

ERADICATION THROUGH EQUITY: AN ADVOCACY AGENDA FOR A GENDER TRANSFORMATIVE APPROACH TO THE FIGHT AGAINST MALARIA

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Co-created by the Gender and Malaria Community of Practice
with facilitation from Kati Collective



Acronyms & Abbreviations

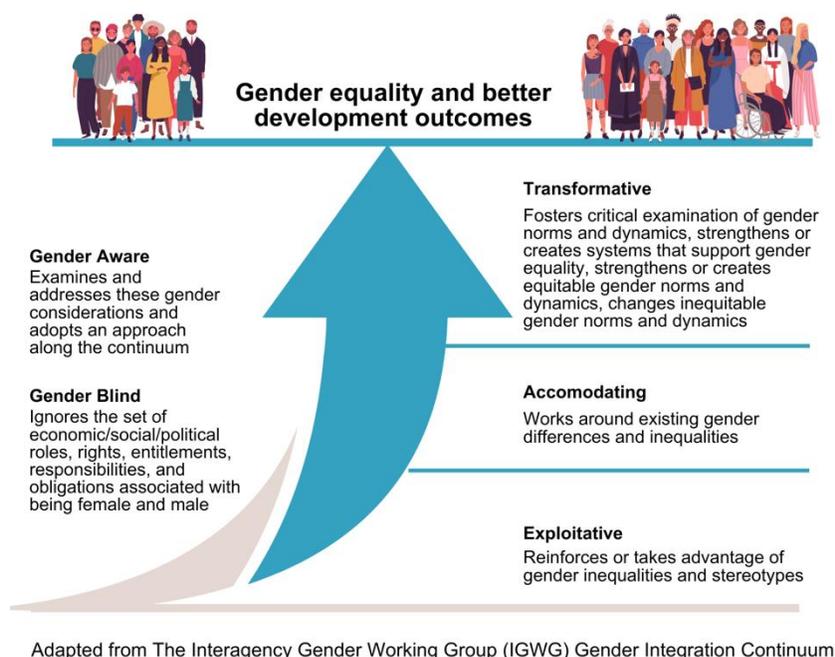
ANC	Antenatal care
CEGENSA	University of Ghana’s Centre for Gender Studies and Advocacy
COP	Community of Practice
CSO	Civil society organization
HCW	Health care worker
IPTp	Intermittent preventive treatment during pregnancy
NCD	Non communicable disease
NGO	Non-governmental organization
PHC	Primary health care
SDGs	Sustainable development goals
SRHR	Sexual reproductive human rights
NMCP	National Malaria Control Program
WASH	Water sanitation and hygiene
ZD	Zero dose

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Introduction

Nearly half of the world's population is at risk of malaria. In 2020 alone, there were an estimated 241 million cases globally of malaria and 627,000 malaria-related deaths - 77% of which were children under five.ⁱ Despite free health services for malaria treatment, there are significant individual, household, social, and opportunity costs that come with the disease, particularly when considering seasonality.ⁱⁱ Overall, households in Africa lose up to 25% of income due to malaria.ⁱⁱⁱ These losses are not shouldered evenly by individual members of society, nor split equally between genders. In Ghana, research shows that gender based economic, cultural, and social dynamics make women more likely to be exposed to malaria infection than men due to their activities during high transmission times of day.^{iv} Furthermore, the gender imbalance in caretaking has been well documented, with girls and women most likely to stay home with family members when they are ill, resulting in the loss of work and schooling.



Global efforts have achieved tremendous progress against malaria since 2000 saving over 10.6 million lives. However, in the last several years, progress has slowed. With the idea that new strategies and tailored approaches are needed to renew and accelerate progress to end malaria within a generation and the realization that resourcing for malaria cannot be assumed, the malaria community began to explore whether bringing a gender-transformative approach to the fight against malaria could be a way to both achieve gains in ending malaria AND achieve

additional gains for women and girls in malaria-endemic communities and around the globe.^v And, this isn't just about women and girls. It is about better understanding and addressing the role that gender plays in the cultural norms, beliefs, and messaging of all aspects of malaria prevention and control.¹ It is about unlocking new approaches that have promise to make the much-needed gains toward malaria elimination.

Beyond bringing together the gender and malaria communities, this work also focuses on how a gender intentional approach can bolster current efforts to support the front lines of the fight against malaria - community health workers - with an estimated six million women who are unpaid and underpaid in core health systems roles^{vi}. This agenda aligns with the work of global health partners who are actively engaged in championing policies and funding that promote appropriate training, equipping, and compensation of community health workers, 70% of whom are women. This represents a significant shift, showing that women are not just disproportionately affected by malaria, but also that women

¹ The CoP and authors of this document recognize that gender is not binary. For the purposes of this advocacy agenda, the CoP discussed male and female genders as the constructs primarily used in malaria endemic regions.

disproportionately affect malaria outcomes through their (often volunteer) leadership of community testing and treatment for malaria.

With an imperative to accelerate gains toward eradication and ensure alignment across areas of synergy, the malaria community began asking questions about what a gender transformative approach to the fight against malaria might look like and whether it would make a difference.

About this Agenda

While several malaria programs provide leading examples of integrating gendered approaches, the ecosystem remains poised to benefit from a more cohesive and coordinated approach. The following components comprise the process through which this coordinated effort has been built.

To test the double dividend hypothesis that addressing malaria through a gender lens delivers outcomes on both malaria eradication and gender equity, a comprehensive desk review was conducted in 2020. This revealed that while there were some individual examples for malaria and gender programming, there was not sufficient evidence or information about what a gender transformative approach might look like and whether it could make a difference. However, the desk review showed promise and, warranting further exploration, prompted a series of expert interviews with 32 leaders from 19 organizations across the global health, gender, and malaria fields. These interviews revealed widespread interest in pursuing the hypothesis further and resulted in a [learning paper](#) outlining qualitative findings. A virtual workshop series was held to further gather views from key stakeholders, engaging over one hundred experts in four sessions related to Research, Systemic and Cultural Issues, Adolescent Girls and Economic Empowerment.

