

CSW62 side event hosted by The World Health Organization,  
UN Women, and UNAIDS, together with the Permanent  
Missions of Zambia and Denmark

# Expand Women's Health:

Enhancing integration, linkages and synergies between Sexual and Reproductive Health and Noncommunicable Disease programmes

19<sup>th</sup> March 2018, 1.15pm – 2.30 pm Conference room 12, UNHQ

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**Conference Room 12, UNHQ**

(RSVP [HERE](#), deadline for external guests to register is 13 March 2018)

## HIV adds, integrating, HIV experiences in integrating NCD perspectives

Political and on the ground country perspective

### Context

The 2030 Sustainable Development Goals seek to ensure a better future for all by promoting partnerships and cooperation across sectors and integration of, and linkages and synergies within, programmatic efforts, in effect mirroring the complex realities of the multi-faceted challenges to sustainable development. Innovative approaches, mechanisms and modalities for such cooperation are emerging as development partners explore how to more effectively bridge efforts in different programmatic areas.

The SDGs include the target 3.4 of reducing premature deaths from NCDs by a third by 2030. They also aim to achieve universal access to sexual and reproductive health-care services and reproductive rights (target 5.6), and the integration of reproductive health into national strategies and programmes. These programme areas offer a unique opportunity for linkages, synergies and integration by leveraging existing programmes and developing new partnerships to the benefit of the health and rights of women and girls, and beyond.



Noncommunicable diseases (NCDs), in particular cardiovascular diseases, cancers, chronic respiratory conditions, diabetes, and mental illnesses, are on the rise. The vast majority of NCDs have anthropogenic antecedents and are driven by four behavioral risk factors: tobacco use, harmful use of alcohol, lack of physical activity, and unhealthy diet. The World Health Organization (WHO) states that NCDs are the leading cause of death globally and kill 40 million people every year. This is equivalent to 70% of all deaths globally. Over 80% of all NCD-related premature deaths (between 30 – 70 years) occur in low- and low-middle income countries. This burden is expected to increase substantially in the coming decades.

Women in low and middle income countries are particularly at risk of NCDs, and for the past three decades, two in three deaths among women were caused by NCDs, accounting for nearly 65% of deaths. In 2015, over 6.2 million women died prematurely because of NCDs. While the highest attainable standard of health is a fundamental right of every person, gender-based discrimination remains deeply entrenched in every society, and undermines this right for women and girls. Therefore, women are too often ‘double disadvantaged’, making them more vulnerable to the risk factors contributing to NCDs, and less likely to obtain care for reasons ranging from affordability and social conventions, to a lack of access to basic information, education, voice and agency.

More women of reproductive age are now overweight rather than underweight (300 million women worldwide are obese compared to 200 million men). This has significant consequences for sexual and reproductive health (SRH). Women are more likely to suffer from stigma and discrimination as a result of NCDs and the exposure to certain risk factors is exacerbated due to limited life choices related to these – what they eat, how much they exercise, whether they smoke and consume alcohol. Women and men managed for NCDs at primary and community level services have missed opportunities for SRH services and/or sexual health counselling. NCDs and their risk factors among adolescents is a growing challenge but also an effective entry point for sustainable behavior change strategies.

### **The case for integration and partnerships**

Women face numerous barriers to accessing health care even before attempting to navigate fragmented health services and referral systems. Certain NCDs specifically affect women including breast and cervical cancers, and screening and treatment services in low-income settings are particularly limited. As infant, child and early adult mortality due to communicable diseases declines, premature mortality from NCDs is increasing, particularly in low and middle income countries (LMICs). Bringing boys and men into sexual and reproductive health programmes and services provides an opportunity to offer health information and potentially prevention, detection and control of NCDs for men and women. Integration is a dynamic process with multiple dimensions. It is not a panacea and is best



seen as a continuum rather than as two extremes of integrated vs not integrated. An integrated, synergistic and/or interlinked approach to SRH and NCD services can ensure a comprehensive and safe approach with regard to treatment for women. On the other hand, the delivery of care for people with NCDs at primary health care centres can be a model for the further decentralization of sexual and reproductive health care.

Integration of services is done with the goals of supporting women with co-occurring conditions, improving treatment outcomes, reducing costs, and improving efficiency of services. Effective multistakeholder partnerships and collaborations can further help bridge efforts on NCDs and sexual and reproductive health.

WHO's Draft thirteenth general programme of work 2019–2023, places special emphasis on addressing SDG targets 3.7 (on universal access to sexual and reproductive health care services) and 5.6 (on universal access to sexual and reproductive health and reproductive rights) in relation to gender equality and women's economic empowerment<sup>1</sup>.

It is on this basis that the WHO together with UN Women, UNAIDS, and the governments of Zambia and Denmark are co-organizing a side event to promote partnerships between relevant actors for the integration of sexual and reproductive health-care services and reproductive rights and the noncommunicable disease prevention and control.

The 62<sup>nd</sup> UN Commission on the Status of Women and the upcoming WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control, hosted by the Government of Denmark on 9-11 April 2018, mark important milestones for stepping up global efforts in the lead up to the third High-level Meeting of the UN General Assembly on NCDs in 2018.

### Event structure

The structure of this event will consist of a moderated panel, including a key note and short interventions from the panelists followed by a discussion round with the audience.

**Scope:** Highlighting collaborative opportunities for integration of, and linkages and synergies between, NCDs and sexual and reproductive health and reproductive rights showcasing how partners and stakeholders explore how to more effectively bridge efforts in different programmatic areas.

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<sup>1</sup> WHO Draft General Programme of Work Advance version, para 68 : <http://www.who.int/about/what-we-do/gpw13-expert-group/Draft-GPW13-Advance-Edited-5Jan2018.pdf?ua=1>



**Purpose:** Raise awareness of the co-benefits and enhanced health impact of collaborative, coherent and coordinated actions on priority areas of women and adolescent girls' health.

**Expected outcomes:** Promote and highlight innovative partnerships, approaches, mechanisms and modalities for the integration of, and linkages and synergies between, NCDs and sexual and reproductive health and reproductive rights

**Key messages:**

- Many opportunities exist for leveraging co-benefits to achieve enhanced health impact of collaborative, coherent and coordinated actions on priority areas of women and adolescent girls' health.
- An integrated, synergistic and/or interlinked approach to SRH and NCD services can ensure a comprehensive and safe approach with regard to treatment for women that spans across the life course.
- The delivery of care for people with NCDs at primary health care centres can be a model for the further decentralization of sexual and reproductive health care.
- Integration of services is done with the goals of supporting women with co-occurring conditions, improving treatment outcomes, reducing costs, and improving efficiency of services.

**Moderator:** Dr Nata Menabde, Executive Director of the WHO Office at UN

**Speakers:**

- Representatives from the Government of Zambia and Denmark: Country cases
- Simon Bland, Director UNAIDS New York Office
- Maria Noel Vaeza, Director of Programmes, UN Women: Launch of WHO GCM /UN Women collaboration
- Louise Agersnap, Technical Officer, WHO Global Coordination Mechanism on Prevention and Control of Noncommunicable Diseases: The case for multistakeholder partnerships and NCD integration
- Dr Sheila Davis, Chief of Clinical Operations, Partners in Health: Health as a human right. How to best support low-income countries in integrating NCD prevention and control in the context of Universal Health Coverage (UHC).
- Kaitlin Yarnall, Vice President, Media Innovation National Geographic: The power of visual storytellers – samples of photographic projects that put faces on women's rights and their reality