World Health Organization

REGIONAL OFFICE FOR Europe

Experts' meeting on prevention and control of noncommunicable diseases (NCDs) – integrating gender-responsive action

Copenhagen, Denmark, 7 November 2019

Meeting report

ABSTRACT

The WHO Regional Office for Europe, in collaboration with countries in the WHO European Region, aims to improve noncommunicable disease (NCD) prevention and control using a gender approach, in line with the *Strategy for women's health and well-being in the WHO European Region* and the *Strategy for the health and well-being of men in the WHO European Region*. As a starting point, data from the WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) are being analysed from a gender perspective to create six country profiles and a synthesis report. A first working meeting was hosted by WHO with experts from each of the six pilot countries to receive feedback on drafts of the gender and NCD country profiles prepared by the WHO Regional Office with STEPS data and discuss how to strengthen the analysis for impact in the respective countries.

Keywords

NONCOMMUNICABLE DISEASES
GENDER
SOCIAL DETERMINANTS OF HEALTH
INEQUALITY

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Acknowledgement

The meeting was organized with the generous support of the governments of Germany and the Russian Federation.

Introduction

The meeting was opened by Dr. João Breda, Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases from the Division of Noncommunicable Diseases and Promoting Health through the Life-course, who emphasized the importance of noncommunicable disease (NCD) risk factor surveillance and has summarized the WHO activities in Europe in this area.

The strategies for women's health and well-being[1] and for the health and well-being of men in the WHO European Region,[2] adopted respectively by Member States at the 66th and 68th sessions of the WHO Regional Committee for Europe, provide a gender framework for, and commitment to, health systems in Europe becoming more gender-responsive to accelerate progress under United Nations Sustainable Development Goals (SDGs) 3 and 5.

The reports informing the recommendations of the strategies addressed the influence of gender and other determinants of health in the prevalence and impact of noncommunicable diseases (NCDs). Much of this analysis relied on data provided by WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) surveys on the prevalence of the main NCD risk factors in the population aged 18–69 years, particularly in relation to premature mortality of men due to cardiovascular diseases.

The STEPS survey provides a unique source of sex-disaggregated data in exposure to risk factors and access to health services, which can be analysed further from a gender perspective. The WHO European Office for Prevention and Control of Noncommunicable Diseases and the Gender and Human Rights programme of the WHO Regional Office for Europe therefore have started to develop six gender and NCD country profiles that will enhance understanding of gender-based differences in NCDs. The gender and NCD country profiles represent a first step in the Gender and NCDs initiative, which aims to accelerate action on prevention and control of NCDs in line with the action plan for the prevention and control of noncommunicable diseases in the WHO European Region[3] and to follow up on key commitments, such as those from the Outcome Statement of the WHO European High-level Conference on NCDs,[4] held in Sitges, Spain, in 2018.

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[1] Strategy for women's health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/en/health-topics/health-determinants/gender/publications/2016/strategy-on-womens-health-and-well-being-in-the-who-european-region-2016).

[2] Strategy for the health and well-being of men in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/health-topics/health-determinants/gender/publications/2018/strategy-on-the-health-and-well-being-of-men-in-the-who-european-region-2018).

[3] Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/policy/publications/action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-in-the-who-european-region-20162025).

[4] High-level Regional Meeting. Health Systems Respond to NCDs: Experience in the European Region. Sitges, Spain, 16–18 April 2018. Outcome statement. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/en/media-centre/events/events/2018/04/high-level-regional-meeting-health-systems-respond-to-ncds-experience-in-the-european-region/documentation/working-documents/outcome-statement).

As part of this project, a working meeting (presented in English and Russian with simultaneous translation) was arranged by the WHO Regional Office for Europe on 7 November 2019 in Copenhagen. The objectives of the meeting were to:

- receive feedback on the drafts for the gender and NCDs country profiles;
- identify other sources of information and analysis to be included in the country profiles;
- identify key areas to be included in the synthesis report (to be completed by February 2020); and
- share insights into the potential use of gender analysis of NCDs for country-based initiatives on prevention and control of NCDs.

