

Equality and Equity of NTD Interventions

Session Date: Saturday, October 27

Session Time: 1:00pm – 4:00pm

Session Location: Orleans, 3rd Floor

Session Description: This interactive session will build capacity around gender, equity and rights (GER) including the relationship of GER to the implementation of neglected tropical disease (NTD) programs, and how addressing GER can contribute to more effective coverage and accessing harder to reach and vulnerable groups, both in preventive chemotherapy (PC) and innovative and intensified disease management (IDM) NTDs.

The session will begin by setting the scene in relation to GER and NTDs terminology and provide an overview of ongoing research in GER and NTDs. This will be followed by case studies from Nigeria, Liberia, Ghana and Cameroon across the COUNTDOWN consortium which will focus more on the practical application of gender analysis in the implementation of both PC and morbidity management and disability prevention (MMDP) interventions. A further case study will focus more on gender, equity and access to MMDP services. The focus of the session will then be through interactive learning tables.

Session Chairs: Dr. Camilla Ducker
Dr. Fiona Fleming

Session Rapporteur: Caroline Kusi

KEY DISCUSSION POINTS

Talk 1: Dr. Pamela Mbabazi provides an overview of gender in NTDs

Gender norms, roles, and relations influence people's susceptibility to different health conditions. Gender equity requires us to ensure that programs are reaching everyone. Promoting gender responsiveness encourages health systems to reduce NTD health inequities include focusing on service delivery, information and research, medical products and technologies, health and social workforce, health care financing, leadership, and governance.

Talk 2: Dr. Margaret Gyapong focuses on Female Genital Schistosomiasis and its impact

Diseases affect men and women equally; however some are left behind. For example, a systematic review on the role of female community drug distributors (CDDs) revealed that men are often missed during mass drug administration (MDA) because of migration. Some also refuse treatment because they can't take medicines without alcohol. Furthermore, out-of-school children are often missed. The careful selection and sustenance of CDDs is also important in the promotion of equitable delivery of interventions.

Female genital schistosomiasis is a condition that significantly impacts the lives of adolescent and adult women. Interviews with young and adult women revealed that communities and health

workers often have misconceptions about the causes and management of female genital schistosomiasis. As a result, healthcare workers ostracize women for having a sexually transmitted disease or they refer women to specialists rather than managing conditions at the primary health care level. The disease also affects women's personal lives and ability to perform their roles in the community and at home.

Talk 3: Laura Dean discusses a case study in Liberia on gender, equity, and access to MMDP services

Illness narratives in Liberia revealed that disease morbidity keeps men and women from performing their roles, and also causes them to experience abandonment and other reproductive health issues. Patients are often blamed by the community for their illnesses; and experience social isolation and mental health issues such as suicide ideation. Some use the radio or alcohol to cope. It is important to identify and strengthen platforms for health systems integration, case management teams at the primary health care level, and referrals. Furthermore, having champions in health centers, providing rehabilitation and livelihood support, and continuum of care are important.

KNOWLEDGE GAPS IDENTIFIED

- Gender analysis of program data to address implementation challenges.
- Map diseases and related morbidities, as well as linkage to care.

RECOMMENDED NEXT STEPS

- Data/Health Management Information Systems
 - Why and how does gender get removed from the joint application? How do we make we ensure that the disaggregated data are shared with programs?
 - Conduct a landscape analysis on how other sectors determine their population denominators (e.g., ethnic groups) and think how this could be applied to MDA population estimates.
- Medicine or Technology Advancement
 - Ensure that pediatric formulations of medicines are provided to appropriate populations; ensure that pregnant women are treated when eligible.
- Human Resources for Health
 - Conduct a policy review of how gender is integrated within NTD programs (e.g., looking at different levels of work force). Is there commitment from the government commitment to promote a gender balance?
 - Look at incentives for CDDs – both financial and non-financial remuneration and the relationship to equity and inclusion in the work force and performance.
 - What is the relative effectiveness of different gender mixes at different levels of the health system (focusing on peripheral health system-teachers and CDDs)?
 - Case studies
 - Quantitative studies (program performance)
- Morbidity Management/Service Delivery
 - What community-based intervention could be used to support people affected by NTDs?
 - Where do people affected by NTDs access care?
 - What is the role of the non-formal health sector?

- What are key access points?
 - How do age, cultural norms, and gender shape MMDP care needs?
 - What impact would symptom versus disease-based management have on improving program equity?