

Over the last three decades, women's health challenges in **low- and middle-income countries** (LMICs) have dramatically changed. Once considered diseases of affluence, today, **non-communicable diseases** (NCDs)—including cardiovascular disease, cancer, diabetes, chronic respiratory disease and mental and neurological disorders—are the leading causes of death and disability among women in developing and developed countries alike.

CARDIOVASCULAR DISEASE

THE #1 KILLER OF WOMEN IN THE WORLD

CVD causes 8.6 million deaths among women annually >  1/3 of all deaths in women worldwide

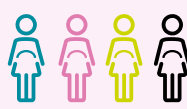
Women in LMICs who develop cardiovascular disease are more likely to die from it than women in industrialized nations.

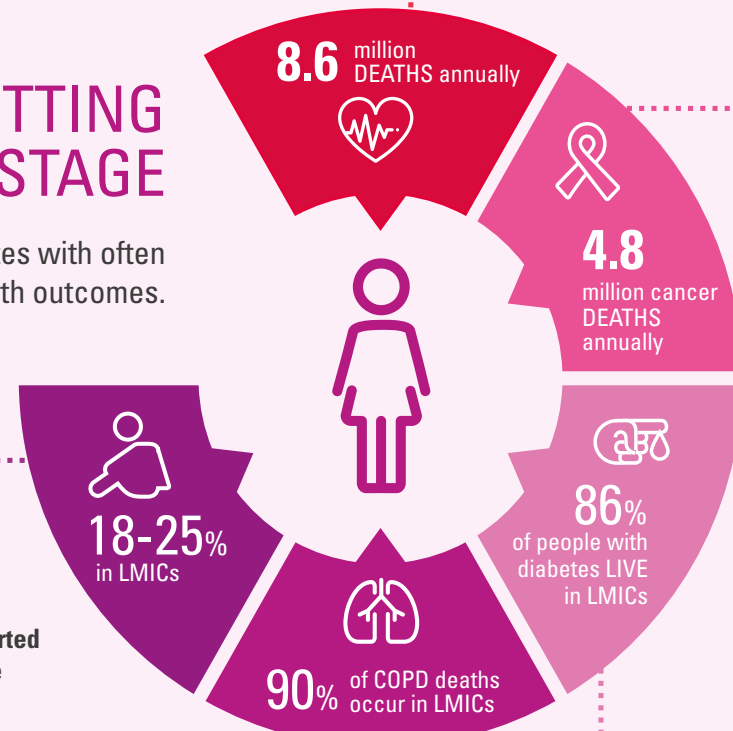
SETTING THE STAGE

NCDs affect women in LMICs at alarming rates with often disproportionately poor health outcomes.

DEPRESSION

THE LEADING CAUSE OF DISEASE BURDEN FOR WOMEN IN LMICs

 Perinatal depression has been reported in all cultures. Rates in LMICs range from 18% to 25%.




CANCER

By 2025, there will be an estimated **8.9 MILLION ANNUAL CASES** and **4.8 million annual deaths in women from cancer globally**, and the proportions in less-developed regions will increase to 60% and 68%, respectively.

Breast cancer is the most common cancer in women (25% of all new diagnoses); it is also the most frequent killer, followed by lung and colorectal.


Cervical cancer, which is preventable through vaccination and screening,

 **KILLS 266,000** women each year > **86%** of these are in LMICs

CHRONIC RESPIRATORY DISEASE

Over one third of **PREMATURE DEATHS** from chronic obstructive pulmonary disease (COPD) in adults in LMICs are due to exposure to household air pollution.

Women exposed to high level of indoor smoke are


 **2.3 times more** likely to suffer from COPD than women who use cleaner fuels.

DIABETES

The total number of people living with diabetes is **415 million** – 3 out of 4 are living in LMICs.

Globally, **84%** of all people who are undiagnosed with diabetes live in LMICs.

In 2015

21 million of LIVE BIRTHS >  were affected by some form of high blood glucose (hyperglycaemia) in pregnancy.

85% related to Gestational Diabetes Mellitus (GDM).

Safeguarding Women's Health: Tackling NCDs

NCDs POSE THE LARGEST THREAT TO HEALTH AROUND THE WORLD

Each year **35 million DEATHS** result from NCDs.



Among those **18 million deaths** occur in **WOMEN**, often in their most productive years.

Tackling NCDs is central to advancing women's health and development, and vital to safeguard the gains already made.

"Cancer, diabetes, and heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest populations even more than infectious diseases. This represents a public health emergency in slow motion."

Ban Ki-moon, UN Secretary-General

NCDs and growing inequity

NCDs have radically different consequences for women and their families in LMICs than for those living in higher resource settings. In settings constrained by poverty, limited health infrastructure and human-resource capacity, women are far less likely to access timely, adequate or affordable diagnosis and care. As a result, these diseases are often detected at a late stage, increasing the likelihood of largely preventable, premature death.

