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## **Executive Summary**

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Non-communicable diseases (NCDs)—which include cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, and mental health conditions—are already leading causes of death and disability for women in many countries across Africa with worrying forecasts for the future. National, regional and global attention with regards to women's health on the continent however remains largely fixated on infectious diseases and maternal and child health. The scale of the impact of NCDs on African women's health and wellbeing continues to be underreported and under-researched. Furthermore there remains a vacuum of information about local women-led initiatives on the continent already responding to the rise in NCDs within their communities.

In an effort to address these gaps and explore the opportunities to better support African women's organisations around engagement with NCD prevention and control, the African Women's Development Fund, commissioned a research project to look at: (1) the scale and key gendered

concerns around NCDs and women in Africa; (2) the key actors responding to the rise in NCDs in Africa; (3) how these actors are responding and whether gender, equity and rights being considered in these responses; and (4) the opportunities and challenges for African women's organisations around engagement with NCD prevention and control and ways to support greater engagement on links between NCDs and women's rights. The project focused specifically on cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, and mental health and covered all 54 countries in Africa. Information and data collated were collected from a variety of sources including public data portals, a review of grey and published literature, in-depth interviews, and an online survey of African women-led organisations. Below is a high level summary of the key findings.

In terms of the burden of NCDs among women on the continent we found that based on the most recent Global Burden of Disease study in 2017:

More than 22 million women



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were estimated to be living with cardiovascular diseases in Africa, with almost 2.6 million new cases of cardiovascular diseases occurring among women that year and over 675,000 deaths.

- Over 25 million women had diabetes and more than 85,000 deaths among women were attributed to diabetes. Around 1 in 10 live births in Africa were affected by hyperglycaemia in pregnancy, a risk factor for gestational diabetes associated with adverse health outcomes for mother and her child.
- More than 2.4 million women in Africa had a form of cancer and more new cases of cancer were reported among women compared to men. The most common cancers among women across Africa were breast cancer, cervical cancer, ovarian cancer, colon and rectum cancer, and thyroid cancer.
- Of the 70+ million cases of chronic respiratory diseases in Africa, more than half of these (37 million cases) occurred in women and nearly 90,000 women died in Africa due to chronic respiratory diseases that year.
- Close to 73 million women across Africa were affected by mental health conditions and more than 235 million women were affected by neurological conditions.

These figures begin to give a sense of scale of the problem. However it is important to note that there is large geographical variation between regions and countries.

Key actors responding to the NCD crisis on the continent can be grouped into two main categories, those in the state sector and non-state sector. The state sector comprises all organisations of national governments, including regional and local government structures. The non-state sector includes: (1) large global transnational actors like the United Nations, related entities like the World Health Organization, as well as intergovernmental organisations like the African Union, Economic Community of West African States, East African Community, Southern African Development Community, West African Health Organization, (2) civil society and non-governmental organisations, (3) professional associations, (4) academic institutions and research bodies, (5) commercial companies (private industry), (6) public-private partnerships, and (vii) philanthropic organisations.

Overall, considering the burden of NCDs in Africa, not to mention the social and economic costs, the response from global and national actors has distressingly lagged far behind. African governments are already underspending on health and funding for NCDs is an even lower priority. Furthermore, inadequate donor interest and funding for NCDs

is an additional factor contributing to this lag in prioritization and response. Strategies for addressing the current and anticipated burden of NCDs can broadly be divided into two groups, namely strategies that focus on prevention and those that focus on provision of services and care to people diagnosed with NCDs. Given the staggering forecasts of the future burden of NCDs across Africa, government efforts have increasingly focused on prevention. However the range of risk factors for NCDs, which includes mental health conditions, means multi-sectoral action is crucial, involving both health and non-health sectors. This remains a major challenge.

A relatively small group of civil society organisations and non-governmental organisations have been involved in considerable advocacy both globally and nationally. This small group has led to many of the current gains in political commitments to NCDs, relevant policy development and in some cases, direct action to tackle NCDs on the continent. Despite these gains, civil society response is relatively recent and remains largely fragmented and weak, with groups often focusing on specific diseases or risk factors, and rarely extending beyond the health sector. Recently there has been a push to more actively engage and coordinate local civil society organisations response to NCD prevention and control. However this work has rarely focused on women-led organisations on the continent and little is known about the work they are leading to tackle NCDs.

Our online survey of 77 women-led civil society organisations from 22 countries across Africa found that close to 70% of them were already working on NCDs, with the majority working on sensitisation or awareness-raising among women, young girls, and communities about NCD prevention and management. Of the women-led organisations already working on NCDs, most mentioned working

on NCDs broadly. Among those that specifically mentioned a disease group, cancer was the most frequently reported area, followed by diabetes, mental health and cardiovascular diseases. The major challenge organisations faced was lack of funds to support their work on NCDs. Lack of expertise/knowledge related to NCD prevention and control within organisations was the second most reported challenge followed by lack of staff to coordinate NCD-related work. Other challenges included socio-cultural barriers; lack of political prioritization; the neglect of women outside of reproductive years, particularly the elderly who have a much higher incidence of NCDs; the low prioritisation of mental health; obstacles related to the operationalisation of research findings; the framing of NCDs as a technical issue; and industry fight-back, particularly from tobacco and alcohol corporations.

African women led-organisations reported that they were well placed to respond to the growing burden of NCDs due to their ability to: reach and build capacities of local communities; provide a direct link between communities and policy makers; build multi-sectoral action and solidarity; provide holistic care and support for women and girls; engage the youth; sustain activities through high levels of commitment; and make a big impact with minimal resources.

Based on the research undertaken for this report, the following five key recommendations are put forward to drive greater engagement on links between NCDs and women's rights by African women's organisations:

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Mobilise and grow financial support for on-going and planned work led by African women's organisations focusing on NCD prevention and control;

- 2 Strengthen capacity of African womenled organisations currently working on or planning to work on NCDs;
- Facilitate access to and creation of information related to NCD prevention and control for African women-led organisations currently working on NCDs as well as those not yet directly working on NCDs;
- Support the formation of multisectoral coalitions/partnerships with other health and non-health women-led organisations at national, regional and local levels; and
- Build African feminist leadership to holistically tackle NCDs and empower women on the continent.

The African Women's Development Fund hopes that this report will help bring to the forefront the scale and key gendered concerns around NCDs and women in Africa, stressing the urgency of moving beyond the traditional health boundaries to tackle these conditions. Through this work we ultimately want to encourage action to support greater engagement on links between NCDs and women's rights, especially through the work of African women-led organisations.





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