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Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives

Statement by American Cancer Society, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2012/1.

Statement

Addressing the empowerment of rural women and their critical role in poverty and hunger eradication necessitates drawing attention to the challenges posed by non-communicable diseases — cancer, cardiovascular diseases, respiratory diseases and diabetes — and their links to health, nutrition, development and poverty.

Non-communicable diseases have been increasingly acknowledged as a major health and economic development issue, and one of the most significant emerging challenges to development and poverty eradication. The magnitude of this threat has been recently acknowledged in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which noted with grave concern the vicious circle whereby non-communicable diseases and their risk factors worsen poverty, while poverty contributes to rising rates of non-communicable diseases, posing a threat to public health and economic and social development (General Assembly resolution 66/2, annex). The importance of the burden of non-communicable diseases and its links to development and equity concerns was also highlighted by many Member States, experts and civil society representatives at the World Conference on Social Determinants of Health, convened by WHO in Rio de Janeiro, Brazil, in October 2011. Non-communicable diseases represent a major and growing socio-economic burden in the developing world, which places undue strain on communities and health systems and is a major contributor to poverty.

The burden of non-communicable diseases on women in developing nations

Non-communicable diseases represent a major health, social and economic burden on women in the developing world, yet their significance and impact remain largely under-acknowledged. Approximately 18 million women die each year from non-communicable diseases, equivalent to 65 per cent of female deaths globally. In low- and middle-income countries, approximately half of all female deaths are attributable to such diseases. The International Agency for Research on Cancer reports there were approximately 6 million new cases of cancer in women and 3.3 million cancer deaths in 2008, and the numbers are projected to nearly double by 2030.

Non-communicable diseases cause premature death and disability of women in their most productive years throughout the socio-economic spectrum, rivalling the devastating impact of other women's health issues, such as maternal health conditions and communicable diseases. According to the *Global Status Report on Noncommunicable Diseases* (WHO, 2010), women in developing countries are dying from non-communicable diseases at younger ages than women in developed countries. These diseases represent a very significant cause of death and disability for women in their most productive years, as stated in *Non-communicable Diseases: a priority for women's health and development* (The NCD Alliance, 2011). According to a recent report of the Secretary-General (A/66/83), approximately 3.3 million women worldwide between the ages of 15 and 59 die each year of non-communicable diseases.

Non-communicable diseases and rural development

While the magnitude of the burden of non-communicable diseases is most pronounced in urban contexts, such diseases also pose a significant challenge to rural development, specifically:

- *Poor nutrition.* Some of the main common risk factors of non-communicable diseases are increasing as a result of rural economic and agricultural development policies and practices. Changes in diet, consumption patterns and economic activity accompanying rural development are leading to increased exposure to risk factors such as poor nutrition, changes in physical activity levels and increased exposure to tobacco products. Poor diet (i.e., “overnutrition”) and obesity have also been fostered by environmentally unsound rural development practices that diminish the availability of fruits and vegetables and undermine food security. The threat of “dual malnutrition” brought on by the rise of non-communicable diseases needs to be acknowledged and integrated within rural development strategies. Strategies that promote food security and permit women to make healthy food choices are essential to safeguard their nutritional status and that of their families, promote prevention of non-communicable diseases, and ensure socio-economic empowerment.
- *Indoor air pollution.* According to World Health Organization Fact Sheet No. 292: (*Indoor air pollution and health, 2011*), indoor air pollution from cooking and heating fires is responsible for 1.6 million deaths annually due to pneumonia, chronic respiratory disease and lung cancer; deaths linked to indoor air pollution from solid fuel use are concentrated in low- and middle-income countries and among women in low-income groups (especially women in rural areas). It is important that health and economic development initiatives targeting rural women address this important and largely preventable cause of disease and disability.
- *Cervical cancer.* The case of cervical cancer provides one of the most striking examples of inequities in women’s access to control of non-communicable diseases. Data from 2008 indicate that more than 85 per cent of new cervical cancer cases occur in developing countries and nearly 90 per cent of cervical cancer deaths occurred in developing countries, as noted by the American Cancer Society in *Global Cancer Facts & Figures* (2011). This alarming reality is due to the lack of access to early screening and treatment for cervical cancer, despite cost-effective options that can be implemented at all resource levels. The cervical cancer burden is most heavily concentrated in rural areas where primary care for preventative and screening services and access to treatment are limited. Addressing the direct and indirect impacts (e.g., overburdening of health systems with potentially preventable disease) of this major health issue for women in rural areas requires policies and programmes that promote the health, well-being and empowerment of women. It requires strengthening primary care and implementing models of women’s health that are based on an integrated, life cycle approach that attends to the diverse health needs of rural women.

Need for improved women's health

The increase in non-communicable diseases is shifting the global disease burden and placing what has been referred to as “a triple disease burden” — infectious, non-communicable and pregnancy-related conditions — on women and the health systems they depend on, thereby complicating our ability to ensure women the right to health. In combination, they place a tremendous and escalating strain on resource-poor health systems.

Non-communicable diseases, communicable diseases, and maternal conditions are linked and interrelated in complex ways. Non-communicable diseases and established women's health priorities are also similarly shaped by socio-economic disparities in access to information and care that result in disparities in health outcomes. Given that the prevention and control of such diseases, maternal conditions and infectious diseases in women share the same fundamental barriers and solutions, it is essential that women's health and rights advocates and experts galvanize around a shared commitment to a women's right to health as a core element of efforts to promote the empowerment of rural women and address the development challenges they face. As women face the added burden of non-communicable diseases, there is a need to ensure that health systems are strengthened to address women's diverse health needs and reflect an integrated approach from adolescence through old age.

Understanding the health, social and economic impacts of non-communicable diseases on women in developing countries and the potential synergies with current priority areas of women's health is important for formulating integrated strategies that are effective, sustainable and context appropriate, and that, ultimately, best serve the health needs of women and promote their social and economic empowerment. For example, collaborative approaches to prevent human papillomavirus (HPV) infection, HIV/AIDS and other sexually transmitted diseases provide opportunities for synergistic preventative health initiatives. In addition to greatly reducing cervical cancer incidence and mortality, HPV vaccination programmes targeting peri-adolescent girls create an opportunity to reach out to young women with health and empowerment information and can help to promote health-seeking behaviours among mothers consulted before the vaccination of their daughters.

Given the important role of prevention and control of non-communicable diseases for women's health, economic well-being and empowerment, financing and resources from Governments, United Nations agencies, multilateral institutions, civil society, non-governmental organizations and the private sector need to acknowledge and address the magnitude and significance of this burden for women.

The Commission on the Status of Women, in the report on its fifty-second session (E/2008/27), underscored the importance of addressing women's health issues as a vital component of financing for gender equality and the empowerment of women. Strengthened policies and increased development aid for control of cancer and non-communicable diseases are an urgent global priority in order to support the empowerment of women and other vulnerable groups. As noted in the Center for Global Development Working Paper 228 (“Where Have All the Donors Gone? Scarce Donor Funding for Non-communicable Diseases”, 2010), less than 3 per cent of overall global development assistance for health — public and private — is allocated to preventing and controlling non-communicable diseases. In

the case of cancer, even though low- and middle-income countries bear 80 per cent of the global cancer burden (measured in disability-adjusted life years), only an estimated 5 per cent of resources for cancer control is spent in these countries, according to an article in *The Lancet* by Paul Farmer et al. (“Expansion of cancer care and control in countries of low and middle income: a call to action”, 2010).
