Geneva, 2 September 2013. Measures taken in developed countries to reduce noncommunicable diseases – the leading causes of death globally – have improved the life expectancy of women aged 50 years and older over the last 20 to 30 years. But, according to a study published in the *Bulletin of the World Health Organization* today, the gap in life expectancy between such women in rich and poor countries is growing.

The WHO study, one of a collection of articles in a special issue of the journal devoted to women's health beyond reproduction, found that the leading causes of death of women aged 50 years and older worldwide are cardiovascular disease (heart disease and stroke) and cancers, but that in developing countries these deaths occur at earlier ages than in the rich world.

The study is one of the first to analyse the causes of death of women aged 50 years and older from a wide range of countries. Its findings suggest that prevention, detection and treatment of noncommunicable diseases are currently inadequate in many countries.

"Given the substantial reduction in maternal mortality and the increase in the number of older women over the last 10 years, health systems in low- and middle-income countries must adjust accordingly, otherwise this trend will continue to increase," said Dr John Beard, director of the World Health Organization's (WHO) Department of Ageing and Life Course and one of the authors of the study.

“Changing women’s exposures at earlier stages of their lives, particularly in relation to sexual health, tobacco and harmful use of alcohol, is essential to reversing the epidemic of chronic diseases,” Beard said.

There are known and cost-effective ways to address these common noncommunicable diseases, including prevention, early diagnosis and management of high blood pressure, obesity and high cholesterol and screening and treatment for cancers.

“The best way to address these conditions in low- and middle-income countries is to build on the existing health-care services, so that they can be detected early and managed with effective treatment,” Beard said. “So, for example, maternal health care services can provide proper detection and management of gestational diabetes to help prevent mothers from becoming overweight or diabetic later in life.”

Developed countries have taken measures to address these conditions over the last 20 to 30 years and the results show. According to the WHO study, fewer women aged 50 years and older in these countries are dying from heart disease, stroke and diabetes than 30 years ago and these health improvements contributed most to increasing women’s life expectancy at the age of 50.

At 50 years, women in Germany and Japan gained 3.5 years in life expectancy – thanks to improvements in these health areas – and can today expect to live to 84 and 88 years respectively.

In France, the United Kingdom and Chile, the life expectancy of 50-year-old women increased by about 2.5 years to 36.7, 34.4 and 34.3 years, so that they can expect to live to 83 or 84 years thanks to improvements in these health areas, the study showed.

Meanwhile, in Mexico and the Russian Federation, the life expectancy of 50-year-old women increased more slowly, by 2.4 and 1.2 years, so they can expect to live to the age of 80 and 78 years, it showed.

While breast cancer incidence increased overall during the same 30-year period, there were fewer breast and cervical cancer deaths among women aged 50 years and older due to the provision of early diagnosis and timely treatment.

Between 1970 and 2010, female deaths in this age group from cardiovascular disease and diabetes fell on average by 66% in 11 affluent countries: Chile, France, Germany, Greece, Japan, New Zealand, Mexico, Poland, the Russian Federation, the United Kingdom and the United States of America, the study showed.

WHO's 194 Member States agreed on a global action plan for the prevention and control of noncommunicable diseases (NCD) at the World Health Assembly in May. The plan proposes measures that countries can take to address these diseases over the next seven years.

"We know that the measures proposed in the WHO Global NCD Action Plan 2013-2020 are effective in reducing the toll of deaths and disease from noncommunicable diseases. This study underlines how important it is for all countries to embrace the WHO global action plan and put it into practice," said Dr Oleg Chestnov, Assistant Director-General for Noncommunicable Diseases and Mental Health.

"The Action Plan targets, including a 25% relative reduction in the overall mortality of men and women aged between 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, should be a priority for all public health and development partners," Chestnov said.

Countries gathered at the United Nations General Assembly in September 2011 agreed to take action to address noncommunicable diseases in a Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases.

Today, there are about 280 million women aged 50 years and older living in developed regions and about 550 million of them in developing countries. But, by 2050, nearly one fifth (19%) of the world's population will be women aged 50 years and older, with 379 million of these women living in developed regions and 1.5 billion of them in less developed regions, the study shows.

"The fact that noncommunicable diseases strike these women at an earlier age in less developed countries has major implications, as these deaths are devastating for individuals, families and societies," said Beard.

Other articles in this special issue of the *Bulletin of the World Health Organization* can be provided on request, these include:

· Health systems need to adapt to addressing women's health across the life-course

· The environmental causes of breast cancer

· Interview with Ana Langer: the new women's health agenda

· The sexual health of older women

· Opportunities for action on breast and cervical cancer in the Americas

· Noncommunicable diseases among women in China

· Breast and cervical cancer in poor countries

· Older women’s health in the post-MDG agenda

· Universal coverage of health services for older women

· Addressing women’s cancers in Africa

· Cervical cancer prevention, care and control in Rwanda