

Meaningful progress or empty promises? An analysis of how gender features in NCD action plans

Non-communicable diseases (NCDs) are the leading cause of deaths in women globally, responsible for nearly two-thirds of deaths, claiming about 19 million lives annually¹. Girls and women experience unique exposure to NCD risk factors and encounter systemic barriers to NCD care as a result of structural discrimination and socioeconomic challenges. In recognition of this, the Political Declaration signed at the first United Nations High-Level Meeting (HLM) on NCDs in 2011 highlighted the need for governments to take gender-based approaches to NCD prevention and control; a commitment that was repeated at subsequent HLMs in 2014 and 2018²⁻⁴.

With the fourth HLM on NCDs approaching in September 2025, we wanted to examine whether these commitments have been translated into policy at the national level. This brief presents our analysis of integrated NCD plans developed by WHO Member States to determine how gender is included. We did not analyse the implementation of these plans or real-world outcomes.

Approach

We searched multiple sources to identify English-language integrated NCD plans, dated 2014 or beyond. We analysed these plans to gain an accurate picture of the extent to which they formalise a gender approach. We adapted the United Nations Development Programme's Gender Results Effectiveness Scale to assess how gender features in the plans across four domains (objectives, strategies, monitoring and evaluation (M&E) framework, and budget)⁵. Each domain was independently reviewed by three analysts and awarded a score (-1 to 4) on consensus, using the criteria in Table 1. We aggregated the domain scores to arrive at an overall rating for each plan.

Criteria		Individual domain rating	Overall score
	Gender Negative: Plan aggravates or reinforces gender inequalities	-1	-4 to 0
	Gender Blind: Plan fails to acknowledge gender differences	1	1-4
	Gender Targeted: Plan targets different genders but is not tailored to meet gender-specific needs	2	5-8
	Gender Responsive: Plan is tailored to meet gender-specific needs but does not address root causes of gender inequalities	3	9-12
	Gender Transformative: Plan fosters progressive changes in power relationships between different genders by addressing the root causes of gender inequality	4	13-16
	Domain missing in the plan	0	N/A

Table 1: Criteria for assessing the four domains of integrated NCD plans

Key findings

We identified and analysed 64 national, integrated NCD plans available in English, and a consolidated European Union (EU) plan covering 25 countries. In total, our analysis includes 65 plans representing 89 countries (of 193 WHO Member States). For the remaining 104 countries, we either did not find an integrated NCD plan dated 2014 or later (74 countries, 38.34%) or the plans identified were not in English (30 countries, 17.62%).

Distribution of gender focus in 65 plans

- 1. Of the 65 integrated NCD plans covering 89 countries:
 - ▶ 1 plan (2%) is gender-transformative,
 - ▶ 11 plans (17%) covering 35 countries (39%) are gender-responsive,
 - ▶ 39 plans (60%) are gender-targeted,
 - ▶ 14 plans (21%) are gender-blind and
 - none of the plans are gender-negative.
- 2. Of 65 plans, 49 plans (75%) cover breast and/or cervical cancer, while only 11 plans (17%) cover prostate cancer. 37 plans (57%) include interventions for gestational diabetes mellitus.
- 3. Many plans that commit to addressing gendered needs are inconsistent in terms of their strategies or budgeting:
 - ▶ 2 plans include gender in their objectives but lack a gender focus in the subsequent sections.
 - ▶ 3 plans include gender considerations in their M&E frameworks but have no corresponding strategies.
 - ▶ 3 plans with budget section, take a gendered approach in their objectives, strategies, and M&E frameworks, but have not allocated funds for this approach in their budget sections.



Gender-transformative elements within NCD plans

A gender-transformative approach goes beyond striving for equity and attempts to address the root causes of gender inequities. While none of the NCD plans consistently demonstrate a gender-transformative approach across all four policy domains, we found that a number of individual domains within the plans offered examples of what this can look like.

The table below highlights gender-transformative approaches from the reviewed integrated NCD plans in different policy domains.

Section	Gender-transformative elements
Objectives	None of the NCD plans reviewed has gen
	 "Work with civil society and women's behaviours that reduce the risk of NC St Vincent & the Grenadine⁸ (p42)
	 "Engaging and involving people special Supreme Council of Woman" (p15) - E
Strategies	 "EU-level action to strengthen not only education and care, as envisaged und Envisaged to help strengthen gender Rights and Values (CERV) programme and social fairness." (p136-7) - EU¹⁰
	 "Women empowerment programs to promote healthy lifestyles" (p115) - Ma
	 "Gender equity in micro-finance combased programmes to address gende
	 "The health sector will enhance gender (p43) - Tanzania¹³
M&E Frameworks	 "Social determinants of health, gender populations who are economically or the action plan for prevention and con analysis and focus of action plans on collaborations and plans with Suprem
Budget	None of the NCD plans reviewed has a ge

nder-transformative objectives.

groups to enhance the social norms to adopt CDs" - Antigua & Barbuda⁶ (p43); Namibia⁷ (p76);

ially women by extending collaboration with the Bahrain⁹

ly long-term care, but also early childhood der the European pillar of social rights. equality and social fairness." "Citizens, Equality, e - Envisaged to help strengthen gender equality

include business incentives for businesses that aldives¹¹

bined with gender equity training and schooler norms and attitudes" (p45) - Pakistan¹²

ler equality in decision making bodies"

er equity and the health needs of vulnerable psychosocially disadvantaged are included in ntrol of NCD" (p12); "Identification, situational health needs of gender, assessing number of ne Council of Woman" (p15) - Bahrain⁹

ender-transformative budget.

cross different domains of the plans



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Gender ratings by region

African region:

- Of 47 AFR countries, national integrated NCD plans of 20 countries were eligible for analysis.
- AFR has 1 (5.0%) gender-transformative, 4 (20.0%) gender-responsive, 14 (70.0%) gender-targeted, and 1 (5.0%) gender-blind plans.

