NON-COMMUNICABLE DISEASES:

A PRIORITY FOR WOMEN'S HEALTH AND DEVELOPMENT

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INTRODUCTION

Non-communicable diseases (NCDs), namely cancers, cardiovascular disease, chronic respiratory diseases and diabetes, are chronic, costly but largely preventable diseases. These four diseases share common modifiable risk factors and are a major cause of poverty, a barrier to economic development, and a serious threat to the achievement of the UN Millennium Development Goals (MDGs). In 2009, the UN Secretary General Ban Ki-moon described the global NCD epidemic as a "public health emergency in slow emotion".

NCDs are the world's number one killer, causing 60% of all deaths globally. A staggering 35 million people die every year from these silent killers, of which 18 million are women.[1] NCDs represent the biggest threat to women's health worldwide, increasingly impacting on women in developing countries in their most productive years. The costs of NCDs to families and societies are high and escalating, in terms of healthcare and lost productivity. For these reasons, NCDs have been identified as a global risk, and one of the most important threats to businesses and economies.[2]

This publication is the first to focus on the specific needs and challenges of girls and women at risk of, or living with, NCDs. It aims to draw attention to NCDs as a priority for women's health and development, stimulate policy dialogue on the particular issues related to girls and women in the lead up to the first ever UN High-Level Summit on NCDs in September 2011, and inform actions by all partners going forward. It complements existing strategies such as the WHO 2008-2013 Action Plan for the Prevention and Control of Non-communicable Diseases,[3] and builds on plans such as the 2010 UN Global Strategy for Women's and Children's Health which refers to NCDs as a key element of improving the health and lives of girls and women worldwide.[4]

Failure to act now on NCDs will undermine development gains made to date, including progress made on women's empowerment. Recognising the importance of women's contribution to society in both their productive and reproductive roles as well as consumers and providers of healthcare, will enable real progress in turning back the global epidemic of NCDs. Together, with the political will and the right policies, we can stop the millions of preventable NCD-related deaths for women, men, girls, boys and future generations.

'Each year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces. Their suffering is unacceptable in the 21st century',

Ban Ki-moon,
United Nations Secretary-General
Global Strategy for Women's
and Children's Health,
September 2010

THE HEALTH AND SOCIO-ECONOMIC BURDEN OF NCDS ON GIRLS AND WOMEN

NCDs impact on women's health and development across the lifecycle, causing morbidity and mortality, and compromising their socio-cultural status in communities.

NCDs KILL AND DISABLE WOMEN

Collectively, NCDs are the leading cause of death for women worldwide. They cause 65% of all female deaths, amounting to 18 million deaths each year.[5] No longer diseases of the rich and elderly, NCDs are a significant cause of female death during childbearing years and for women with young families in developing countries. More women per thousand die from NCDs in Africa than in high-income countries. Although on average women live longer than men, they are in poor health for many of those years as a result of NCDs. As well as a high death toll, NCDs cause serious complications and disability.

NCDs affect the health of women and girls and also the health and life chances of their children. Being born to a malnourished mother increases the chances of the infant suffering under-nutrition, late physical and cognitive development, and NCDs in adulthood.

TEN LEADING GLOBAL CAUSES OF DEATH IN FEMALES, 2008[5]

Rank	Cause	Number of deaths	%
1	Cardiovascular diseases	9,127,416	33.2
2	Infectious and parasitic diseases	3,811,044	13.9
3	Cancer	3,566,128	13.0
4	Respiratory diseases	2,018,967	7.3
5	Respiratory infections	1,812,342	6.6
6	Unintentional injuries	1,408,698	5.1
7	Perinatal conditions	1,379,337	5.0
8	Digestive diseases	865,847	3.1
9	Diabetes mellitus	723,273	2.6
10	Neuropsychiatric conditions	640,406	2.3
		27,501,236	

NCDs COST FAMILIES AND COMMUNITIES

NCDs are financially debilitating for individuals and families, due to a combination of medical costs, costs of transportation to and from health services, time associated with informal care giving, and lost productivity.

