

## Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight Against Malaria

### KEY MESSAGES

- **Ending malaria is an unrealized opportunity for advancing gender and health equity because it is preventable, treatable and beatable. By investing in malaria eradication, we can reduce maternal and child mortality, improve women's empowerment and gender equality and bend the curve on poverty.**

When families and communities suffer less from the deadly or long-term consequences of malaria – a preventable and treatable disease – new opportunities open to women and adolescent girls. This is critical for improving other health outcomes, maximizing women and adolescent girls' potential, catalyzing economic recovery and lifting families out of poverty.

- **When we invest more in women and adolescent girls at the fulcrum of the malaria fight, we can achieve a double dividend: accelerate ending malaria and advance gender equality.**  
Gender-based investments and strategies in malaria prevention, control and elimination efforts are key to achieving progress toward eradication that has long been elusive. But equally, ending malaria is an unrealized opportunity for advancing gender equality in health. Defeating malaria within a generation is possible. Unlocking the power and agency of women and adolescent girls is essential to achieving this goal.
- **For too long, the fight against malaria has been gender-blind. Women and adolescent girls in malaria-endemic countries are leading investors in the fight against malaria, yet systemic gender inequalities prevent them from reaping the benefits of a world without malaria.**

As patients, caregivers and healthcare providers, women and adolescent girls disproportionately experience the health, societal and economic brunt of malaria. These effects often have lifelong consequences that perpetuate malaria as a driver of poverty and gender inequality.

- **It is time to address malaria's hidden toll on women and adolescent girls and to unlock the power and agency of women and girls to become greater change agents in the fight against malaria.**

Much of malaria's toll is hidden due to factors such as lack of disaggregated gender and age data; not valuing and investing in female Community Health Workers (CHWs); and unpaid hours spent on caregiving for family members with malaria. The time is now to actively work to empower women and adolescent girls to be valued change agents in the fight against malaria. We also need to address the structural changes to enable these women to become decision makers not just implementers in the malaria fight.

- **A growing movement is calling for an intentional, cohesive and sustained approach to gender and malaria.**

*Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight Against Malaria* lays out why it matters and what is needed to end malaria sooner, and how ending malaria can

lead to improved gender equality. The *Investment Case* calls on governments, donors, researchers, implementers, policy makers, civil society and the private sector to step out of typical silos and bring an intentional gender lens to four areas: malaria programs, policies, research, and leadership.

## TALKING POINTS

**Malaria is a preventable and treatable disease, yet it impacts half the world living in the poorest areas, putting people's lives and livelihoods at risk, distressing fragile health systems and keeping families in cycles of poverty.**

- Malaria killed 409,000 people --  $\frac{2}{3}$  of which are children under 5 -- and caused 229 million infections in 2019.
- Malaria is a driver for up to \$12 billion in lost productivity annually, drastically impeding economic growth and societal progress despite it being preventable and treatable.
- Progress against malaria, however in the last five years, progress against malaria has slowed. New strategies and tailored approaches are needed to renew and accelerate progress toward ending this disease for all.
- Malaria strikes families multiple times in a year and over the course of a lifetime. Malaria is a leading cause of school absenteeism, keeps families from earning a steady living and spending resources on malaria treatment.
- The ubiquity of malaria for hard-to-reach populations (with many of the poorest households experiencing multiple episodes during high transmission seasons) and its impacts extend well beyond direct health consequences for those it infects.
- Malaria burdens fragile health systems, reducing health capacity to address other deadly existing and emerging diseases.

**Gender is a critical missing lens in the fight against malaria.**

- Men, women, boys and girls experience differential, gendered risks to and impacts from malaria, including men and boys who may be more exposed through their work and adolescent girls and women during pregnancy.
- Gender-responsive strategies and approaches are needed to ensure everyone at risk can benefit from life-saving treatments and services.
- Gender dynamics of the malaria fight are under-researched, keeping us in the dark about the true impact of the disease on families' health and women's and adolescent girls' economic empowerment, and how best to target and increase uptake of life-saving interventions.

**Women and adolescent girls experience unique adverse ripple effects of malaria resulting in significant and long term health and economic costs for themselves, their families and their communities.**

- In 2019, over 11 million pregnant women in sub-Saharan Africa were infected with malaria, resulting in 10,000 maternal deaths,<sup>[1]</sup> hundreds of thousands of cases of maternal illness such as anemia, and nearly 900,000 children born with low birth weight.
- Malaria is the fifth leading cause of death for 10–14-year-old girls worldwide, with adolescent girls facing obstacles in accessing healthcare especially when pregnant.
- An initial analysis of peer reviewed literature<sup>[1]</sup>, conducted by researchers at the Swiss Tropical Health Institute and Columbia University, estimated
  - Women lose four times as many days to men doing unpaid child care due to malaria cases in the household.

