

TASKFORCE

on Women and Non-Communicable Diseases

Key messages on the impacts of COVID-19

1. People with one or more non-communicable disease (NCD) who are infected with COVID-19 are more vulnerable to becoming severely ill or dying from the coronavirus.^{1,2,3,4} Black, Indigenous, and racial and ethnic minority women are more vulnerable to NCDs and are disproportionately affected by COVID-19 morbidity and mortality due to a combination of biological, genetic, environmental, economic and social factors.^{5,6,7} **We need to recognise and address the association between NCDs and severity of COVID-19, and the intersecting inequities related to gender, race, poverty, class, ethnicity, and age, which interact to cause differential impacts of COVID-19.**
2. Lockdowns have led to the increased vulnerability of many women and girls, such as to gender-based violence,^{8,9,10,11} on top of increased exposure to NCD risk factors,^{12,13} many of which are common risk factors for COVID-19.¹⁴ Decreased access to healthy food has changed eating behaviours and, in some cases, led to unhealthy food choices and weight management issues.¹² Lockdowns have also impacted levels of physical activity and sedentary behaviour, smoking and alcohol consumption.^{3,13,14} Women may not be aware of the risks of these behaviours because of the barriers they face to accessing health information due to a lack of educational justice.⁸ **We need to recognise women and girls' increased exposure to NCD risk factors and the barriers they face in accessing health information and address these issues through targeted public health promotion and communications campaigns.**
3. The burden of caregiving for women and girls, particularly the unpaid labor of caring for children and the elderly, has increased dramatically as a result of school shutdowns and disruptions to health services.^{8,15,16} The closing of schools will also have a long-term impact on the lives of girls in terms of education, livelihood prospects, and overall human development.^{8,16} In the short-term, there has been a significant impact on productivity, with some women being left economically vulnerable, and projections suggest more people, including children, will be pushed into extreme poverty as a result of the pandemic.^{17,18,19} **We need to include targeted social and financial protection measures, such as livelihood programs and cash transfers, to address household poverty as part of the pandemic response.**

4. As unpaid carers at home and as 70% of the global health workforce,²⁰ women face increased risk and vulnerability as a result of the pandemic,^{8,21} while as health and social workers they may experience stigma and discrimination. The resulting psychological, emotional, and social burden has led to a rise in mental health conditions. Over 60% of individuals recently surveyed worldwide indicate disruptions in mental health services with women, children, and elderly being the most impacted.²³ **We need to resource and implement targeted interventions that can help to prevent and treat mental health conditions in women to improve their cognitive, behavioural, and emotional well-being.**
5. Addressing the adverse impacts of COVID-19 on women and girls, specifically their risk of and from NCDs, requires sex-disaggregated NCD-related data and knowledge generation on contextually relevant gender-responsive policies and programs.^{21,24} **We need to prioritize collecting, reporting and analyzing NCD-related data disaggregated by sex, age and other socio-economic characteristics, to ensure that national and global efforts respond to women and girls' needs.**

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