Deaths of women or men from NCDs during their most productive years (40-60 years) can result in tragedy for families and catastrophic expenditure. The loss of women's labour can push vulnerable families deeper into poverty, particularly in rural areas in developing countries where the number of female-headed households is increasing as men migrate for employment. The major impact of adult female mortality on household welfare is well established, including higher mortality amongst small children, food insecurity, children withdrawn from school, increased work burden on children and loss of assets. Women are often responsible for household work that is also critical to family wellbeing, such as gathering water and firewood, preparing food and tending livestock. This vital contribution is compromised by NCDs.

The burden of NCDs in the family is also borne by girls and women indirectly, as the principal caregivers in many households. Their educational and income-earning opportunities are interrupted when having to stay at home to care for a sick family member.

NCDs CAUSE STIGMA AND DISCRIMINATION

Despite being the biggest killers worldwide, a lack of awareness and misinformation can provoke NCD-related stigma in many countries, preventing people with NCDs from playing an active role in society.[6] Women and men, girls and boys can suffer discrimination in employment, insurance, education and many other areas of life. Girls and women with NCDs can be discriminated against in terms of marriageability, which in many societies represents their main route to economic and social status, particularly in rural areas. This may discourage families in some societies from revealing the health status of their daughters and discourage them from seeking diagnosis and treatment. Women with NCDs are more likely to be divorced, separated or abandoned by their husbands, leaving them financially vulnerable.

GIRLS AND WOMEN'S VULNERABILITY TO NCDS

WHO identifies four main shared risk factors for NCDs: namely tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. Whilst this list is not exhaustive, these modifiable risk factors are responsible for the majority of new cases of NCDs. Exposure and vulnerability to these risk factors is being driven by rapid urbanisation, economic development and market globalisation, most markedly in emerging economies such as India and China. NCDs are being generated by our social and physical environments, linked closely to the way our cities and transport systems are designed, the way we work, and the way we produce, process and consume.

In many low- and middle-income countries, the low socio-economic, legal and political status of girls and women is increasing their exposure and vulnerability to the risk factors of NCDs. Sixty percent of the world's poor are women, twice as many women as men suffer from malnutrition, and two-thirds of illiterate adults are women. These underlying determinants are putting girls and women at a disadvantage in their capacity to protect themselves from the main NCD risk factors.

