

How to Strengthen Gender Approaches within the Malaria Response

Evidence and Practical Actions
to Accelerate Progress
Against Malaria



Cover:

Community health workers like Suzy Haylock and her team of volunteers are at the heart of Honduras' plan to fight back against malaria. With unparalleled knowledge of the local context, these volunteer health workers educate people on how to protect themselves from the disease, test suspected cases, provide treatment and referrals, and organize net distribution campaigns and indoor residual spraying activities.

The Global Fund/Tomas Ayuso/
Panos

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1. Introduction

This document provides practical guidance on integrating key gender approaches into malaria programs, with the aim of accelerating progress against the disease. It is intended for use by Global Fund partners who are designing, implementing, and evaluating malaria programs at country level.

This resource explores the links between sex, gender and malaria, and highlights three programmatic approaches that implementers can use to advance gender equality in the context of malaria: (1) women's economic empowerment, (2) antenatal care (ANC) as an entry point for gender focused interventions on malaria and (3) the promotion of gender equality in the health and care workforce.

A range of real-world examples show how it is possible to integrate gender into malaria and primary health programs in a practical, manageable way.

Further resources are available at the end of the document to support Global Fund partners in developing gender-responsive and gender-transformative malaria programs.

2. Key concepts: gender equality and malaria

Sex and gender are two key dimensions of health inequity. Both are important determinants of health in the context of malaria.



Sex refers to the biological characteristics that usually define humans as female or male (though there are people with intersex characteristics).¹ It affects an individual's sex-specific health needs, experiences of health conditions and reactions to medicines. Sex can impact malaria risk. For example, a woman's immunity to malaria decreases during pregnancy, making her more susceptible to the disease and increasing the risk of illness, severe anemia and death.



Gender refers to a culturally defined set of roles, responsibilities, rights, entitlements and obligations associated with being a woman, man or gender diverse. It also refers to the power relations between and among women, men, boys, girls and gender-diverse people.² Gender can strongly influence health outcomes; for example, gender norms that require men to act strong and be self-sufficient may prevent them from seeking health care when they need it.



Sex and gender impact health and well-being by exerting a combined influence on people's environmental and occupational risks, risk-taking behaviors, access to and use of health care services, and abilities to make decisions about their own health. For example, pregnant adolescent girls are particularly biologically vulnerable to malaria of the placenta because they have not yet developed the immunity that comes with multiple pregnancies.³ They often face significant barriers to accessing health services due to stigma, discrimination, lack of financial autonomy and decision-making power.⁴



In a health context, **gender equality** means that all women, men, and gender-diverse people have equal opportunities to achieve the highest attainable standard of health. Because of the strong link between gender and health, malaria strategies that incorporate a gender perspective are more effective and sustainable than those that do not.



Malaria interventions that **ignore gender** in program design can continue and potentially worsen gender inequalities as well as limit the potential full impact of the intervention.⁵ For example, female heads of household may not feel comfortable with a male distributor of insecticide-treated nets (ITNs), indoor residual spraying (IRS) or seasonal malaria chemoprevention (SMC) and therefore may not be receptive to receiving these interventions. Social outreach activities on malaria prevention and control that ignore gendered differences in occupation, activities, and preferences, might fail to engage women, men and gender-diverse groups, because messaging is not relevant for their circumstances and needs.