- Women Community Health Workers spend four times as many hours on unpaid work compared to men.
- Adolescent girls also are likely to serve as caregivers for family members with malaria which means reduced attendance at school for adolescent girls. Keeping girls in school helps reduce child marriage and adolescent pregnancy rates and deaths, and increases the opportunity to reach their full potential.

**Timely access to malaria prevention tools and to treatment within 24 hours of fever onset is a matter of life and death, opportunity, and potential. However, gender factors impact access to life-saving interventions.**

- Malaria outcomes worsen when gender inequalities prevent women and adolescent girls from making decisions about when and what resources to use for their and their families' healthcare. Innovations in how to fight malaria more effectively also could be unlocked with greater inclusion of women and adolescent girls.
  - Gender dynamics can influence who within a household has access to an insecticide treated net, as well as when or whether to seek healthcare.
  - Gender dynamics within a household influence who can decide if and when care is sought within the critical 24 hour window
  - Norms may require a woman to receive male approval before seeking care or to be accompanied by a male household member when she does.
  - Stigma and taboo associated with pregnancy, and particularly adolescent pregnancy, create barriers to timely care-seeking.
- When women are empowered with decision-making agency and valued as health workers, they can improve maternal and child health, reduce malaria's impact on health systems and lift themselves and their families out of poverty.
  - Female heads of households are more likely to use mosquito nets and purchase repellants compared to male heads of households(i).
  - Households are at least 16 times more likely to have used a mosquito net for a minimum of 8 months during the previous year if their women members have high levels of decision-making power (ii).
  - In 2020, 20,000 female seasonal workers hired to support indoor residual spraying (IRS) campaigns in 16 countries earned over USD \$2.5 million in wages, providing substantial financial support to these workers, their families and communities.

**Women play significant roles in the fight against malaria. In malaria affected countries, women are leading investors in combating the disease.**

- Women make up **70%** of the community health workers who have been instrumental in driving down malaria cases and deaths—a major contribution to the **7.6 million** lives saved and **1.5 billion** of malaria cases prevented since 2000.

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

- A concerted effort to understand and address the needs and realities of adolescent girls in malaria eradication strategies will empower adolescent girls in the fight against malaria.
- As future mothers, scientists, community health workers, advocates and community, government and country leaders, adolescent girls have high potential to become “agents of change” in the global goal of malaria eradication.

- Research by the RBM Partnership to End Malaria, in collaboration with Gallup International, finds that 9 in 10 African youth want to take personal action in the fight against malaria, with almost two-thirds (61 percent) believing the disease can be eliminated in their lifetimes.[\[1\]](#)

**The fight against malaria can no longer be gender blind. Defeating malaria within a generation is possible. Unlocking the power and agency of women and adolescent girls is essential to achieving this goal.**

- Malaria outcomes worsen when gender inequalities prevent women and adolescent girls from making decisions of when, and what resources, to use for their and their families' healthcare.
- When women are empowered with decision making agency and values as health workers they can improve maternal and child health, reduce malaria's impact on health systems, and can lift themselves and their families out of poverty.
- Gender dynamics of the malaria fight are under-researched. Lack of data keeps us all in the dark on how best to target investments, policies & programs.
- We need to disaggregate data by gender and age and invest in research that addresses women's and adolescent girls' unique needs.
- Accelerating women's contributions as leaders in the malaria fight to ensure women are decision makers, not just implementers of malaria programs and policies will improve gender equality in research and science and effect programmatic and policy decisions, ultimately, improving health outcomes.

**It is time to take a gender-intentional approach to the global fight against malaria. The *Investment Case* outlines opportunities to accelerate malaria eradication and advance gender equality through malaria programs, policy and advocacy, research and data and leadership.**

- Together, the malaria and gender equality communities and stakeholders can strengthen health systems and rebuild a better, stronger, more equal post-malaria world.
- The *Investment Case* calls on governments, donors, researchers, implementers, policy makers, civil society and the private sector to step out of typical silos and bring an intentional gender lens to four areas:
  - **Leadership:** Foster and grow gender-balanced representation in all areas of malaria leadership including policymakers, researchers and scientists, healthcare supervisors, and vector control.
  - **Policy and advocacy:** Create pathways to develop policies which address malaria, prevention, treatment and management across the lifecycle of women & girls.
  - **Programs:** Design, refine and implement malaria programs with gender considerations at the center.
  - **Research and data:** Further identify and fill critical gender-based data gaps to uncover additional information & needs required to develop effective interventions focused on gender and malaria.