These workshops culminated in a high-level leadership forum facilitated by Wilton Park and in partnership with Malaria No More, the RBM Partnership to End Malaria, and UN Women. Over 40 attendees from across the globe representing the public and private sectors provided further input and endorsement for the imperative for the malaria and gender communities to mobilize toward a coordinated, comprehensive approach to integrate gender transformative systems and policies in the fight against malaria.

Additionally, the community created messaging which led to the inclusion of gender-intentional language in the Global Technical Strategy (GTS) for Malaria Elimination 2021-2030, which was adopted by the World Health Assembly and is being updated for renewed commitment.^{vii}

The most foundational principle for this process has been co-creation. It has sought to build on work already being implemented across the field and has been entirely guided and formed by a diverse set of malaria and gender stakeholders. Together, a global dialogue on the need and opportunity for gender policy in malaria programming was launched, culminating in the publication of a comprehensive investment case based on the two years of co-creative input and research, entitled: "[Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight Against Malaria.](#)"

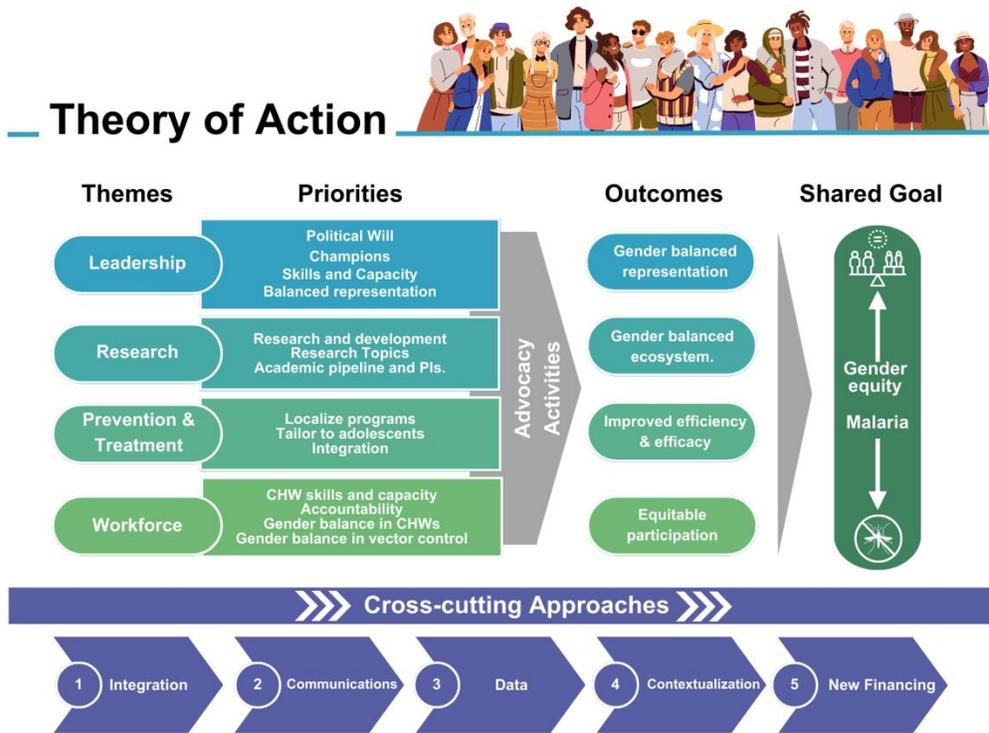
The advocacy agenda herein is the logical next step to achieving progress on the promise made in the investment case. It serves as a tool for advocates in malaria, gender, and broader health communities to align strategies and resources and identify gaps for coordinated, impactful action. The agenda has been developed through its own co-creative process, resourced by the Bill and Melinda Gates Foundation. It has been informed and generated by a Gender and Malaria Community of Practice (CoP) that was established in early 2022. Community led, the CoP includes 295 individuals and over 60% representation from malaria endemic countries.

The CoP engaged in a series of interactive technical working sessions, conducted in French and English to inform the structure for the advocacy agenda framework and content. In addition to these online workshops, in person consultations took place at the Pan-African Mosquito Control Association (PAMCA) annual meeting, and an in-person workshop with over 120 attendees held in parallel to the 2022 American Society of Tropical Medicine & Hygiene (ASTMH) conference. The result of this year-long process is the content found in this document: a discrete set of priority themes and concrete outcomes to advocate for. It represents the diversity of thinking and experience from these nearly 300 malaria and gender practitioners, academics, thought leaders, donors and advocates.

At the outset of its launch, the intent of the advocacy agenda and the CoP was that it would transition to management in a malaria endemic country within in year. As of February 2023, the implementation of these co-created resources will be managed by a team within the University of Ghana’s Centre for Gender Studies and Advocacy (CEGENSA).

Advocacy Framework

The Malaria and Gender Advocacy Framework is organized according to a Theory of Action model designed to establish concrete next steps toward delivering on the aforementioned double dividend born of the work of this Community of Practice and through The Case for Investing in a Gendered Approach to the Fight Against Malaria.^{viii} The Theory of Action outlines a sequential set of steps through which to achieve outcomes in four primary thematic areas that the Community of Practice established as the most accessible and impactful. Underpinned by a set of cross-cutting approaches that should be considered at all steps in the process, the model builds toward a common goal: the acceleration of malaria eradication and gender equity.



Shared Goal

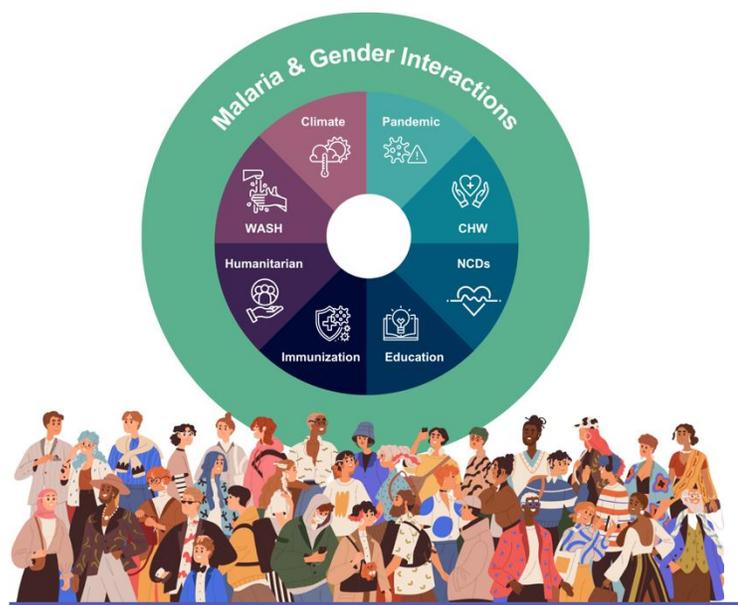
The Community of Practice established the following shared goal to serve as a guiding light for designing high-impact strategies for policy change and resourcing.