TOBACCO USE

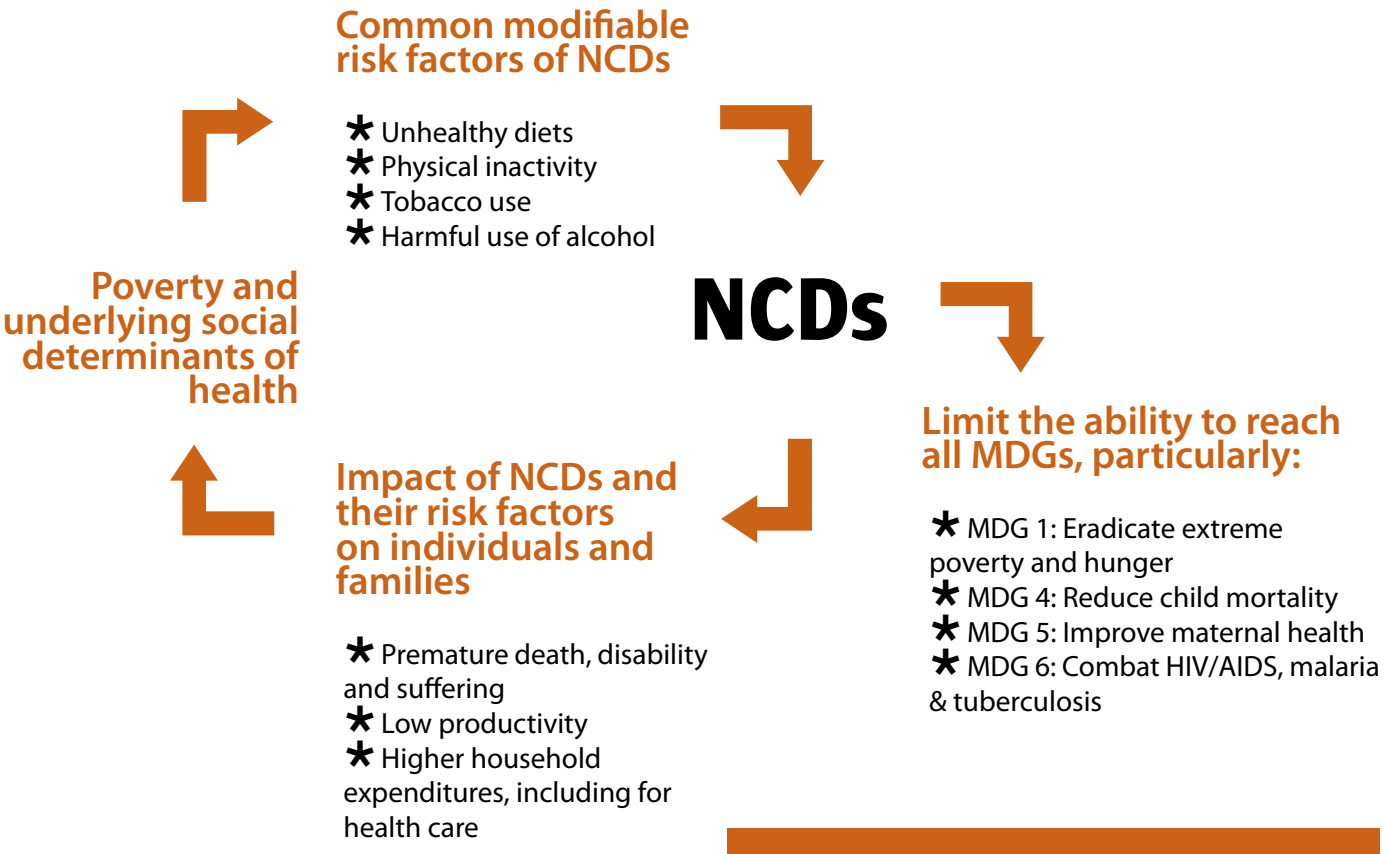
Tobacco use is one of the most serious avoidable risk factors for premature death and disease in adult women[7]. While evidence suggests that men's smoking rates may have peaked and are now in slow decline, smoking rates are increasing among youth and young women in several regions of the world. WHO estimates that the proportion of female smokers will rise from 12% in 2010 to 20% by 2025. Deaths due to tobacco use among women are similarly projected to increase, from 1.5 million in 2004 to 2.5 million by 2030. Women's health is also jeopardized by exposure to second-hand smoke, especially in countries and cultures where many women do not have the power to negotiate smoke-free spaces, including in their own homes.

Girls and women are among the new targets of tobacco companies, particularly in emerging economies. Through marketing campaigns that associate tobacco use with independence, beauty, femininity and sex appeal, and through the availability of more affordable tobacco products, the tobacco industry is compromising girls' and women's ability to make informed choices about tobacco use.[8] Many women remain unaware of the health risks of tobacco use and believe that its use relieves tension and facilitates weight loss.

POOR DIET AND NUTRITION

Urbanisation has led to a change in dietary patterns and an increased intake of energy-dense foods, high in saturated fat, sugar and salt. This 'nutrition transition' is fuelling levels of overweight and obesity and is impacting significantly on the health of girls and women. WHO's latest projections indicate that in 2008 approximately 1.5 billion adults globally were overweight, and of those, more than 200 million men and nearly 300 million women were obese.[9] A staggering 43 million children under five years are currently overweight, and at this age girls are more likely to be overweight than boys.

At the other end of the malnutrition scale, under-nutrition in women is also critical for the global NCD epidemic. Due to the concept of 'fetal programming', maternal under-nutrition during pregnancy increases the risk of the infant developing chronic conditions such as diabetes and cardiovascular disease later in life. This is profoundly important in countries such as India and throughout much of Sub-Saharan Africa, where high levels of under-nutrition co-exist with rapid changes in nutrition in young adulthood.



CASE STUDY:
PHYSICAL ACTIVITY AND HEALTHY LIVES FOR GIRLS

The Ishraq programme in Egypt holds sport and learning sessions for out-of-school girls aged 13-15 years. In communities where sports clubs and associations are dominated by males, girls are given the opportunity to play volleyball, soccer, basketball, table tennis and handball. The programme also includes health education and a human rights component, designed to help girls live healthier lives.

