

**Medicines for Malaria Venture submission to  
DFAT's International Gender Equality Strategy**

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Medicines for Malaria Venture (MMV) congratulates the Australian government for taking this important step to recognize gender as central to Australia's foreign policy, international development and humanitarian engagement. We are pleased to provide this short, initial submission to the consultation and very much look forward to further and deeper engagement in the near future.

**About MMV and DFAT:** MMV has been a development partner for DFAT since 2011, and currently receives funds from DFAT via the Indo-Pacific Centre for Health Security to discover, develop and deliver anti-malarial medicines that are suitable, affordable and accessible for the people who need them, including those in the Indo-Pacific region.

Founded in 1999 as a response to the global crisis of antimalarial resistance, MMV products have since effectively treated or protected ~640 million people and saved an estimated 13.6 million lives.<sup>1</sup>

Despite this considerable success, global malaria figures show that progress against the disease has stagnated due to several reasons and that emerging issues will affect further progress. These include:

- gender inequities in R&D processes,
- societal barriers which disempower women and limit their full access to health services and interventions,
- growing disparities, conflicts and disasters which increase numbers of underserved populations and
- climate change impacts which are changing the patterns of vector borne and other diseases threatening communities in the Indo-Pacific and elsewhere<sup>2</sup>.

MMV strongly believes that to achieve outcomes in the fight against malaria, a holistic and integrated policy approach must be taken by stakeholders across the health ecosystem. A growing burden of disease from malaria is a major global health security threat, and gender inequities in access to health is a major compounding factor to be urgently tackled.

The Australian Government's approach to develop an international gender equality strategy provides an important opportunity to address a number of interrelated barriers and challenges which are beneficial to the goals of public health and development. Achieving gender equality requires that leading voices in the international community such as the Australian Government intentionally work to address these challenges and prioritize appropriate solutions.

**About malaria and gender:** Malaria affects some 125 million pregnant women per year, virtually all in low-resource settings. This disease is a leading cause of stillbirth, as well as of maternal death, including of adolescent girls in their first pregnancy.

The world's ability to meet the SDG maternal mortality targets is stalled. According to UN Women's 2023 report on progress on the SDGs, between 2000 and 2020, maternal mortality declined by one-third globally, from 339 to 223 deaths per 100,000 live births. But progress has stalled since 2015, amid high rates of obstetric complications as well as infectious and non-communicable diseases. Fragile health systems, rampant social inequality and harmful gender norms constrain advances.<sup>3</sup>

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<sup>1</sup> <https://www.mmv.org/how-mmv-estimates-impact>

<sup>2</sup> <https://www.nejm.org/doi/full/10.1056/NEJMra2200092>

<sup>3</sup> <https://www.unwomen.org/sites/default/files/2023-09/progress-on-the-sustainable-development-goals-the-gender-snapshot-2023-en.pdf>



Until recently the systems and processes established for developing and delivering medicines and other health products have virtually all been developed without permitting pregnant and lactating women to participate in clinical trials. The result is limited data about the effectiveness and safety of medicines for women who are pregnant or who might become pregnant. Despite the high burden of malaria in pregnant women for example, there are only two medicines recommended for this disease in the first trimester of pregnancy. Thus, pregnant women, or women who don't know if they are pregnant, may only have access to medicines where there is little or no safety data.

This problem is not unique to malaria. According to the Concept Foundation, a product developer founded to create access to quality-assured sexual and reproductive health medicines and technologies, there have only ever been two medicines developed for pregnancy-related conditions.<sup>4</sup> Lack of access to life-saving medicines dramatically increases the risk of individuals, families, and communities to extreme poverty.

Malaria affects millions of women and girls annually in low resource settings but is still not considered as disease heavily impacting women. We believe that our experience can be helpful to DFAT as it examines its gender strategy for development.

It is for this reason that since 2018, MMV has led a gender-responsive R&D strategy for medicines designed to overcome the many technical and social hurdles of developing and delivering effective, affordable and accessible medicines for women at all stages of their lives, gathering data on the safety and efficacy of current antimalarial medicines used during pregnancy, accelerating R&D and improving access for pregnant and lactating women, and advocating for the intentional inclusion of these populations in research programmes.

MMV has also been leading for the past two years an effort with other product development partnerships and advocacy organizations to advocate for addressing gender inequities in R&D processes from a cross-disease perspective.

#### **What are international gender equality priorities?**

- Ensuring women are empowered, including economically empowered to make their own choices in safe and secure environments
- In particular, ensuring the rights of women over their own health and bodily autonomy
- Addressing the needs of health care for throughout their lifetimes.
- Addressing inequities in R&D and access to health by ensuring health technologies and the benefits of science are developed with gender equity in mind and are equally distributed across gender lines.
- Ensuring there is funding available to address the greater gap in products, technologies, and services suitable for women.
- Ensuring there is funding available for research and delivery for female-specific conditions and needs, especially in low- and middle-income settings.

