Gender considerations in Neglected Tropical Disease prevention and control programmes: perspective from Nepal

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Gender and NTDs Webinar
What is intersectional gender analysis?

Intersectional gender analysis in infectious diseases of poverty enables us to better understand the

• etiology,
• prevention,
• control and
• management of infectious diseases

Reference: TDR Toolkit on Intersectional Gender Analysis for Research on Infectious Diseases of Poverty - work in progress, publication date 2020
Dengue outbreak in Nepal-2019

Kathmandu battles new threat as temperatures rise: dengue fever

Aadesh Subedi

Capital sees 4-fold hike in dengue cases

• Over 1,000 patients in Kathmandu • Govt urged to declare national public health emergency

Nepal issues Dengue Alert as studies find presence of Aedes Aegypti Mosquitoes

The Epidemiology and Disease Control Division of the Health Ministry issued an alert in Kathmandu, Lalitpur and Bhaktapur districts.

PTI | Updated: October 9, 2019, 8:47 AM IST

Nepal is reeling from an unprecedented dengue outbreak. Climate change may be making the Himalayan nation more hospitable to disease-carrying mosquitoes.

By Ghasi Dickle

Minister Yadav rules out health emergency

Claims number of dengue patients decreasing

Lift the burden, leave no one behind

In the WHO South East Asia Region, neglect tropical diseases are being tackled with firm resolve. Accelerated action will meet them together.

The WHO South East Asia Region has made remarkable strides in its quest to eliminate neglected tropical diseases in the region.
Health System Domains

Governance
Medicines/Vaccines
Financing
Service delivery
Human resources
Reporting

People

Infectious Disease Domains

Etiology, Prevention, Control and Management

- Vulnerability to disease(s)
- Exposures to disease(s)
- Experiences of disease,
- Health-related decision-making
- Responses to treatment
- Extent of impact on individuals or social groups.
Health System Response (Governance)

Epidemiology and Disease Control Division

Policy exists
Active Implementation arrangements

Lacks integrating gender and intersectionality
Health System Response

Service Delivery

• Prevention and control measures in areas with high case loads
  - Report lacks evidence of reaching poor and vulnerable population

• Curative services
  - Only limited information of sex-disaggregated treatment outcomes
  - Sporadic reporting of extent of impact on people

Human resources

• Relevant stakeholders trained for prevention, control and treatment measures

• No evidence of how the capacity enhancement process affected health care providers (e.g Knowledge, service delivery)
Health System Response

Information

- Information, Education and Communication (IEC)

- Surveillance reporting sheets show sex-disaggregated data

- But not used while reporting in Early Warning and Reporting System (EWARS)
Health System Response

Financing

• Gender-responsive budgeting

  ❖ But report lacks how budget was translated to reach women and vulnerable groups

Medicines/vaccines

• Diagnostic kits supplied

  ❖ But report lacks if women, children, elderly were actively sought to detect cases
• Response appears blanket

- Personnel, diagnostic kits and prevention and control measures - deployed as the disease spread across the nation

• Could have been more responsive, effective and equitable if:

- Reports had highlighted if efforts were made for active case finding and awareness among the vulnerable population (decision making)

- Reports had outcomes of the treatment especially among the vulnerable (response to treatment and differential social and economic impact)
Acknowledgements