Source: Ishraq briefing sheet: 'Safe spaces to learn, play and grow'

PHYSICAL INACTIVITY

Urban living is often associated with lower levels of physical activity than rural living, increasing the risk of overweight and obesity, diabetes, cardiovascular disease and certain cancers. Evidence worldwide suggests disparities between the sexes in physical activity levels, particularly during the school years. Adolescent girls in many low- and middle-income countries are less active and place less value on participating in physical activity.[10]

Physical mobility for many girls and women in developing countries is curtailed by the social and cultural context they live in. They are restrained from practicing regular physical activity and sport, whether through a lack of safe and supportive environments, a shortage of income and leisure time, negative cultural stereotypes of body image, social norms surrounding dress and mobility or due to the common perception that sport is 'unfeminine'. Access to and participation in physical exercise is not only a right in itself, it is also a catalyst for a number of development goals and the empowerment of women and girls.

HARMFUL USE OF ALCOHOL

Global alcohol consumption has increased in recent decades, with most or all of this increase occurring in developing countries.[11] In many societies, women are both expected and assumed to drink less than men. As a result, early detection and treatment of alcohol-related complications in women is limited and alcohol treatment programmes tend to be based on the needs of men. This is exacerbated by women developing the problems associated with alcohol consumption more quickly and at lower doses than men, leaving them at risk of developing NCDs.

KEY BARRIERS FOR GIRLS AND WOMEN WITH NCDS

Girls and women living with NCDs experience specific challenges in accessing cost-effective prevention, early detection, diagnosis, treatment and care of NCDs, particularly in developing countries. Entrenched poverty, gender inequality, the stigma associated with NCDs, women's family responsibilities and the costs of seeking care are all significant barriers. These factors are compounded by health systems that may fail to respond to the specific needs of girls and women with NCDs.

ECONOMIC BARRIERS

Resources matter for the effective care and management of NCDs. Globally, women account for 60% of the world's poor. In some parts of the world, women and girls are often more burdened by the poverty of their household and their environment than men and boys. Women's lack of access to and control over resources limits their ability to pay for healthcare for NCDs. For example, for the 12 million girls in Sub-Saharan Africa who live on less than $1 a day, user fees and the lack of reasonable healthcare insurance are a major barrier to the prevention and treatment of NCDs. Women in low-income families will often prioritise spending on their family's wellbeing over expenditure on their own health.

SOCIO-CULTURAL BARRIERS

Even when affordable healthcare services do exist, women's socio-cultural status in many developing countries translates into reduced access to and control over health resources and health literacy.[12] Many young women and girls are unable to make decisions about care for themselves or their children without the explicit approval of their husband or another family member. And for many, the discrimination and rejection experienced because of their disease results in management issues and the development of often-preventable life-threatening complications. Higher rates of illiteracy among women than men also mean they have less access to written information about NCD risk factors, prevention and treatment. In some societies there are also persistent beliefs that girls are naturally 'stronger' than boys so treatment is sought earlier for sick boys.

GEOGRAPHICAL BARRIERS

Geographical distance can be a significant barrier to accessing healthcare for women, particularly for those living in remote rural settings. Women tend to be less mobile than men, as they are less likely to have their own form of transport, and may be unable to afford public transport. These constraints may be reinforced by social expectations requiring women to remain at home and not travel alone, particularly due to fear of crime, violence and harassment in public or on public transport. The opportunity cost of travel time may also be great for women, who are usually responsible for the bulk of childcare and household duties. This may dissuade women from travelling long distances to access healthcare.

HEALTH SYTEM BARRIERS

Women provide the bulk of healthcare worldwide, both in the formal healthcare setting as well as in the informal sector and in the home. Yet women's own needs for healthcare are often poorly recognized and catered for – in terms of access, comprehensiveness and responsiveness.[10] Health systems in many communities are not responsive to the needs of women. In many places cultural taboos make it impossible for women to seek medical care from male health providers but there is, at the same time, a shortage of female health professionals.

Moreover, the reality for millions with NCDs is a basic lack of NCD programmes and services. Healthcare systems in low- and middle-income countries are still geared towards infectious diseases and delivering acute care, and need to be reformulated to integrate NCDs. Integrating NCDs in health systems would drive a different type of health system that would prioritise prevention, patient education and longer term monitoring, These changes would benefit patients with all conditions and diseases, and makes economic and human sense.

