THE FIGHT AGAINST MALARIA CAN NO LONGER BE GENDER BLIND

As the saying goes, disease does not discriminate. Anyone can get malaria. But women bear the health, societal and economic brunt of this ancient and deadly disease that thrives in and exacerbates poverty and deepens inequalities. Year after year, hundreds of millions of pregnant women and children under the age of five are particularly vulnerable to malaria, with children under five making up 2/3 of all malaria deaths. Others—especially adolescent girls—fall through the many gendered gaps in the provision of malaria services, sometimes with lifelong consequences.

But malaria is treatable and preventable. Since 2000, the world has made tremendous progress against malaria: driving deaths from the disease down by 60 percent and cases by almost 40 percent; saving 7.6 million lives; reducing the strain on health systems; and unlocking billions in the global economy. However, this significant progress has now slowed. We need new strategies and approaches to accelerate progress to end this disease for all.

Women in malaria-endemic countries are the leading—but little-acknowledged—investors in the fight against malaria. They make up 70 percent of the community health workforce that has been instrumental in driving down malaria cases and deaths in remote and rural communities over the last two decades. Women and adolescent girls are also the greatest contributors in the informal "care economy." But caring for children and family members who may suffer from malaria multiple times in a year keeps them from steady work or school attendance.

And yet, for too long, the fight against malaria has been gender-blind—including the lack of disaggregated data on how many men and women fall sick and die from malaria every year, and need to better tailor and target access to life-saving interventions such as mosquito net distribution and indoor residual spraying (IRS). The global community has not consistently taken the critical gender lens to the fight against malaria—until now.

It is time to address malaria's hidden toll on women and girls, and to empower women and girls to be greater change agents in the fight against malaria. This report offers solutions for rectifying the gender blind spot in our collective efforts to fight the disease.

It shows, for instance, that when women have agency in household decision-making, it leads to better malaria outcomes. It tells us that investing in a female health workforce creates pathways for them to becoming decision-makers, not just implementers of malaria programs and policies; they also serve as role models for other women and girls in their communities. Gender considerations also are critical when countries are chasing the last cases of malaria on the road to elimination. And it warns us that adolescent girls face the greatest hurdles in accessing health services, especially when they are pregnant, contributing to malaria being

the fifth leading cause of death for 10- to 14-year-old girls worldwide and a contributing factor for girls missing school, which can put them at greater risk of early marriage, child-bearing, and sexual exploitation.

The bottom line is that when families and communities suffer less from the deadly or long-term consequences of malaria, new opportunities open to women and adolescent girls that are critical for improving other health outcomes, maximizing their 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, the impacts will be transformative and far-reaching for both health and gender equality outcomes.

Gender-based investments in malaria prevention, control and elimination efforts are key to achieving progress toward eradication that has long been elusive. Ending malaria is an unrealized opportunity for advancing gender equality in health. And when women and adolescent girls are empowered and gender equality improves, we spur a virtuous cycle: greater access to healthcare leads to lower child-mortality rates and an earlier end to malaria and other diseases. Gender-based investments in malaria also will deliver a powerful double dividend, addressing many of the long-term gender inequities that are perpetually exacerbated by the disease.

To achieve this, we need leadership at all levels—from communities to countries, from family tables to global forums, and from men and women alike. It is time to fast-track strategies that leverage the investments already made by women and adolescent girls and focus on the outsized impact they could have if they were put at the center of this fight and win it sooner. The Investment Case tells us why it matters and how we can achieve it.

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