

# Policy brief



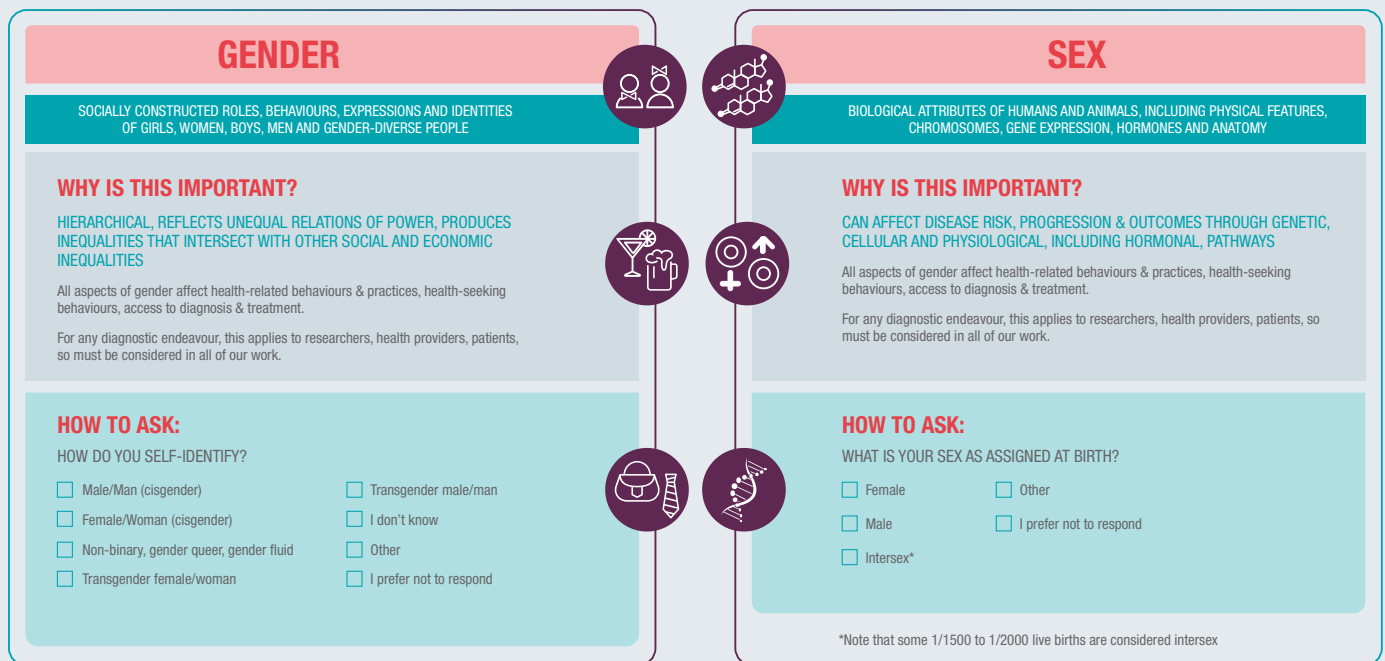
Diagnostics &

# gender equity and social inclusion

## Gender and sex in diagnostics

Sex and gender can affect all aspects of health-related behaviour, as well as access to diagnostics. Gender refers to the socially constructed roles, behaviours, expressions, and identities of women, men, and gender-diverse people, while sex refers to the different biological and physical characteristics of females, males and intersex people.<sup>1</sup>

Sex and gender are different but connected, and interact in complex ways to affect health outcomes.<sup>1</sup> Sex and gender play a role in everything from the research and development of diagnostics, to how they are implemented and used by healthcare providers and patients.



## Sex- and gender-based inequities in testing

Everyone, regardless of their sex or gender, will need a diagnostic test at some point in their lives. However, gender norms and gender-based inequities can undermine access to testing. For example, women and girls may face information, financial, and cultural barriers to testing, and fear procedures and stigma.<sup>1</sup> They may also need additional tests throughout their lives, such as antenatal testing during pregnancy, in addition to tests for conditions and diseases common to all (for example, HIV/AIDS, tuberculosis, and COVID-19). Some diseases that are on the rise can also have a gender-specific impact, such as malaria and dengue in pregnant women and those with underlying health issues. Unfortunately, many

of the specific tests needed by women can be difficult to access or unavailable in health systems. Men can also be affected by gendered aspects of testing, as men may be less likely to seek healthcare and can experience lower rates of diagnosis than women for certain conditions.<sup>1-3</sup> Gender-diverse people also experience specific challenges around diagnostic testing, because services may not be accessible or suitable, or because they fear discrimination from healthcare providers.<sup>1,4</sup>