CASE STUDY:
CERVICAL CANCER SCREENING MOBILE UNITS REACH REMOTE POPULATIONS IN RURAL THAILAND

Women face significant geographical barriers in accessing cervical cancer screening in developing countries due to low coverage, particularly in rural areas. In rural Mae Sot District in Thailand, screening was only available in centrally located health centres, and only 20% of women in the district had ever been screened for cervical cancer. A free mobile screening programme which included a health education element was set up to visit all 54 villages in the District, targeting previously unscreened women aged 25-60 years.

A follow-up survey found that within 6 years of the implementation of the mobile clinic programme, the coverage for cervical cancer screening rose to 70%, and awareness of cervical cancer had risen.

Source: Swaddiwudhipong W et al. (1999) 'A mobile unit: an effective service for cervical cancer screening among rural Thai women'.

WOMEN AND CANCER

Breast cancer is the most common cancer among women worldwide, with an estimated 1.4 million new cases diagnosed in 2008.[13] About half of these cases occurred in economically developing countries. Despite being largely treatable through early detection, it is the leading cause of cancer death in women worldwide. For women in developing countries, access to affordable treatment and effective early detection remains a significant challenge.

Lung cancer is the second leading cause of cancer death for women, despite being one of the most preventable types of cancer. Cigarette smoking accounts for 50% of lung cancer cases in women worldwide.[13] As smoking rates in women continue to rise quickly in most parts of the world, it is becoming apparent that without effective action cancer of the lung may be the most common cancer in women worldwide in 20-30 years.

For people living in developing countries, health is often an interrelated and interdependent mix of infectious and chronic illnesses. Cervical cancer is a good example of this. It is now clear that human papilloma virus (HPV) infection, one of the most common sexually transmitted infections (STIs), is a necessary cause for cervical cancer. Cost-effective procedures are available to detect and treat cervical pre-cancer, and safe and effective HPV vaccines now exist which can prevent up to 70% of cervical cancer. However, 85% of cervical cancer deaths occur in low-income countries, where access to screening and treatment are virtually non-existent, and adolescent girls are not receiving the crucial HPV vaccination.

WHAT IS CANCER?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, chemicals, radiation, and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism). These causal factors may act together or in sequence to initiate or promote carcinogenesis. The development of most cancers requires multiple steps that occur over many years.

HEADLINE FACTS:

* Women suffer nearly the same cancer incidence as men. Over 3 million women die of cancer each year.

* Breast and lung cancers are the most common cancer killers of women, followed by colorectal, cervical and stomach cancers.

* The burden of breast cancer cases is shifting substantially to vulnerable populations in developing countries. An estimated 1.7 million women will be diagnosed with breast cancer in 2020—a 26% increase from current levels—mostly in the developing world.[17]

* In Latin America and Asia more women die from cervical cancer than from pregnancy-related causes.

WOMEN AND CARDIOVASCULAR DISEASE

Cardiovascular disease (CVD) is the largest killer of women worldwide and increasingly impacts on women in developing countries. It is estimated that by 2030 the number of annual deaths caused by CVD will rise from 17.1 million to 23.6 million. Yet due to long-held misconceptions that CVD is a male disease, there remains a significant gap between perceived and actual risk of CVD in women. Very few women perceive it as the greatest threat to their health.

Basic health interventions that educate people on healthy lifestyle choices can be effective in reducing mortality rates, improving child health, and reducing the risk factors associated with CVD. However, poverty limits women's ability to make healthy lifestyle choices. As such, women in low- and middle-income countries living in poverty are particularly vulnerable to CVD. In South Africa the proportion of CVD deaths in women between 35 and 44 is 150% higher than that of women in the United States.

There is also a significant gender gap in the diagnosis and treatment of CVD in women, which is not reflected in current guidelines. Warning signs for women are different than those for men, contributing to an under diagnosis of CVD in women. More women-specific clinical research is needed to address this issue, as the majority of studies to date have been carried out on men.

WHAT IS CARDIOVASCULAR DISEASE?

Cardiovascular diseases (CVDs) are a group of disorders of the heart and blood vessels and include – coronary heart disease (leading to a heart attack), rheumatic and congenital heart disease, cerebrovascular disease (leading to a stroke), hypertension, heart failure, and peripheral vascular disease. Important modifiable risk factors of heart disease and stroke are unhealthy diet, physical inactivity and tobacco use.

