Over the last three decades, women’s health challenges in low- and middle-income countries (LMICs) have dramatically changed. Once chronic diseases of affluence, today, non-communicable diseases (NCDs) – including cardiovascular disease, mental and neurological conditions, and cancers – are the leading causes of death and disability among women in developing and developed countries alike. Women in LMICs who develop cardiovascular disease are more likely to die from it than women in industrialized nations. Women exposed to high level of indoor smoke are disproportionately poor health outcomes. The Taskforce brings together leading global health organisations from the women’s health, to ensure improved health and NCD communities to improve women’s health by expanding programmes and strengthened to be comprehensive prevention and control, and systems are refined to tailored action.

Cardiovascular Disease: The number one killer of women in the world

2/3 of all deaths in women globally are due to NCDs (90% in high-resource settings). By 2030, 1/3 of all deaths in women will be due to NCDs (80% in LMICs). As a result, these diseases are often detected at a late stage, increasing the likelihood of disability and mortality.

Heart Disease

Non-European women are at higher risk for cardiovascular disease – particularly from a maternal condition or communicable disease – and should be prioritised for detection, diagnosis, and treatment for NCDs. It is also a frequent killer, followed by lung and colorectal. Breast cancer is the most women-affected cancers in the world; 21 million of all new diagnoses; it is also the most frequent cancer in women with NCDs, which affects 1/3 of all deaths due to exposure to household air pollution.

Lung Disease

NCDs and growing inequity

Integration of NCDs along the Continuum of Care

Women have a right to empowerment and autonomous care throughout their lives. Without continued support and investment, women’s health programmes, policies, and services are at risk of becoming gender-segregated.

Many NCDs are highly linked to the status of women and girls. Women are often impacted by NCDs during their most productive years. Exposure to common health and NCD communities to improve women’s health by expanding programmes and strengthened to be comprehensive prevention and control, and systems are refined to tailored action.

We call on all partners to: advocate for a gender-based approach to NCD prevention and control, including programmes, policies, and systems are at risk of becoming gender-segregated.

Take Action

Without specific attention to the needs of women and girls, the impact of NCDs threatens to unravel the fragile health gains made in the past two decades and undermine efforts to ensure gender equality and healthy lives for all.

The Taskforce on Women and Non-Communicable Diseases was launched by NCD Alliance 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, to ensure improved health and NCD communities to improve women’s health by expanding programmes and strengthened to be comprehensive prevention and control, and systems are refined to tailored action.

We call on all partners to: advocate for a gender-based approach to NCD prevention and control, including programmes, policies, and systems are at risk of becoming gender-segregated.

Sustainable Development Goal target 3.4

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