Table 3: Analysis of national NCD plans using UNDP's Gender Results Effectiveness Scale

Country (period covered by plan in brackets)	Objectives	Strategy	M&E Framework	Budget	Overall score
Botswana (2018-2023)					
Eritrea (2019-2023)					
Eswatini (2021-2023)					
Ethiopia (2020-2025)					
Gambia (2022-2027)					
Ghana (2022)					
Kenya (2021-2026)					
Lesotho (2014-2020)					
Liberia (2017-2021)					
Malawi (2017-2022)					
Mauritius (2023-2028)					
Namibia (2017-2022)					
Nigeria (2019-2025)					
Rwanda (2020-2025)					
Seychelles (2016-2025)					
Sierra Leone (2020-2024)					
South Africa (2022-2027)					
South Sudan (2020-2021)					
Tanzania (2021-2026)					
Uganda (2018-2023)					

Eastern Mediterranean Region:

- Of 21 EMR countries, national integrated NCD plans of 7 countries were eligible for analysis.
- EMR has 2 (28.6%) gender-responsive, 2 (28.6%) gender-targeted and 3 (42.8%) gender-blind plans.



European region:

- Of 53 EUR countries, national integrated NCD plans for 5 countries, and a joint EU NCD plan which covers 25 countries, were eligible for analysis.
- EUR has 1 (16.7%) gender-responsive plan, which is EU's plan covering 25 countries, 2 (33.3%) gender-targeted and 3 (50.0%) gender-blind plans.

Albania (2016-2020)			
Azerbaijan (2015-2020)			
European Union (2022-2027)*			
Ireland (2020-2025)			
Malta (2025-2035)			
Turkey (2017-2025)			

Region of the Americas:

- Of 34 AMR countries, national integrated NCD plans of 6 countries were eligible for analysis.
- AMR has 1 (16.7%) gender-responsive, 4 (66.7%) gender-targeted and 1 (16.7%) gender-blind plans.

Antigua & Barbuda (2015-2019)	
Bahamas (2017-2022)	
Barbados (2020-2025)	
St. Vincent & Grenadines (2017-2025)	
Suriname (2015-2020)	
Trinidad and Tobago (2017-2021)	

South-East Asian Region:

- Of 10 SEAR countries, national integrated NCD plans of 9 countries were eligible for analysis.
- SEAR has 1 (11.1%) gender-responsive, 5 (55.6%) gender-targeted, and 3 (33.3%) gender-blind plans.

Bangladesh (2018-2025)	
Bhutan (2015-2020)	
Democratic People's Republic of Korea (2014-2020)	
India (2023-2030)	
Maldives (2023-2031)	
Myanmar (2017-2021)	
Sri Lanka (2023-2027)	
Thailand (2017-2021)	
Timor-Leste (2018-2021)	

Western Pacific region:

- Of 28 WPR countries, national integrated NCD plans of 17 countries were eligible for analysis.
- WPR has 2 (11.8%) gender-responsive, 12 (70.6%) gender-targeted, and 3 (17.6%) gender-blind plans.

Australia (2021-2030)	
Brunei Darussalam (2021-2025)	
Cambodia (2018-2027)	
Cook Islands (2021-2025)	
Fiji (2015-2019)	
Indonesia (2016-2019)	
Laos (2014-2020)	
Malaysia (2016-2025)	
Micronesia (2019-2024)	
Nauru (2015-2020)	
Papua New Guinea (2015-2020)	
Samoa (2018-2023)	
Solomon Islands (2019-2023)	
Tonga (2021-2025)	
Tuvalu (2022-2026)	
Vanuatu (2021-2030)	
Vietnam (2015-2025)	

* Covers 25 EU member countries: Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden. Malta and Ireland had independent plans and are therefore considered separately







Moving from promises to progress

Our analysis shows that 14 years after governments first committed to pursue and promote gender-based approaches to preventing and controlling NCDs, they have for the most part failed to translate this promise into their national action plans in a meaningful way.

In light of the findings presented in this brief, we urge governments to ensure the Political Declaration to be signed at the UN High-Level Meeting on NCDs in September 2025 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.

We're calling for governments to take five key actions to address the gendered nature of NCDs:

- 1. Accelerate implementation of comprehensive, gender-responsive plans.
- 2. Break down silos by integrating NCD control into other health services, such as those addressing maternal and child health and HIV/AIDS.
- 3. Mobilise investments with clearly defined gender-disaggregated expenditure.
- 4. Prioritise routine collection and analysis of data disaggregated by sex, gender, and other intersecting characteristics to support the design, implementation, and monitoring of effective, tailored interventions.
- 5. Uphold women's health and human rights in line with the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

Read the position statement in full

www.georgeinstitute.org/our-impact/policy-statements-and-recommendations

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