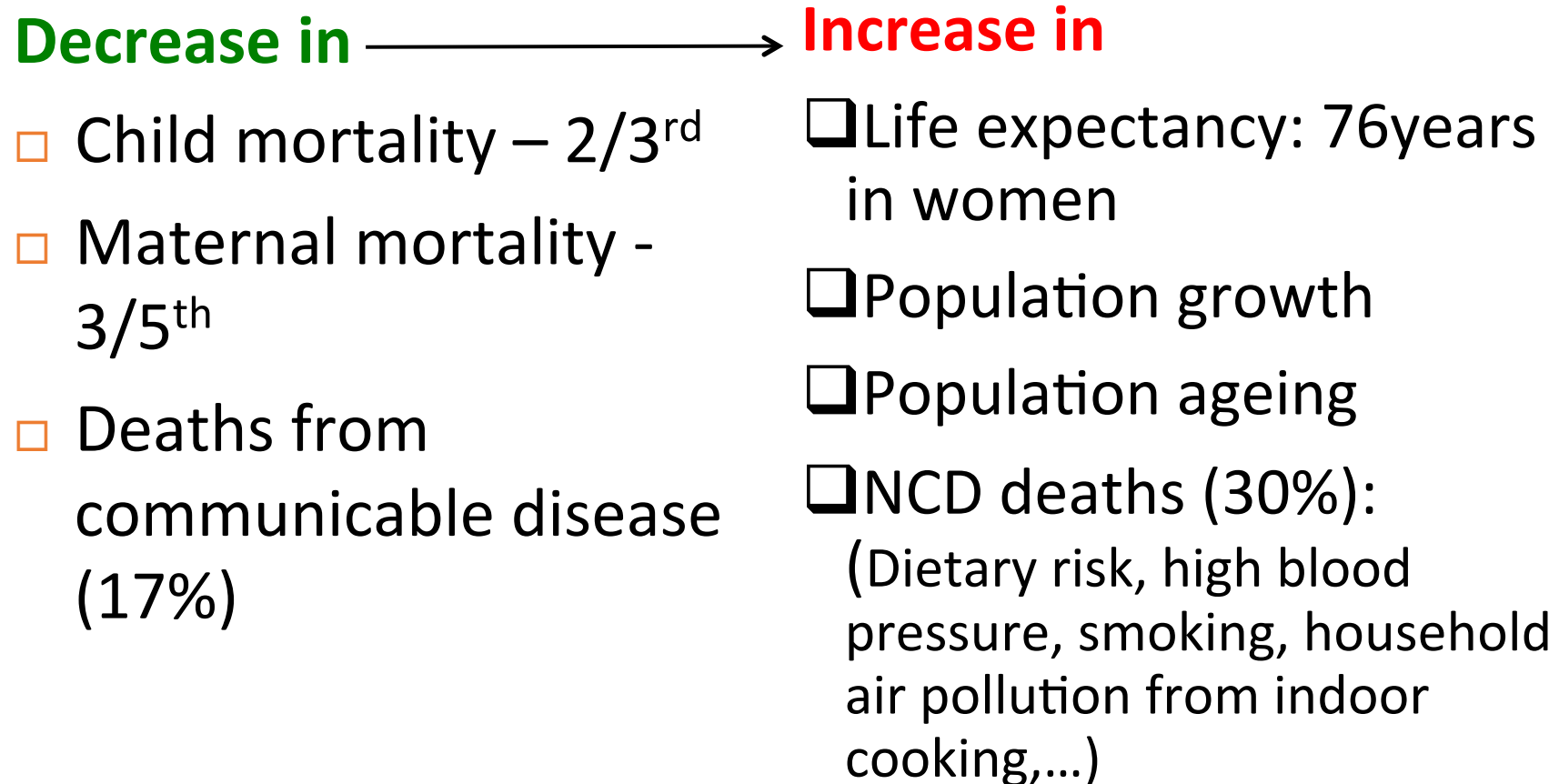
