Women and NCDs in humanitarian emergencies

Submitted by ncd-admin on 6 March, 2017 - 16:09
Language English



A woman displaced by fighting in the Democratic Republic of Congo in 2008, takes refuge and plays with her child
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Noncommunicable diseases (NCDs) are frequently referred to as "silent diseases" because of the way in which they cause a gradual deterioration in health, but women and girls living with NCDs through emergencies could also be referred to as "silent sufferers". Despite the fact that the information is available and most countries have accepted the impact of the NCD epidemic on populations, its importance in humanitarian emergencies has still not been fully acknowledged. Governments and organisations responsible for responding to humanitarian crises must adopt a multifaceted, gender-based approach in order to manage NCDs.

This is probably one of the darkest times in the history of our world. In large parts of each continent, violent crises are threatening the wellbeing of human populations. Against this backdrop, women and girls are having to deal not only with food shortage and poverty, but also with higher rates of physical, sexual and domestic violence, which, given the lack of services, are resulting in significant neglect when it comes to their healthcare priorities.

Increasing the visibility of women and girls in crisis

According to data from UN Women [1], women represent almost half of the 244 million migrants and half of the 19.6 million refugees worldwide – a proportion which might well be expected. 50% of the almost five million Syrian refugees (link is external); 50% of people risking their lives to cross the Mediterranean sea). And yet, according to a gender study, their needs and specific vulnerabilities are seldom given priority in the planning and implementation of the humanitarian response. Specific displacement problems include the separation of families, stress and psychosocial trauma, depression and deterioration in mental health, physical harm and injuries, and the risk of exploitation and gender violence. In addition to these women on the move, there are the invisible populations of hundreds of internally displaced women, women who are deported on a daily basis, and undocumented female workers living in fear of being caught and deported.

Normality that was once relatively easy, becomes complicated

Furthermore, women in crisis situations feel responsible for coming up with a strategy to normalise the emergency. They are the ones who are tasked with recreating normality for their families and the community, and they also become unnoticeable but constant humanitarian aid agents in their environment. In an emergency, routine chores become complicated: finding water and food, keeping a living space clean, tending to the health or education of their children or children they are looking after become fraught with danger. Under normal circumstances, these women go to their doctor to seek advice on a healthier lifestyle. However, in an emergency, maintaining a healthy behaviour is almost impossible and forms part of a distant past or a longed-for future, but not the critical present.

Living with NCDs when displaced - shifting priorities

Imagine a Syrian woman with diabetes living in a refugee camp, or stranded at some border waiting for an arbitrary health permit to allow her to move on; a Central African woman mourning the loss of her family and living as a displaced person in an overcrowded church; a Honduran woman with high blood pressure crossing a foreign country in worn-out shoes for months on end; a Yemeni woman with respiratory problems who survived the bombing of her market. Can these women be reproached for forgetting to limit their carbohydrate intake when their basic daily routine has become a struggle between life and death?

These women live with their own sorrows and those of their neighbours, with no access to healthy food or adequate clothing.

Without access to care and treatment, NCDs take a catastrophic toll

Before the conflict in 2011 in Syria, 74% of all deaths were caused by NCDs [2]. Today, five years since the start of the conflict, NCDs are killing as many or more people than the war. In Ukraine [3], it is estimated that pensioners or the elderly (who frequently suffer from diabetes and high blood pressure) account for over half the displaced population (1.7 million).

Despite the fact that the information is available and most countries have accepted the impact of the NCD epidemic on populations, its importance in humanitarian emergencies has still not been fully acknowledged. NCDs require continuous care and treatment; failure to provide such treatment can lead to complications requiring further medical assistance, which results in more expenses for families, worsening their situation of poverty and exclusion, and affects the already fragile public healthcare systems. NCDs also affect people's ability to deal with their circumstances, further reduce life expectancy and/or lead to disabilities.

Contingency plans and protocols for governments and organisations responsible for responding to emergencies must include a multifaceted, gender-based approach in order to manage NCDs. The initial response [4] should involve detecting the most severe cases and exacerbated symptoms; these should be stabilised and referred, taking into account beforehand the provision of medicines and technology for dependent patients (those requiring dialysis, with type 1 diabetes, who have had transplants, heart surgery, etc.) and avoiding a prolonged interruption, which could be fatal. It should also involve providing basic medicine to alleviate the symptoms of advanced NCDs.

Silent sufferers of silent diseases

NCDs are frequently referred to as "silent diseases" because of the way in which they cause a gradual deterioration in health, but women and girls with NCDs could also be referred to as "silent sufferers". Women [5] tend to be affected by these chronic diseases at a much younger age than men. Women live longer than men, but with more disabilities and less social protection. As daughters, sisters and informal workers, they tend to be the main healthcare providers over the long term for those suffering from chronic diseases.

The challenges faced by women and girls in terms of preventing, managing and living with NCDs are already magnified, but under extremely difficult and resource constrained conditions of humanitarian crises, the amplification is multiplied unfathomably. Therefore, an emergency plan must focus in particular on the gender factors linked to the risks, treatment and care of people suffering from these diseases.

Much more needs to be done, and done much better to support women in humanitarian crises, with special consideration to the experiences of those living with NCDs.

Further reading: NCDs in humanitarian settings: 10 essential questions *[6]*, by S. Aebischer Perone et al in *Conflict and Health* September 2017

About the author

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