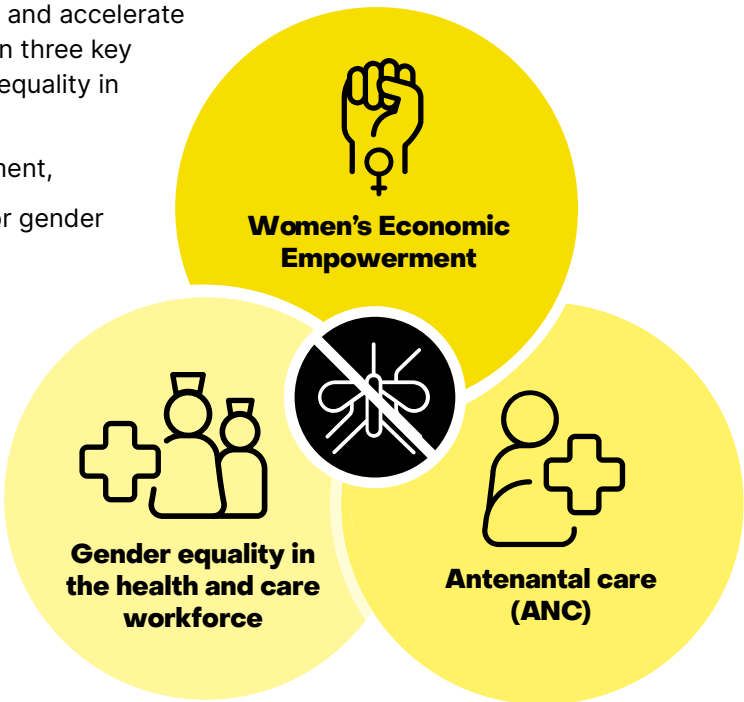
Gender-responsive programs are tailored to meet gender-specific needs and remove gender-related barriers in the context of malaria. **Gender-transformative programs** seek to advance gender equality by addressing the underlying causes of gender inequality in health, including social norms and power imbalances between women, men, girls, boys and gender-diverse communities. Malaria programs should be gender responsive, with the aim of evolving to become gender transformative.

3. Advancing gender equality to accelerate the end of malaria

There is increasing evidence that addressing gender-related inequalities can reduce the burden of malaria and accelerate elimination efforts.⁶ This document focuses on three key programmatic approaches related to gender equality in the context of malaria:

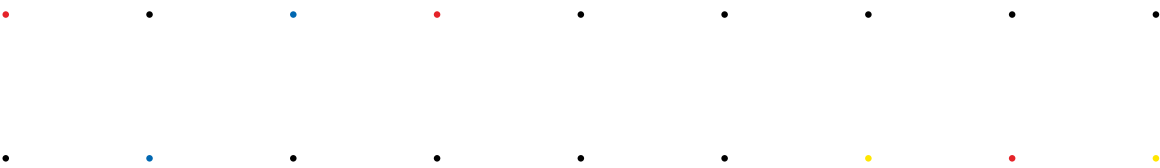
1. Enhancing women's economic empowerment,
2. Antenatal care (ANC) as an entry point for gender transformative malaria interventions, and
3. Promoting gender equality in the malaria health and care workforce.

While there are numerous ways to integrate gender-responsive and gender-transformative approaches in malaria programs, these areas were selected based on the quantity and quality of existing evidence and examples, and by reviewing the findings of 20 [Malaria Matchbox Assessments](#).



Members of a residual spraying team working for Tchou-Tchou Malaria gather before starting work at the Boane Health Center in Mozambique.

The Global Fund/Tommy Trenchard/Rooftop





Women's Economic Empowerment:

Women's decision-making power within the household significantly impacts the effectiveness of malaria interventions.

- Households are at least 16 times more likely to use an ITN if female household members have high levels of decision-making power.⁷
- Just one standard deviation increase in women's bargaining power⁸ decreases the likelihood that a family member contracts malaria by 40%.⁹
- Women's education and economic empowerment are significantly associated with care seeking for febrile children, and also with obtaining high-quality care.¹⁰



Antenatal care:

An entry point for gender-focused interventions on malaria.

- ANC is an important platform to provide pregnant women with chemoprevention (intermittent preventive treatment for malaria in pregnancy (IPTp)) and access to ITNs. Collaboration between malaria and reproductive, maternal newborn, child and adolescent health (RMNCAH) programs on ANC quality improvement significantly improves ANC access and uptake.
- Interventions that engage communities and men, and address harmful gender norms in ANC, increase couple communication around family planning and ANC, shift power relations within couples and support greater independence for women in decision-making.¹¹
- Peer-based ANC also presents an opportunity to introduce gender-transformative education on malaria, for example through a peer-based cohort system (like Group Antenatal Care).



