

Women4GlobalFund World Malaria Day Statement Ready to Beat Malaria

Ready to Beat Malaria is the theme for World Malaria Day 2018. In recent years, the world has made historic progress in the malaria fight, reducing malaria mortality by more than 50% between 2000 and 2015. However, funding has plateaued and progress stalled. The <u>WHO 2017 World Malaria Report</u> estimates that <u>malaria is present</u> in <u>91 countries</u> with 216 million recorded cases globally in 2016. Of those, 445 000 preventable deaths were recorded and 91% of these occurred in the WHO African region. Pregnant women and children under five years, account for 70% of malaria deaths. Some countries saw a 20% increase in malaria cases, which rose for the first time in a decade. Only 50% of the required funds were mobilised, of which external funding made up 69% of total resources for malaria. This threatens the sustainability of the response. Now is the time to galvanise support and action to end malaria.

Global targets to eradicate malaria are set against the <u>WHO Global Technical Strategy for Malaria (GTS) 2016-2030</u> and the <u>Action and Investment to defeat Malaria (AIM) 2016-2030</u>. Both the GTS and AIM are aligned with the Sustainable Development Goal (SDGs) Target 3.3¹ and are clear on prevention, reducing morbidity and mortality, financial investment in research and development to create *a world free of malaria*.

According to The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), despite the progress and promise in defeating malaria, we still face serious challenges of emergence of drug-resistant malaria in Greater Mekong Region, insecticide resistance in Africa, climate change, migration, political instability, and sub-standard and counterfeit drugs.² There is a need to invest in malaria and protect the gains made and accelerate the fight to beat malaria.

These statistics highlight existing barriers to prevention, treatment and the long-term challenges to beat malaria. Join Women4GlobalFund (W4GF) advocates as we reflect on the global impact malaria continues to have.

What is the reality?

While all people who are exposed to malaria can be affected, the risks of exposure and limitations to accessing adequate prevention and treatment remain disproportionately high amongst women;³ unequal gender roles and gender dynamics give rise to different vulnerabilities.⁴ A combination of biological, socio-economic and cultural factors increase susceptibility amongst women specifically adolescent girls between 15-19 years, women living with HIV, pregnant women and lesbian, gay, bisexual and transgender individuals.^{5,6} About 70% of malaria deaths are among pregnant women and children under five. The 2017 WHO report highlights progress in distributing insecticide treated nets (ITNs). Between 2014-2016, 582 million ITNs were delivered globally, 87% of which were delivered to sub-Saharan Africa – a significant increase from previous funding cycle. Additionally, 312 million rapid diagnostic tests were distributed, globally. This progress underscores the fact that we have effective tools and strategies to halt malaria, but remain challenged by inadequate levels of investment. An estimated US\$2.7 billion was invested in malaria control and elimination efforts globally in 2016 – less than half the 2020 resource needs estimate.⁷

¹ By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

² https://www.theglobalfund.org/en/malaria/

³ UNDP. HIV, Health and Development. Discussion Paper: Gender and Malaria. (December 2015)

⁴ Measure Evaluation. The Importance of Gender in Malaria Data (March 2017)

⁵ LGBTI individuals who are homeless and live on the street and do not have access to ITNs or treatment (Roll back Malaria partnership: Gender

and Malaria: Factsheets on malaria and the SDGs (September 2015)) ⁶ Measure Evaluation. The Importance of Gender in Malaria Data (March 2017)

⁷ https://www.theglobalfund.org/en/malaria/



Where is gender in the malaria agenda?

Despite gains to increase prevention efforts, the malaria response has failed to delineate and desegregate data showing a clearer picture of how men and women, across their life course, are differently impacted by malaria. Biology and socio-economic factors such as poverty, low levels of literacy, lack of economic power, decision-making and cultural factors determine and contribute to the low levels of prevention, transmission and treatment of malaria. Although prevention and early detection is available, there remains a dearth of information on how many women access ITNs, particularly in households and contexts where preference is given to men to utilise them. Low literacy rates and decision-making power significantly impress upon early detection and prevention for women in high burdened contexts.⁸ Prevention for women largely focuses on preventative treatment in pregnancy with the implementation of intermittent preventative treatment in pregnancy (IPTP). Yet, only 19% of eligible women received treatment in 2016 (largely stagnant from the 18% who received it in 2015).⁹ The tools to evaluate and measure impact and global incidence of the malaria response, lack gender sensitivity. There is a need to collect broader empirical evidence on how malaria affects women in all their diversity in the high burden contexts and how to mitigate the risks and vulnerabilities, which exist in both health, social and environmental settings. Addressing gender when monitoring and evaluating malaria projects helps ensure equity in access and benefits for men and women.¹⁰ Investment in research and development is essential to advance efforts to end Malaria.

We, as W4GF, affirm and add to recommendations made by UNDP¹¹ to be addressed in the malaria response calling for:

- The creation of a gender assessment tool to monitor malaria or conduct research on the barriers for men and women in accessing prevention and treatment interventions for malaria;
- Disaggregate data in health systems to inform prevention and treatment interventions.
- The Development of gender indicators and support programmes to address gender inequality, gender disparities and gaps.

This theme *Ready to beat Malaria* is fundamental and it begs the question.... **are we as W4GF advocates, ready to rally around this cause to beat malaria**? As global advocates, we must continue to advocate that our countries implement gender sensitive tools and review disaggregated data that builds understanding in malaria programming.

Partners are encouraged to use the <u>World Malaria Day toolkit</u>, which includes information and resources to help organisations and individuals mark World Malaria Day 2018. **#readytobeatmalaria #endmalaria #worldmalariaday #malariamustdie**

For more information, please contact Sophie Dilmitis, Global Coordinator, Women4GlobalFund (W4GF) – <u>sophie@women4gf.org</u> <u>www.women4gf.org</u> or <u>https://www.facebook.com/women4globalfund/</u> W4GF is a dynamic and global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and specific priorities of women and girls in all our diversity.

⁸ Molyneux CS et al. Intra-household relations and treatment decision-making for childhood illness: a Kenyan case study. Journal of Biosocial Science, Jan 2002, 43(1):109-131.

⁹ World Malaria report 2017

¹⁰ Measure Evaluation: The Importance of Gender in Malaria Data (March 2017)

 $^{^{\}rm 11}$ Measure Evaluation: The Importance of Gender in Malaria Data (March 2017)