Draft concept note for CSW side-event: Expand women’s health – Integrate NCDs

Title: Expanding women’s and adolescents’ health: Integrating noncommunicable diseases through a lifecourse approach

Topic: Opportunities for addressing noncommunicable diseases through integrative and inclusive approaches with a focus on women and adolescents

Time: Tuesday 21 March 2017, 13:15-14:30 hrs

Venue: UN Headquarters New York, Conference Building, Conference Room 7 (floor 1B)

Format: Interactive panel discussion, followed by multistakeholder dialogue with the audience

Number of expected participants: 100

Background:

At the UN General Assembly in 2011, and again in 2014, world leaders recognised the threat of noncommunicable diseases (NCDs) – mainly cardiovascular diseases (CVD), cancers, chronic respiratory diseases and diabetes – as one of the major challenges for sustainable development in the twenty-first century. They also acknowledged that NCDs are a threat to economic growth globally and lead to increasing inequalities between countries and populations. Sixteen million people die prematurely each year from NCDs, of whom 82% are in low- and middle-income countries (LMIC). Given that the prevention of NCDs largely requires addressing the key risk factors of tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, and through interventions in sectors within and beyond health, integrating NCD responses into broader development programmes is necessary.

NCDs have been the leading causes of death among women globally for the past three decades and now NCDs account for nearly 65% of female deaths worldwide, over 75% of which occur in LMICs. Of all deaths among persons under the age of 70 (commonly referred to as premature deaths), WHO estimates that 52% were due to NCDs. Pervasive gender inequality effects all aspects of a woman’s life and must always be considered in the context of health and wellbeing, including NCDs. Women face unique challenges in accessing health care and health education due to their lower socioeconomic, political and legal status compared to men, often combined with illiteracy. Moreover, women do not always have access to information and education concerning their health, such as the critical importance of leading a healthy lifestyle to prevent disease and screening for diseases. This disempowerment adds to their vulnerability when living with a chronic disease. Additionally, women are affected indirectly by the increasing chronic disease burden through their traditional role as carers in families and communities. The role of the caregiver can threaten or disrupt the education of adolescent girls, and often impacts a woman in her most productive years.

Women are also affected uniquely by the strong link between NCDs and maternal and reproductive health. Both NCDs and sexual and reproductive health share important risk factors, such as obesity, tobacco smoking and secondary smoking, gestational diabetes, hypertension in pregnancy, HPV and cervical cancer. Indeed, NCDs can have significant adverse effects on maternal health and pregnancy outcomes, and it is increasingly recognised that effects of NCDs experienced in utero can negatively impact the health of children later in life. This burden is expected to increase substantially in the coming decades, especially in LMICs.
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Young people, especially girls, are highly susceptible to negative health outcomes, which threaten their potential and undermine their capacity to transform their communities. Interventions targeting adolescents and young people can yield long-term benefits in global development with a resultant reduction of NCDs and the likelihood of experiencing other health challenges in adulthood. This is especially true given that an estimated 70% of premature adult deaths are attributed to negative health behaviors begun in adolescence and youth. A multidimensional approach that addresses gender equity, economic empowerment, access to education, water and sanitation and political rights is required to address these challenges. Such work must pay specific attention to complex transition within different age-brackets of youth, and must enable the meaningful involvement of young people as interventions are designed, delivered and implemented.

Historically, the field of women’s health has had a focus on reproductive health, and this has created programs and healthcare provisions that are uniquely targeted at women. Considerable gains have been made in reducing maternal and newborn mortality and morbidity through such programs. While these gains are positive and important, there is still much progress to be made in the arena of women’s sexual and reproductive health, particularly from a gender equality and women’s rights perspective. However, it is also important that the definition of women’s health not be confined to reproductive health. In recent years, many international advocacy efforts have thus been made to expand this definition to encompass a more holistic view of the health challenges faced by women. Such focus areas include the burden of NCDs in women as mentioned above, the caring roles of women and caring for the carers, sexual and interpersonal violence and women’s mental health.

Health system integration implies expanding the many healthcare facilities and programs that have been built around women’s reproductive health to provide a platform for delivering new modalities of healthcare to address other issues including the prevention and control of NCDs. Thus, this integration of NCDs into existing programmatic areas offers an inroad to expand the scope of women’s health.

An integrated one-stop-shop approach to service delivery that is centred on women and their families has already been used in the HIV/AIDS field, e.g. by the Prevention of mother-to-child transmission of HIV (PMTCT) programmes, and should be expanded to encompass other diseases of epidemiologic importance to women. Continuum of care offers critical entry points to screen women for NCDs. Since maternal and child health services are often the primary point of contact with most women – nearly 80% of pregnant women in LMICs have at least one antenatal visit – it is important that these services offer screening, early diagnosis and treatment where feasible and/or referral for selective NCDs such as cardiovascular diseases, diabetes, asthma, and some cancers. The growing instances of co-morbidity of HIV/AIDS and NCDs as HIV/AIDS patients live longer further stresses the need for integrated approaches. Integration of NCDs with HIV, SRH, MCH and other relevant diseases offers a unique opportunity to address these multiple co-morbidities and linkages in women more efficiently and effectively.

