Gender, Ebola and Global Health

Myths, Misconceptions or Manipulation?

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With thanks to Kent Buse, UNAIDS
Why Are So Many Women Dying From Ebola?

Studies show that infectious disease often affects one gender more than another -- but that knowledge isn't being put into practice.
African women face Ebola triple jeopardy

Confronting Ebola in Liberia: the gendered realities
TOONI AKANNNI 20 October 2014

The Washington Post

Health & Science

Ebola striking women more frequently than men
The underestimated gender(ed) politics of Ebola. Why a preventive and remedial focus on women is critical to save lives.
Ebola outbreak takes its toll on women

**Date:** 02 September 2014

On 8 August, the Ebola outbreak in West Africa was declared an international public health emergency by the World Health Organization (WHO). Women are on the front lines of this disease, with female nurses representing the majority of the medical personnel who have died from the virus.

Authorities in Liberia estimate as many as 75 per cent of their Ebola fatalities are women, while UN sources in Sierra Leone report women represent around 59 per cent of their deceased.
Where gender matters: Pregnancy

Pregnant women are even more than the general population at risk to die. In the largest case series published by Mupata et al\(^4\), the mortality in pregnant women was 93%. 14 out of 15 pregnant patients died and the one patient who survived had a miscarriage, not an abortion after 8 months of amenorrhea. The mortality among pregnant women with Ebola hemorrhagic fever (95.5%) was slightly but not significantly higher than the overall mortality observed during the Ebola epidemic in Kikwit (77%; 245/316 infected persons).
Now for some data…

Ebola Virus Disease in West Africa — The First 9 Months of the Epidemic and Forward Projections

WHO Ebola Response Team

RESULTS

The majority of patients are 15 to 44 years of age (49.9% male), and we estimate that the case fatality rate is 70.8% (95% confidence
Table 2: Cumulative number of confirmed and probable cases by sex and age group in Guinea, Liberia, and Sierra Leone

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative cases</th>
<th>By sex* (per 100 000 population)</th>
<th>By age group‡ (per 100 000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>0-14 years</td>
</tr>
<tr>
<td>Guinea</td>
<td>1666 (31)</td>
<td>1804 (33)</td>
<td>553 (12)</td>
</tr>
<tr>
<td>Liberia</td>
<td>2958 (149)</td>
<td>2891 (147)</td>
<td>993 (58)</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>5433 (191)</td>
<td>5768 (199)</td>
<td>2330 (96)</td>
</tr>
</tbody>
</table>
Confirmed and probable cases by sex – WHO data, April 2015

Cumulative case sex ratio = 0.96 male/1.0 female

Population sex ratio = 0.95/1.0
Gender & Health Matters: Risk, Burden, Care-seeking

• Evidence from other health conditions: men in LMIC less likely to access public sector health care interventions

• Service interventions show positive bias in favour of women’s access – e.g. HIV ART coverage in South Africa – despite evidence of men’s higher risks/burdens
Top 10 DALYs globally, 2010

- Ischemic heart disease
- Lower respiratory infections
- Cerebrovascular disease
- Diarrheal diseases
- HIV/AIDS
- Low back pain
- Malaria
- Preterm birth complications
- Chronic obstructive pulmonary disease
- Road injury

Source: Murray et al, Lancet 2012
DALYs & top 10 risk factors (Global, 2010)

Source: Lim et al, Lancet 2012
### Gender and HIV interventions: South African National HIV Survey 2012

<table>
<thead>
<tr>
<th></th>
<th>Aware of location of a test site</th>
<th>Ever tested for HIV</th>
<th>On ART if living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>90.9%</td>
<td>59%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Women</td>
<td>93.6%</td>
<td>71.5%</td>
<td>34.7%</td>
</tr>
</tbody>
</table>
Gender and Global Health: Institutional Responses

"Gender, women and health network … will pay particular attention to health issues that are linked to gender inequality and strategic objectives for women's health."

"A core objective ... is to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities."
EU role in Global Health: Response to gender?

Official Journal of the European Union

Council conclusions on women’s health

(2006/C 146/02)

18. NOTES that reliable, compatible, comparable data on the status of women’s health is essential to improve information to the public and develop appropriate strategies, policies and actions to ensure a high level of health protection, and that gender-specific data and reporting are essential for policy making.
Gender-Aware Global Health

1. Recognise and address risks/burden of ill-health on basis of evidence not rhetoric

2. “Gender” as a false dichotomy? Promote notion that gender determines the health of everyone, not just women.

3. Ensure that health services are accessible to everyone, regardless of gender and its intersections – post-2015 agenda may provide just such an opportunity.