NCDs: An imperative for women’s health and a life-course approach

GCM Webinar, 15 November 2017

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Outline

• NCDs an issue of women’s health and empowerment;
• The implications for policy and approaches to NCDs and progress to date;
• Opportunities for the future.
6 reasons why NCDs are a women’s health & empowerment issue

1. Leading **cause of death and disability** for women
2. Unique **vulnerability** of girls and women to determinants and risk factors for NCDs
3. Girls and women face particular **barriers** in accessing early detection, diagnosis, treatment and care
4. NCDs are a neglected **maternal health** issue
5. Women as **caregivers and healthcare providers**
6. Girls and women are **partners** in the fight against NCDs
Leading cause of death and disability for women

<table>
<thead>
<tr>
<th>Rank</th>
<th>Global</th>
<th>HICs</th>
<th>UK</th>
<th>LMICs</th>
<th>China</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ischaemic heart disease</td>
<td>Ischaemic heart disease</td>
<td>Ischaemic heart disease</td>
<td>Cerebrovascular disease</td>
<td>Cerebrovascular disease</td>
<td>Ischaemic heart disease</td>
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<td>2</td>
<td>Cerebrovascular disease</td>
<td>Cerebrovascular disease</td>
<td>Cerebrovascular disease</td>
<td>Ischaemic heart disease</td>
<td>Ischaemic heart disease</td>
<td>Cerebrovascular disease</td>
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<tr>
<td>3</td>
<td>Lower respiratory infections</td>
<td>Alzheimer’s disease</td>
<td>Alzheimer’s disease</td>
<td>Lower respiratory infections</td>
<td>Chronic obstructive pulmonary disease</td>
<td>Chronic obstructive pulmonary disease</td>
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<tr>
<td>4</td>
<td>Chronic obstructive pulmonary disease</td>
<td>Lower respiratory infections</td>
<td>Lower respiratory infections</td>
<td>Chronic obstructive pulmonary disease</td>
<td>Lung cancer</td>
<td>Diarrhoeal diseases</td>
</tr>
<tr>
<td>5</td>
<td>Alzheimer’s disease</td>
<td>Chronic obstructive pulmonary disease</td>
<td>Lung cancer</td>
<td>Diarrhoeal diseases</td>
<td>Hypertensive heart disease</td>
<td>Lower respiratory infections</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>Lung cancer</td>
<td>Chronic obstructive pulmonary disease</td>
<td>HIV/AIDS</td>
<td>Alzheimer’s disease</td>
<td>Tuberculosis</td>
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<tr>
<td>7</td>
<td>Diarrhoeal diseases</td>
<td>Breast cancer</td>
<td>Breast cancer</td>
<td>Diabetes</td>
<td>Lower respiratory infections</td>
<td>Asthma</td>
</tr>
<tr>
<td>8</td>
<td>HIV/AIDS</td>
<td>Colorectal cancer</td>
<td>Colorectal cancer</td>
<td>Tuberculosis</td>
<td>Stomach cancer</td>
<td>Hypertensive heart disease</td>
</tr>
<tr>
<td>9</td>
<td>Hypertensive heart disease</td>
<td>Hypertensive heart disease</td>
<td>Other cardiovascular and circulatory diseases</td>
<td>Hypertensive heart disease</td>
<td>Liver cancer</td>
<td>Diabetes</td>
</tr>
<tr>
<td>10</td>
<td>Lung cancer</td>
<td>Diabetes</td>
<td>Ovarian cancer</td>
<td>Malaria</td>
<td>Road injuries</td>
<td>Pneumocociosis</td>
</tr>
</tbody>
</table>
Women and Diabetes

199 MILLION women with diabetes
313 MILLION by 2040

Women with type 2 diabetes are almost ten times more likely to have coronary heart disease than women without the condition.

Diabetes is the ninth leading cause of death in women globally, causing 2.1 million deaths per year.

1 in 7 births is affected by gestational diabetes (GDM).

2 out of 5 women with diabetes are in reproductive age.

