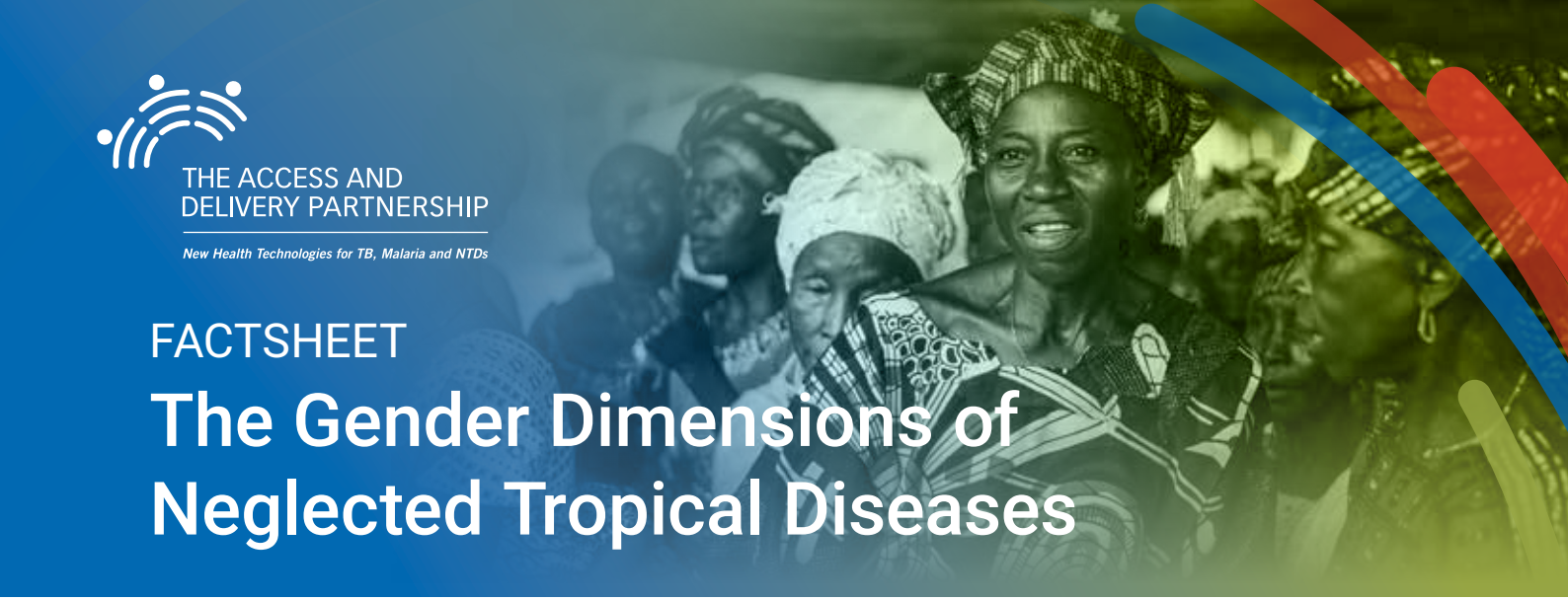
THE ACCESS AND DELIVERY PARTNERSHIP

New Health Technologies for TB, Malaria and NTDs



FACTSHEET

The Gender Dimensions of Neglected Tropical Diseases

The inaugural World Neglected Tropical Diseases (NTD) Day[a] brings together policy-makers, civil society advocates, community leaders, and global health experts working across the NTD landscape. It unifies partners behind a single shared goal: **#BeatNTDs. For good. For all.**

NTDs affect some of the world's poorest people and communities. Because they impact the vulnerable and those left furthest behind, progress against NTDs can also contribute to the achievement of other Sustainable Development Goals (SDGs) such as poverty (SDG 1), education (SDG 4), water and sanitation (SDG 6), decent work and economic growth (SDG 8), reduced inequality (SDG 10), climate change (SDG 13) and global partnership (SDG 17).

Gender, NTDs and the social determinants of health

Understanding how sex and gender intersect with social determinants of health such as poverty, education and livelihoods is essential to ensure no one is left behind in the fight against NTDs. For instance, illness from schistosomiasis has been linked to decreased school attendance and substantial reductions in future earnings [1], and also affects cognitive development of young children and reduces learning opportunities [2]. Furthermore, girls from households with individuals infected with onchocerciasis and other NTDs, especially those that result in blindness and skin disease, are at increased risk of receiving less education, as they are often required to care for the family member [3, 4].

To ensure that responses to NTDs leave no one behind, it is imperative that the global health community pays closer attention to the often-overlooked intersections between sex, gender and NTDs. By understanding how people of all genders, including women and girls, are vulnerable to and experience NTDs in different ways, responses to NTDs can be accelerated, and help deliver prevention, diagnosis and treatment services more equitably.

Current evidence

A new **discussion paper**[b] produced by the UNDP-led Access and Delivery Partnership (ADP) reviews the current evidence of how gender impacts NTD risk and outcomes, epidemiology and prevalence. It explores who accesses preventive medicines, who is diagnosed and treated, and who is exposed or vulnerable to NTDs. It also highlights how gender inequities related to NTDs can be more actively addressed.

Gender-related power relations are based on established norms, beliefs, roles, access to resources and decision-making [5, 6]. These relations interact with other social determinants of health, such as age, socioeconomic status and structural dimensions of daily life and social hierarchies [7]. Gender inequality and inequity are predominantly governed socially, but are often actionable. Gender analysis and mainstreaming in policy development, advocacy, legislation, resource allocation, planning, implementation, and monitoring of NTD programmes can help the NTD community move beyond dialogue to action [8]. A 'whole-of-society' approach is required, which engages civil society, patients' rights advocacy groups, communities, private sector, UN entities, bilateral and multilateral donors in ensuring that NTD programmes meet the needs of all genders.

