

THROUGH HER LENS

Spotlighting women and girls affected by
neglected tropical diseases



Research Snapshot

September 2026

**Why investing in women and girls is
essential to achieving the 2030 NTD goals**

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A growing body of evidence shows that women and girls can experience **disproportionate impacts** from NTDs compared to men.

At least **56 million** women and girls are living with female genital schistosomiasis (FGS) in Africa alone.

Women with FGS are **three to four times more likely** to be living with HIV than women without FGS.

Infections from soil-transmitted helminths (STH) compound the physiological demands of **menstruation and pregnancy**, increasing the risk of iron deficiency and maternal anaemia.

108 million adolescent girls and **138 million** pregnant and lactating women are currently at high risk from STH.

Women's and girls' daily roles such as collecting water and washing clothes can **increase exposure to infection**.

Introduction

Research shows that neglected tropical diseases (NTDs) can affect women and girls differently from men and boys, creating additional health risks and, in some settings, severe social and economic consequences like disability or infertility¹. These differences are shaped by biological factors, gender norms, and unequal access to healthcare, all of which influence exposure, health outcomes, and access to diagnosis and treatment.

NTDs are a diverse group of conditions that threaten approximately 1.4 billion people globally, including nearly 1 billion children², and remain both a consequence and driver of poverty³. Together, they are estimated to cost affected communities US\$33 billion each year in lost wages and out-of-pocket healthcare expenses⁴. But these diseases are preventable, treatable, and solvable.

Thanks to sustained funding across decades, country-led leadership, and long-standing partnerships, including with pharmaceutical companies providing large-scale medicine donations, great progress has been made towards controlling and eliminating NTDs. However, this progress is coming under pressure. Reductions in official development assistance (ODA) are disrupting treatment programs and climate change is altering the distribution of several vector-borne NTDs. In April 2025, the World Organization (WHO) reported that more than 70% of surveyed country offices had experienced health service disruptions following ODA cuts, citing NTD programs as among the most severely affected⁵.

Increasing attention has been paid to how gender shapes the burden of NTDs in recent years. In 2025, the WHO convened an informal consultation on gender, equity and human rights in NTD programs⁶, reflecting a shift from treating gender as a cross-cutting issue to recognizing it as a factor that can influence progress towards NTD elimination.

As we approach the WHO's 2030 Road Map target for ending NTDs⁷, understanding which communities and populations may be being missed is critical. Because NTDs intersect with sexual and reproductive health, nutrition, education and economic participation, investing in gender-responsive NTD programs offers an opportunity to advance multiple priorities for women and girls simultaneously.

¹ National Library of Medicine: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10721307/>

² The END Fund: <https://endfund.org/visualizing-neglect/>

³ World Health Organization: <https://www.who.int/health-topics/neglected-tropical-diseases>

⁴ World Health Organization: <https://www.who.int/campaigns/world-ntd-day/2026/key-messages>

⁵ World Health Organization: <https://www.who.int/news/item/04-06-2025-neglected-tropical-diseases-further-neglected-due-to-oda-cuts>

⁶ World Health Organization: <https://www.who.int/news-room/events/detail/2025/05/05/default-calendar/informal-consultation-meeting-on-gender-equity-and-human-rights-for-neglected-tropical-diseases>

⁷ World Health Organization: <https://www.who.int/publications/i/item/9789240010352>

The three pathways through which gender shapes NTD outcomes

A review of existing research identified three broad pathways through which NTDs disproportionately affect women and girls: some diseases have unique or disproportionate impacts on women's health, everyday roles and responsibilities can increase exposure to infection, and women often face additional barriers to prevention, diagnosis and treatment.



PATHWAY 1

Biological and reproductive health impacts

Some NTDs have distinct consequences for women's health. Female genital schistosomiasis can cause chronic pain, infertility, and increased vulnerability to HIV.



PATHWAY 2

Gendered patterns of exposure

Daily roles such as collecting water, washing clothes, and caring for children or sick relatives can increase exposure to water-borne and vector-borne diseases.



PATHWAY 3

Barriers to prevention, diagnosis, and treatment

Social norms, stigma, caring responsibilities, and limited decision-making power can delay diagnosis and reduce treatment uptake. Even when women reach the healthcare system, they are more likely to be misdiagnosed.





PATHWAY 1

Biological and reproductive health impacts



Maheder Haileselassie

NTDs can have distinct or disproportionate health impacts on women and girls, reflecting both biological differences and the consequences of infection during key stages of life, including adolescence and pregnancy.