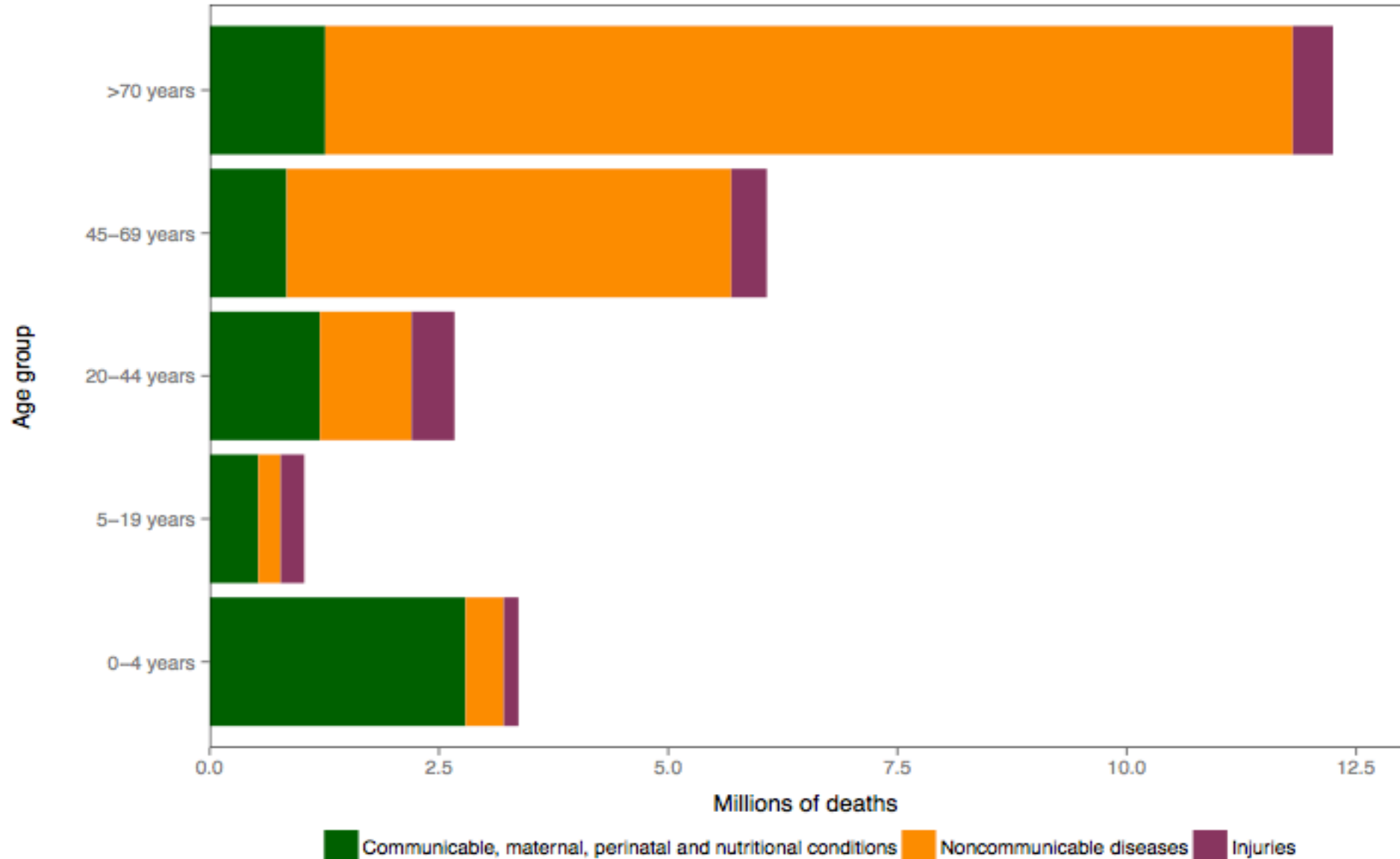