Experts from Belarus, Georgia, Kyrgyzstan and Turkey attended in person, each with one or two country representatives present. Armenia and the Republic of Moldova connected online via video conferencing. WHO representatives from the Division of Noncommunicable Diseases and Promoting Health through the Life-course, the Division of Policy and Governance for Health and Well-being and the Country Office in Kyrgyzstan attended the meeting.

Main discussions

STEPS and gender

Gender affects how people interact with health-care systems and engage in risk factors. By working with a gender approach, the needs of different groups can be better understood and met. A gender analysis on NCD risk factors is an important step in accelerating progress towards achieving the SDGs and strengthening the NCD global monitoring framework.

As a starting point in integrating gender into NCD prevention, STEPS data from six countries were disaggregated by sex and age and presented in the draft country profiles. The countries were encouraged to provide input and comments on the draft profiles and suggest how they could be made more useful for the gender analysis of NCD risk factors in their countries. Participating countries emphasized that this topic is very important, and they are interested in continuing to collaborate.

A secondary objective of the initiative is to provide input into how to make the STEPS questionnaire more gender-sensitive; in this context, the importance of sample sizes being large enough to disaggregate by sex and other variables such as age, education and rural/urban population was highlighted. Including mental health in the analysis can also provide insights into gender differences that may be due to gender norms and roles, but not all countries collect mental health data, as currently it is an optional module.

The gender and NCDs country profiles

A summary of the draft country profiles and their common findings was presented to introduce the discussion. Significant differences in behavioural and biological risk factors between men and women were found across countries, with even more differences becoming apparent when the data were further disaggregated by age and sex. A trend seen throughout the countries was that young men start with higher prevalence of risk factors, especially behavioural, but women increase by age group more quickly, with older women in many cases having more biological risk factors than older men. Men have higher prevalence of behavioural risk factors such as smoking, alcohol and poor diet, while women have higher biological risk factors, particularly cholesterol and overweight.

One section of the draft profiles is dedicated to the use of services and lifestyle advice, such as having blood pressure measured by a health professional. In general, women report being measured more frequently than men. Many similarities across countries were found between men and women accessing services, but variance exists in the topics of lifestyle advice received.

Each country profile was then presented briefly and discussed. Several countries could confirm that the data in the draft profiles reflected accurately their idea of gender health discrepancies in their countries. They had not previously analysed the data disaggregated by sex and education and found the numbers interesting but somewhat difficult to interpret given that the education levels used in each country were not comparable. Mapping education levels from the countries to the International Standard Classification of Education (ISCED) and then simplifying the levels to be used in an analysis was agreed as a next step.

Country profiles contained data ranging from 2–5 age groups, and some countries had included a categorization of data by geographic location that could be used in the analysis. The information needed to form a geographic categorization was available for most countries and their interest in incorporating this into the analysis moving forward was expressed for selected countries.

Differences between countries, such as a variance in the magnitude of blood pressure measurement, raised glucose and lifestyle advice given, were also highlighted. Participants suggested that it is important to consider the difference between overweight and obesity and to include them separately in the analysis.

The national contexts of the countries were discussed, as were health systems' capacities. The health workforce in many cases is overloaded with demands from patients who increasingly are presenting in with multiple and complex pathologies and paperwork, which could affect how lifestyle advice is given and received. The attitudes of the workforce also vary, and prevention is not always considered a part of a medical doctor's responsibilities.

Social norms and influences around behavioural risk factors, such as use of tobacco and alcohol, is different in each country, which may affect survey responses. In some countries, for example, it is difficult for women to admit to drinking or using tobacco. A participant shared that when performing the biochemical verification of tobacco use by means of quantitative cotinine test, results indicated that levels of tobacco use among women are higher than self-reported values. It is important to be aware of the discrepancies that may appear between self-reported and tobacco use obtained through objective measures and explain and investigate further the cause of these discrepancies, rather than exclude the self-reported smoking levels.

Participants expressed gratitude to WHO for interesting and informative draft profiles and stated that while the profiles contained some elements with which they were already familiar, some of the new findings were surprising. Some countries requested that the profiles also include mortality rates and focus more on excess mortality in working-age men, which is a priority in their countries. Countries also highlighted some cultural and social differences that affect the results and the relevance of these profiles, such as salt consumption and public perspectives on fast food.

