

From Local Action to Global Impact

Holistic community-driven approaches to
Non-Communicable Diseases

An interactive session

01 October 2025



What comes to
your mind?

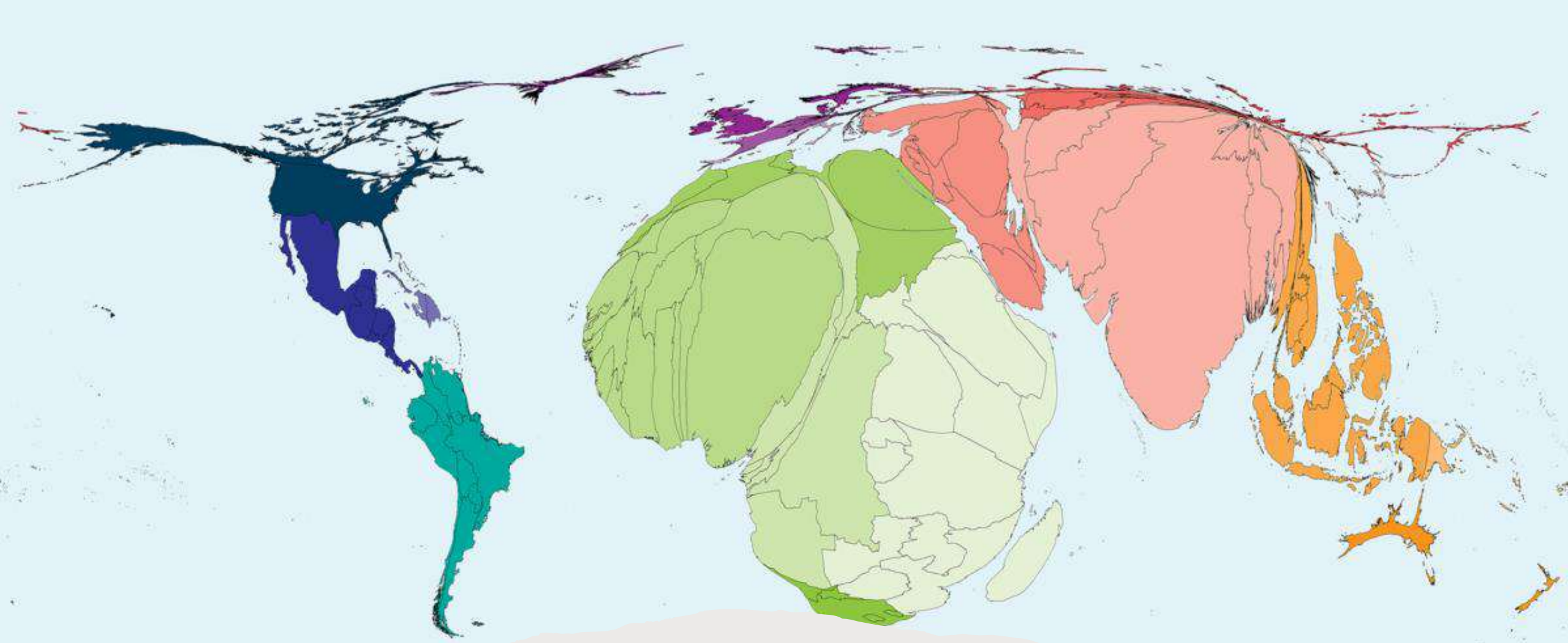


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I just been
diagnosed with
NCD



NO CAN DO!



Predicted population growth between 2015 and 2050.

United World Population Prospects, 2017 Revision

Noncommunicable diseases – NCDs – cause



7 in every 10 deaths
worldwide*
from often avoidable causes



Cardiovascular
diseases



Chronic
respiratory
diseases



Cancer



Diabetes



Mental
health
conditions

* 41 million people every year, of which 15 million people between 30 and 70 years

