
International Women's Day 2024: Re-imagining NCD care for and by women



Jema Baruani, cancer survivor and lived experience advocate in Tanzania, Facing Forward video series

Many women suffer from discrimination in access to healthcare, especially those living in low-resource settings. This must end. On International Women's Day, NCD advocates reflect on the gender-based challenges they have faced in relation to chronic diseases, shedding light on the importance for governments to apply a gender lens to universal health coverage.

Lack of access to health is one of the cruellest effects of inequity. A number of factors contribute to this reality, including gender and other intersecting social determinants like poverty. Gender-specific barriers to health prevent many women living with NCDs from getting timely diagnosis or adequate and affordable treatment, particularly in low- and middle-income countries (LMICs) and [humanitarian settings](#) [1]. Their testimony and meaningful involvement are crucial to ensuring an equitable response to the burden of NCDs.

Lived experience advocates shared their stories around discriminatory practices in access to NCD services in the new series of the NCD Diaries project on the theme of [Equity and UHC](#) [2]. The testimony of female participants serves to illustrate the many gender-specific challenges that exist in relation to chronic diseases.

Gender norms, along with social and cultural customs, can be very limiting for women seeking healthcare. Some female-only diseases such as breast or [uterine cancer](#) [3] carry a stigma, while families tend to prioritise the health of children and men over those of women. Modina Khatun, a lived experience advocate with multiple chronic conditions living in Bangladesh as a refugee, put it this way in [her visual diary](#) [4]:

“Women here do not feel comfortable talking much or sharing any bodily symptoms due to religious views and language barriers. [...] When it comes to getting help for our health conditions, it feels like some people have a clear path, while others stumble in the dark.”

Women are usually the [sole caregivers in the household](#) [5]. This often results in them giving up education or work and committing all their time and energy, at the expense of their ability to take care of their own physical and mental health.



[6]

Affordability of treatment is another major barrier to women's access to healthcare. Not only do they tend to have less financial decision-making power in the household, but they also suffer from invisible diseases that are not covered by health services in many LMICs, such as endometriosis, a disease of the uterus. This is the case of Catherine Berkoh, a lived experience advocate with endometriosis from Ghana who was misdiagnosed for 11 years while facing catastrophic expenses to cover her treatment. In [her visual diary](#) [7], which appeared in the second series of the NCD Diaries project on the theme of [Affordability of care and UHC](#) [8], she said:

“There is a significant ignorance and misconception about NCDs, and endometriosis is barely recognized because menstrual pain is tagged as normal; thus there is a lack of financial support from the government.”

Pregnant women are also at an increased risk of NCDs such as hypertension, [diabetes](#) [9] and [cardiovascular diseases](#) [10]. Complications of pregnancy related to chronic diseases often go untreated. The simple solution to prevent mothers dying is to integrate the prevention, screening, and treatment of NCDs into existing maternal health programmes. [Watch the testimony of Sujata, a community midwife in India](#) [11].

[Universal Health Coverage \(UHC\)](#) [12] has the potential to reduce health inequities faced by women, but health systems and policies need to be designed and implemented in a way that is affordable, accessible to them, and informed by their involvement. On this year's International Women's Day, the testimonies of lived experience advocates who have faced gender-specific challenges in relation to their conditions, reminds us of the need to take a gender lens to health equity.

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