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

Dr Chandani Kharel, Dr Sushil Baral

30th January 2020

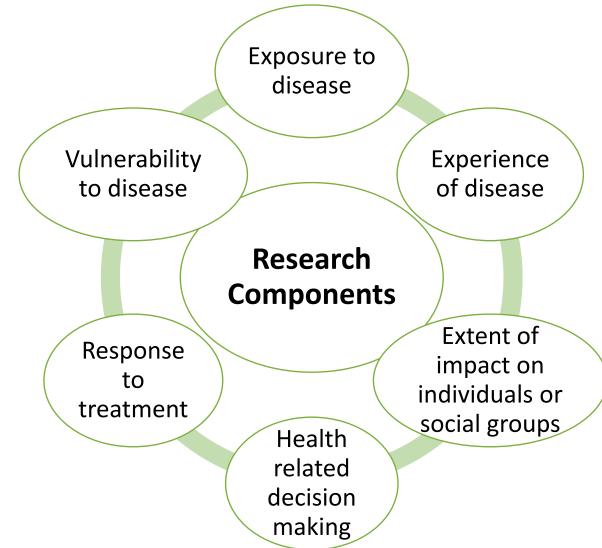
Gender and NTDs Webinar



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

BIG STORY 10

SEPTEMBER 15, 2019 / 8:17 AM / 2 MONTHS AGO

Kathmandu battles new threat as temperatures rise: dengue fever

NEWS18 » WORLD

Sukraraj iropicai and intec-tious Disease Hospital, where

and are treated now receive:

400 dengue patientsevery day "The government should

tients.The disease has also af-fected 55 other districts. Till

covernment can tap fund:

from different sources and

even pool resources to pur

Aadesh Subedi

Capital sees 4-fold hike in dengue ca

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

Dengue is spreading at an abstraction rate in Kathmandu alarming rate in Kathmandu, with the district witnessing over four-fold hile in the number of patients in just twodays. Kathmandudistrictrecond-

ed 254 dengue cases tillSun-dav ButbyTuesdaythatnumber had surged to 1,170. The number of dengue patients in two other districts of Kath-manduvalley however, has re-mained stable over the past twodays.
Bhaktapur district, for in-

number remained the same till Tuesday. Lalitpur, on the other hand, witnessed three new dengue patients in the last two days, taking the num-

"One of the major reasons for rapid spread of the disease in Kathmandu district is poor sanitation," said Baburam Marasimi, former director at Epidemiology and Disease Control Dististion.

Kathmandu district is also an entry point to the valley, so many buses that arrive here from other districts bring in mosquitoes as well, according to Marasine This is another reason for sharp hike in den-

"Moreover, many dengue ryare in Kathmandu for treat



Sukraraj Tropical and Infection Disease Hospital sees a surge in the number of patients seeking treatment for dengue.

ment Since many public hos-cated in Kathmand udistrict, contracting the disease are public hospital that treats dengue are bochances of those not infected very high."

The surge in number of papublic hospital that treats dengue are bochances of those not infected very high."

The surge in number of papublic hospital that treats dengue are both brinn Tekubased surged of these surged of the su

Nepal Issues Dengue Alert as Studies Find Presence of Aedes Aegypti Mosquitoes

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

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

Nepal is reeling from an unprecedented dengue outbreak

Climate change may be making the Himalayan nation hospitable to disease-carrying mosquitoes



As Nepal records at least 9,000 cases of dengue amid an unprecedented outbreak of the disease, workers are fumigating areas of Kathmandu against the mosquitoes that carry the disease. SOPA IMAGES LIMITED/ALAMY STOCK PHOTO

By Gloria Dickie OCTOBER 7, 2019 AT 9:31 AM

DENGUE OUTBREAK

Minister Yadav rules out health emergency

Claims number of dengue patients decreasing

Himalayan News Service Kathmandu, September 18

Deputy Prime Minister and thand Popula-

was no need of dengue in-

Bir and Civil hospitals, as Sukraraj hospital was struggling hard to treat the increasing number of patients.

Yaday said the federal goverriment had provided more than 60 million rupees to local levels to help them contain the outbreak and had also mobiliæd teams to æarch and destroy larvae that bred dengue causing mosquitoes.

The organization that also nations welving treatment

from it. Some lawmakers wondered why Yadav informed the House about the government's effort to contain. the outbreak of the disease onlyafterfourmonths.