Female genital schistosomiasis

Female genital schistosomiasis (FGS) is one example of how NTDs can have disproportionate impacts on women and girls. Caused primarily by *Schistosoma haematobium*, the disease occurs when parasite eggs become lodged in the tissues of the female reproductive tract, leading to chronic inflammation and long-term reproductive health complications. Studies have also associated FGS with a higher risk of human immunodeficiency virus (HIV), and a significant association has been identified between molecular FGS and types of human papillomavirus (HPV) infection associated with cervical precancer and cancer.⁸

At least 56 million women and girls are living with FGS in Africa alone, although the true burden is likely to be higher because the disease remains underdiagnosed and underreported⁹. FGS is more than an NTD - it is also a neglected women's health issue.

Cross-sectional studies in Mozambique, Tanzania and Zimbabwe showed that adult women with FGS were three to four times more likely to be living with HIV than women without FGS¹⁰.

A review published in 2026 suggested that achieving the WHO Roadmap 2030 targets will require FGS to be integrated into broader women's health and sexual and reproductive health programs, rather than treated solely as an NTD¹¹.

Adult women with FGS are

3-4x

more likely to be living with HIV than women without FGS.

⁸ Global Schistosomiasis Alliance: <https://www.eliminate-schisto.org/resources/fig-female-genital-schistosomiasis-faqs>

⁹ National Library of Medicine: <https://pubmed.ncbi.nlm.nih.gov/40994231/>

¹⁰ UNAIDS: https://www.unaids.org/sites/default/files/media_asset/female_genital_schistosomiasis_and_hiv_en.pdf

¹¹ Science Direct: <https://www.sciencedirect.com/science/article/pii/S2666524726000807#bib2>



PATHWAY 1

Biological and reproductive health impacts

Pregnancy, worms, and anaemia

Because women of reproductive age have substantially higher iron requirements than men, diseases that cause chronic blood loss can have disproportionately severe consequences for them. Infections from soil-transmitted helminths (STH) compound the physiological demands of menstruation and pregnancy, increasing the risk of iron deficiency and maternal anaemia. Recognizing this, the WHO identifies women of reproductive age, including pregnant women in their second and third trimesters and breastfeeding women, as a priority group for periodic deworming in endemic areas. This is because the consequences of chronic blood loss are amplified during pregnancy, when iron requirements increase.¹²

STHs can have serious consequences for children because infection occurs during critical periods of growth and development¹³. By impairing nutrient absorption and, in the case of hookworm, causing chronic blood loss, these infections contribute to undernutrition, iron deficiency and anemia, especially for infected girls and women of reproductive age¹⁴. According to the WHO, there are over 260 million preschool-age children, 654 million school-age children, 108 million adolescent girls and 138 million pregnant and lactating women living in areas

where these parasites are intensively transmitted¹⁵.

Maternal anaemia is associated with low birth weight, preterm birth and increased maternal mortality, illustrating why the contribution of hookworm to anemia can have consequences for both maternal and infant health¹⁶. The multifaceted health impacts of deworming on women emphasize why moving away from controlling the disease is so important, as shown by the END Fund's Deworming Innovation Fund, which over the past six years has prioritized a shift towards interrupting transmission and accelerating towards elimination, reaching over 47 million people in Kenya, Rwanda, Ethiopia and Zimbabwe. It continues to set up surveillance models with national governments that can accurately identify where women and girls remain at risk, and act accordingly.

How many people live in areas where these parasites are intensively transmitted?

260m

preschool-age children

654m

school-age children

108m

adolescent girls

138m

pregnant and lactating women

¹² World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/soil-transmitted-helminth-infections>

¹³ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/soil-transmitted-helminth-infections>

¹⁴ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/soil-transmitted-helminth-infections>

¹⁵ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/soil-transmitted-helminth-infections>

¹⁶ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/anaemia>



PATHWAY 2

Gendered patterns of exposure

Water collection

Women and girls are often responsible for domestic tasks that require frequent contact with rivers, lakes and other freshwater sources. According to the WHO and the United Nations Children's Fund (UNICEF), women and girls are responsible for collecting water in seven out of ten households without water on the premises¹⁸. In communities where schistosomiasis is endemic, everyday activities that involve contact with infested freshwater, such as collecting water and washing clothes, can increase exposure to infection¹⁹.

Women and girls are responsible for collecting water in

7/10

households without water on the premises

Women and girls' daily roles can also increase their risk of infection. Responsibilities such as collecting water, washing clothes and caring for children and sick family members can increase exposure to water-borne and vector-borne diseases including schistosomiasis and trachoma. Poverty, limited access to water and sanitation, and unequal access to protective resources further exacerbate these risks¹⁷.

Caregiving

Trachoma, the world's leading infectious cause of blindness, is another example. Women are disproportionately affected because their caregiving roles often bring them into closer and more frequent contact with young children, who are most likely to carry and transmit the infection. Repeated infection can lead to scarring of the eyelid and eventually trichomatous trichiasis (TT), the potentially blinding stage of the disease. As a result, women are blinded up to four times as often as men by trachoma²⁰, and are nearly twice as likely to develop trichiasis, the blinding stage of the disease^{21,22}.

