Together, common Noncommunicable Diseases (NCDs) – including cardiovascular disease, cancer, diabetes, chronic respiratory disease, and mental and neurological conditions – are the leading causes of death and disability among women of reproductive age and contribute significantly to maternal death and disability. Active screening, diagnosis, and management of common NCDs during a woman’s reproductive years are critical for her health and that of her children.

**A CALL TO ACTION**

**Reproductive Years**

**DIABETES in PREGNANCY**

Pregnancies complicated by diabetes have a four-fold increased risk of stillbirth and death. **Diabetes in pregnancy currently affects one in seven live births worldwide.**

Universal screening is recommended to identify diabetes during pregnancy. Lifestyle changes – including a healthy diet and increased physical activity – are often enough to control blood sugar levels.

**CANCERS**

Cervical cancer now kills more women than pregnancy-related complications. Almost 90% of deaths from cervical cancer occur in developing countries, where women lack access to routine screening. Women aged 30-49 years, and those living with HIV, are at highest risk for the disease and should be prioritised for screening and preventive treatment.

Breast cancer is the most common female cancer worldwide, responsible for more than half a million deaths each year. Early detection to improve breast cancer outcomes and survival is the cornerstone of breast cancer control.

**CARDIOVASCULAR DISEASE (CVD)**

CVD is the leading cause of death in adult women worldwide, accounting for over two million premature deaths annually. Compared to men, women have higher rates of mortality and stroke-related complications, but are less likely to receive appropriate preventive screening and treatment.

**VACCINE-PREVENTABLE DISEASES**

Vaccination can prevent up to 70% of cervical cancer cases, as well as lifelong disability from infectious diseases including measles, polio, meningitis, and rubella. Rubella infection in pregnant women, for example, can result in miscarriages, stillbirths, and birth defects, including congenital heart defects.

**MENTAL HEALTH**

Approximately 20% of mothers in developing countries experience clinical depression after childbirth. Maternal mental health support can be integrated into routine health services for mothers.

Community-based programmes that raise awareness of mental health issues can reduce the stigma and discrimination that often keep women from seeking the care they need.

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WE CALL for the INTEGRATION OF 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), along with 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.

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 well-being.

Noncommunicable Diseases (NCDs) – including cardiovascular disease, cancer, diabetes, chronic respiratory disease, and mental and neurological conditions – are the leading causes of death and disability among women in developing and developed countries. Tackling NCDs is central to achieving our global development goals and targets, and to ensuring gender equity, socio-economic well-being and healthy lives for all.


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