Message on the box



Evidence behind the box



04

Treat patients, families and **communities** as co-owners in NCD care

05

Promote **healthy** lifestyles in policies and actions

06

Act on **climate change** and **environmental** change and mitigate NCD risks

07

Privilege **holistic**, life-course and cross-sector NCD solutions

03

Integrate NCD at all levels of the **health system**

08

Systematically link **Mental Health** and NCD

02

Integrate NCD in **social protection** coverage

09

Leverage indigenous & alternative methods and palliative care in NCD response

01

Put **equity** first in NCD response

10

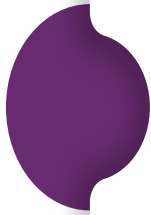
Invest in innovative and adapted NCD **resources** and medical supplies



Key messages

Key messages & indicators

01



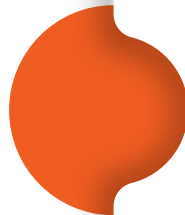
NCDs cause 75% of global deaths but **receive <1% of development assistance** for health (~US\$300–400M/year, now declining). (Lancet Global Health, 2025)

02



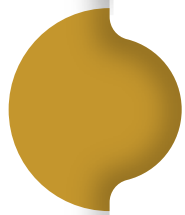
>50% of NCD health costs in LMICs are paid out-of-pocket, pushing millions into poverty each year.

03



The world's biggest killer = 43 million NCD deaths in 2021 = **3 in 4 deaths** worldwide (cardiovascular disease, cancer, chronic respiratory disease, diabetes and mental health)

04

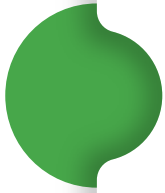


Up to 80% of NCD care can be effectively delivered at community/primary care level if families are engaged. (WHO PEN, 2020)



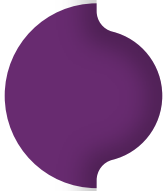
Key indicators

05



Every \$1 invested in WHO's "Best Buys" (tobacco taxes, food labeling, alcohol regulation, trans-fat bans) yields up to **\$7 in health and economic benefits.** (WHO, *Saving Lives, Spending Less*)

06



Household air pollution from unsafe cooking fuels exposes 40% of people — including 1 billion children — to toxic smoke. (WHO, 2023)

07



70% of premature adult NCD deaths are linked to risks beginning in adolescence. (Lancet Adolescent Health, 2016)

08

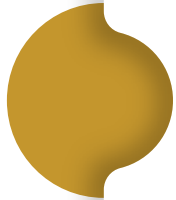


1 in 8 people worldwide live with a mental health condition — and 8 out of 10 are in low- and middle-income countries (Global Burden of Disease Study 2019 (Lancet Psychiatry, 2022 update).



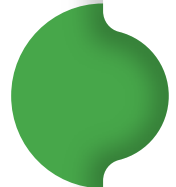
Key indicators

09



Globally, fewer than 1 in 7 people who need palliative care receive it; in LMICs, access to pain relief is <10%. (WHO, 2020; Lancet Commission, 2017)