Key Cross-Cutting Approaches

While the Framework activities focus on a discrete set of four thematic priorities, they are underpinned by five fundamental approaches that should be applied across the board. These cross-cutting approaches were identified throughout the co-creative process as essential to the successful implementation of all aspects of the agenda:

Integration: Making the Connection

Advocacy efforts to target both gender equity and malaria eradication must be fully integrated into the broader gender ecosystem and other global health advocacy efforts. Malaria cannot be eradicated as a siloed disease and must be considered within a health systems strengthening approach, with the community health workforce essential to success. Particularly as domestic health issues with higher mortality push malaria down the agenda for donor countries, the implementation of malaria and gender advocacy efforts must be horizontal.



Critical areas for integration include:

	Malaria Dimensions	Gender Dimensions
Climate Volatility 	Effects the longevity of mosquitos, development of parasites, and transmission rates. ^{ix}	Disaster endangers women’s and girls’ health by limiting access to services and health care, as well as increasing risks related to maternal and child health. ^x
Pandemic Preparedness and Response 	Health systems strained by endemic malaria are less equipped to detect and respond to new disease threats. ^{xi}	Pandemic effects are gender regressive, due to the burden of unpaid care and other existing inequality. ^{xii}

<p>Primary Health Care</p> 	<p>Main channel for malaria prevention and treatment.^{xiii}</p>	<p>Perceptions and definitions of health and ill health vary by gender, as does health-seeking behavior.^{xiv}</p>
<p>Community Health Workers</p> 	<p>Frontline health workers are essential to drive down malaria cases and deaths, making up 90% of the community health workers.</p>	<p>Women comprise 70% of the global health workforce but makeup only 25% of top leadership positions.</p>
<p>Non-Communicable Diseases</p> 	<p>Associated with malaria and those with malaria history have a long-term risk of cardiovascular conditions and death.^{xv}</p>	<p>The most significant rate of NCD increase over the next 10 years will be in women.^{xvi}</p>
<p>Education</p> 	<p>Malaria control increases grade level and reduces schooling delay.^{xvii}</p>	<p>Up to 50% of preventable school absenteeism in Africa is caused by malaria, with older girls often required to stay at home to take care of family members when they are sick.^{xviii}</p>
<p>Immunization</p> 	<p>Children who lack access to bed nets face multiple deprivations and are more likely to be under immunized.^{xix}</p>	<p>Gender factors influence knowledge about, demand for, and access to immunization services.^{xx}</p>
<p>Humanitarian</p> 	<p>Forcibly displaced persons are at increased risk for vector-borne disease and often live in camps or other informal situations where standard prevention and treatment tools are hard to deploy.^{xxi}</p>	<p>Crisis exacerbates gender inequality, including increased levels of gender-based violence, exclusion from life-saving services and decision-making, and limited mobility to get help due to physical insecurity.^{xxii}</p>
<p>WASH</p> 	<p>Unprotected water and lack of sanitation facilities are related to an increased risk of malaria.^{xxiii}</p>	<p>Lack of access to water, sanitation, and hygiene affects women and girls disproportionately due to biological and cultural factors.^{xxii}</p>

Communications: Widening the Lens

Communications efforts must show how investment in malaria will serve to deliver on other health goals. As with the double dividend hypothesis tested for malaria and gender – there are a number of other critical health priorities that can be delivered on through malaria eradication efforts. Furthermore, the importance of applying a gender lens to malaria and beyond must be better communicated through partner requirements and results reporting. Communication tools must be created to help educate key decision-makers the value of applying a gender lens in public health.

Data: Measurement Illuminates What Works

Availability and quality of data must be improved to enable decision-making and unlock contextualized and tailored approaches that work toward eradication. Despite longstanding awareness of the essential role of surveillance and analytics, timely, reliable data still needs to be improved. Furthermore, the malaria community must join the call for gender-relevant indicator data. National and subnational sex and age disaggregated data in endemic countries must be prioritized and accelerated. The Community of Practice also identified a number of specific areas for data efforts including:

- Perform a gap analysis to understand what data is needed and most essential.
- Integrate gender-relevant indicators into research methods and M&E plans.
- Work with malaria control focal points to promote the value of gender-disaggregated data.
- Tailor data collection and analysis approaches to include local gender dynamics to inform program design.
- Sensitize normative bodies to drive their demand for gendered malaria data and to recommend its collection by partners (implementers and governments).
- Improve packaging of financing data to better present the case for resourcing gender sensitive malaria programming.

Local & Contextual: Rhetoric Won't Work, Lived Experience Equals Expertise

Due in part to the cultural norms that inform their dynamics, gendered practices to malaria must be highly localized and contextualized. Health systems are not equally resilient, last mile populations and gender policy not ubiquitous. This means considering approaches that are not global in nature but tailored to subnational and community lived experience. Efforts to link malaria and gender should be closely aligned with the broader localization agenda and designed to drive country ownership and local political will. Notably, in a research-heavy field such as malaria, it is essential to bridge the gap between academia, the laboratory, and lived experience.

New Financing: Filling the Gap

New donors are required for new approaches. Additional resources from novel sources are needed to fill current gaps in malaria financing, address the funding plateau and to better target gender dynamics in a more comprehensive and systematic way. To achieve a double dividend, the resourcing ask must be elevated. Malaria funding asks should seek to increase the allocation of domestic resources for planning, malaria programming, research, implementation at the national and sub-national levels. They should be aligned and integrated with other initiatives related to immunization, and community health workers. As part of these efforts, it will be critical to ensure that gender equity is a key investment factor. This requires specific, costed policy proposals that have been researched, developed, validated, and disseminated to justify increased investment in malaria and gender activities.

