

GENDER AND MALARIA STATEMENT
DELIVERED AT
ROLL BACK MALARIA PARTNERS' FORUM V
Yaoundé Cameroon - November 2005

Malaria - A Gender Issue

At a meeting held in Paris on October 5-6, 2005, and hosted by the RBM Partnership Secretariat, in collaboration with the Multilateral Initiative on Malaria, Kvinnoforum, and Femmes Africa Solidarité, it was acknowledged that the gender perspective on malaria research, and all areas of malaria control implementation, had been neglected in the current global response to the disease. It was concluded that both social and biological factors contribute to the different impact malaria has on women and men, both as sufferers, and as principal caregivers, where especially women in Africa tend to be more vulnerable. Therefore:

A gender perspective is essential for substantial reduction and elimination of malaria.
Malaria is not only a health and poverty issue - it is also a gender equality priority.

In the countries most heavily affected by malaria, first time pregnant women, and children under five, are those at greatest risk of contracting the disease, and women globally tend to take the greatest care giving burden. Women bear the greatest burden of malaria because:

- Poverty has a greater impact on women than men.
- Access to health care is often not adapted to the situation and needs of women.
- Women have less control over resources and decision-making processes than men do.

Pregnant women are especially vulnerable to malaria. Malaria during pregnancy can result in maternal mortality, as well as low birth weight for newborns, and other serious health concerns. Despite this, women's voices are not heard in the fight against malaria, and there is little understanding of the gender aspects of malaria control.

We need to know whether preventive and treatment measures reach women and men according to their different needs, for instance:

- Who decides on the purchase and use of insecticide treated nets (ITNs) in the household?
- Do prevention efforts, which focus on pregnant women, also reach pregnant adolescent girls? If so, how?
- How do power relations, at the household level, impact on women's ability to seek treatment for themselves or their children?
- To what extent does anti-malarial drug development and national treatment policy take into consideration the biological differences between men and women?

We, the Gender Malaria Network, recommend that:

- Women are recognized as equal and important partners and stakeholders in the fight against malaria.
- Malaria control is acknowledged as a gender issue by governments, donors, the private sector, civil societies, and NGOs.
- Research on, and awareness about the different needs and specificity of malaria control and prevention

rapidly increases, considering the biological and social differences between women and men.

- Adequate malaria prevention and treatment is made accessible to women at the local level.
- The empowerment of women is an objective in malaria control.
- A gender approach for malaria control intervention is integrated into poverty-reduction and development schemes.

We, the Gender Malaria Network, commit ourselves:

- To mobilize our resources to gather existing knowledge on malaria and gender;
- To mobilize our networks to advocate for a gender approach in malaria control, and
- To build a strong network of organizations to put malaria as a gender issue on political agendas.

We urge and welcome all stakeholders around the world to adopt this declaration and to promote the integration of a gender perspective for effective malaria control. Malaria control will only be cost-effective if there is a gender perspective in prevention, treatment, research and communication.

The Gender Malaria Network, November 19, 2005:

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