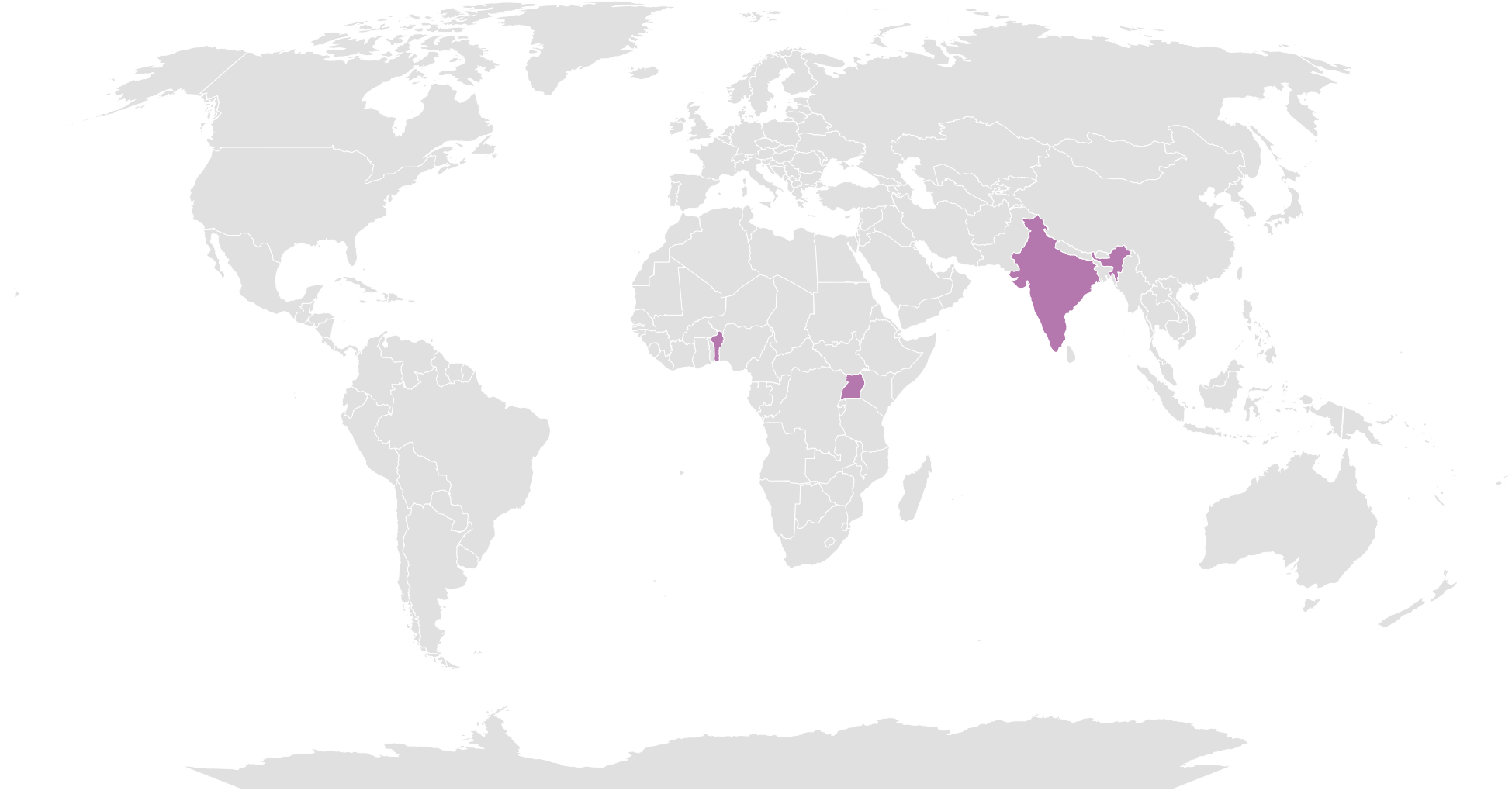
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Half of LMICs experience frequent stock-outs of essential NCD medicines (like insulin, antihypertensives, and cancer drugs such as chemotherapy), leaving millions without treatment when they need it most. (WHO Medicines Access Report, 2023)