Gender equality in the health and care workforce:

Ensuring equal opportunities can yield a high return on investment.

- Women account for 67% of the health and care workforce.¹² They undertake a significant proportion of health services related to malaria,¹³ including case management, ANC care, surveillance, prevention education, ITN and seasonal malaria chemoprevention distribution and IRS. Women also account for most informal care-giving work related to malaria.
- Investing in a well-trained, paid and supported health workforce can reduce malaria deaths and improve health system resilience. Ensuring equal opportunities for training, employment, leadership and pay for women and gender-diverse people within the health and care workforce; and ensuring workplace safety, is a powerful way to increase gender equality and program effectiveness.

4. Integrating key gender-responsive and gender-transformative approaches into malaria programs

Below are some practical examples of approaches to strengthen women's economic empowerment, integrate gender-focused interventions into ANC and promote gender equality in the health and care workforce. This is not an exhaustive list of all possible activities under each of these approaches, but a selection of practical, real-world examples.



Women's Economic Empowerment

Women's economic empowerment is central to realizing women's rights and gender equality. It means women have access to and control over resources and access to markets; access to decent work; control over their own time, lives and bodies; and have voice, agency and meaningful participation in economic decision-making at all levels.¹⁴ Evidence shows that the outcomes of malaria programs can be accelerated if programs include activities to enhance women's access to and agency over income, their decision-making power, and their education and empowerment.¹⁵

To promote women's economic empowerment, programs should leverage approaches to increase women's access to resources.¹⁶ They should also work to create an enabling environment that addresses gender norms and considers the power that institutions hold in determining how resources are distributed and used.¹⁷



Amna Ashfaque, a lab technician, holds her certificate of completion for malaria case management at the Government Dispensary, LSB colony, Jamshoro, Pakistan.

The Global Fund/Vincent Becker

Malaria programs often engage women's groups to provide malaria education. The examples below highlight additional engagement opportunities:

1

Partner with organizations providing women's economic empowerment activities to integrate malaria-related education, training or products in their products or services.¹⁸

Ghana: [microfinance clients received malaria education](#), with results indicating that this approach can positively contribute to community and national malaria initiatives.

Rwanda: [Female entrepreneurs received training in malaria education to run a communications campaign focused on malaria education and prevention in their communities.](#)

2

Partner with organizations that provide women with access to capital and financial services (such as insurance or cash transfers) and link these to malaria services.²⁰

Malawi: [Researchers estimated a cash transfer targeted to female decision-makers could translate to a 60% reduction in malaria transmission](#). Adding conditionality or leveraging conditional cash transfers which give money to women on the condition that they adopt malaria-related behaviors could amplify the effects further.¹⁹

Myanmar: [VisionFund Myanmar](#) provided malaria insurance and insurance education for their clients. The components of the Malaria insurance package were chosen in line with the Government of Myanmar's plan to eliminate malaria.

3

Partner with, develop or support women's networks related to women's economic empowerment and malaria.

A [women's empowerment collective \(WEC\)](#) is a group of women who meet regularly to achieve a shared purpose. Evidence shows that these groups provide an effective platform to support women in accessing financial services, gaining more power to generate income and making decisions within the home.²¹

Nigeria: [A mothers' savings and loans club](#) supported by USAID improved maternal, newborn and child health outcomes by providing pooled resources, peer support and information.

Uganda: [Saving and loans groups for female farmers](#) helped women withstand and recuperate from economic shocks such as a family member or themselves falling ill with malaria.

4

Identify, promote, and create decent work opportunities for women (see section 3 for more).

Hiring women in paid malaria-related positions such as IRS, ITN or SMC distribution, as well as community health workers (CHWs) and in leadership positions at district and national level can simultaneously fight gender inequalities and malaria.

In 16 countries: In 2020, [20,000 female seasonal workers were hired to support IRS campaigns](#) and earned over US\$20 million in wages, providing substantial financial support to themselves, their families, and communities.²²

5

Create an enabling environment: engage men, boys and community leaders to transform harmful gender norms.