Trachoma is one of the few NTDs for which evidence on gender differences has translated into explicit program guidance. While the WHO-endorsed SAFE strategy, (Surgery, Antibiotics, Facial cleanliness and Environmental improvement) has guided elimination efforts for decades²³, more recent implementation guidance (for example, Women and Trachoma: Achieving Gender Equity in the Implementation of SAFE, 2023 edition) recognizes that women bear a disproportionate burden of trichiasis and recommends monitoring whether case finding, referral and surgical services are reaching women equitably. It also supports efforts to provide solutions in instances where service provision is not equitable²⁴.

Understanding how social roles influence infection risk is essential for designing effective NTD programs. As countries move towards the WHO target of eliminating trachoma as a public health problem, ensuring that women can access screening and surgical services is critical.

¹⁷ World Health Organization: https://tdr.who.int/docs/librariesprovider10/default-document-library/adp_ntds_and_gender_factsheet.pdf
¹⁸ World Health Organization: <https://www.who.int/news/item/06-07-2023-women-and-girls-bear-brunt-of-water-and-sanitation-crisis---new-unicef-who-report>
¹⁹ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/schistosomiasis>
²⁰ World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/trachoma>
²¹ National Library of Medicine: <https://pubmed.ncbi.nlm.nih.gov/19362326/>
²² National Library of Medicine: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10695456/>
²³ World Health Organization: <https://www.who.int/activities/providing-technical-leadership-and-coordination-for-trachoma-elimination>
²⁴ International Trachoma Initiative: <https://www.trachoma.org/guides-resources/women-and-trachoma-achieving-gender-equity-implementation-safe-2023-edition>



PATHWAY 3

Barriers to prevention, diagnosis and treatment



Jodi Windvogel

Gender also shapes access to healthcare. Social norms, stigma, caring responsibilities, and limited decision-making power can delay diagnosis and reduce treatment uptake. Additionally, even when women do engage with the healthcare system, they are more likely to be misdiagnosed than men. While programs increasingly recognize these barriers, routine collection of gender-disaggregated data and evaluation of gender-responsive approaches remain inconsistent across the NTD portfolio.

Diagnosis

Women may also face disease-specific diagnosis barriers. FGS symptoms, for example, are often mistaken for sexually-transmitted infections or other gynecological conditions. Recent research has highlighted the need to integrate FGS into routine sexual and reproductive health services to improve diagnosis and access to care²⁵.

Access to treatment

The WHO's 2020 toolkit for health researchers, *Incorporating Intersectional Gender Analysis Into Research On Infectious Diseases Of Poverty*, in partnership with the Special Programme for Research and Training in Tropical Diseases (TDR) found that the design and delivery for many NTDs, particularly those controlled through preventative chemotherapy, can mean that some women remain untreated for most of their reproductive years²⁶.

Mass drug administration (MDA) has been central to global progress against many NTDs. However, historically, limited gender-disaggregated coverage data has made it difficult to assess whether MDA reaches women and men equitably. Analysis of MDA data from 16 countries demonstrated that routine collection and analysis of gender-disaggregated program data is feasible and can reveal differences in treatment coverage between women and men, which helps programs identify potential gender inequities²⁷. However, WHO and partners continue to highlight gaps in gender-disaggregated reporting across many NTD programs, limiting our understanding of who is being reached²⁸.

The WHO's 2025 informal consultation on gender, equity and human rights reflects the growing recognition of the need for more systematic gender-responsive approaches within NTD programs²⁹.

²⁵ National Library of Medicine: <https://pmc.ncbi.nlm.nih.gov/articles/PMC13124298/>

²⁶ World Health Organization: <https://iris.who.int/server/api/core/bitstreams/3f511288-a219-4a39-b693-1412c978928a/content>

²⁷ Oxford Academic: <https://academic.oup.com/inthealth/article/11/5/370/5371211>

²⁸ World Health Organization: <https://www.who.int/teams/control-of-neglected-tropical-diseases/global-report-on-neglected-tropical-diseases-2025>

²⁹ World Health Organization: <https://www.who.int/news-room/events/detail/2025/05/05/default-calendar/informal-consultation-meeting-on-gender-equity-and-human-rights-for-neglected-tropical-diseases>

Takeaways

1

Women and girls are among the most affected by NTDs, but many of the challenges they face remain overlooked.

2

While recognition of the links between gender and NTDs has increased in recent years for some diseases, the evidence base has broadly not kept pace, leaving significant data gaps. Closing these gaps will require continued investment in gender-responsive research, surveillance and program delivery.

3

Bringing NTDs more firmly into the broader women's health agenda would help ensure that women and girls are not overlooked, while supporting faster and more equitable progress towards the WHO Roadmap 2021–2030.

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THE  FUND