#### **What are the most effective approaches for achieving gender equality globally?**

From our area of expertise, and in foregrounding gender and health, we recommend that DFAT fully implement the Beijing Declaration and Platform for Action commitment to:

“promote gender-sensitive and women-centered health research, treatment and technology ... making information available to women to enable them to make informed and responsible decisions” (C.4 109b) as well as to “give particular attention to developing and improving

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<sup>4</sup> <https://www.conceptfoundation.org/global-news/concept-foundation-launches-onlytwodrugsever/>



access to improved and new technologies and to safe and affordable drugs and treatments to meet women's health needs"<sup>5</sup> (ActionB.79h)

- This right to health for women must absolutely include--but is not limited to--maternal health which includes communicable and noncommunicable diseases and conditions.
- The ability to access appropriate technology and services for the health of women and those in women's care must be seen as a multi-sectoral challenge, involving science, technology, education, and employment barriers.
- Development programming needs to have a gender-lens in all areas, including measurable outcomes for the improvement of health of women and those in their care.
- These inequities in the right to health must have a component of gender-transformative approaches to R&D and access. This includes but is not limited to the generation of appropriate, sex-disaggregated health data, and data generation on girls and women and those in their care throughout their lives.

To address the impacts of gender inequalities MMV have developed some innovative and successful approaches, such as our cross-disease R&D policy platform and we invite the Australian Government to bring such gender considerations into their policy-making, including working in partnership with organizations such as product development partnerships with gender-sensitive approaches to their spheres of work. These include:

- Ensuring drug supplies for children and pregnant and lactating women and adolescents;
- Generating data on existing compounds to inform on their use by pregnant and lactating women, adolescents and children;
- Developing new medicines to address the needs of pregnant and lactating women and adolescents and children;
- Strengthening the capture of safety data from routine clinical use of medicines during pregnancy;
- Advocating for changes in drug development, including at cross-disease level, that promote the safe inclusion of pregnant and lactating women and gender diverse person of childbearing potential into clinical studies, with the aim of generating data to support earlier access to innovative medicines for these populations.
- Sharing learning and expertise in this area across disease areas and health conditions, including in reproductive health, to speed up access to health technologies to women and girls across their lifespan.

A DFAT gender champion knowledgeable in ways of working to overcome the many technical and social hurdles of developing and delivering effective, affordable and accessible medicines for women at all stages of their lives will accelerate MMV's success in this area.

### **How can Australia best support efforts to achieve gender equality internationally?**

- Highlight and convene actors from multiple sectors to sensitize, engage and raise knowledge on issues using gender lens, and mainstream gender in its development policies including in areas that have been considered "gender neutral" such as research and product development and access.
- Partner with gender organizations and health organizations to catalyze recognition of the barriers and solutions to address gender equity on the path to universal health coverage.
- Recognize reproductive health, maternal health, infectious diseases, non-communicable diseases—all are concerns for women and those in women's care throughout their lives.

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<sup>5</sup> <https://www.unwomen.org/en/digital-library/publications/2015/01/beijing-declaration>



- Advocate for increased funding to provide gender equality in health outcomes,
- Identify, challenge and change negative gender norms in international and regional policy dialogues and programming processes through Australia's positioning and contributions.
- Ensure DFAT policy positions are not 'gender blind' and that gender is integrated across DFAT teams and policy making.
- Support the meaningful participation and inclusion of 'women's voices' in all aspects of knowledge collection, analysis and decision making in global, regional and bilateral processes.

**What should the government/ DFAT consider when developing the new international gender equality strategy?**

- Australia has a strong R&D ecosystem, including in areas of maternal and child health, reproductive health products, and diseases and conditions of importance in the Indo-Pacific region and globally. Leveraging Australian expertise with international partners working in gender-sensitive development should be one of the areas of consideration for DFAT.
- Continued strong consultation and review of the policy throughout, specifically including a diverse range of women's voices. This includes the voices of the women leaders of the Indo-Pacific region calling for gender-sensitive programming in response to their urgent needs in climate, health, security and education.<sup>6</sup>
- Across the world, there has been a rollback of support for gender-responsive health policy, in all areas of health, from reproductive health to infectious and non-infectious diseases.
- To be successful, DFAT policy approaches to gender should be integrated with policy approaches to health, international development, climate change and One Health. Continuous financial and political support to gender-sensitive R&D and access programmes in the public, private and non-for-profit sectors.

Australia has been and should continue to be a bulwark against such rollback, in support of the safety, security and prosperity of the Indo-Pacific region.

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<sup>6</sup> Keynote Address by Hon. Mona Aino at the 2023 PIF Women Leaders Meeting  
<https://www.forumsec.org/2023/08/31/38144/>