Community-led approaches: Simply because a woman has greater spending power does not mean she is empowered. Women's economic empowerment must be part of a bigger process of changing power relations in households, communities and institutions. This can be achieved by engaging community members to identify problems, develop and implement culturally relevant solutions.

Mozambique: [Tchova Tchova Stop Malaria community dialogue programme \(TTSM\)](#) improved malaria health seeking behavior within households through a community dialogue intervention focused on encouraging better gender equality, especially around decision making within households between men and women. As a result of the program, malaria health seeking behavior and uptake of services improved among men and women.²³



Antenatal Care

ANC supports healthy behaviors and preventive measures such as IPTp²⁴ and the use of ITNs. It is an entry point for women to have further interaction with the health system and presents an opportunity for peer support. However, ANC is often underutilized and of suboptimal quality. Time, poverty, mobility, household power dynamics and women's economic agency can all present gender barriers to ANC.

Rosa Manuel, a pregnant mother (20 yrs) sees a health worker at the Centro de Saude Pescadores. During the consultation the nurse will share issues around pre natal and antenatal care. One of the topics she will cover is that of Malaria and the importance of prevention during pregnancy. She will also hand out free mosquito nets provided for by National Government and the Global fund. The Global Fund/Scherbrucker



Malaria programs already work closely with RMNCAH programs. The activities below focus on addressing barriers to ANC access and use and highlight effective ways to further leverage ANC in malaria programming, especially group ANC (G-ANC) that focuses on peer support and community engagement, as an entry point to address harmful gender norms and behavior that result in poor malaria related health outcomes.

1

Train, equip and support health and care workers providing ANC on key gender-related barriers to malaria services.

Assessments and training can identify and address cultural and social biases and help to uphold patient rights.

Kenya and Cameroon: [An assessment on understanding gender-related barriers to uptake of IPTp during pregnancy](#) found a need to train providers to communicate with respect and compassion, and to take women seriously when they voice concerns. Although providers cannot stop the side effects of medications, acknowledging women's discomfort and responding with empathy makes women more likely to act on advice and to return to care.

2

Partner with national RMNCAH programs to improve ANC quality for increased ANC attendance and uptake.

Chad: malaria programs, in collaboration with RMNCAH, analyzed service quality indicators at facility level, targeting lower-performing facilities in both case management and ANC, and developed targeted plans to improve provision of services. This led to an increase in the percent of women attending their first ANC visit in the first trimester from the baseline of 29% to over 50%, and an increase in the percent of women attending four ANC visits from a baseline median of 29% to over 60%.

3

Leverage peer-to-peer learning and women's networks to increase ANC, home prevention and care practices for mothers and newborns.²⁶

Group ANC: Women's groups have improved health outcomes of women and newborns in rural, low-resource settings. With G-ANC, pregnant women visit a health center together and participate in discussions led by health workers. Emerging evidence shows that G-ANC's participatory learning and peer support approach can result in better uptake of ANC care.²⁵

Benin: [Mothers 2 Mothers, a community health worker organization, leverages G-ANC](#) to provide routine pregnancy services and monitor adherence to IPTp.

Tanzania: [Women's groups saw greater success in attendance by delivering messages that promoted use of ANC through locally popular methods](#), such as songs, poems, and dramas. Income-generating activities like vegetable gardening and animal keeping were also leveraged, helping poorer women in the community pay for transport to health centers.

4

Leverage community mobilization to boost men's involvement in and support of partner's ANC visits, but ensure preference is not given to women who attend ANC with male partners.

[Using respected religious, community, or governmental leaders](#) as advocates has been shown to increase men's acceptance of messages and break down engrained cultural and gender norms.

[Identifying men as champions in communities](#) can help deliver key health messages to men where they gather, for example at bars, football matches and other social gatherings.