Thematic Priorities

Through the co-creative process, four top thematic priorities were identified as critical near-term levers for change in achieving the goal of malaria eradication and gender equity. They are not the only priorities

in the gender-transformative fight against malaria, but rather, represent priority areas at a point in time. The four themes overlap with one another, with multiple entry points for integration and leverage with broader advocacy agendas. This Advocacy Agenda should be viewed as a continual roadmap and the Malaria and Gender Community of Practice should both ensure accountability for delivering on these priorities and remain responsive to evolutions in the global health ecosystem.

For each thematic outcome, a set of clear priorities has been proposed along with concrete activities intended to meet the priorities, contribute to the thematic outcome, and ultimately deliver on the shared goal.



Leadership

With women already playing an outsized role in the fight against malaria, as community health workers and in other cadres, the opportunity to accelerate progress through gender balance at the leadership level is significant. Creating gender balance in leadership has meaningful economic empowerment implications at the individual and household level. Furthermore, improving gender balance in all positions of power, from program design, to policy making, to resource allocation is a basic component of ensuring malaria eradication efforts work for everyone the disease effects. As we build new champions in government, academia, research, and beyond, we must achieve a balance of diverse and representative voices.

Outcome

Establish gender-balanced representation in all areas of malaria leadership, from policymakers, researchers, scientists, and the workforce.

Priorities	Advocacy Activities
1. Strengthen political will for gender-balanced representation in malaria leadership at all levels.	<p>1.1 Develop tailored talking points on the value add of gender-balanced representation in malaria leadership at all levels and engage governments, civil society, donors, and partners to share the message.</p> <p>1.2 Conduct consultations with decision makers, technical experts, and other critical stakeholders on gender-sensitive malaria policy formation and implementation at global, national, and subnational levels.</p>
2. Deploy gender and malaria champions strategically positioned to support and influence decision-making in partnership with government agencies, relevant organizations, and communities.	<p>2.1 Identify, recruit, and finance new voices of gender and malaria championship across a broad spectrum of age groups, with a focus on those representing local communities with high malaria burden.</p> <p>2.2 Prepare new champion cadre to engage with thought-leaders and leverage global partners to amplify their messages.</p> <p>2.3 Create a global mentorship program to bridge the experience of current leaders to the potential of adolescents and the next generation.</p>
3. Strengthen the skills and capacity of women	<p>3.1 Perform a needs assessment to understand the skills and knowledge that leaders deem critical to holding power and influence.</p>

leaders in malaria programming, research, and implementation.	3.2 Create and disseminate a package of human-centered design, leadership, and training workshops for women leaders that are contextualized to specific roles and regions.
4. Establish gender-balanced leadership in all cadres of the malaria ecosystem, including policymakers, researchers, scientists, healthcare workers, vector control experts, and program implementers.	<p>4.1 Make gender balanced malaria leadership an attractive and competitive option for applicants and recruiters alike by incentivizing promotion and retention of gender-balanced talent.</p> <p>4.2 Landscape current barriers to entry for would-be women leaders in key sectors for malaria-endemic countries and high transmission communities.</p> <p>4.3 Create a package of policy and human resource recommendations for gender-sensitive inclusion and accommodation in leadership roles.</p>



Research

The opportunity to investigate the gendered facets of malaria is significant, with several current gaps in knowledge and information critical to effective program and policy design. Efforts to this end will yield a robust evidence base on which to design more effective investments and interventions. Proposed activities related to gender and malaria research span the entire spectrum, from innovation and product development, to topic selection, to the academic pipeline and representation among Principal Investigators.

Outcome	
Create gender balance in all aspects of the research ecosystem, including topics, talent pipeline, and product development.	
Priorities	Advocacy Activities
1. Include gender considerations and under-represented populations, including pregnant and lactating women, in all aspects of malaria research & development, including vaccine development, introduction, delivery, and monitoring. ^{xxiv}	<p>1.1 Sensitize the research community on the value and importance of gendered-considered malaria research.</p> <p>1.2 Promote participatory research methods to engage malaria-endemic communities in research.</p> <p>1.3 Combine situational and gender analysis methods to inform and support funding for malaria R&D that includes neglected populations including pregnant and lactating women.^{xxv}</p> <p>1.4 Develop guidelines for malaria vaccine R&D, introduction, delivery, and monitoring that are gender-sensitive, including community engagement and with a focus on women and adolescents.</p> <p>1.5 Raise awareness on the gap in antimalarial medicines and data affecting women of reproductive age and pregnant and lactating women.</p>
2. Ensure gender balance in the full spectrum of malaria research topics.	<p>2.1 Perform analysis of the current research base with a gender lens to understand the research topic gaps that exist</p> <p>2.2 Convene donors to pool funding for new research to fill gaps in understanding the gender related aspects of malaria.</p> <p>2.3 Design and implement a grant program to fund locally led and focused research related to community gender and malaria dynamics.</p> <p>2.4 Tap experts for topic areas known to be missing from the research base including:</p>

	<p>Analysis of the economic impact of the intersection of malaria and gender.</p> <p>Political economy analysis to understand the political structures that determine change related to malaria and gender.</p> <p>Understanding of individual contribution to malaria transmission, specifically the incidence of adolescent asymptomatic transmission.</p> <p>Simulation analysis to understand the impact that changes to gender inputs have on malaria outcomes.</p>
<p>3. Cultivate gender balance in the academic pipeline, the malaria researcher community, and Principal Investigators.</p>	<p>3.1 Package the investment case for gender balance in the researcher community, including how it will contribute to eradication goals.</p> <p>3.2 Create opportunities to understand academic and research career paths for all students in pre-university education settings.</p> <p>3.3 Create mentorship opportunities for a new generation of researchers and consider how these can be integrated at different levels of educational and academic settings.</p>



An Opportunity for Equitable Immunization: RTS,S/AS01 Malaria Vaccine

With the 2021 approval and rollout of the vaccine for prevention of *P. falciparum* malaria in children living in regions with moderate to high transmission, there are critical opportunities to apply lessons about gender dynamics both from the immunization and malaria communities, in order to achieve equitable coverage. Understanding cultural norms about care seeking behavior, particularly for ANC and routine immunization are essential to service delivery programs that maximize uptake. Awareness and education campaigns must take into account local dynamics of household decision making, how and where information is disseminated, and who the target audience is. This requires a coordinated cross-Ministerial approach. As limited doses of the vaccine are allocated, and demand outpaces supply, gender knowledge and data is essential to targeted roll out that maximizes resources and protects the most vulnerable. This is particularly in the case of those communities where endemic malaria aligns with high concentrations of zero-dose and under-immunized children.



