Over the last three decades, women's health challenges in low- and middle-income countries (LMICs) have dramatically shifted. Once non-communicable diseases (NCDs) – including cardiovascular disease, cancer, diabetes, and chronic respiratory diseases – were 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 countries. This reflects the inequities that exist across the globe for women living with NCDs.

Women living with HIV/AIDS are at increased risk for developing NCDs due to the impact of antiretroviral treatment and the increased burden of NCDs observed in populations with HIV/AIDS. Reproductive and maternal health conditions, communicable diseases, and NCDs.

Making the links
NCDs and growing inequity
Women are affected by NCDs in three distinct ways: as patients, as caregivers, and often in their most productive years.

Each year, 35 million deaths result from NCDs. Treating NCDs is critical to advancing women’s health and development, and it is vital that women get access to care.

Safeguarding Women’s Health: Tackling NCDs
Non-communicable diseases (NCDs) are the leading cause of death and disablement among women in developing and developed countries alike. In LMICs, 85% of all deaths result from NCDs, significantly higher than in higher-resource settings. In settings constrained by limited health-care resources, NCDs have radical consequences for women and their families.

The Taskforce on Women and NCDs was established 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 sector, the NCD sector, and women’s rights organisations.

Over time, women living with HIV/AIDS are at increased risk for developing NCDs due to the impact of antiretroviral treatment and the increased burden of NCDs observed in populations with HIV/AIDS. Women living with HIV/AIDS are at increased risk for developing NCDs due to the impact of antiretroviral treatment and the increased burden of NCDs observed in populations with HIV/AIDS.

The Taskforce on Women and Non-Communicable Diseases
The Taskforce is a unique and novel network, uniting 2,000 organisations in more than 170 countries, delivering programmes, policies, and other activities that are tailored to meet the needs of women and girls. The Taskforce is an evidence-based approach to effectively combat these diseases.

The burden of NCDs on a family falls heavily on the shoulders of girls and women. Women are often faced with the challenge of living with NCDs – including cardiovascular disease and diabetes – in their productive years.

Cancers, diabetes, and heart diseases are on the increase in LMICs. Today, they claim the lives of millions of women and girls in LMICs, often during their most productive years. This represents a public health emergency of huge magnitude.

The Taskforce aims to ensure that women living with NCDs have access to effective prevention and treatment. We believe that the following principles are essential to ensure that women living with NCDs have access to effective prevention and treatment:

WE CALL
• FOR INTERSECTORAL NCD prevention, treatment, and care
• TO ENSURE THAT ALL WOMEN AND GIRLS HAVE ACCESS TO NCD services

We believe that the following principles are essential to ensure that women living with NCDs have access to effective prevention and treatment:

Making the links
Integration of NCDs along the Continuum of Care
Women have a right to expect interventions appropriate and adequate throughout their lifetimes. The goal of this report is to highlight the unique and growing burden of NCDs on women in LMICs.

Globally, 80% of people with diabetes live in LMICs. Women are at an increased risk of developing chronic disease at earlier stages, increasing the risk of complications and premature death.

NCDs that affect women can be divided into three main categories: reproductive and maternal health conditions, communicable diseases, and NCDs.

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WE ADVOCATE
• FOR UNIVERSAL HEALTH COVERAGE (UHC), alongside comprehensive health systems to address the second determinants of health, to ensure repatriated health and development outcomes for women and girls of all ages.

WE ADVOCATE
• FOR A GENDER-BASED APPROACH TO NCD prevention and control, including the development of gender-sensitive policies, programmes, services, and systems that are not only gender responsive but also gender transformative.

WE ADVOCATE
• FOR BASELINE APPROACH TO safeguarding women’s health and rights across the NCD lifecycle in LMICs

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Call to Action
Without urgent action to address the needs of women and girls, the impact of NCDs threatens to reverse the fragile gains made during the past two decades and undermine future efforts to ensure gender equality and healthy lives for all.

Women’s health conditions are an early determinant of risk for acquiring an NCD. The Taskforce on Women and Non-Communicable Diseases
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