Niger: [Promote positive masculinity](#): Husbands' Schools (HS or Écoles de Maris) train and reinforce the knowledge of a core group of husbands, known as Model Husbands (Maris Modèles), to support reproductive health services such as ANC and family planning. These men act as change agents in their homes and communities, encouraging better knowledge, behavior and attitudes towards reproductive health. The intervention has led to improved couple communication around family planning and ANC, shifts in power relations within couples, increased women's independence in decision-making, and greater independent use of health services by women.²⁷

5

Integrate IPTp with other activities targeting pregnant women.

Significant barriers to early and complete ANC persist, and only one in five eligible women currently receive at least three recommended doses of IPTp. Additional methods of delivery should be explored and leveraged.²⁸

[Community-based delivery of IPTp](#) can complement ANC, giving pregnant women the opportunity to receive IPTp in the communities close to where they live. In addition, gender analysis to identify root causes of poor IPTp, especially in settings where there is poor access to ANC, is important.

Guinea: [StopPalu, a malaria prevention and control program, organizes monthly community outreach activities in areas that are easy for women to access](#). The program works with health centers, providers and community health workers to ensure that women who face challenges in accessing care are provided with the essential health services they need.

Integrate SBCC interventions within ANC to address harmful gender norms and behavior that results in poor malaria-related health outcomes for women, children, men and gender-diverse people.³⁰

[Social Behaviour Change interventions](#) within ANC settings can address some of the myths and behavioral differences between men and women regarding malaria prevention behaviors.²⁹

Education and communication can:

- Encourage women to self-advocate for access to malaria prevention and treatment services for themselves and their family.
- Support women to engage their male partners to engage in malaria preventive behaviors and use chemoprophylaxis.
- Encourage male partners to support women in seeking care.
- Address male partners directly by challenging harmful ideas around masculinity that promote risky behavior and discourage active health-seeking behavior.

Melissa (left) and Tomnjong (right) together with community health worker Amélie Tachifo and their children Gabriella and Tony-Jason.

Like all parents, Melissa and Tomnjong's top priority is their children's health. They are acutely aware of the dangers their children face.

Early in her pregnancy with Tony-Jason, Melissa was diagnosed with malaria, which is endemic in Cameroon. A few days later, Gabriella fell ill with the disease. Melissa recovered quickly but Gabriella struggled: "She had a high temperature and was vomiting," says Melissa. "We spent four days in the hospital."

The Global Fund/Vincent Becker





Gender equality in the health and care workforce

Gender inequality exists across the global health workforce, with women clustered in lower status and lower paid roles, facing bias, discrimination, and sexual exploitation, abuse and harassment.³¹ For example, unequal access to pre-service education and training restricts the participation of women in several health occupations and their professional growth.³² Women make up 67% of the global health workforce³³ but only hold 25% of leadership roles.³⁴

Women account for most of the formal and informal health and care-giving work related to malaria in primary health care, including as CHWs. Female health workers, and particularly CHWs, often have few opportunities for advancement, are not paid adequately, and face sexual and physical violence in their communities and workplaces.

Dr. Hadiza, the Coordinator of the National Malaria Control Program, holds a newborn at the Centre de Santé Intégré (Integrated Health Center) in Say.

Here mothers and their infants come for post-natal care and immunizations.

During the immunization visit mothers are provided with a long lasting insecticide treated mosquito net to protect the family from malaria transmission.

The Global Fund/Sarah Hoibak



Gender roles and relations shape health and care workers' experiences across the health system. The following activities and examples highlight human resource management strategies that can address the gender inequities and restrictive gender norms health and care workers, particularly CHWs, face. These strategies can deliver strong returns on investment and long-term benefits in program outcomes and women's empowerment.³⁵

1

Put in place hiring practices and HR policies to facilitate equal and meaningful participation of men, women and gender diverse people as project staff and in decision-making positions.

Establish terms and conditions for staff members, temporary staff and contractors to work in a flexible manner that is adapted to varied needs, family situations, constraints and societal norms. For example, day shifts or part-time work for parents or mothers, or pairing female health workers or male and female health workers for specific outreach activities as is culturally appropriate. It is also important to consider specific barriers to deployment and retention, especially in remote areas, and integrate flexible working policies as appropriate.