Our journey to

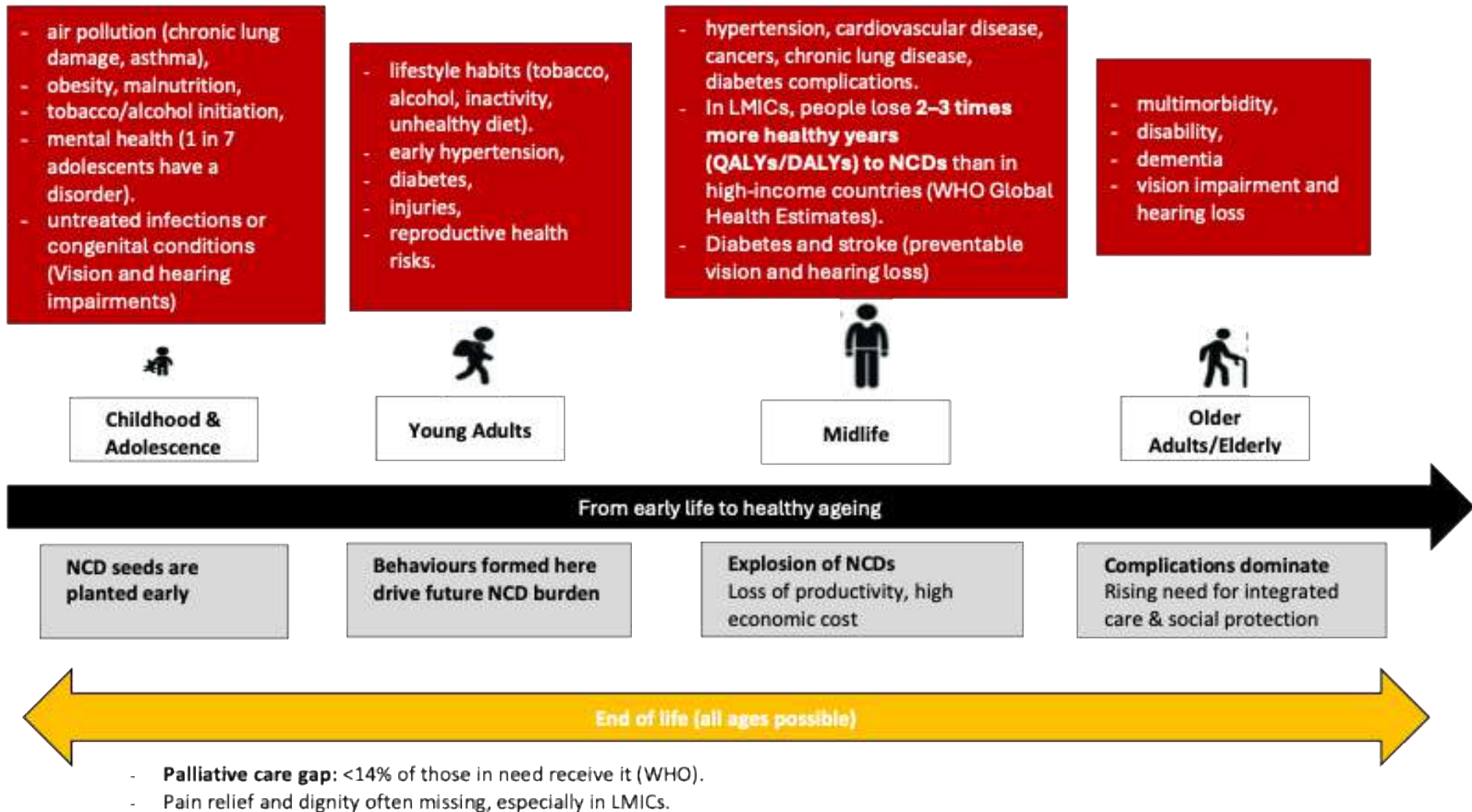


Exposures over the life course

- NCD risks are not only individual choices but embedded in **work, family, and social environments**
- The “**exposome**” is the sum of all environmental, occupational, social, and lifestyle exposures across life.



Life Course Framework for NCDs



Uganda



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Privilege **holistic**, life-course and cross-sector NCD solutions

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Enabel in Uganda

07

Privilege holistic, life- course and cross-sector NCD solutions

Key messages

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Systematically link Mental Health and NCD



General context in Uganda

Cross-Sector NCD Solutions

- Multi-Sectral Collaboration
- Integration
- Financing Mechanisms

Mental Health

8.8 million youth are not engaged in education, employment, or training, increasing vulnerability to mental health issues

Depression = prevalent mental health disorder in Uganda, ranging from 7.6% to 35.9% among Ugandan adolescents

Gender-based violence

19.3% of households experience GBV and VAC (x2 more in females than males; forced marriages)

Climate change

74.7% rural households in Rwenzori are child-headed
“Girls end up leading households because adults move away” – Adolescent, Rwenzori

Modifiable risk factors

Legal context

01 National strategy to end child marriage and teenage pregnancy (2022/2023 – 2026/2027), ministry of gender, labour and social development

02 National multisectoral strategic plan for the prevention and control of noncommunicable diseases (2018 – 2023)

03 Uganda NCD alliance – incorporating physical activities





Adolescent's context



Mental health

65% in school adolescents experience mental health challenges ¹



Emotional disorder

1 in 5 in school adolescents have emotional disorder (Depression, anxiety, post traumatic disorder)