Prevention and Treatment

Prevention and treatment are, of course, the most foundational dimensions in the fight against malaria. With new innovations in prevention and proven tools for treatment, the promise that comes with closing gender gaps in access and uptake is profound. Through the co-creative process, three priorities were established toward prevention and treatment, with a focus on local dynamics for pregnant women and adolescent girls. While these priorities represent once piece of a complex tableau for prevention and treatment, they are areas that can be leveraged for greater impact, particularly when undertaken in concert with the other priorities in this agenda.

Outcome

Advance malaria prevention & treatment with local gender considerations at the center, particularly for pregnant women and adolescents.

Priorities	Advocacy Activities
<p>1. Tailor malaria prevention, education, diagnosis, and treatment programs to local gender dynamics.</p>	<p>1.1 Landscape gender dynamics of risk and exposure at local and community level and align prevention strategies accordingly. Consider how traditional gender roles link to risk (e.g., cooking, fieldwork, etc.).</p> <p>1.2 Create guidelines to support National Malaria Control Programs to incorporate gender considerations in planning and resourcing processes and include tools for localized adoption.</p> <p>1.3 Increase the allocation and financing for gender-focused malaria programming at all levels, focusing on national and sub-levels.</p> <p>1.4 Develop and implement capacity building on gender-responsive budgeting.</p> <p>1.5 Landscape household decision-making patterns to understand the hidden dynamics of household agency, including intrahousehold dynamics and understanding what “self-efficacy” means contextually.</p>
<p>2. Implement programs that better meet the unique needs of adolescents and equip them to become champions for gender equality and malaria eradication.</p>	<p>2.1 Identify and document gendered barriers to care for adolescents considering geography, financial inclusion, supply chain, and behavior.</p> <p>2.2 Involve adolescents in program design and give them the opportunity to provide meaningful input on the feasibility and appropriateness of the activities developed.</p> <p>2.3 Link efforts to bolster the community health workforce with efforts to reach adolescent girls with tailored services.</p>
<p>3. Create holistic malaria prevention and treatment programming through integration with primary health and other systems, including education, SRHR, ANC, and financial services.</p>	<p>3.1 Strengthen global technical guidance on integrating gender and malaria into health and other systems with specific considerations for the NMCP, specifically improving coordination between reproductive health and NMCP.</p> <p>3.2 Promote strategies to address the gap between pregnant women accessing ANC and receiving IPTP first dose.</p> <p>3.3 Apply best practices from the gender equity community to inform and enhance malaria initiatives.</p> <p>3.4 Landscape gender dynamics of access to treatment – not just for those accessing treatment for themselves but also those accessing treatment as a primary caregiver.</p>

Workforce

The malaria workforce includes a wide range of functions, with two specific cadres rising to the top as critical roles to influence: Community Health Workers and Vector Control. Gender dynamics are at play on multiple levels for these two cadres. Gender can affect how, where, and when a community health worker engages with a patient, or a vector control worker’s ability to enter a household at a given time for spraying. As a professional, gender can influence recruitment, advancement, retention, training, and compensation. As the engine of eradication efforts, the malaria workforce must strive for equity for all its members.



Outcome

Create pathways for gender-equitable participation and professional advancement for the malaria workforce, including community health workers and vector control.

Priorities	Advocacy Activities
<p>1. Build skills and capacity of community health workers and clinic staff on country-specific gender-sensitive strategies and policies for malaria prevention and treatment.</p>	<p>1.1 Develop gender-focused and balanced training approaches, materials, and support for CHWs. Include scenarios where gender dynamics may impact access to services (e.g. due to caregiving responsibilities or prioritization within the household for accessing services).</p> <p>1.2 Establish a mentoring program for CHWs through facility linkages with HCWs.</p>
<p>2. Establish clear lines of accountability within all tranches of the workforce and its leadership for the gendered aspects of malaria programs and activities.</p>	<p>2.1 Request the equal and meaningful participation of men and women as project staff and in decision-making positions and ensure equitable remuneration.</p> <p>2.2 Establish terms and conditions for staff members and contractors that are not more difficult for one sex to meet than the other because of structural or familial constraints.</p> <p>2.3 Develop gender-sensitive codes of conduct for working within the program and in-field activities.</p> <p>2.4 Perform detailed mapping of the gender equity policy landscape beyond generic laws (e.g., wage equality).</p> <p>2.5 Create multi-national forums for cross-Ministry discussion on gender dynamics in the health workforce.</p> <p>2.6 Provide recommendations on gender-balanced recruitment targets and highlight geographies and areas of the workforce that struggle to recruit equitably.</p>
<p>3. Improve gender balance in CHW and other networks required to bolster health systems to meet a country's holistic health needs, including malaria prevention and treatment.</p>	<p>3.1 Request financing to unlock proper remuneration that will incentivize equitable participation and advancement. Link to broader CHW advocacy efforts regarding compensation, professionalization, and increased workforce.</p> <p>3.2 Make sex parity an explicit criterion for recruitment and for the recruitment panels themselves.</p> <p>3.3 Provide recommendations for gender-balanced upskilling beyond the completion of basic training.</p>
<p>4. Promote gender balance and equity at all levels of the vector control workforce.</p>	<p>4.1 Build gender-balanced capacity in the field of vector control. Achieve sex parity in the workforce and equitable conditions for participation.</p> <p>4.2 Promote grassroots engagement on the role of women in vector control both as a viable career path and as a critical function of eradication efforts.</p> <p>4.3 Research and document the outcomes and efficiencies achieved through gender balance in vector control.</p> <p>4.4 Engage men within the malaria workforce on gender dynamics through sensitization programs.</p>

What is Required to Achieve our Goals?