Approximately half of women with a history of GDM go on to develop type 2 diabetes within five to ten years after delivery.
Girls and women are uniquely vulnerable to NCDs

Common modifiable risk factors of NCDs
- Unhealthy diets
- Physical inactivity
- Tobacco use
- Harmful use of alcohol

NCDs

Impact of NCDs and their risk factors on individuals and families
- Premature death, disability and suffering
- Low productivity
- Higher household expenditures, including for health care

Poverty and underlying social determinants of health

Limit the ability to reach all SDGs:
Girls and women partners in the fights against NCDs

- Women as change agents
- Women as mothers
- Women as healthcare providers
- Women as caregivers
What are the implications?

- Demands a broader definition of women’s health;
- Life-course approach to NCDs;
- Greater focus on health equity;
- Windows of opportunity for integration of NCDs in RMNCAH services;
- Gender sensitive and responsive approaches to NCDs;
- Yet another reason to empower women.
Evolution of the concept of women’s health

- Pre 90’s: Narrow maternal and child health (MCH)
- Mid 90’s: Sexual and reproductive health (SRH) (Cairo ICPD ’94, Beijing Platform for Action ‘95)
- 2005+: Broader concept of women’s health (life-course and adolescents)
- 2015+: women and health (Lancet commission)

Lancet Commission, Women and Health, 2015
The rise of the life-course approach
<table>
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<tr>
<th>Phase</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Infancy and childhood</td>
<td>- Promote breastfeeding for first 6 months</td>
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<tr>
<td></td>
<td>- Educate mothers on nutrition</td>
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<tr>
<td></td>
<td>- Exercise and healthy eating in children</td>
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<tr>
<td></td>
<td>- Promote clean air in household</td>
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<tr>
<td>Adolescence</td>
<td>- HPV vaccine</td>
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<td></td>
<td>- Healthy lifestyle education and counselling</td>
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<tr>
<td></td>
<td>- Mental health screening</td>
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<tr>
<td></td>
<td>- Monitor BMI for healthy weight</td>
</tr>
<tr>
<td>Reproductive years</td>
<td>- Treatment for gestational diabetes</td>
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<tr>
<td></td>
<td>- Screening for blood pressure, hypertension, mental health</td>
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<tr>
<td></td>
<td>- Raise awareness that pregnancy can be a risk factor for development of diabetes/CVD</td>
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<td></td>
<td>- Advocate balanced nutrition</td>
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<td></td>
<td>- Provide education and awareness to support and reinforce initiatives in adolescent girls</td>
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</table>
Gender responsive approaches to NCDs

- Acknowledges that gender roles, norms and unequal power dynamics affects vulnerability to NCDs, as well as access to services and outcomes;
- Integrate and mainstream gender into NCD research, planning, budgeting, programming, and monitoring/evaluation;
- Must take into account specific needs of men, women, girls and boys with respect to both biological/sex differences and sociocultural gender differences;
- Policies and programmes should promote both gender equality and health equity, and grounded in rights-based approach.
Progress to date on gender, lifecourse and the global NCD response

• **2011 UN Political Declaration on NCDs**: acknowledges gender as a health determinant; calls for gender-based and lifecourse approach to NCD prevention and control

• **WHO Global Action Plan for NCDs 2013-2020**: acknowledges the need for gender-based advocacy; lifecourse approach to health; data disaggregated by gender; recognizes the impact of gender on health and NCDs; promote gender-based approaches & gender equality

• WHO Global NCD targets (**Global Monitoring Framework**): not gender sensitive

• **Sustainable Development Goals**: integration of NCDs throughout the 17 goals & targets, including SDG 5 on gender, SDG 1 on poverty, etc.

• **EWEC Global Strategy** for Women’s, Children’s and Adolescents’ Health: addressing NCDs as a key component of the ‘Survive’ pillar

• **Montevideo Roadmap** 2018-2030: promote gender-based approaches acknowledging burden of women & girls as care-givers and gender-based determinants of health
The NCD Alliance’s role

• Global and national advocacy and awareness
• Patient engagement and empowerment
• Strategic partnerships
• Knowledge exchange
What next?

- **Golden opportunity** – UN High-Level Meeting on NCDs, 2018
- **Tools and resources** to promote gender responsive and life-course approaches in NCDs
- Good practice **examples and solutions** at national level
- Stronger partnerships with gender and **women’s empowerment movement**
- **Gendered approach to research and data analysis in NCDs**.

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Thank you!

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