HEADLINE FACTS:

* CVD is the world's number one killer and the number one killer of women worldwide. CVD causes 9.1 million deaths among women annually.

* In 2008, CVD killed 1.2 million women aged between 20 and 59 years, the most productive years of life, and caused ill-health and suffering to many millions more.

* Developing countries are more affected. Of the women who will die from coronary heart disease, 80 per cent of the deaths will occur in low and middle income countries.

WOMEN AND CHRONIC RESPIRATORY DISEASE

WHAT IS CHRONIC RESPIRATORY DISEASE?

Chronic respiratory diseases are chronic diseases of the airways and other structures of the lung. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), respiratory allergies, occupational lung diseases and pulmonary hypertension.

HEADLINE FACTS:

* COPD killed more than 3 million people worldwide in 2005[16] and was the fifth leading cause of death among women in low- and middle-income countries in 2001.

* 50% of the world's population uses solid fuels for cooking, light and heat. Exposure to the combustion of solid fuels is a risk factor for COPD in women.

* As many as 300 million people worldwide are living with asthma; and studies show that a high proportion of patients with confirmed asthma are women.

Gender differences exist in prevalence, severity, risk factors and death rates of chronic obstructive pulmonary disease (COPD). It is strongly associated with tobacco use and the use of solid fuels for cooking, light and heat which have gendered dimensions. When exposed to similar levels of tobacco smoking, evidence has found that women are more likely to suffer adverse respiratory consequences at lower levels of exposure and sooner than men, resulting in the development of COPD.

Women are more likely to take responsibility for cooking and other activities around the home that require the burning of solid fuels. Women and children are also more likely to spend time within the home, where the fuels are burned. The concentration and length of exposure to solid fuels increases the risk of COPD, leaving women and children vulnerable to this disease and resulting in an estimated 1.5 million premature deaths each year.[14]

Asthma is another chronic respiratory disease. Asthma can be controlled through appropriate management, yet a significant proportion of patients, the majority of whom are women, continue to have symptoms, face lifestyle restrictions and require emergency care. Asthma is more often under-diagnosed and undertreated in female adolescents than in males, and asthma onset during adulthood is more common and more severe in women than in men. Lack of access to essential medicines is one of the primary causes for poorly managed asthma in low-income countries and can lead to disability, absenteeism and poverty.[15]

WOMEN AND DIABETES

Over 300 million people worldwide have diabetes, and approximately half of these are women.[16] As a result of increasing lifespan, the number of women at high risk of diabetes is rising. The health toll diabetes takes on women is significant, particularly in terms of diabetes-related complications such as heart disease. In the past 30 years, the all-cause mortality and cardiovascular mortality rates for women with diabetes have not declined, unlike those for men. Women with type 2 diabetes are less likely than men to receive measures for prevention and control of cardiovascular disease.

Diabetes is an important maternal health issue. Preconception planning is crucial for women with type 1 and type 2 diabetes. Uncontrolled or undiagnosed diabetes in pregnancy is associated with the delivery of macrosomic or large-for-gestational-age (LGA) infants. This can result in life threatening and costly complications for the mother, such as obstructed labour, and complications that threaten the life and health of the newborn child.

Gestational diabetes (GDM), a form of diabetes that develops in one in 25 pregnancies worldwide, is associated with perinatal complications. Women with GDM and their offspring are at an increased risk of developing type 2 diabetes later in life. Approximately half of women with a history of GDM go on to develop type 2 diabetes within five to ten years after delivery.

Moreover, there is increasing evidence to support the theory that some diabetes is triggered by events in the womb. There are strong links between maternal malnourishment, the offspring's birth weight and the child's consequent propensity to early insulin resistance. This is particularly important in countries like India and throughout much of sub Saharan Africa where high levels of under-nutrition co-exist with rapid changes in nutrition in young adulthood.

WHAT IS DIABETES?

There are 3 main type of diabetes:
Type 1 diabetes is an autoimmune disease which destroys the insulin producing cells of the pancreas. It most commonly develops in children and young adults, and people with type 1 are always dependent on insulin injection for survival. Type 2 diabetes is due to a combination of insulin resistance and insulin deficiency. It accounts for 90% or more of all diabetes globally, and can be prevented. It most commonly occurs in middle-aged and older people but increasingly affects people in their most productive years. Gestational diabetes (GDM) is any glucose intolerance with onset or first recognition during pregnancy.