Promote gender balance in malaria control and elimination activities through gender analysis, quotas and gender-balanced workforce. For example, the phase II of the Pan-Africa Mosquito Control Association (PAMCA) grant – Strengthening local capacity for malaria surveillance and elimination in Africa – funded by the Bill & Melinda Gates

Foundation, supported gender analyses to determine gender gaps in opportunities to participate as health entomologists, vector biologists, and other relevant roles within vector surveillance systems and national malaria control programs. The program also introduced a quota for women's participation in training and internship programs and promoted gender balance in malaria control and elimination activities.

Ensure routine gender disaggregation and analysis of health and care workforce data to guide policy and planning.

Work with human resources for health (HRH) stakeholders to apply gender analysis to identify barriers to selection and recruitment of women as CHWs and to identify gendered dimensions of the health labor market perpetuating inequalities. CHWs, particularly female CHWs, often have limited learning opportunities. They also lack access to needed equipment and medicines, transportation, and incentives to work.³⁶

2

Ensure safety and security.

Implement steps to protect health and care workers including CHWs and community campaign distributors in the workplace and community, including from sexual exploitation, harassment, abuse and other forms of gender-based violence. Promote participation of gender-diverse communities in the health and care workforce and ensure they are protected from sexual exploitation and abuse. Actions that employers/organizations can take include:

- Strengthen CHW legitimacy in the community via documentation such as ID cards and public statements (advertising, news programs) affirming that they are valued government/official health workers. WHO recommends standardized pre-service education and certification, and formal employment contracts. The documents would reinforce their earned status.
- Provide accessible and safe transport options for CHWs and other primary health and care workers conducting outreach.
- Establish a system where complaints of harassment and/or violence can be made anonymously (such as a reporting hotline) and investigated.
- Pursue action against abusers and perpetrators of violence, including warning letters, transfers and job termination.
- Educate staff on safety and security processes, addressing victim-blaming and building trust around organizational HR support structures.

3

Ensure fair pay.

[Provide CHWs and community distributors with a financial package](#) that considers the number of hours worked, tasks and roles that they undertake, as well as unique job demands like working in remote and hard-to-reach areas.

4

Enabling women's professional growth.

WHO suggests avoiding exclusively or predominantly using performance-based incentives to pay CHWs, particularly as they can penalize those in more remote areas and can skew interventions toward siloed disease programs.³⁷

Provide paid CHWs with a written agreement specifying their role and responsibilities, working conditions, remuneration and workers' rights.

Determine an appropriate population size in relation to expected workloads, frequency, nature and time requirements of contacts required.

Promote leadership of CHWs and women in the health workforce by providing frequent and equitable opportunities for continuing professional development and career advancement:

- Work to understand gender-related barriers to professional development, such as numeracy and literacy barriers, and offer training to address these.
- Ensure hiring for management roles is based as much on performance and experience as qualifications. This can result in more women from varied backgrounds in leadership positions.
- Approve time off for professional development such as training or exams to gain qualifications for higher level positions.
- Allow women to bring their children to trainings and allow breaks for breastfeeding.
- Consider developing career progression pathways and advancement opportunities for CHWs programs, depending on their functionality and degree of institutionalization.
- Promote gender-transformative leadership in the health sector where all leaders, not just women, intentionally address gender inequalities in the health workforce.³⁸

Workers charging trucks at Abuja national warehouse during last miles delivery. Drugs will be sent to health facilities in all the 36 federal states of Nigeria.

The Global Fund/Aurelia Rusek



5. Resources

In addition to the three key programmatic approaches highlighted in this document, there are many other complementary approaches and interventions that Global Fund partners can embed in malaria programs. Further information on strategies to support gender equality in malaria prevention, case management and service design and delivery is available in the following resources:

- [Technical Brief: Malaria and Equity, Human Rights and Gender Equality](#)
- [Technical Brief: Gender Equality](#)
- [Information Note: Malaria](#)
- [Malaria Matchbox Tool](#) (Global Fund and RBM Partnership to End Malaria)
- [Thematic Brief: Gender-responsive Strategies to End Malaria](#) (RBM Partnership to End Malaria)

Sandrine Kouadio, a community peer educator with Médecins du Monde, provides prevention and awareness education to female drug users in the Yopougon neighborhood of Abidjan.

