Human rights law: an overlooked tool to address the burden of NCDs on women

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Still from Facing Forward mini-film "Door-to-door diabetes support" presented by World Diabetes Foundation.

Women experience many gender-based challenges in accessing healthcare - especially in low-resource contexts - but there is one advocacy approach that can tackle them all: human rights.

Around the world, women and girls living with non-communicable diseases (NCDs) experience specific challenges in accessing prevention, early diagnosis, treatment and care [1], particularly in low-resource contexts. For example, up to 75% of Indian women with diabetes in pregnancy will develop high blood sugar levels or type 2 diabetes within five years of giving birth [2]. While this is a well-known complication of pregnancy, affected women in rural communities may not be identified due to shortages of health workers, and inequalities in access to healthcare services.

Women experience unique vulnerabilities to the burden of NCDs, which impacts not only their health but their social and economic wellbeing. Despite this burden being inherently gendered and political, civil society organisations working to address NCDs are often unaware of parallel global advocacy efforts by women's rights groups which could support and amplify their impact.

Civil society's role in defining and protecting rights

For example, women's rights organisations play a critical role in the work of treaty bodies such as the Committee on the Elimination of all forms of Discrimination Against Women [3] (CEDAW): independent women's rights experts who monitor the implementation of policies, programs, and laws by governments in accordance with their international human rights obligations. Some 189 countries are expected to report back every four years on the extent to which they have actioned CEDAW recommendations, and recent research [4] shows these have been highly effective in motivating governments to introduce or amend laws that improve women's health.

Civil society organisations (CSOs) play a critical role in the CEDAW process, by contributing shadow reports and case studies detailing women's rights in each country and informing recommendations. Through years of awareness-

raising, lobbying, evidence-gathering and movement building – sometimes across decades – CSOs help create contexts that are conducive to government action when a tipping point is reached, whether that's through public outrage over a particularly shocking breach of human rights, or through the Committee coercing or persuading a government to act at its review.

While the CEDAW review process faces many challenges - including persistent government inaction, particularly in relation to gender-based violence - its successes can be attributed to the legally binding nature of the CEDAW Convention, and governments' motivation to establish and maintain international credibility as rights-respecting nations.

A gendered approach to health rights

Advocacy around NCDs and human rights have evolved largely independently but have the potential to be highly complementary. Governments often resist action on NCDs and CEDAW provides another lever that civil society groups can use. For example, groups led by the InterAmerican Heart Foundation of Argentina submitted a shadow report [5] to CEDAW in 2016 urging it to recommend that the government ban all forms of advertising, promotion, and sponsorship of tobacco products to prevent the tobacco industry from targeting women and girls, which the Committee subsequently did.

At the same time, the impact of NCDs across women's life course is often overlooked during CEDAW reviews, due to a lack of participation in the process by health-focused CSOs and limited capacity to appraise public health evidence for 189 countries.

What's more, some of the key challenges to the design of effective women's health laws are implementation issues, including inadequate consultation with women; a lack of education around harmful norms, leading to unintended consequences; a lack of enforcement; a lack of evaluation in terms of a law's impact on health and social outcomes; and fragmented governance and financing arrangements, weakening operationalisation. These are all areas that public health practitioners are well-versed in understanding, researching, and communicating through the generation of systematic, replicable, and potentially generalisable evidence.

Three ways to advance towards gender equality:

As advocates for gender equality from across sectors come together to mark International Women's Day, we suggest three ways for how communities working on NCDs and women's rights can collaborate to advance progress:

1. Health-focused organisations can play a vital role in amplifying the voices of women impacted by NCDs among rights groups involved in treaty body processes; particularly the voices of women in situations of vulnerability, such as those experiencing gender-based poverty, and LGBTQIA+ communities.
2. Secondly, the NCD advocacy community can provide rigorous data to support the monitoring and evaluation of government action on NCDs by women's rights coalitions who are contributing to the CEDAW review process.
3. Finally, NCD advocates can provide expertise on the intersection of health and discrimination, and advice as to how evidence should be translated into effective and acceptable policies, programs, and laws.

Ultimately, such collaboration could lead to recognition of the social, economic and health burden of NCDs experienced by neglected communities; to new, targeted recommendations by the CEDAW Committee; and to the establishment of powerful alliances and mutual capacity strengthening between both communities. Our hope is that this will lead to innovative legal and programmatic designs with the potential to improve health outcomes for all women.

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