

## Reversing progress to end malaria requires more focused attention on gender inequalities

'Advance Equity. Build Resilience. End Malaria' is a worthy theme this World Malaria Day 2022. Given the situation in the global malaria response, we urge the Global Fund and all its partners to take more rapid, concrete action toward achieving the theme's three goals. This means, going above and beyond the investments and activities highlighted in the new [Global Fund investment case](#) – and starting now, instead of waiting until the new funding cycle begins in 2023.

Women4GlobalFund (W4GF) calls on the Global Fund and countries to address gender inequalities in malaria-endemic countries, which is essential for any successful effort to end malaria.

### 1. Why we must act now: Recent trends that have put more women at risk

Too many people, including women and girls, continue to face barriers to accessing malaria prevention, diagnosis and treatment services and COVID-19 has reverent significant gains in the malaria response in many countries.

The [World Malaria Report 2021](#) highlights that the WHO African Region saw a 12% increase in malaria deaths in 2020 over the previous year, highlighting the consequences of even moderate service disruptions in a population at risk of malaria. **We are off track.**

As highlighted by [Roll Back Malaria](#), malaria deaths have increased for the first time in over a decade. This is due not only to COVID-19 impacts, but also to other challenges such as increasing drug and insecticide resistance and humanitarian emergencies.

Many women in countries where malaria persists face unique challenges when attempting to access prevention and treatment services due to social, economic and cultural factors. These include restrictions on mobility and limits on access to health facilities during the COVID-19 pandemic, which have left women and girls far more isolated. These are important gender-related barriers to accessing treatment. **The Global Fund and partners must adjust to these dangerous realities.**

We have seen in the current Global Fund allocation cycle, a number of gender-blind funding requests were highlighted by the Technical Review Panel (TRP), which indicates limited attention to the gendered dimensions of malaria and inadequate use of or demand for sex- and age-disaggregated data. This is important given that the [Global Fund provides 56% of all international financing](#) for malaria programmes, covering 94 countries, and has invested more than US\$14.7 billion in malaria control programmes as of June 2021.

### 2. Why gender equality and gender-transformative responses matter in Global Fund malaria programmes and guidance

Malaria is holding back economies, communities, and families from achieving their potential and it is women and girls who bear the brunt of this impact. Women are typically poorer than men and often not empowered to make decisions that could benefit their own health and well-being or that of their children. Evidence suggests that women's ability to access malaria prevention and treatment is frequently limited by their low socio-economic standing within their households and communities. This is highlighted in various documents, including [2021 guidance from Roll Back Malaria](#) and a Gates Foundation [gender and malaria evidence review](#) of several studies that show direct links to decreasing malaria incidence and prevalence and strengthened women's agency over resources and household-level decision-making authority.

Cross-country data from 90 malaria-endemic countries illustrate the link between women's legal access to economic resources and malaria burden. They find a strong and statistically significant association between lower malaria prevalence among women and their legal rights to own agricultural land and property and their ability to independently enter into financial capital transactions.<sup>1</sup> Many other evaluations and studies have also shown that

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<sup>1</sup> Austin, K. F., Noble, M. D., & Mejia, M. T. (2014). Gendered vulnerabilities to a neglected disease: A comparative investigation of the effect of women's legal economic rights and social status on malaria rates. *International Journal of Comparative Sociology*, 55(3):204–228.

women's economic and legal empowerment contribute to improvements in access to malaria prevention and treatment options for themselves and their families, including ownership and use of bed nets for children under 5 years of age and pregnant women.<sup>2,3,4</sup>

### 3. Call to action for the Global Fund and countries

The Global Fund alone cannot remove these barriers or reinvigorate progress. Its partnership includes governments and communities that drive change. We call on the Global Fund and its partner countries to:

- **Address gender inequality** through the following actions:
  - [implementing the Malaria Matchbox Toolkit](#) to guide important community and gender integration into malaria policy and programme approaches;
  - [addressing gender gaps in mobility and decision-making power](#) and work towards enabling women to have financial autonomy and decision-making authority; and
  - [enabling malaria education programmes](#) for decision-makers in the home – including husbands/fathers and elders – to help increase women's ability to access treatment.
- **Build stronger community health systems** by [properly resourcing the work of women responding to malaria](#): COVID-19 has shown us just how important community health workers are – the majority of whom are female – in sustaining malaria case management. Much more must be done to adequately remunerate women for the important role they are playing in communities.
- Collect more meaningful data by:
  - [ensuring that malaria surveillance systems systematically collect and report age- and sex-disaggregated data](#); and
  - [prioritising \(and funding\) community-led monitoring](#) to collect qualitative data to complement the quantitative data being collected.
- Ensure community engagement by [securing engagement of women leaders in planning, implementing and through to community led monitoring](#). This should be part of the End Malaria Councils that are being established in 24 African countries. These councils are convening leaders from all sectors and levels to drive increased advocacy, action, and resource mobilisation for malaria control.

#### **We call on the Global Fund Secretariat, in its distinctive role in the partnership's malaria response to:**

- Ensure that the above areas of work are visible in malaria-endemic countries supported by the Global Fund;
- Incentivise countries to implement the [Malaria Matchbox Toolkit](#) to guide important community and gender integration into malaria policy and programme approaches;
- Develop gender-sensitive indicators that can track gender disparities and gaps in the malaria response. This is important now that the Global Fund is in the process of revising its monitoring and evaluation framework in line with the new strategy; and
- Support countries to collect and report robust age and sex-disaggregated and gender-specific data (beyond collecting only data for pregnant women), at national levels. It is disaggregated gender-specific data in health systems that must inform prevention and treatment interventions.

Women4GlobalFund (W4GF) is a dynamic 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 priorities of women and girls in all our diversity. For more information, please contact [Sophie Dilmitis](#) Global Coordinator, | [WEB](#) | [FACEBOOK](#) | [TWITTER](#)

<sup>2</sup> Tilak, R., Tilak, V. W., & Bhalwar, R. (2007). Insecticide treated bednet strategy in rural settings: Can we exploit women's decision making power? *Indian Journal of Public Health* 51(3):152–8.

<sup>3</sup> Klein, M. J., Barham, B. L., & Wu, Y. (2019). Gender equality in the family can reduce the malaria burden in Malawi. University of Wisconsin-Madison.

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