



## Women & Non-Communicable Diseases – A Call to Action: Making good on the promise of gender mainstreaming to address global health inequities

Position statement ahead of the Fourth UN High-Level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs).

Women and girls living with or at risk of developing NCDs experience unique challenges in accessing prevention, early diagnosis, treatment, and care, particularly in low-resource contexts.

We call on representatives of the United Nations and international bodies, governments, business, civil society, health professionals, researchers, philanthropic organisations, and the public to join a coordinated movement to safeguard the health of women, girls, and gender minorities by tackling NCDs.

### Our advocacy priorities



**ACCELERATE IMPLEMENTATION:** commit to pursue and promote gender-based care, mainstream a gender perspective into multisectoral national NCD plans, and prioritise the participation of women and girls in health-related decision-making processes.



**MOBILISE INVESTMENT:** prioritise under-supported women-specific NCDs, including by implementing commitments to meet WHO targets on cervical cancer by 2030.



**BREAK DOWN SILOES:** adopt a life-course approach to women's health, integrating NCD services into other health services, such as those addressing maternal and child health and HIV/AIDS.



**ENGAGE COMMUNITIES:** work with academia and civil society to prioritise routine collection and analysis of data disaggregated by sex, gender, and other intersecting characteristics to support the design, implementation, and monitoring of effective, targeted interventions.



**DELIVER ACCOUNTABILITY:** uphold women's health and human rights – implementing recommendations made by the Committee on the Elimination of all forms of Discrimination Against Women (CEDAW).



## **Non-communicable diseases (NCDs) are the leading cause of death and disability for women globally – killing two out of three, accounting for up to 19 million deaths every year.**

Around the world, girls and women living with or at risk of developing NCDs experience unique challenges in accessing prevention, early diagnosis, treatment, and care, particularly in low-resource contexts. These include the low prioritisation of women's health within families, limited access to financial resources to cover costs, caring responsibilities, and restrictions on women's ability to travel freely, to name a few.

The determinants of NCDs are also gendered; for example, women are more exposed to indoor air pollution due to the time they spend cooking, are targeted by harmful industries such as tobacco and alcohol through 'pinkwashing' campaigns, and in some contexts have fewer opportunities to engage in physical activity. In addition, the one-size-fits-all, male-centric bias in health research and medicine leads to under-representation of women, poorer health outcomes, evidence gaps and inefficient health spending for women and girls, intersex people, trans and gender-diverse people.

As 2025 unfolds, hard-won rights for women and girls are being rolled back at an alarming pace. This threatens progress towards Universal Health Coverage, which has the potential to address the financial barriers to health that women face, particularly those in low-resource contexts. Gender-responsive health systems and policies, over which women have decision-making power, can drive equitable action regarding exposure to NCD risk, health behaviours and social norms that affect women and girls' ability to access health services, reducing health inequities.

### **Policy context**

In recognition of the gendered nature of the challenges, at the first UN High-Level Meeting on NCDs in 2011, member states committed to 'pursue and promote gender-based approaches for the prevention and control of NCDs founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from NCDs for women and men'.<sup>1</sup> At the last High-Level Meeting on NCDs in 2018, member states acknowledged that 'mainstreaming a gender perspective into the prevention and control of NCDs is crucial to understanding and addressing the health risks and needs of women and men of all ages, giving particular attention to the impact of NCDs on women in all settings'.<sup>2</sup>

However, more than a decade since the first declaration was adopted, it seems many governments have failed to translate these repeated high-level commitments into gender transformative policies and programmes at the national level. The George Institute conducted an analysis of English-language, national, integrated NCD action plans to gain an accurate picture of how many of these plans take a gender- or other equity-focused approach or use an intersectional lens. Of 91 countries with national NCD action plans included in our analysis, just two (Kenya and Tanzania) had gender-transformative plans that seek to address the root causes of gender inequality. A further 41 countries had gender-responsive plans, which aim to address the differential needs of women and men but not the root causes of inequalities. However, in many cases, even where action plans considered gender-specific needs within their objectives or monitoring and evaluation frameworks, this recognition was often inconsistent. Few included concrete action plans aligned with objectives or dedicated budgetary allocations to support achieving the implementation of gender-related goals.

In light of these findings, we urge governments to ensure the forthcoming political declaration not only reiterates the urgency of mainstreaming a gender perspective in NCD plans, but includes concrete, actionable measures and accountability mechanisms to ensure commitments are translated into meaningful improvements in the health and wellbeing of people of all genders.