## Critical data are missing

Diagnostics are indispensable sources of information – providing data about health at the individual, community and health system level. However, there is a critical lack of data on diagnostics disaggregated by sex and gender. This creates blind spots, which make it challenging to identify the sex and gender inequities in diagnosis and their underlying causes.<sup>5,6</sup> These data gaps also prevent the development of diagnostic tools and strategies that meet the needs of women, girls, men, boys, and people of diverse gender identities. At every step of the R&D value chain, sex and gender questions require data-driven answers in order to avoid bias and ensure effective diagnostics and diagnoses for everyone.

At an international level, the World Health Organization has restated its commitment to collect sex- and gender-disaggregated data and integrate them into policy making and programme design and has urged countries to do the same.<sup>7,8</sup> Historically, there has been inadequate sex-disaggregated data for most of the relevant Sustainable Development Goal indicators.<sup>9</sup>

## Improving gender equity and social inclusion

Universal health coverage can only be achieved if we address sex- and gender-related inequities around testing. This requires us to firstly understand how sex and gender affect diagnosis across the diagnostic value chain – from early research and development, to diagnosing patients in the real-world, as well as surveillance at the national and global levels. Using this information, we can develop evidence-based solutions and tools to close the diagnostic gap and ensure that everyone has equitable access to reliable diagnosis, regardless of their gender or sex.



### References

1. World Health Organization. Gender. Available from: <https://www.who.int/health-topics/gender> (accessed 3 October 2023).
2. Smith DT, Mouzon DM, Elliott M. Reviewing the Assumptions About Men's Mental Health: An Exploration of the Gender Binary. *Am J Mens Health*. 2018 Jan;12(1):78-89. doi: 10.1177/1557988316630953.
3. Wang Y, Hunt K, Nazareth I, et al. Do men consult less than women? An analysis of routinely collected UK general practice data. *BMJ Open*. 2013;3:e003320. doi: 10.1136/bmjopen-2013-003320.
4. Jo's Cervical Cancer Trust. Barriers to cervical screening for trans men and/or non-binary people. Available from: <https://www.jostrust.org.uk/professionals/health-professionals/nurse-gp/trans-non-binary/barriers> (accessed 3 October 2023).
5. World Health Organization. Closing data gaps in gender. Available from: <https://www.who.int/activities/closing-data-gaps-in-gender> (accessed 3 October 2023).
6. McKinsey & Company. Closing the data gaps in women's health. Available from: <https://www.mckinsey.com/industries/life-sciences/our-insights/closing-the-data-gaps-in-womens-health> (accessed 3 October 2023).
7. World Health Organization. Thirteenth general programme of work, 2019–2023: promote health, keep the world safe, serve the vulnerable. Available from: <https://www.who.int/publications/i/item/thirteenth-general-programme-of-work-2019-2023> (accessed 9 November 2023).
8. World Health Organization. Integrating gender analysis and actions into the work of WHO: draft strategy. 2007. Available from: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA60/A60\\_R25-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R25-en.pdf) (accessed 9 November 2023).
9. World Health Organization. World health statistics 2019: monitoring health for the SDGs, sustainable development goals. Available from: <https://www.who.int/publications/i/item/9789241565707> (accessed 9 November 2023).

## ABOUT THIS POLICY BRIEF

FIND accelerates equitable access to reliable diagnosis around the world. We are working to close critical testing gaps that leave people at risk from preventable and treatable illnesses, enable effective disease surveillance, and build sustainable, resilient health systems. In partnership with countries, WHO, and other global health agencies, we are driving progress towards global health security and universal health coverage. We are a WHO Collaborating Centre for Laboratory Strengthening and Diagnostic Technology Evaluation.

From time to time, FIND publishes technical briefs and policy briefs on issues relevant to the diagnostics equity agenda. All briefs, including this one, are prepared by FIND staff and reflect FIND's view at the time of publication. Further information on this and other technical briefs and policy briefs can be found on our website at [www.finddx.org](http://www.finddx.org). We also welcome feedback on this and other briefs at [info@finddx.org](mailto:info@finddx.org).