Ruling Nepal Communist Party (NCP) lawmaker Krishna. Goral Shrestha wondered if Yadavand minister of state for health had ever visited Teku hospital where the number of

> ng by the minute. criticised Yadavifor foreign countries ne was spreading

NCP lawmaker tiwada wondered ople should turn he government o control dengue

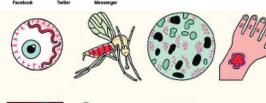
neress lawmaker sal said the health. s not in a position. lengue outbreak and scrapped the proportion in specre responsible for ut campaign to estroy larvae.

naker Jeevan Pam d the government a special plan to gue outbreak in



Lift the burden, leave no one behind

Published On: (9 November 7, 2019 09:09 AM NPT By: Dr Poonam Khetrapal Singh (/news/author/2995)





news@mvrepublica.com

(mailto:news@myrepublica.com)

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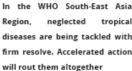
he author is the World Health

Dr Poonam





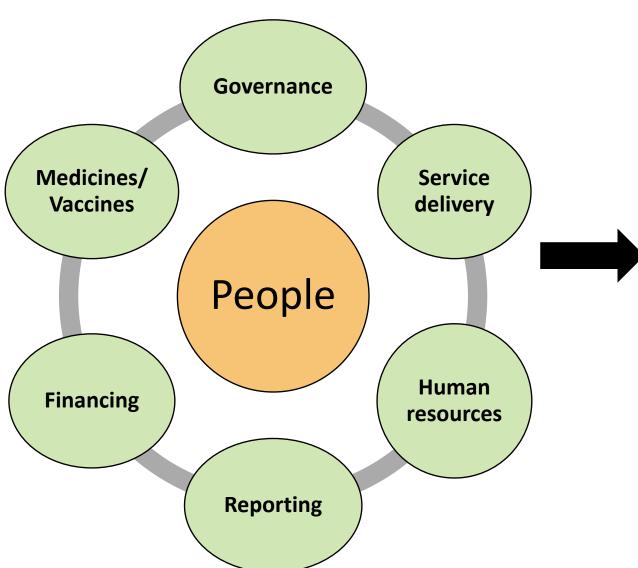




The WHO South-East Asia Region has made remarkable strides in its quest to eliminate neglected



Health System Domains



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)

NATIONAL GUIDELINES ON

Epidemiology and Disease Control Division



Policy exists

Active Implementation arrangements



Lacks integrating gender and intersectionality

2019

PREVENTION, MANAGEMENT AND CONTROL OF DENGUE IN NEPAL





Early Warning and Reporting System (EWARS)

Weekly Bulletin

(42th Epidemiological Week)
27 October 2019



Government of Nepal
Ministry of Health and Population
Department of Health Services
Epidemiology and Disease Control Division
Kathmandu, Nepal
gwarsnepalggmall.com

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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 sexdisaggregated 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 sexdisaggregated data
- But not used while reporting in Early Warning and Reporting System (EWARS)



डेगी ज्वरो अन्य मौसमी प्यरो जस्ते हो । यो डेगी भाईरसबाट संक्रमित एडिज जातका तामखुहेको टोकाईबाट सर्दछ





एडिज जातका तामसुद्दे थों पानी जम्मा भएको जुनसुकै भौडोमा पनि दुर्कन सक्दछ

डेंगीका लक्षणहरू







विमिराइस









डेंगीका लक्षणहरू देखिएमा के गर्ने ?

विकित्सक वा स्वास्थ्यकर्मीको सत्लाइ क्रिने





अस्पताल भर्ना इन सत्लाद दिएमा तुकस्त भर्ना इने

घरमै बसेर उपचार गर्ने सत्लाइ दिएना प्रशस्त मोल र पोषिलो खानेकुरा खाने र प्यरो घटाउनका लागि प्यारासिटामोल खाने । प्यरो घटाउनका लागि हुफिन र आस्पिरिन प्यस्ता औषधीको सेवन नगर्ने



लामखुट्रेले लार्मा पार्ग सक्ने संभावित घर भित्र र वरपरका पानी जमेको ठाँउहरू र पानी राख्ने भार्डाहरू खोजी खोजी सफा मर्ने र लामखुट्रेको लार्मा नष्ट मर्ने







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

Conclusion

- 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



New Health Technologies for TB, Malaria and NTDs





