International Community of Women Living with HIV Eastern Africa

A GENDER DIMENSION TO THE MALARIA RESPONSE FOR BETTER PREVENTION AND TREATMENT OUTCOMES!

Kampala-Uganda, April 25, 2018 – The International Community of Women Living with HIV Eastern Africa (ICWEA) joins the rest of the world to mark the World Malaria Day 2018 under the theme "***Ready to Beat Malaria***". ICWEA urges governments in Eastern Africa to put to maximum use the investments in malaria to prevent, find, treat, and cure those needing malaria care and treatment. Most especially the women living with HIV, pregnant women and children.

In all the Eastern African countries, statistics show that Malaria is still the leading cause of Morbidity and Mortality accounting for 27% death in Uganda, in Rwanda it responsible for up to 50% of all outpatient visits, In Tanzania Over 93% of the Tanzanian population are at risk because they live in areas where transmission of malaria occurs and in Kenya more than 70 percent of the population at risk of the disease (MOH 2014). Worse still in countries like in Uganda, statistics show that it has the world's highest malaria incidence, with a rate of 478 cases per 1,000 population per year.

Gender greatly influences who gets malaria and how it is treated. UNDP (2015) indicates that women's understanding of malaria prevention and treatment is significantly weaker than that of men, due to women's comparatively lower literacy levels. One study found a higher prevalence of language barriers for women accessing malaria services, due to higher rates of illiteracy amongst women. An estimated 10,000 maternal deaths each year are associated with malarial anemia. It has also been noted that the gender-specific effects of malaria are felt most acutely by poor, rural and marginalized women, indicating that development, gender equality and health outcomes are intrinsically linked.

The Roll back Malaria 'The Contribution of Malaria Control to Maternal and Newborn Health', July 2014 states that Pregnant women in malaria-endemic areas have an up to 50 percent higher risk of infection during pregnancy compared with non-pregnant women. Prevalence of malaria in pregnancy is much higher in girls and women aged 15–19 years and decreases with each subsequent pregnancy. The disease is also much more prevalent in women living with HIV regardless of the number of times they have been pregnant**.**

Malaria and HIV/AIDS are two of the most devastating global health problems. In fact SDGs 3.3.3 is specific on Malaria as one of those diseases that we need to pay great attention to. Malaria and HIV/AIDS are described as diseases of poverty, because of the toll they have among poor populations living in developing countries. Both limit the productivity of individuals and families thus exacerbating the vicious cycle of poverty.

Co-infections with malaria and HIV/AIDS have major health implications. Science has enabled women to have children through eMTCT, BUT malaria threatens the lives of mothers whose immunity is already compromised by HIV. Women who are co-infected with malaria and HIV are at greater risk of severe anemia and death. Women who are pregnant and co-infected have been shown to have two-fold higher HIV viral concentrations. However research on concurrent malaria and HIV treatment during pregnancy remains underdeveloped. Possible interactions between antiretroviral treatments, malaria and anti-malarial.

As we commemorate the day, it is important that we critically think of the gaps in the fight against malaria in the region. ICWEA urges stakeholders to especially:

- **Address the gender dimensions of malaria as an essential component in addressing malaria. Malaria interventions based on gender equality and human rights are essential to achieving successful prevention and treatment outcomes.**
- **Intensify Research on concurrent malaria and HIV treatment, possible interactions between antiretroviral treatments, malaria and anti-malarials for better treatment outcomes**
- **Renew commitments to end malaria through investing in innovative approaches**