Strengthening the gender analysis

Other relevant data sources will be included, and further analysis will be done, to strengthen the gender analysis. Countries were invited to participate in this process and encouraged to assess how the gender analysis could be useful to them. Further areas for potential disaggregation of existing STEPS data include socioeconomic status, education, geographic regions and rural/urban setting. Other types of sources, such as mortality data, data from other surveys like the Global Adult Tobacco Survey, qualitative research, WHO Package of Essential Noncommunicable Disease Interventions (PEN) data and composition of the health workforce, were discussed. Each country profile will be adjusted according to the country's specific needs and input before the next meeting in January 2020.

Moving forward

The working meeting and the draft profiles are the beginning of a larger project that will continue beyond the finished country profiles early next year. To have meaningful collaboration and reach tangible outcomes from the gender analysis, it is important that countries are involved throughout the process. The next step is to include further disaggregation of the STEPS data, depending on the expressed needs of countries. Experts will contribute to their requests by assisting with the categorization of the data into variables, such as according to education level, socioeconomic status and rural/urban or geographic location.

Additional suggestions included analysing vulnerable groups, such as migrants or the Roma population, for a richer, more informative country profile. The feasibility of this would depend on data availability and sampling methods used in the countries.

The next meeting will take place on 28–29 January 2020, with Tbilisi, Georgia, proposed as a tentative venue. An updated draft of each country profile will be shared with experts prior to the meeting, and a draft of the synthesis report for the overarching findings will be discussed. To enhance the productivity and impact of the subject matter of the next meeting, WHO will request countries to nominate representatives responsible for gender and/or public health policy, in addition to the STEPS / NCD Surveillance expert.

The meeting was concluded by Bente Mikkelsen, Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course, who reaffirmed the importance of committing to disaggregate, make a gender analysis and use findings to act.

Conclusions and recommendations

A gender approach is highly relevant to achieving the targets for NCD prevention, and the country profiles would be useful in strengthening each country's efforts in being gender-responsive. Recommendations from the meeting are:

- the WHO Regional Office should continue strengthening the gender analysis on prevention and control of NCDs in countries;
- the country profiles should be strengthened by including further analysis of the STEPS data, including education level, socioeconomic status and geographic location; the analysis should be country-specific – country experts will assess their needs and respond to what they find would be most useful to integrate into the final profile;

- categorizing of the data is required for education levels, geographic location and socioeconomic status to enable further data analysis – countries will support the Regional Office with this input to support the analysis; and
- information from other sources will be included to strengthen the gender analysis and connect it to mortality data for men and women.

The next meeting will focus on finalizing the country profiles and a synthesis report, and discussing with country representatives the next steps to ensure gender-responsive action to prevent and control NCDs. Representatives from other countries using the STEPS survey will be invited.

Annex 1

PROGRAMME

Time	Session	Presenters/facilitators
9:00–10:30	**Welcome and introduction** • Men's and women's health strategies as the framework • Purpose of analysis and programme	Isabel Yordi Aguirre WHO Regional Office for Europe
	Background on STEPs and NCDs • NCD surveillance and SDGs monitoring • STEPs methods	João Breda WHO Regional Office for Europe
	Overview of analysis and methods • Analysing STEPs data from a gender approach and highlights	Brett J. Craig WHO consultant
11:00–12:30	**Country presentations** • Brief presentations on each of the six draft country profiles (Armenia, Belarus, Georgia, Kyrgyzstan, Republic of Moldova, Turkey) • Comments and suggestions from countries on their draft reports	WHO Regional Office for Europe and country representatives
13:30–15:00	**Facilitated discussion: strengthening the gender analysis** • Feedback on analysis, additional points to consider/examine • Discussion of common findings across all six countries • Other sources to strengthen country profiles • Benefits of, and barriers to, a gender analysis	Enrique Loyola WHO consultant Ivo Rakovac WHO Regional Office for Europe
15:15–17:00	**Facilitated discussion: moving forward at country level** • Next steps in finalizing country profiles • Identifying relevant country processes • Planning January meeting (objectives, dates, participants)	Ivo Rakovac and Isabel Yordi Aguirre WHO Regional Office for Europe
17:00	**Closing**	Bente Mikkelsen WHO Regional Office for Europe

Annex 2

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