Depression

21.5% Higher among out-of-school adolescents
14.0% in-school



Anxiety

- **17.5%** Out-of-school adolescents report higher levels
- **10.3%** in-school



Behavioural issues

- **1 in 20** adolescents exhibited behavioural issues: attention deficit and hyperactivity¹

Lessons from Enabel in Uganda's programme

Supporting adolescents to cope with personal, emotional, social and economic challenges

Comprehensive approach:

Identify & self esteem

Cooperation & teamwork

Critical thinking & decision making

Communication & expression

Coping with stress & managing emotions

Life skills education

Leadership and influence

Creativity and innovation

Hope for the future and goal setting

Problem solving & managing conflict

Empathy and respect



Lessons from Enabel in Uganda's programme

- Peer support through school clubs
- Support by Senior Women and Men Teachers and club patrons
- Strengthening referral pathways and linkages between schools and health facilities (through school nurses, health workers)
- Positive parenting
- Improvement of the learning environment
- Out-of-school support system: secondary education, vocational skilling, psycho-social support



India

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Ageing + NCDs: A Growing Challenge in India

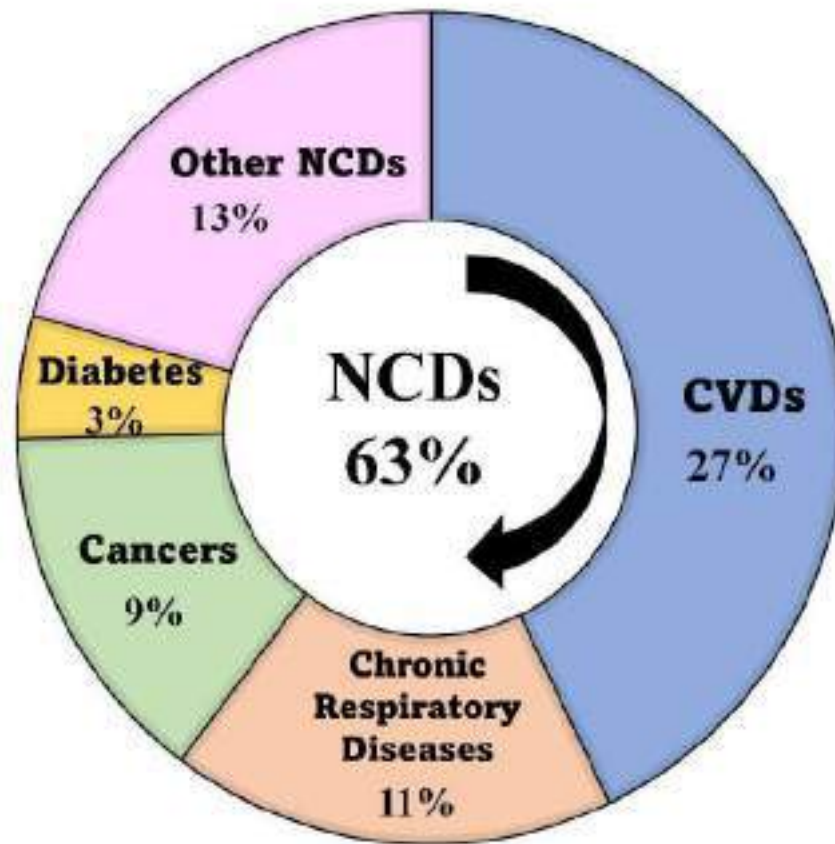


Fig 1: Mortality due to Non Communicable Diseases in India WHO – NCD India profile - 2018

- 149 million older people (60+) are living in India
- >80% have at least one chronic disease
- Fragmented PHC systems and family support