HEADLINE FACTS:

* There were an estimated 143 million women with diabetes in 2010. By 2030, this number is expected to rise to 222 million.

* Diabetes is the ninth leading cause of death in women globally. Of the 2.1 million women who die each year as a result of diabetes, a large proportion are in their most productive years (40-60 years).

* The greatest increase in the female diabetes population over the next 20 years will be in the Middle East and North Africa Region (96%), followed by the Africa Region (90.4%) and South East Asia (74.4%).

* Gestational diabetes develops in one in 25 pregnancies worldwide.

GIRLS AND WOMEN ARE RESILIENT AND INFLUENTIAL PARTNERS IN THE FIGHT AGAINST NCDS

A long-held principle in global development is that women are not only recipients of protection and assistance but are important agents of change in identifying solutions to problems affecting themselves and others. Women and girls are a key to sustainable development. Research has shown that when mothers are granted greater control over resources, they allocate more to food, children's health and nutrition, and education – as evidenced in countries as diverse as Bangladesh, Brazil, Cote D'Ivoire, Ghana, Indonesia and South Africa. Changing the life of a girl or a woman for the better unlocks their potential to change and improve a whole society.

To date, the global response to the NCD epidemic has missed the significance of girls and women in its approaches and programmes. Women are ideally placed to lead in the fight against NCDs, both at a household and community level. They can be key agents of change in the adoption of healthy lifestyles – and the consequent prevention of NCDs. Often the cornerstone of family food production, nutrition and lifestyle, women and girls have the potential to be instrumental in reducing the modifiable NCD risk factors from the household and beyond.

Empowering women with easy and equitable access to knowledge and resources will strengthen their capacity to prevent NCDs in their families and better safeguard their own health.

Women, as mothers, have a huge influence over the long-term health status of their children. Women who are informed of the importance of their own health when pregnant and understand the risk factors associated with NCDs are better equipped to avoid NCDs both for themselves and future generations.

'Women's strength, women's industry, women's wisdom are humankind's greatest untapped resource',

Michelle Bachelet,
Under-Secretary-General and
Executive Director of UN Women,
January 2011

TOGETHER, LET'S MAKE NCDS A PRIORITY FOR WOMEN'S HEALTH AND DEVELOPMENT

The NCD Alliance invites the United Nations and international bodies, governments, business, civil society, health professionals, researchers, philanthropic organisations and the general public to join together in a coordinated movement to make NCDs a priority for women's health and development. By pooling our collective expertise and strengths, we will inspire a new level of commitment that will benefit the millions of girls and women worldwide.

WE CALL FOR:

* The prevention and control of NCDs to be integrated into existing health systems and initiatives, particularly within maternal health programmes;

* Gender-responsive health systems that pay adequate attention to different gender needs and priorities;

* Inter-sectoral collaboration to identify and promote actions outside the health sector that can enhance health outcomes for women;

* Greater involvement of girls and women in identifying problems and solutions and implementing policies in the fight against NCDs;

* NCDs and common risk factors to be included in global development goals including the successor goals to the MDGs in 2015;

* Development agencies and philanthropic institutions to fund studies that will further refine our understanding of the gendered patterns of diagnosis, health seeking behavior and the impact of NCDs;

* Research institutions to incorporate attention to sex and gender in design, analysis and interpretation of studies on NCDs;

* Innovative partnerships to improve access to affordable, quality-assured, gender-sensitive essential medicines to treat NCDs in developing countries.

The NCD Alliance

Putting non-communicable diseases on the global agenda

The NCD Alliance is an alliance of four international federations (International Diabetes Federation, International Union Against Tuberculosis and Lung Disease, Union for International Cancer Control, World Heart Federation) representing the four main NCDs outlined in the World Health Organization's 2008-2013 Action Plan for NCDs – cancer, cardiovascular disease, chronic respiratory disease and diabetes. These conditions share common risk factors (including tobacco use, physical inactivity and unhealthy diets) and also share common solutions, which provide a mutual platform for collaboration and joint advocacy. Together these four federations have 900 member associations in over 170 countries. The NCD Alliance is supported by NGO partners with a strong track record and proven commitment to the objectives of the NCD Alliance, including the Framework Convention Alliance, American Cancer Society, American Heart Association, Livestrong, Norwegian Cancer Society, and the World Lung Foundation. In addition, the Alliance convenes a Common Interest Group of over 200 like-minded NGOs.