To achieve this goal, the discussion paper proposes **five practical recommendations** for action as part of this collaborative, multisectoral approach.

a World NTD Day is on Thursday 30th January 2020.

b The Gender Dimensions of Neglected Tropical Diseases was launched in November 2019 by the Access and Delivery Partnership/UNDP, the COUNTDOWN initiative/Liverpool School of Tropical Medicine and TDR (UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases).

Recommendation 1

Account for how gender-related division of labor, everyday practices, social norms and beliefs impact NTD risk

Established division of labor (within and beyond households) intersects with other determinants – such as age and socioeconomic status – to affect NTD exposure risk. Understanding who does what in terms of paid/unpaid work, and the everyday practices of people of different genders, is important when designing effective health promotion and prevention campaigns. For example, this might include bed net distribution programmes, vector control measures and/or identifying NTD 'hotspots'.

Recommendation 2

Account for how gender impacts the accessibility and acceptability of treatment

Preventive chemotherapy

Gender relations, occupation type and other social factors affect accessibility and acceptability of medicines during mass drug administration (MDA) campaigns, including those delivered by community drug distributors (CDDs) [9]. Gender-disaggregated data collection (including gender of the distributer) can shed light on potential gender biases in MDA delivery. The gender of CDDs matters: district and local level implementers should consider who is recruited and where they will be best placed (see Box 1). Providing training and supportive supervision can also help CDDs reflect on how they promote gender equity in their work and identify coverage improvement strategies for different contexts [8].

Intensified case management, health seeking, diagnosis and holistic treatment

Intensified case management (ICM) for NTDs that are not addressed by MDA requires ongoing care for affected individuals. The interplay between poverty, gender, age, disability and other factors that drive inequity can affect an individual's health-seeking behavior and their ability to access health care or outreach services for screening, diagnosis and case management [10]. Education of frontline health workers, such as through gender and culturally sensitive communication techniques, is necessary to address such inequities, promote the early reporting of disease signs and enhance access to health services [11].

Recommendation 3

Address gender-related stigma and mental health impacts of NTDs

Improved understanding of NTD-related stigma and how it is affected by established gender norms:

- helps to minimize the negative impacts of stigma;
- reduces discrimination;
- supports social acceptance;
- improves disease control and knowledge; and,
- prevents disability [12].

Attitudes toward mental health often vary significantly across contexts and between genders [13]. Gender analysis is critical when considering co-morbidities between mental health issues and specific NTDs. Management of mental health and psychological stress caused by gender-related stigma, including as a consequence of NTDs, should be integrated within health systems and services. Awareness of social stigma among health professionals should also be promoted [14].

Box 1. Questions to help district and local level MDA implementers consider gender impacts

Critical considerations in recruiting CDDs and how this is influenced by established power relations:

- Who is chosen to distribute medicines and why? (How is this influenced by community members' ability to participate?)
- How are they chosen and who is involved? (What institutions or individuals are making the decision?)
- Does the CDD's gender affect their ability to access certain household members or enter the home? (What is their access to specific resources or social networks?)
- Does this access also influence individual, household and community adherence?
- What are potential coverage improvement strategies?
- Who decides on whether to implement them?

An example of how sex and gender differentials impact on exposure, transmission, manifestation and treatment for genital schistosomiasis

Gender, social and environmental determinants

- Stigmatized and referred to STI clinics instead of receiving treatment
- Increased risk from contact with contaminated water via household roles – collecting water, washing and cleaning
- Religious and cultural norms can mean women are covered or have restricted water-related activities
- Girls not attending school, due to caring responsibilities or cultural preferences to educate boys, miss treatment

FGS

Complex invasive diagnosis

Lesions are a risk factor for STIs

Pregnancy and childbirth complications, anaemia, infertility, high maternal morbidity/mortality rates

Restricted or excluded from MDA

Young girls stunting and late puberty

Organ damage and cancer due to chronic infection

MGS

Diagnosis false negatives

Higher HIV viral loads

Weak erections, rapid ejaculation, diminished libido, infertility and bladder cancer

Enlarged organs and painful urination

False cancer diagnosis – surgery that alters reproductive capacity and delays treatment

Sex-related differences

- Increased risk with occupations, e.g. fishing & swimming, involving contact with contaminated water
- Older men in some contexts will not receive treatment from younger women distributers
- Efforts to protect a masculine image and fears of economic impact of diagnosis can prevent men seeking early health care

(FGS = female genital schistosomiasis; MGS = male genital schistosomiasis; STIs = sexually transmitted infections; MDA = mass drug administration)

Recommendation 4

Collect and use gender-sensitive and sex-disaggregated data and conduct implementation research

Gender-sensitive and sex-disaggregated data can help to improve gender equity and responsiveness of NTD programmes especially at district and community levels. Data gaps can be addressed by including gender equity questions in coverage evaluation surveys and as part of approaches to data quality assessment. Furthermore, gender-sensitive implementation research that is built into programmes will help ensure NTD programmes meet the needs of people of all genders.

Recommendation 5

Promote intersectoral working and people-centered approaches

NTD programmes benefit from a health systems approach that identifies positive synergies between disease-specific interventions, non-targeted health services and other sectors [15]. People-centered approaches place communities centrally within NTD programmes so that no sections of the population are 'left behind' in the control and elimination of NTDs. Health systems need to support community participation mechanisms that not only engage people of all genders, including women and girls, but also ensure their views are listened to and applied within NTD programme development and implementation. NTD decision-makers and programme implementers should ensure that steps towards gender equity are an integral part of interventions, on an ongoing and permanent basis.

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