

# WORLD MALARIA DAY 2024

## Fostering Gender Equality and Equity in comprehensive Malaria responses and elimination strategies efforts

Globally in 2022, there were an estimated 249 million malaria cases in 85 malaria endemic countries, an increase of 5 million cases compared with 2021. The main countries contributing to the increase were Pakistan (+2.1 million), Ethiopia (+1.3 million), Nigeria (+1.3 million) and Uganda (+597 000)<sup>1</sup>.

Malaria deaths also saw a steady decline from 864,000 in 2000 to 576,000 in 2019, although there was a 10% increase in 2020 to 631,000 deaths, followed by a decrease to 608,000 in 2022. The majority of deaths (96%) occurred in 29 countries, with Nigeria, the Democratic Republic of the Congo, Niger, and the United Republic of Tanzania accounting for over half of global deaths in 2022.

The World Health Organization (WHO) identifies pregnant women as a high-risk group but does not present epidemiological data on malaria in pregnancy. Several systematic reviews demonstrate its high frequency. In Ghana, between 1994 and 2019, the reported prevalence was from 5% to 60%, higher in adolescents and young people. In India, the systematisation of 16 studies reported a combined prevalence of 11.4%; in Colombia, it was 16.7% based on 14 studies; and in Sub-Saharan Africa, the pooled prevalence of 35 studies was 26.1%<sup>2</sup>

Moreover, in 2022, a total of 36% of pregnancies were exposed to malaria transmission in 33 countries. Malaria in pregnancy can progress to placental and congenital malaria and increase the risk of anaemia, maternal death, miscarriage, stillbirth, retarded foetal growth, and low birth weight<sup>3</sup>.

Despite this global increase in malaria cases, interventions funded by institutions like The Global Fund have played a crucial role in curbing the spread of the disease. In fact, in countries where The Global Fund invests, malaria deaths have dropped by 28% between 2002 and 2022. Without these interventions, malaria deaths would have increased by 90% over the same period<sup>4</sup>. The Global Fund provides 65% of all international financing for malaria programs and has invested more than US\$17.9 billion in malaria control programs as of June 2023. These investments are making an impact.<sup>5</sup>

<sup>1</sup> Malaria Report 2023, WHO, <https://www.afro.who.int/sites/default/files/2023-12/9789240086173-eng.pdf>

<sup>2</sup> <https://www.mdpi.com/2414-6366/8/4/235>

<sup>3</sup> Desai, M.; ter Kuile, F.O.; Nosten, F.; McGready, R.; Asamoah, K.; Brabin, B.; Newman, R.D. Epidemiology and burden of malaria in pregnancy. *Lancet Infect. Dis.* 2007, 7, 93–104.

<sup>4</sup> Information Note Malaria, Allocation 2023-2025, [https://www.theglobalfund.org/media/4768/core\\_malaria\\_infonote\\_en.pdf](https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf)

<sup>5</sup> <https://www.theglobalfund.org/en/malaria/>

Also, the new Global Fund Strategy, “Fighting Pandemics and Building a Healthier and More Equitable World (2023-2028)”, underscores the imperative of addressing health inequities. It emphasises the need to tackle human rights and gender-related barriers and make catalytic, people-centred investments to enable progress against malaria while contributing to achieving universal health coverage, aligned with global efforts set forth by organisations such as the WHO Global Technical Strategy for Malaria (2016-2030), the RBM Partnership Strategic Plan 2021-2025, and the Action and Investment to Defeat Malaria (AIM) 2016-2030.

On this World Malaria Day, Wome4GlobalFund recognises the indispensable role of women in all their diversity in combating Malaria. Women’s invaluable contributions to the comprehensive malaria response: technically, scientifically, and at the community level, have demonstrated the importance of sustaining and strengthening gender-transformative actions. Women in all their diversity are essential, as they are community health workers, caregivers, healthcare professionals, and advocates accentuating the necessity of their inclusion in key decision-making processes, as well as, in the comprehensive design and implementation of healthcare programmes.

The impact of climate change and political and economic instability has exacerbated malaria burdens for women, with countries like Pakistan, for example, experiencing a dramatic surge in cases due to catastrophic flooding. Thus, without targeted efforts to address this disparity, women in all their diversity face greater challenges accessing prevention, treatment, and care services.