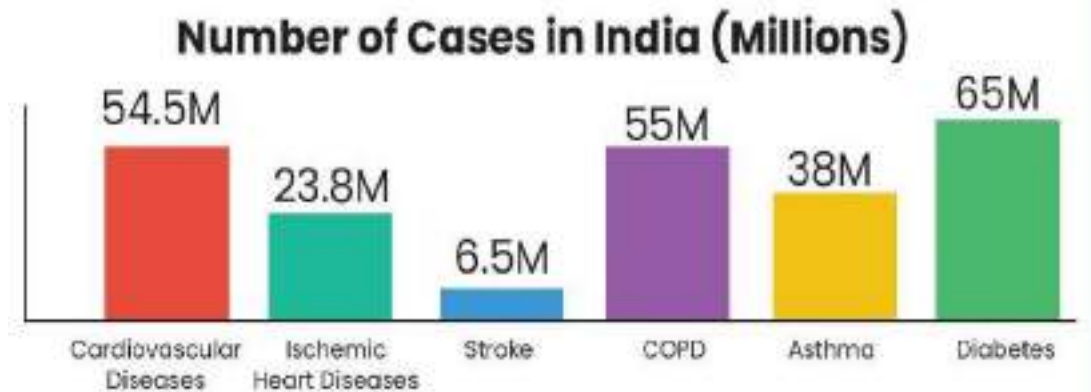


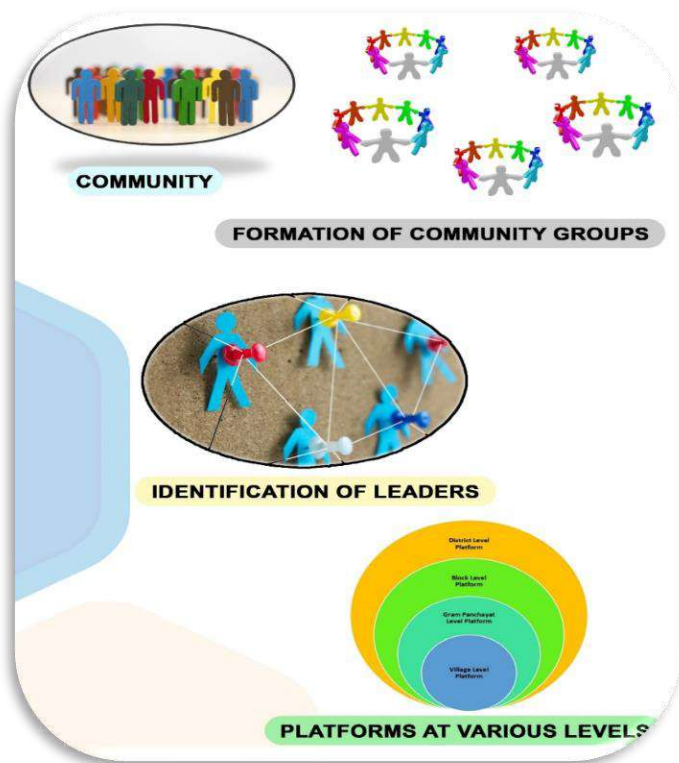
Fig 2: Burden of Non Communicable Diseases in India

Basic Health Care Support Programme (BHCSP) *in West Bengal, India*

- Community-based NCD and elderly care since 2018
- Works through ASHA/ANM–Subcentre–PHC–Block hospital chain
- Engages Panchayat leaders, local groups and social protection offices
- Formed more than 200+ Elderly groups



Basic Health Care Support Programme (BHCSP) : A Community Driven Approach



- Bridging the gap between communities and healthcare systems
- Integrating NCD care into existing community structures
- Peer support and mobilization
- Promote adherence to treatment and lifestyle changes
- Provide a holistic and supportive environment for managing NCDs

“We started with health screening camps but soon learned elders needed far more — regular medicines, availability of health personnel, income help, social links, mental wellbeing.” — Meenakshi Gayen, Field Co-ordinator, WBVHA

Integrate NCD in social protection coverage: Our Response & Learning

- Only **18% insured; 78% no pensions** (NITI Aayog 2023)
- High **out-of-pocket expenditures**
- **28% are aware of any concession for senior citizens**
- **24% reported problems in providing documents to avail**
- **70% of the elderly population is dependent on everyday maintenance**
- Link with government social security and health insurance scheme
- Support families to access the Public Distribution System
- Local governing bodies supported mid-day meals in some of the GPs
- ASHA workers and volunteers deliver medicines to elderly individuals who are immobile
- Extend support through the Community Health Funds of self-help groups



Takeaway:

- There is a need to expand and increase elderly pensions and insurance, and to enhance their ability to access these services by supporting them with proper documentation