A global agenda with ambitious targets for the prevention and control of NCDs is available. The WHO Global Action Plan 2013-20 and the 2030 Agenda for Sustainable Development include targets to reduce the burden of NCDs alongside targets to improve reproductive, maternal, newborn, child and adolescent health (RMNCAH) These are indicators of the critical importance of addressing NCDs and RMNCAH together as a sustainable development priority for all countries.

The Agenda for Sustainable Development also calls for revitalizing global partnerships (Goal 17) and generally promotes the urgency of integrated approaches to sustainable development. This
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is reinforced in the *Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)*, which adopts an integrated and holistic way of working across sectors to transform societies so that women, children and adolescents everywhere can realize their rights to the highest attainable standards of health and well-being. The health systems implications for the integration of NCDs into other programmatic areas (such as maternal, child and adolescent health) was a focus of the *WHO GCM/NCD Working Group 3.1* that convened in 2016. Addressing the prevention and control of NCDs as part of a comprehensive life course approach for women must be a sustainable development priority.

The availability and accessibility of relevant data, disaggregated by gender, age, income, ethnicity, etc. will be crucial in the above endeavour. Whilst traditional methods of data collection/analysis continue to play an important role in advancing knowledge on NCDs, the increasing availability of large data sets from everyday technologies and devices offer new insights into this public health challenge. Harnessing big data and advanced analytics is a largely untapped resource to inform and empower policymakers in public health. This ubiquitous data that provides an observation on human behaviour (such as through mobile mapping technologies, social media habits, internet usage) can lead to informed and real-time implementation of context-specific, people-centred interventions across many sectors for the benefit of all people, including women and adolescents.

This side event explores evidence, experiences and opportunities related to the integration of NCD prevention and control with existing programmes related to sexual, reproductive, maternal, newborn child and adolescent health. Fundamentally, this event will present and explore key draft recommendations of the *WHO GCM/NCD Working Group 3.1* on the inclusion of NCDs in other programmatic areas. Without specific attention to the needs of women and adolescent girls, the impact of NCDs threatens to unravel the fragile health gains made over the past twenty years and undermine future efforts to ensure gender equity and healthy lives for all.

**Objectives:**

a) Raise awareness of how NCDs affect women and adolescent girls

b) Explore evidence, experiences and opportunities for addressing NCDs through integration with existing programmes utilised by women and adolescent girls, including in the domains of sexual, reproductive, maternal, child and adolescent health

c) Explore the opportunity to leverage big data and advanced analytics to provide new insights and inform policy makers on health behaviours that have a bearing on NCDs

d) Synthesise evidence on RMNCAH and NCDs to advance the development of new global indices that can be used to monitor progress on women’s health and SDGs.

e) Highlight the further opportunity to empower women to be a driving force for the provision of an integrated response to NCDs and the SDGs for themselves and their families, strengthening the lifecourse approach for women and girls.

**Organizers/ Sponsors:**

- Colombia
- Japan
- Every Woman Every Child
- UNICEF
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- NCD Child
- Conference of NGOs in consultative relationship with the UN (CoNGO)
- Taskforce on Women and NCDs
- WHO (GCM/NCD Secretariat, Department of Maternal, Newborn, Child and Adolescent Health; and Department of Gender, Equity and Human Rights)

Provisional programme:

Opening keynote remarks:

- H.E. Beatriz Londoño Soto, Ambassador Extraordinary and Plenipotentiary; Permanent Representative of Colombia to the UN Office in Geneva, Co-Chair of WHO GCM/NCD Working Group on the inclusion of NCDs in other programmatic areas
- H.E. Mr. Hiroshi Minami Ambassador, Deputy Permanent Representative of Japan to the United Nations

Panellists:

1. Dr Bente Mikkelsen, Head, Secretariat of the WHO Global Coordination Mechanism for NCDs (GCM/NCD)
2. Nana Taona Kuo, Senior Manager of Every Woman Every Child
3. Robert Kirkpatrick, Director, UN Global Pulse
4. Prof Gita Mishra, Professor of Life Course Epidemiology, Australian Research Council Future Fellow, University of Queensland, Australia

Facilitator: Dr Jonathan D. Klein, Executive Director of NCD Child, Member of WHO GCM/NCD Working Group on the inclusion of NCDs in other programmatic areas

First responders/other contributors:

1. Representative from UNICEF - TBC
2. Diana Vaca McGhie, Global Advocacy Manager of American Heart Association International, Taskforce on Women and NCDs

Closing remarks: Dr Nata Menabde, Executive Director of the WHO Office at the United Nations