The Malaria and Gender Advocacy Agenda co-created over the last year is both ambitious and optimistic. It spans four distinct yet interrelated dimensions of the fight against malaria and demands for new approaches that are tailored to community, sub-national, national and global contexts. To achieve the promise of this agenda and deliver the double dividend for malaria eradication and gender equity, the following two levers for change should be considered as valuable assets to these efforts.

Local to Global and Global to Local:

To tap the local knowledge and buy in that has previously been identified as an underpinning theme, civil society, including youth groups and local organizations, must be consistently engaged. CSOs are critical stakeholders in channeling ground truths and tailoring solutions that are fit for purpose. These groups hold linkages to crucial populations and have the ability to build advocacy capacity. They are essential partners in demanding change and shining a spotlight on accountability from global partners like WHO and donor country governments. A connective tissue must be created linking these local efforts to the decision makers allocating the world's wealth. Some recommended tools to strengthen these two-way relationship include:

- Resource and donor country landscapes
- Expansion of malaria advocacy eco-systems
- Engagement of new congressional and parliamentarian champions in both donor and malaria endemic countries
- Incorporate key messaging and themes into appropriate advocacy activities.

Malaria Mainstreaming:

Much has been discussed regarding gender mainstreaming and the integration of gender considerations into the full range of health and broader policy decisions. It is true that gender frameworks and the prioritization of gender objectives must be included by key donors, who year on year, step up to fund the continued fight against malaria. However, key to the success of this agenda will be the mainstreaming of malaria into the broader gender conversation. Unfortunately, engagement with the gender community has waned since the launch of the Community of Practice. Gender organizations are responsible for a wide-reaching range of topics and the complexity of their work has been exacerbated by pandemic related lost progress. Has the case been made adequately for why malaria matters so much in the fight for gender equity? It is imperative that those solely focused on achieving gender equity, particularly for women and girls have a seat at the table going forward. It is incumbent on the malaria advocacy community to develop bespoke approaches and communications that drive engagement from those leading the charge on gender equity. As a common community, all seeking resources to address the world's pressing challenges, new approaches for collaboration, integration and communication must be developed, unlocking the opportunity to deliver on our collective objectives to eradicate preventable disease through achieving equity.

Annex 1: Contributors and CoP Members

Hakima Abbas, AWID
Kabir Abdulsalam
Matilda Aberese-Ako, University of Health and Allied Sciences
Fred Aboagye-Antwi, Target Malaria, Ghana
Abdulrasheed Abubakar
Adetosoye Adebajo
Peju Adeniran
Yaw Afrane, University of Ghana
Natalie Africa
Zainab Ali
Pedro Alonso, WHO
Alta Alonzi
Mwiine Amon Ashaba, School of Women & Gender Studies, Makerere University, Uganda
Dr Ify Aniebo, Health Strategy and Delivery Foundation, Nigeria
Lilian Anomnachi
Dr. Akudo Anywanwu, WAGS Organizing Committee, Engender Health
Elizabeth Arlotti-Parish, Jhpiego
Caleb Aromeh
Sarah Arrey, Katchoua Foundation
Mengistu Asnake
Ezinne Aso
Roberta Ataides, GHS Latin America
Nicole Atchessi
Caya Atkins, Global Fund
Deborah Atobrah
Euripide AVOKPAHO, Agence de Médecine Préventive (AMP)
Samuel JKJ Azakasi
Emma Louise Backe, George Washington University, USA
Delali Badasu
Mariama Bailo Diallo
Betty Balikagala, Juntendo University
Alison Ball, USAID
Maha Barakat
Dr. Azucena Bardajã
Denise Barrera, Tulane University
Kelsey Barrett, Unitaid
Aissata Barry, CNRFP
Fatoumata Bathily, National Institutes of Health
Philippe Batiénon
Bethel Bayrau, Stanford University
Eva Bazant, The Task Force For Global Health, Inc.
Allison Belemvire, USAID / US President's Malaria Initiative (PMI)
NATHALIE Beloum, Medical Research Council The Gambia at LSHTM
Fidèle BEMADOU, Impact Sante
Miren Bengoa
Peter Berry, Bill & Melinda Gates Foundation
Myra Betron
Urvita Bhatia
Suzanne BILO'O MEYE, POWER : Providing opportunities for Women and Youths Empowerment and Rights
Ludo Bok
Harriet Bonful, Research Institution
Simona Bosello, Novartis
Maria Botto
Konstantina Boutsika, Swiss TPH
Eric Boyle, ICF
Jessica Briggs, University of California, San Francisco
Susan Brown
Samantha Budram, Abbott
Camilla Burkot
Prosper Chaki
Alvine Choula Noulala
Carol Colonia, Universidad Nacional de Colombia
Jackie Cook, LSHTM
Kassoum Coulibaly
Mamadou Coulibaly, Target Malaria, Mali
Gina Cuomo-Dannenburg, Imperial College London
Brooke Cutler, Kati Collective
Gustavo Da Silva, University of Notre Dame
Nazneen Damji, UN Women
Yana Daneva
William Dare
Jonna Davis, Busara Center for Behavioral Economics
Siaka Debe, CNRFP
Awa Bineta Deme, University Cheikh Anta Diop
Caroline Desrousseaux, BAAM
Angela Devine, Menzies School of Health Research
Roopa Dhatt
Abdoulaye Diabate, Target Malaria, Burkina Faso
CARINE DIBOUE
Eric Diboulo, ICF
Gonzalo Domingo
Cassie Dormond, BAAM
Adel Driss, Morehouse School of Medicine
Marie Laure EDENG
Marcy Erskine
Dr Tene Alima Essoh
Isabelle Etoke, Gates Foundation
Monica Faccini, CENTRO DE PROMOCION Y SOLIDARIDAD HUMANA - CEPROSH
Bakar Fakhir, Swiss Tropical and Public Health Institute
Caterina Fanello, University of Oxford, Nuffield Department of Medicine
Kara Fikrig, Cornell
Scott Filler, Head of Malaria
Michal Fishman, BMGF
Cecilia Flatley, Abt Associate
Ruthly Francois, University of North Carolina at Chapel Hill
Seema Gaikwad
Wilma Ganibe, Gender Equality Resource Center (GERC)
Adama Gansane, Centre National de Recherche et de Formation sur le Paludisme (CNRFP)
Jennifer Gardy, Bill & Melinda Gates Foundation
Vicki Gashe
Hawah Gboyah, National Malaria Control Program
Emily Gerth-Guyette, PATH
Anita Ghansah, Noguchi Memorial Institute for Medical Research, Ghana
Ashley Giles, Malaria Consortium
Fitsum Girma Tadesse
Lisa Goldman-Van Nostrand, Glide Institute
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Jessy Goupeyou
Bryan Greenhouse
Julie Gutman, CDC
Didier Gweth
Kamal Deen Habib, Speak Up Africa
Haroun Habib, DevGlobal Partners
Katya Halil, Medicines for Malaria Venture
Dale Halliday, Unitaid
Prudence Hamade
Atta ul Haq
Kitty Harding, Bill and Melinda Gates Foundation
Wahdaemai Harmon Gray, University of Liberia
School of Public Health
Abdoulaye HARO
Whitney Harrington, University of Washington/Seattle Children's
Angela Harris
Tarryn Haslam
Julie Healer
Nina Hezagiri
Yabo Honkpehedji, Centre de Recherches Medicales
Mohammad Hossain, ICCDRB
Issoufou ILBOUDO
Uwem Inyang, USAID/PMI
Anastasia Isodje, Nigeria LNG Limited (NLNG)
Elizabeth Ivanovich
Chima Izugbara, ICRW
Choolwe Jacobs
Pooja Jain
Mambwe Kabaso
Memory Kachambwa, FEMNET (The African Women's Development & Communications Network)
Jean Standeur Nabi Kaly, Ministère de la santé et de l'action sociale
ANITTA R Y Kamara
Deepika Kandula, CHAI
Musa Sillah Kanu, National Malaria Control Program, Ministry of Health and Sanitation
Gagik Karapetyan, World Vision US
Corine Karema, Quality & Equity Healthcare
Marie Rose Kayirangwa, Country Director
Jonathan Kayondo, Target Malaria, Uganda
Fatou Kebe
Ann Keeling, Women in GH
Soumba Keita
Michelle Kendall
Amy Kesterton, BMGF
Ochuko Keyamo-Onyige, GBHealth CAMA
Eeshan Khandekar
Samuel Kidane, MERQ Consultancy
Ilana Kirsztajn, Global Health Visions
Sona Konate
Dr Aminatou Kone, University of Sciences Technics and Technologie of Bamako, Mali
Mara Kont, Imperial College London
Irene Kretchy
Dr Prasad Kulkarni, Faculty of Sustainability Studies, MIT World Peace University, PUNE, India
Odell Kumeh, National Malaria Control Program
Benjamin Kwansa
Abena Kyere
Ben Lakavage
Danielle Larrabee, IFRC
Dr. Bijaya Laxmi Shrestha
Maimouna Lehman
Wendy Leonard, TIP Global Health
Joseph Lewinski
Caya Lewis Atkins, Global Fund
Julie Liao, National Academies of Sciences, Engineering, and Medicine
Giselle Lima-Cooper, Indiana University
Lesley-Anne Long, GBHealth