Sandrine herself is a former drug user who was addicted to drugs for 15 years. She now works to support and help the drug using community and in particular women.

The Global Fund/JB Russel/Panos



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- 3 UNDP Discussion paper (December 2015) Gender and Malaria Making the investment case for programming that addresses the specific vulnerabilities and needs of both males and females who are affected by or at risk of malaria
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- 7 See footnote 8.
- 8 Researchers used indicators of matrilineal inheritance and matrilineal residency to instrument for an earnings-based measure of intra-household bargaining power.
- 9 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.
- 10 Lewis TP, Ndiaye Y, Manzi F, Kruk ME. Associations between women's empowerment, care seeking, and quality of malaria care for children: A cross-sectional analysis of demographic and health surveys in 16 sub-Saharan African countries. *J Glob Health*. 2022 Mar 19;12:04025. doi: 10.7189/jogh.12.04025. PMID: 35356662; PMCID: PMC8932460.
- 11 See footnote 8.
- 12 Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K. et al. Gender equity in the health workforce: analysis of 104 countries. [Internet]. World Health Organization; 2019. Available from: <https://iris.who.int/handle/10665/311314>
- 13 RBM Partnership to End Malaria (2019). Gender Responsive Strategies to End Malaria. https://endmalaria.org/sites/default/files/Malaria%20and%20gender_EN_0.pdf
- 14 UN Women: <https://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures>
- 15 See footnote 8.
- 16 Resources are the building blocks women need to succeed economically, exercise power and agency, and include human capital (e.g., education, skills, training), financial capital (e.g., loans, savings), social capital (e.g., networks, mentors) and physical capital (e.g., supplies, merchandise).
- 17 See footnote 16.
- 18 The research on WEE has found that training combined with something else—whether a social network, finance, technical assistance, or mentorship—has a larger impact on female entrepreneurs than training alone or finance alone.
- 19 Matthew J. Klein, Bradford L. Barham & Yuexuan Wu, Gender Equality in the Family Can Reduce the Malaria Burden in Malawi, <https://api.aae.wisc.edu/pubs/pdf/sps/stpap594.pdf>
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- 27 Study of the effects of Husbands' School intervention on gender dynamics to improve Family Planning and Reproductive Health in Niger. August 2019. Washington, D.C.: Institute for Reproductive Health, Georgetown University, for the United States Agency for International Development (USAID)
- 28 See footnote 14.
- 29 Malaria in Pregnancy SBC Technical Brief: Trends from the Malaria Behavior Survey : Breakthrough Action ; 2024 ; [Malaria in Pregnancy SBC Technical Brief \(breakthroughactionandresearch.org\)](https://breakthroughactionandresearch.org/)
- 30 For example, evidence shows that children under the age of 5, pregnant and non-pregnant women between the ages of 15-49, and those over 50 were more likely to use ITNs, rather than men.
- 31 Women in Global Health Series : Gender and Equity in the Health workforce : https://womeningh.org/wp-content/uploads/2022/12/WGH-Her-Stories-SEAH-Report_Policy-Report-Dec-2022.pdf
- 32 Working for Health 2022-2030 Action Plan. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO(<https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>)
- 33 Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K. et al. Gender equity in the health workforce: analysis of 104 countries. [Internet]. World Health Organization; 2019. Available from: <https://apps.who.int/iris/handle/10665/311314.22>
- 34 Delivered by women, led by men: A gender and equity analysis of the global health and social workforce. Geneva: World Health Organization; 2019 (Human Resources for Health Observer Series No. 24). Licence: CC BY-NC-SA 3.0 IGO.
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