TRANSITION 1990 – 2013:

from MCH and communicable diseases to NCDs
(*heart disease, stroke, cancer, diabetes, chronic respiratory disease*)



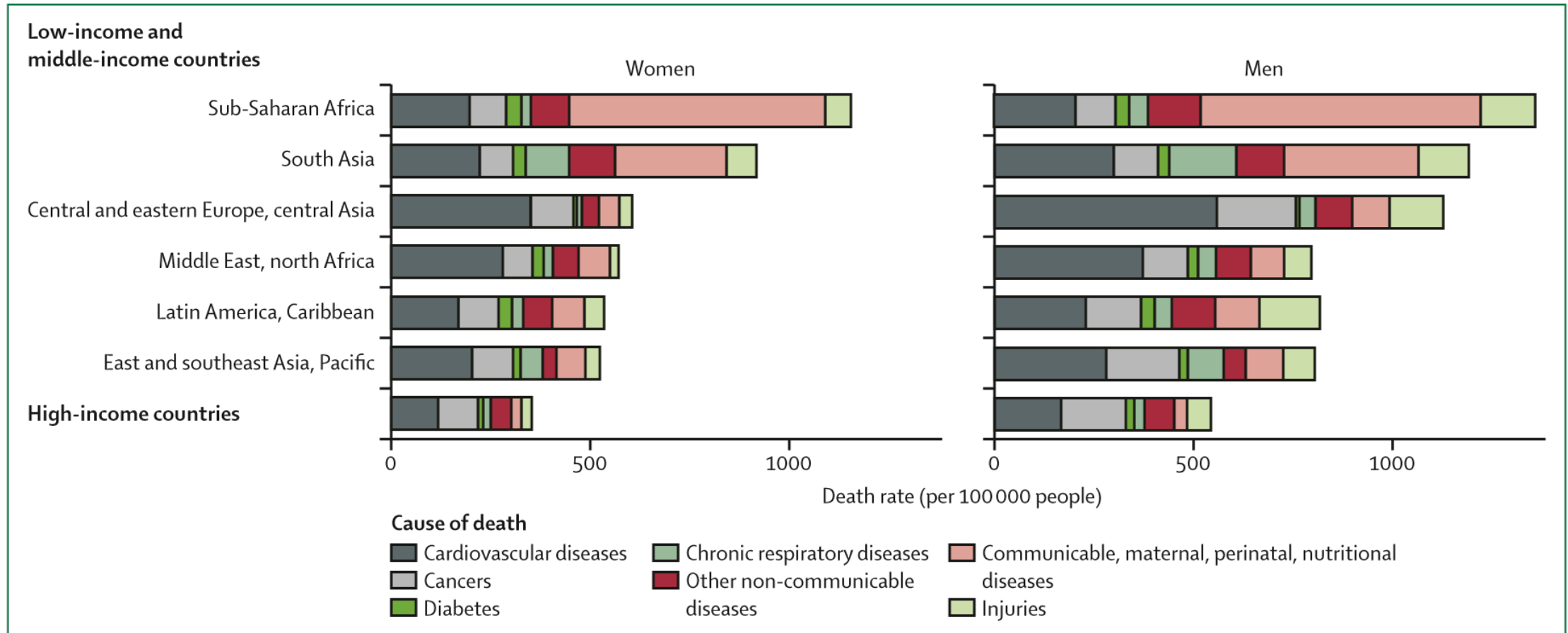
NCDs dominate deaths in women older than 45 with a 50-50 split in women aged 20-44



SubSaharan Africa and South Asia: a double disease burden on young women

- Infectious diseases, perinatal conditions, and undernutrition are still among the main causes of death and disability amongst poor women in Sub Saharan Africa and to a lesser extent in South Asia
- This is driven by ten countries accounting for 2/3 of the 3 million neonatal deaths and almost 60 % of all maternal deaths
- However the epidemiologic transition, as well as, in almost all countries, the demographic transition, profoundly affect women's health and lives
- Health and social programs addressing these various conditions are competing for attention and resources – yet they are biologically interconnected (fetal programming – epigenetics – developmental origins of later onset diseases – increased risk for women and offspring)

CAUSE OF DEATH, BY REGION AND INCOME



HEALTH ALONG THE LIFECYCLE – boys and girls differ from age 10

- Most girls and boys enter adolescence in fairly good health
- However, especially for girls, risks linked to sexual and reproductive health begin in early adolescence
- Causes of death : self harm, maternal disorders (obstetric complications leading to morbidities), road injuries, violence, HIV and other STIs
- Many harmful behaviors begin during adolescence (eating disorders, malnutrition and obesity, alcohol and drug use,...) adding to poor access to family planning and prevention of STDs
- Resulting in poor women facing a double burden : CDs and NCDs

COMMISSION RECOMMENDATIONS

- **VALUE WOMEN**
 - Ensure access to basic health care responsive to gender and the lifecourse : from family planning to care at childbirth, violence, mental health, to cancers affecting older women (breast – cervix), and NCDs (CV diseases, stroke, diabetes, depression, chronic respiratory diseases, lower back pain,...)
- **COMPENSATE WOMEN**
 - Estimate the value of their contributions to health care
- **COUNT WOMEN**
 - Research studies enroll women and publish findings disaggregated by sex
- **BE ACCOUNTABLE TO WOMEN** – develop indicators for women and health
- Focus on urban poor – a majority are women (by 2030, 75% of us will live in cities)