Alexandrina Lovita
Andrea Lucard, MMV
Anna Lucas, ISGlobal
Sandii Lwin, Bill and Melinda Gates Foundation
BEATUS LYIMO, National Institution for Medical Research
Suzanne Majani
GERRY MAKAYA, Vysnova Partners Inc
Kathryn Malhotra, Bill & Melinda Gates Foundation
Josephine Malinga, Swiss Tropical and Public Health Institute
Salehe Mandai, National Institute for Medical Research
Erika Manuli, USP
Latanya Mapp Frett, Global Fund for Women
Joanna Markbreiter, DFID
Anne Claire Marrast, Medicines for Malaria Venture
Helen Martin, MedinCell
Miguel Martins, Abbott
Damaris Matoke-Muhia, PAMCA
Alfredo Mayor
Gaspar Mbita, Jhpiego
Momar Mbodji, CRS
Charles Mbogo, PAMCA
Esther Mburu
Francis Mbuyi, Heath Services
Drew McCracken, APLMA/APMEN
Carmen Mejia, Harvard T.H. Chan School of Public Health
Clara Menendez, ISGlobal
Catherine Menganyi
Claudine Mensah Awute, CARE
Cole Miller, University of Rochester Medical Center
Rajesh Mishra
Vijay Mishra
Sachin Misra
Nima Moghaddas, Imperial College London
Mathias Mondy
Carson Moore, Vanderbilt University
Colette Morlino
Francoise Moudouthe, AWFDF CEO
Pamela Mudabai
David Mulabi
Ifeanyi Stanley Muoghalu, PMI Measure Malaria
Kelsey Murt, University of Maryland
Venus Mushininga
Stephanie Nama
Sarah Nambudye
Nohelia Navarrete Flores, Vysnova Partners
Jean Louis Ndiaye
Ildephonse Nduwayo
Rory Nefdt
Thoai Ngo
Olivia Ngou, Impact Sante Afrique
Carrie Nichols, Malaria No More
Benson Njuguna
Jenny Njuki, Malaria No More
John Nkengasong
Marilyne Noah
Eva Noble, Women for Women International
Daouda nouhou NoUhou