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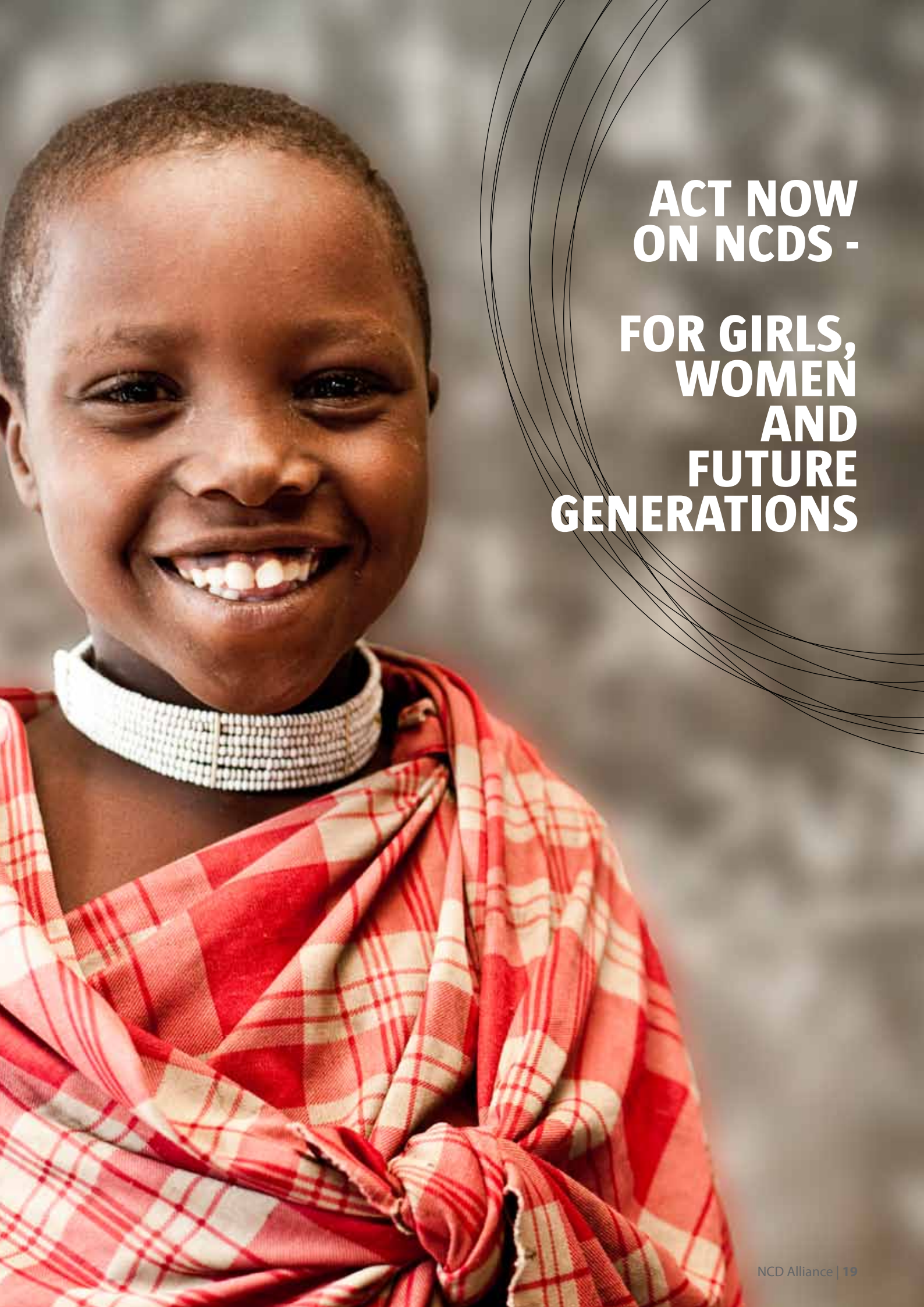

ACT NOW ON NCDS -

FOR GIRLS, WOMEN AND FUTURE GENERATIONS

The NCD Alliance

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