responsible for up to 200,000 newborn deaths globally and up to 20% of all stillbirths in sub-Saharan Africa ● Despite being a proven treatment to protect women during pregnancy only 33% of women at risk of malaria in sub-Saharan Africa receive the full course of recommended antimalarial treatment: Intermittent Preventive Treatment in Pregnancy (IPTp) ● Pregnant women and adolescent girls are at a greater risk of death from malaria during pregnancy. However, the stigma or norms associated with pregnancy, especially during adolescence, often delays when a girl or woman starts antenatal care until to the 2nd trimester, creating an additional barrier for obtaining timely care to manage the risks of malaria while pregnant. ● Health care workers may not have the right training or time to understand the importance of administering the full course of preventive treatment during ante-natal care appointments, putting the pregnant woman and her unborn baby at greater risk of malaria and its complications.
Proposed solutions	<p>Increase understanding of and break down the barriers that prevent pregnant women and girls from accessing timely malaria prevention.</p> <p>'Speed Up Scale Up' Call-to-Action: Significantly boost access to prevention, detection & treatment of malaria in pregnant women at the start and throughout their pregnancy:</p> <ul style="list-style-type: none"> ● Prioritize training health care workers and educating women of reproductive age about the importance of getting the full recommended course of antimalarial treatment, IPTp, to all eligible pregnant women throughout their pregnancy. Ensure that they also have uninterrupted access to antenatal care (ANC). ● Sustain efforts to safely prevent, detect, and treat malaria among pregnant women during COVID-19 so the pandemic response doesn't undermine these life-saving services ● Secure enough funding to ensure quality medications, availability of these medicines, while improving training of health workers and adolescent girls. ● Integrate malaria training, policies and strategies with essential Reproductive, Maternal, Neonatal, Child and Adolescent Health services and programs. Also improve collaboration and break down silos among national malaria health programs, antenatal care and reproductive health programs. ● Educate adolescent girls about the risks of malaria during pregnancy and the available life-saving tools available to them.

Potential for a double dividend	<p>Improved malaria outcomes:</p> <ul style="list-style-type: none"> ● Reduced malaria deaths and complications from pregnancy, as well as improved maternal and child health. –Increasing adoption of the full dose of antimalarial treatment (IPTp), insecticide treated bed nets and other effective malaria tools among pregnant women and adolescent girls will protect more women and their newborns from malaria and its impacts. <p>Improved gender outcomes:</p> <ul style="list-style-type: none"> ● Healthier women and children improve a woman’s productivity and children’s ability to go to school, leading them on a path to greater potential and opportunities. ● Healthy and productive women are playing a key role in building economic recovery post-COVID and building more productive economies over the long-term. ● Gender specific research for the next generation of tools such as new malaria treatments tailored to pregnant women and children for greater access and efficacy.
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INVESTMENT AREA: Accelerate women’s leadership at all levels of the malaria fight to accelerate malaria eradication

MESSAGE: The fight against malaria will benefit from having more women leading it – in their communities, in research labs and programs, in health clinics, in non-governmental organizations and in government.

The gendered barriers	Lack of women in leadership positions across all levels of malaria policy, programming, and research skews and hinders prioritization of policies, programs and funding that can accelerate ending malaria and empower women to be decision makers and not just implementers.
The gendered differential’s impact (compared to other diseases)	<p>Malaria outcomes:</p> <ul style="list-style-type: none"> ● There is continual risk that programs will miss reaching key populations when the voices of women and adolescent girls are missing from the conversations to develop policies, programs, and relevant research that targets them the most. Key design considerations are missing from policy, program, and implementation. <p>Gender outcomes:</p> <ul style="list-style-type: none"> ● Lack of equal female representation in leadership across levels of the malaria fight limits the investigation of barriers faced by women and girls to access prevention and treatment, as well as gender-specific effective solutions tailored to combat the disease.
Proposed solutions	<p>Accelerate women’s contributions as leaders in the malaria fight to ensure women are decision makers, not just implementers of malaria programs and policies.</p> <ul style="list-style-type: none"> ● Increase reach and empower adolescent girls and women, in addition to at-risk populations and engagement them in shaping and delivering malaria programs, policies and research that promote their health, address their unique needs and integrate their perspectives. ● Intentionally build work force and malaria experts to be representative of the populations most vulnerable to malaria, including robust measurement of the

	<p>increase of women in leadership positions across policymaking, program design and research.</p> <ul style="list-style-type: none">● Invest in a leadership pipeline that will develop adolescent girls and women and help increase female representation among national malaria program managers, cabinet ministers, and heads of states.● Advance the careers of female scientists and researchers to address unique barriers and needs of women and adolescent girls.
Potential for a double dividend	<p>Improved malaria outcomes:</p> <ul style="list-style-type: none">● Malaria policies and programs will more effectively address the barriers and needs of women and girls, improving development and delivery of effective treatments, reducing malaria deaths and cases. <p>Improved gender outcomes:</p> <ul style="list-style-type: none">● Balance of female and male leaders – A new generation of healthy and empowered adolescent girls who are committed to leading the generation that will end malaria.● Faster economic recovery and contribution to breaking the cycle of poverty due to malaria – Women are healthy, empowered/have ownership and supported to lead the economic recovery out of the pandemic while disrupting the cycle of poverty due to malaria.