Haddy Nyang, Medical Research Council, The Gambia Unit
Evans Odhiambo, Kesho Kenya
Kisito Ogooussan, FHI360
Emmanuel Oguntomi
Olusola Oke, University of Ibadan
Chinelo Henrietta Okonkwo
Scheaffer Okore, Women Political Leaders
Fredrick Omiti, Kenya Medical Training College
Marie Onyamboko, Kinshasa School of Public Health, DRC
Robert Opoku
Philip Opoku-Agyeman, Noguchi Memorial Institute for Medical Research
Emma Orefuwa
Mario Ottiglio
Nicolas OUEDRAOGO, CNRFP
GHISLAINE OUEDRAOGO-AMETCHIE
Isabella Oyier, KEMRI Wellcome Trust Research Programme, Kenya
Rohini Pande
Binita Pandey, Save the Children-Nepal
Elizabeth Pellecer
Melissa Penny
Neeraja Penumetcha
Melissa Persaud
Carl Perumal, Abbott
Webby Phiri, PATH, PAMO Plus
Joy Phumaphi, ALMA
Dr Ouedraogo Pingdewinde
Joao Pires, World Bank
Christopher Porras
Patricia POUHE
Jaishree Raman, National Institute for Communicable Diseases, South Africa
Miguel Reina Ortiz, Boise State University
Melanie Renshaw
Lottie Renwick, Malaria No More UK
Margarita Rivera
Alastair Robb, WHO
Alexia Rodriguez, CDC
Victoria Rodriguez, Universidad de Los Andes
LUIS ROJAS MURO, Universidad Nacional Toribio
Rodriguez de Mendoza
Elaine Roman
Rosanne Rotondo
Nabil Royce, University of Calgary
Kiri Rundle
Kabore S. Safiata, INSP BURKINA FASO
Leticia Sakana
Aissata Sall, Global Fund for Women
Juan Sanchez, U.S. Naval Medical Research Unit No.6 (NAMRU-6)
Patty Sanchez Bao
RALISATA Sandy, PSI
Meddy Santolalla, Universidad Peruana Cayetano Heredia
Kammerle Schneider, PATH
Gaelle Sehi, University fo California, Irvine
Leetah Senkpeil, Indiana University School of Medicine
Ananta Seth

Cecilia Mundaca Shah, United Nations Foundation
Dr. Abhijit Sharma
Sheetal Sharma
Som Kumar Sharma
Riffat Ara Shawon, University of Washington
Tess Shiras
Fatoumata Sidibe, PSI
Johanna Simon, Malaria No More
Avdhesh Singh
Sagri Singh
Samman Singh
Angela Siteyi, PharmAccess
Alex Smith, USAID
Mariam Sow
Theo Sowa
Jennifer Stevenson, WHO
Namo Suksomyos, Abbott Laboratories Ltd.
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Felicite Tchibindat, UNICEF
Kemi Tesfazghi, BMGF
Andrew Thomas
Miko Thomas
Prof Kamala Thriemer
Cheick Oumar Tiendrebeogo
Halidou Tinto
Professor Sheila Tlou, ALMA
Foyeke Tolani, Oxfam
Andy Tompsett, USAID / US President's Malaria Initiative
Estee Torok
Zoumana Isaac TRAORE, Center for Global Health Science and Security/Georgetown University
Dr. Irene Umulisa, African Leaders Malaria Alliance (ALMA)
Dr Holger Unger
Innocent Valea
Innocent Valea
Suzanne Van Hulle
Rebecca Vander Meulen, J.C. Flowers Foundation
Meera Venkatesan
Erica Vigano, Malaria Consortium
Sarah Volkman, Harvard School of Public Health
Elizabeth Walsh, Abt Associates
Mary Warsh, Population Services International
Alexandra Wharton-Smith, ZzappMalaria
Brandon Wilder, OHSU Vaccine and Gene Therapy Institute/NAMRU6
Javon Williams, USAID-GH-PMI
Derek Willis
Kate Wills, Malaria No More UK
Dyann Wirth, Harvard Chan Defeating Malaria Initiative
Farida N YADA
Soungalo Yao
Maria Fernanda Yasnot
Soyeon Yi Noul Co., Ltd.
Doreen Yomoah
Mariam Zameer, VillageReach
Jethro Zawolo, Jhpiego
Fauzia Zimblim

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Endnotes

- ⁱ [Key Facts About Malaria, RBM Partnership to End Malaria](#)
- ⁱⁱ [The economic burden of malaria on households and the health system in a high transmission district of Mozambique](#)
- ⁱⁱⁱ [Voices for a Malaria Free Future](#)
- ^{iv} [Are Malaria Risk Factors Based on Gender? A Mixed-Methods Survey in an Urban Setting in Ghana](#)
- ^v [Gender Equality Continuum](#), page 2. Additionally the BMGF [Gender Integration Marker](#) as part of the [Gender Equality Toolbox](#)
- ^{vi} <https://womentingh.org/wp-content/uploads/2022/07/Pay-Women-Report-July-7-Release.pdf>
- ^{vii} [Global Technical Strategy for Malaria 2016-2030 \(2021 Update\)](#)
- ^{viii} [Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight Against Malaria](#)
- ^{ix} [Climate Change and Malaria – A Complex Relationship](#)
- ^x [Explainer: How gender inequality and climate change are interconnected](#)
- ^{xi} [Preventing Pandemics and Ending Malaria Demand New Investments in Community Health | Think Global Health](#)
- ^{xii} [COVID-19 impact on women and gender equality | McKinsey](#)
- ^{xiii} [The impact of primary health care on malaria morbidity - defining access by disease burden](#)
- ^{xiv} [Gender Women and Primary Healthcare Renewal](#)
- ^{xv} [Temporal trends in the burden of non-communicable diseases in countries with the highest malaria burden, 1990–2019: Evaluating the double burden of non-communicable and communicable diseases in epidemiological transition](#)
- ^{xvi} [Non Communicable Diseases and Gender](#)
- ^{xvii} [Does Malaria Control Impact Education?](#)
- ^{xviii} [Fact Sheets on Malaria and the SDGs](#)
- ^{xix} [Exposure of Zero-Dose Children to Multiple Deprivation: Analyses of Data from 80 Low- and Middle-Income Countries](#)
- ^{xx} [Exposure of Zero-Dose Children to Multiple Deprivation: Analyses of Data from 80 Low- and Middle-Income Countries](#)
- ^{xxi} [Vector Control in Humanitarian Emergencies](#)
- ^{xxii} [Closing the Gender Gap in Humanitarian Action](#)
- ^{xxiii} [Drinking water and sanitation conditions are associated with the risk of malaria among children under five years old in sub-Saharan Africa: A logistic regression model analysis of national survey data - ScienceDirect](#)
- ^{xxiv} [Malaria in Mothers and Babies](#)
- ^{xxv} [Developing New Antimalarial Drugs for Malaria Free Pregnancies](#)