GLOBALLY, MORE THAN THREE QUARTERS OF ALL NCD-RELATED DEATHS OCCUR IN LMICs

The burden of NCDs on a family falls heavily on the shoulders of girls and women. Women are often impacted by NCDs during their most productive years. Exposure to common risk factors for NCDs—including physical inactivity, unhealthy diet, tobacco and harmful alcohol use—have dramatic consequences for women and children. Increasingly, families are trapped in or driven into poverty through catastrophic health expenditures and income loss. Further, the education of girls is often threatened or disrupted as they are forced into the role of caregiver. As women age, they are often faced with the challenge of living with an NCD while also caring for family members with NCDs.

Often, women do not have access to information and education on the critical importance of screening for diseases, even when there are no signs and symptoms of disease present. In LMICs, underlying determinants, including illiteracy and low socio-economic and political status, limit the ability of women to inform and protect themselves against NCDs. Health education and promotion is crucial to effectively combat these diseases.

Making the links

Women in LMICs often face a triple burden of poor health resulting from reproductive and maternal health conditions, communicable diseases, and NCDs. Women living with HIV/AIDS are at increased risk for developing NCDs due to the effects of these illnesses and/or effects of medications used to treat HIV.

Maternal health conditions are an early determinant of risk for acquiring an NCD. Common risk factors for NCDs, like hypertension and hyperglycemia, can lead to serious complications during pregnancy, threatening the health and lives of mothers and their babies, and increasing the risk of their children developing an NCD as they grow older. Similarly, under or over nutrition in a mother during pregnancy can significantly increase the risk of her child developing cardiovascular disease or diabetes later in life.

Gestational diabetes mellitus (GDM)

which affects **1 in 7 pregnancies globally**—puts both women and their babies at increased risk of ultimately developing type-2 diabetes.



Women whose health is already at risk—from a maternal condition or communicable disease—are particularly vulnerable, and should be prioritised for detection, diagnosis, and treatment for NCDs.

Integration of NCDs along the Continuum of Care

Women have a right to responsive and appropriate care throughout their lifetimes. Integration of NCD prevention and control efforts within existing health services is increasingly necessary to bolster progress in women's health and socioeconomic well-being.

While adolescence is a particularly vulnerable time for girls—with increased exposure to sexual health issues and behavioural risk factors for NCDs—it is also a window of opportunity to deliver key information, resources, and services that can lead to healthier choices and lifestyles.

The RMNCAH (Reproductive, Maternal, Newborn, Child and Adolescent Health) Continuum of Care offers critical entry points to screen women for NCDs. Nearly 80% of pregnant women in LMICs have at least one antenatal visit, providing a crucial opportunity for providing integrated services.

Today, we have a shared global agenda and ambitious targets for prevention and control of NCDs. The inclusion of targets to reduce the burden of NCDs alongside targets to improve RMNCAH in the 2030 Agenda for Sustainable Development signals the critical importance of addressing NCDs and RMNCAH together as a sustainable development priority for all countries.



3 GOOD HEALTH AND WELL-BEING



Sustainable Development Goal target 3.4

By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing.

Call to Action

Without specific attention to the needs of women and girls, the impact of NCDs threatens to unravel the fragile health gains made over the past twenty years and undermine future efforts to ensure gender equity and healthy lives for all.

WE CALL for **INTEGRATING NCD prevention, treatment, and control** into existing health programmes and services for HIV/AIDS and along the entire RMNCAH continuum.

WE ADVOCATE for **UNIVERSAL HEALTH COVERAGE (UHC)**, alongside **comprehensive programmes** to address the social determinants of health, to ensure improved health and development outcomes for women and girls of all ages.

WE ADVOCATE for a **GENDER-BASED APPROACH** to **NCD prevention and control**, to ensure health programmes, policies, and systems are refined and strengthened to be gender-responsive.

WE ADVOCATE for an **EVIDENCE-BASED APPROACH** to **safeguarding women's health and tackling NCDs** across the life course.



NCD Alliance is a unique civil society network, uniting 2,000 organisations in more than 170 countries, dedicated to improving the prevention and control worldwide. Together with strategic partners, including the World Health Organization, the United Nations and governments, NCD Alliance works on a global, regional and national level to bring a united civil society voice to the global campaign on NCDs.

www.ncdalliance.org

RESOURCES

- The NCD Alliance, 2011. Non-communicable Diseases: A Priority for Women's Health and Development. Available at: http://www.who.int/pmnch/topics/maternal/2011_women_ncd_report.pdf
- International Diabetes Federation (IDF) Policy Brief on the Early Origins of Diabetes. Available at: <http://www.idf.org/publications/early-origins-diabetes>
- International Diabetes Federation, 2015. IDF Diabetes Atlas, 7th edn. Brussels, Belgium. Available at: http://www.idf.org/sites/default/files/EN_6E_Atlas_Full_0.pdf

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TASKFORCE

on Women and Non-Communicable Diseases

The **Taskforce on Women and Non-Communicable Diseases** was launched in 2011 to respond to the unique and growing burden of NCDs on women in LMICs. The Taskforce brings together leading global health organisations from the women's health and NCD communities to improve women's health by expanding programmes to meet women's needs throughout the lifecycle.

www.womenandncds.org