1. [Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases: resolution / adopted by the General Assembly](#)
2. [Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases: resolution / adopted by the General Assembly](#)



## The George Institute's advocacy priorities



### Accelerate implementation:

**Governments must reiterate their commitment to pursue and promote gender-based approaches at the Fourth High-Level Meeting on NCDs and must make good on this commitment by mainstreaming a gender perspective into multisectoral national NCD action plans.**

This requires governments to prioritise the full, meaningful, and active participation of women and girls in health-related decision-making processes, including during the preparatory process for the High-Level Meeting. It must include governance and decision-making roles for women and girls across policies, programs, and resource allocation – and substantive investments in women's health research and capacity strengthening efforts for health care providers, civil society and communities. The World Health Organization (WHO) menu of policy options and recommended cost-effective interventions for NCD prevention and control provides valuable guidance for national implementation.<sup>3</sup>



### Mobilise investment:

**Governments must prioritise women-specific NCDs according to need, including by implementing commitments to meet WHO targets on cervical cancer by 2030.**

Every two minutes, a woman dies from cervical cancer, despite the availability of effective tools and knowledge to eliminate the disease. Cervical cancer is the fourth most common cancer in women globally, disproportionately affecting women and their families in low- and middle-income countries. In recognition of this burden, our analysis found that 57% of English-language national NCD action plans have included a specific focus to address women-specific cancers. Governments must prioritise implementing their national plans and fulfil commitments to eliminate cervical cancer as a public health problem by achieving the WHO 2030 targets: vaccinating 90% of girls with the HPV vaccine by age 15, screening 70% of women with a high-quality test by ages 35 and 45, and ensuring 90% of women with cervical disease receive treatment. Other women-specific NCDs include breast cancer, ovarian cancer, endometrial cancer, and menopause-related conditions. These, alongside other common NCDs that disproportionately affect or present different in women (cardiovascular disease, diabetes and chronic respiratory diseases) often go underdiagnosed or untreated due to gender disparities in access to services along the continuum of care.

3. World Health Organization. (2023). *Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases (2nd ed.)*. World Health Organization. <https://www.who.int/publications/item/9789240091078>



## Break down siloes:

**Governments and health service providers must adopt a life-course approach to women's health, by integrating NCD services into routine reproductive, maternal, child and adolescent services, particularly in primary health care settings.**

Women and girls living with NCDs face unique barriers to accessing care, especially in low-resource contexts, compounded by health systems that fail to address their specific needs. Leveraging existing infrastructure, such as maternal and reproductive health services and programmes addressing HIV/AIDS, provides an opportunity to expand service reach, improving the health of women and girls before, during and after pregnancy and the reproductive years. Equitable access to cost-effective digital health solutions can further enhance prevention, diagnosis, treatment, and management across the care continuum, enabling behaviour change and improving access to information.



## Engage communities:

**Governments should work together with civil society and academia, prioritising the routine collection and analysis of data disaggregated by sex, gender, and other intersecting characteristics to support the design, implementation, and monitoring of effective, targeted interventions.**

Addressing the barriers that impede women, girls and other groups experiencing marginalisation from accessing health services requires tailored prevention and treatment interventions, designed with women and girls, and health data to be routinely collected and analysed separately for different gender identities to accurately reflect their unique needs. Additionally, environmental changes have gendered impacts and a disproportionate impact on women and girls. This is often overlooked due to gaps in existing data, underscoring the need for more robust and inclusive data collection practices. Active participation of women and girls - especially those living with, at risk of, or caring for individuals with NCDs - in the co-creation, implementation, and evaluation of policies and programmes will ensure that these initiatives are targeted, effective, inclusive, and equitable.



## Deliver accountability:

**Governments must uphold women’s health and human rights – implementing recommendations made by the Committee on the Elimination of all forms of Discrimination Against Women (CEDAW).**

The CEDAW Committee monitors the implementation of policies, programs, and laws in line with the CEDAW, which is ratified and legally binding for 189 member states. The treaty sets out government’s obligations to ensure a woman’s right to non-discrimination and substantive equality, including accessing health services. CEDAW provides a framework that can be used by civil society to hold governments to account for action to address the burden of NCDs among women and girls.

**This position statement articulates key positions and advocacy messaging rooted in research conducted by the Women’s Health Programme at The George Institute for Global Health.**

The Women’s Health Programme was established in 2018 with support from staff across the Institute’s offices in Australia, China, India and the UK, building on their global expertise in undertaking clinical, epidemiological, community-based and health systems research.



## Further reading

- Carcel, C., Haupt, S., Arnott, C. et al. [A life-course approach to tackling noncommunicable diseases in women](https://doi.org/10.1038/s41591-023-02738-1). Nat Med 30, 51–60 (2024). <https://doi.org/10.1038/s41591-023-02738-1>
- Troisi, Giuseppe. (2024). [Integrated approaches for women’s cancers: Opportunities to advance health for women](#).
- Shanthosh, J. 2023. [Redressing the balance: Using human rights law to improve health for women everywhere](#). The George Institute for Global Health and the Australian Human Rights Institute University of New South Wales
- [Medical Science Sex and Gender Equity \(2025\)](#)
- [About the Taskforce on Women and NCDs](#) [Brochure]
- NCD Alliance. 2023. Human rights law: An overlooked tool to address the burden of NCDs on women. Available at: <https://ncdalliance.org/news-events/blog/human-rights-law-an-overlooked-tool-to-address-the-burden-of-ncds-on-women>
- Shanthosh, J. White, G. Palagyi, A. Hirst, J. Feeny, E. (2025) *Opinion: In the face of backlash against women’s rights, we need accountability*, *BMJ Global Health blog*. Available at: <https://blogs.bmj.com/bmjgh/2025/03/31/opinion-in-the-face-of-backlash-against-womens-rights-we-need-accountability/>.