



a call to action

Women and Noncommunicable Diseases

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, noncommunicable 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



Cardiovascular disease, (CVD) is the #1 killer of women in the world, responsible for 1/3 of all deaths

Women in LMICs who develop CVD are more likely to die from it than those in industrialised nations.

SETTING THE STAGE

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

NCDs cause 3 out of 4 deaths.
19M, or **46%** of these are women.

8.9 million CVD DEATHS annually

CANCER

By 2025, there will be an estimated 8.9 million annual cases.

Breast cancer accounts for **25%** of these.

Cervical cancer, preventable through vaccination and screening, kills **342,000** women each year, **91%** being in LMICs.



4.4 million CANCER DEATHS annually

DEPRESSION

Depression is the **leading cause of disease burden** for women in LMICs.

Perinatal depression is reported in all cultures but rates in LMICs **range from 18% to 25%**.



280 M people have depression

DIABETES

537 million adults are currently living with diabetes.

The total is predicted to rise to **783 million** by 2045.

240 million are undiagnosed.

Almost 90% of people with undiagnosed diabetes live in LMICs.

Gestational diabetes mellitus (GDM), affects **1 in 7** pregnancies and puts both mother and child at increased risk of type 2 diabetes.

Around 17% of pregnancies involve some form of hyperglycaemia.

Of these, **80%** were due to GDM, **11%** to diabetes prior to pregnancy, and **9%** to type 1 or 2 diabetes first detected in pregnancy.

90% of people with Diabetes live in LMICs

90% of COPD deaths occur in LMICs

CHRONIC RESPIRATORY DISEASE

23% of COPD deaths in LMICs are due to exposure to household air pollution.

3.2 million die annually from illnesses attributable to household air pollution whilst cooking.

Women exposed to high levels of indoor smoke are **2.3 times more likely to suffer from COPD**.



Safeguarding Women's Health Tackling NCDs • • •

NCDs POSE THE LARGEST THREAT TO HEALTH AROUND THE WORLD

Each year
41 million DEATHS result from NCDs
(74% of all deaths globally)



Among those
19 million DEATHS occur in WOMEN, often in their most productive years



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.

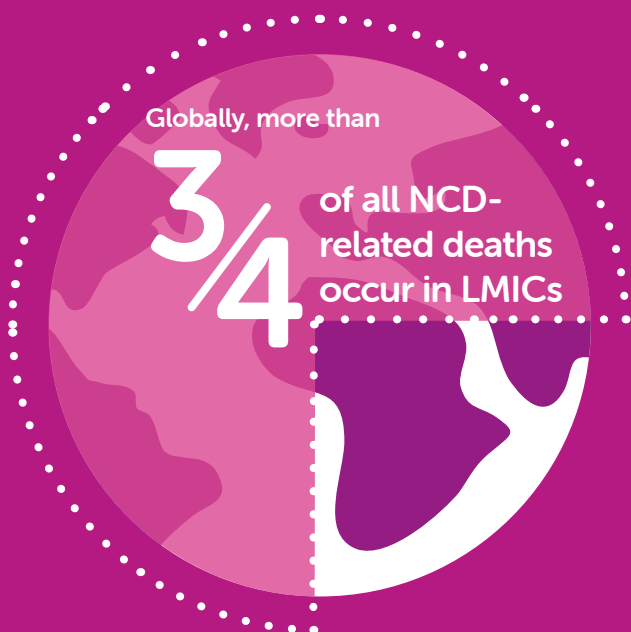
The burden of NCDs on a family falls heavily on the shoulders of girls and women. Women are often impacted by NCDs during their most productive years. Exposure to common risk factors for NCDs – including physical inactivity, unhealthy diet, tobacco and harmful alcohol use – has dramatic consequences for women and children.

Increasingly, families are trapped in or driven into poverty through catastrophic health expenses 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 are at increased risk of developing NCDs due to the effects of these illnesses and/or the medications used to treat HIV.

Maternal health conditions are an early determinant of risk when it comes to acquiring an NCD. Common risk factors for NCDs, such as 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 overnutrition in a mother during pregnancy can significantly increase the risk of her child developing cardiovascular disease or diabetes later in life.

INTEGRATION OF NCDS ALONG THE CONTINUUM OF CARE

Women have a right to responsive and appropriate care throughout their lifetime. The 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 regarding 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 the 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.



Affects

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

Gestational Diabetes Mellitus (GDM)

“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”

Who we are

TASKFORCE

on Women and
Non-Communicable Diseases



The Taskforce on Women and NCDs is a global coalition of organizations from the women's health and NCD communities to respond to the unique and growing burden of NCDs on women by mobilizing leadership, expanding technical expertise, and disseminating evidence to inform policy making, planning and services. The goals of the Taskforce are two-fold. The first is to expand technical expertise and disseminate evidence to guide the greater integration of NCD prevention, detection, and treatment into existing programs for women in LMICs. The second goal is to inform and mobilize national policymakers, public health leaders and civil society to advocate for national health policies and financing that drive a gender-and resource specific response to NCDs in women.

Since 2011, the Taskforce has expanded knowledge and awareness on the growing burden of NCDs on women by mobilizing leadership, expanding technical expertise, and disseminating evidence to inform policy making, planning and services. The Taskforce has produced several policy briefs, snapshots and articles including "Women, HIV and Non-communicable Diseases: Making the links and Moving to Action" and "Recommendations towards an integrated, life-course approach to women's health in the post-2015 agenda," which was published in the Bulletin of the World Health Organization. The Taskforce has also released additional technical tools to encourage an improved and expanded response to the growing burden of these diseases. The Taskforce also supports this work with ongoing global and country-level advocacy and information dissemination efforts.



The NCD Alliance (NCDA) is a registered non-governmental organisation (NGO) based in Geneva, Switzerland, dedicated to supporting a world free from preventable suffering, disability and death caused by noncommunicable diseases (NCDs). Founded in 2009, NCDA brings together a unique network of over 400 members in more than 60 countries into a respected, united and credible global civil society movement. The movement is unified by the cross-cutting nature of common risk factors including unhealthy diets, use of alcohol and tobacco, air pollution and physical inactivity, and the system solutions for chronic NCDs such as cancer, cardiovascular disease, chronic lung disease, diabetes, mental health and neurological disorders.



The George Institute is a leading independent global medical research institute with major centres in Australia, China, India and the UK, and an international network of experts and collaborators.

Our mission is to improve the health of millions of people worldwide, particularly those living in disadvantaged circumstances, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases and injury.

This brochure has been developed by

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Resources

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GLOBOCAN Estimates, 2020. rb.gy/tlktm
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www.ncdalliance.org