Meanwhile, *Anopheles stephensi*, an invasive mosquito species originally native to South Asia and the Arabian Peninsula, rapidly spreads across African countries. Unlike many native African mosquitoes, this species is particularly resilient in urban environments and breeds throughout the dry season. Moreover, it displays resistance to numerous conventional insecticides, rendering traditional malaria prevention measures less effective.<sup>6</sup> This expansion poses a significant concern, especially in the context of urbanisation driven by climate change, which exposes more women in all their diversity and children to malaria.

Additionally, ongoing conflicts exacerbate the global malaria pandemic by triggering mass displacement and disrupting healthcare systems. In Myanmar, the political conflict has severely undermined health services and led to widespread displacement, resulting in a resurgence of malaria cases in Kayah and Kayah states, undoing years of progress. Similarly, in Sudan, where conflict has displaced millions, Médecins Sans Frontières medical facilities have reported an alarming 70% malaria positivity rate, highlighting the urgent need for intervention<sup>7</sup>.

**W4GF calls on Governments, the Global Fund, WHO, UNAIDS, and other international organisations and institutions to prioritise and fully fund gender-transformative programmes that improve women’s and girls’ meaningful participation in comprehensive malaria programs. This entails allocating resources equitably, researching gender disparities in malaria, and supporting women-led and community-led initiatives that position women as change agents.**

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<sup>6</sup> Technical Brief Equity, Human Rights, Gender Equality and Malaria Allocation Period 2023-2025 Date published: 9 December 2022,

[https://www.theglobalfund.org/media/5536/core\\_malariagenderhumanrights\\_technicalbrief\\_en.pdf](https://www.theglobalfund.org/media/5536/core_malariagenderhumanrights_technicalbrief_en.pdf)

<sup>7</sup> <https://www.telegraph.co.uk/global-health/science-and-disease/climate-change-conflict-crises-supercharge-malaria/>

W4GF recommends, to reach the global malaria targets and end the epidemic, to prioritise the scaling-up of gender-responsive and transformative programming. This involves:

- Design and implement malaria comprehensive responses that address women's and girl's knowledge, perceptions and health-seeking behaviours related to the prevention and control of malaria, including in pregnancy. It is key to design, implement and evaluate health actions with women of the community, and those of the economic, social and cultural domain, implementing care with a differential approach according to specific needs and cultural determinants such as gender and rurality, improved schooling, and actions against monetary poverty.
- Improve access to quality malaria services for underserved populations, including women and girls in all of their diversity, women refugees and migrants. Girls and children are disproportionately affected by Malaria due to various factors such as their physiological vulnerability, limited access to education and economic opportunities, and often being subject to parental consent requirements for healthcare access. Additionally, their occupational exposure to malaria vectors further exacerbates their risk. Prioritising them in malaria interventions is imperative to reduce the burden of malaria and ensure equitable access to life-saving services.
- Implementation of programs to distribute insecticide-treated bed nets (ITNs) that specifically target pregnant women and mothers with young children. Programs that include culturally sensitive factors and community outreach efforts; implementing control strategies to increase their coverage, acceptability and use; understanding the multiple determinants that must be addressed to meet elimination goals and to improve the efficiency and equity in the use of resources for malaria programs.
- Implementing measures and interventions like intermittent preventive treatment during pregnancy (IPTp) could prevent low birth weights in neonates, for example.
- Conduct gender analysis using surveillance data to identify disparities in malaria burden and access to healthcare services for all. Based on the findings, implement targeted interventions, such as providing mobile clinics in areas where women face barriers to accessing healthcare facilities due to cultural or logistical reasons. Also, regularly review and update policies to ensure they promote gender equality and address the specific needs of women and girls affected by malaria.

As we all mark World Malaria Day 2024 under the theme **“Accelerating the fight against malaria for a more equitable world”**, it is evident that gender-responsive and transformative approaches are paramount in our collective efforts to combat this deadly disease. As we move forward, let us remain committed to investing in initiatives that empower and meaningfully include women and girls in all of their diversity in the fight against malaria. Working together, raising awareness and united Against Malaria, we can achieve our shared goal of ending this epidemic once and for all, leaving no one behind.

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