

# 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?

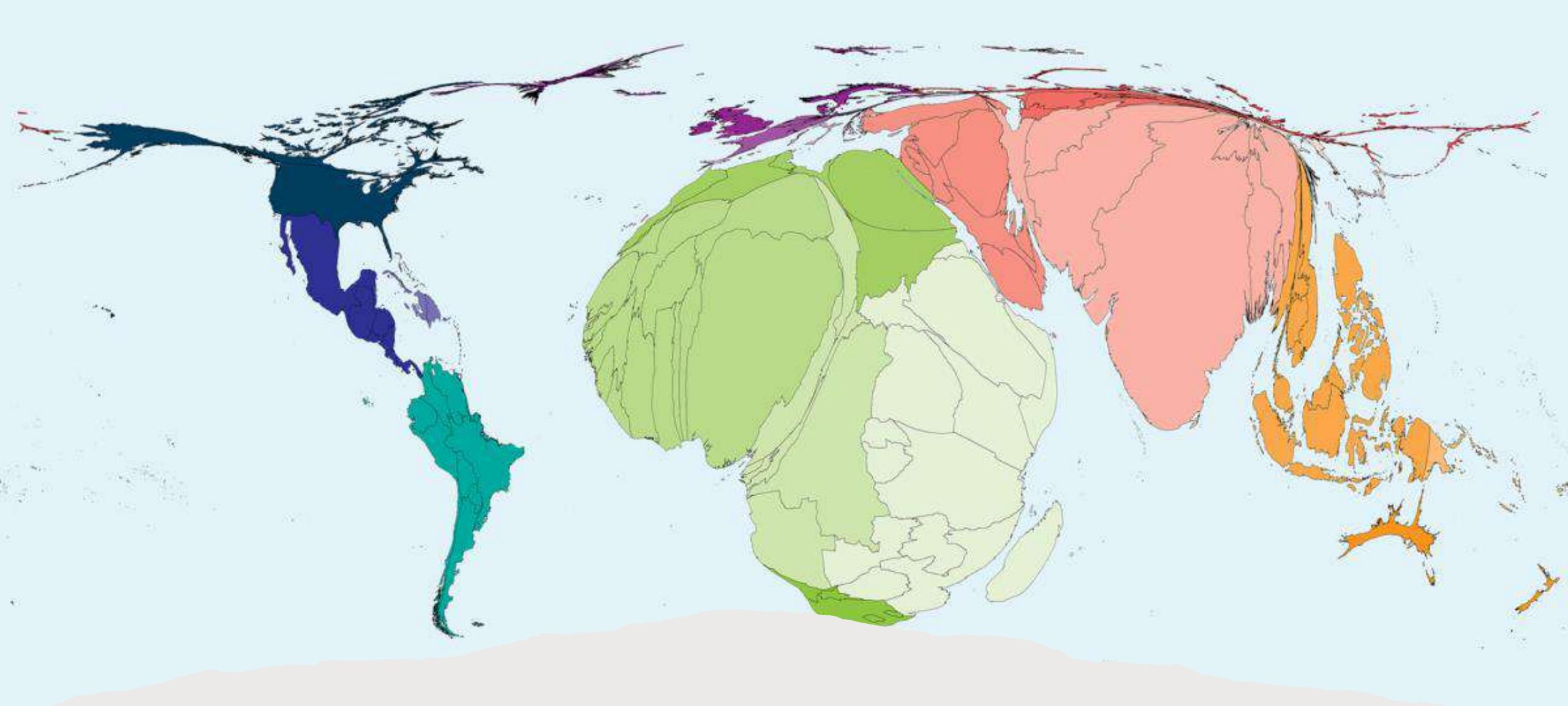
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I just been  
diagnosed with  
NCD



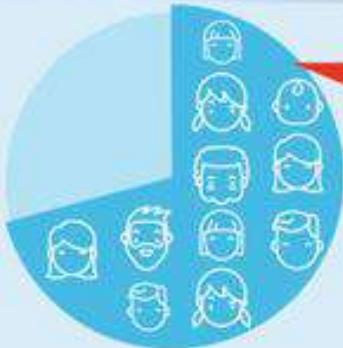
NO CAN DO!



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



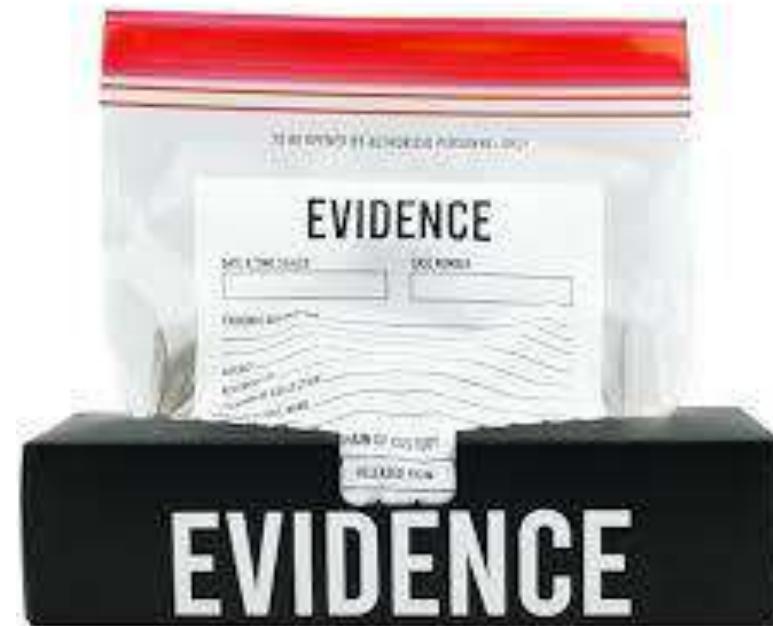
Mental  
health  
conditions

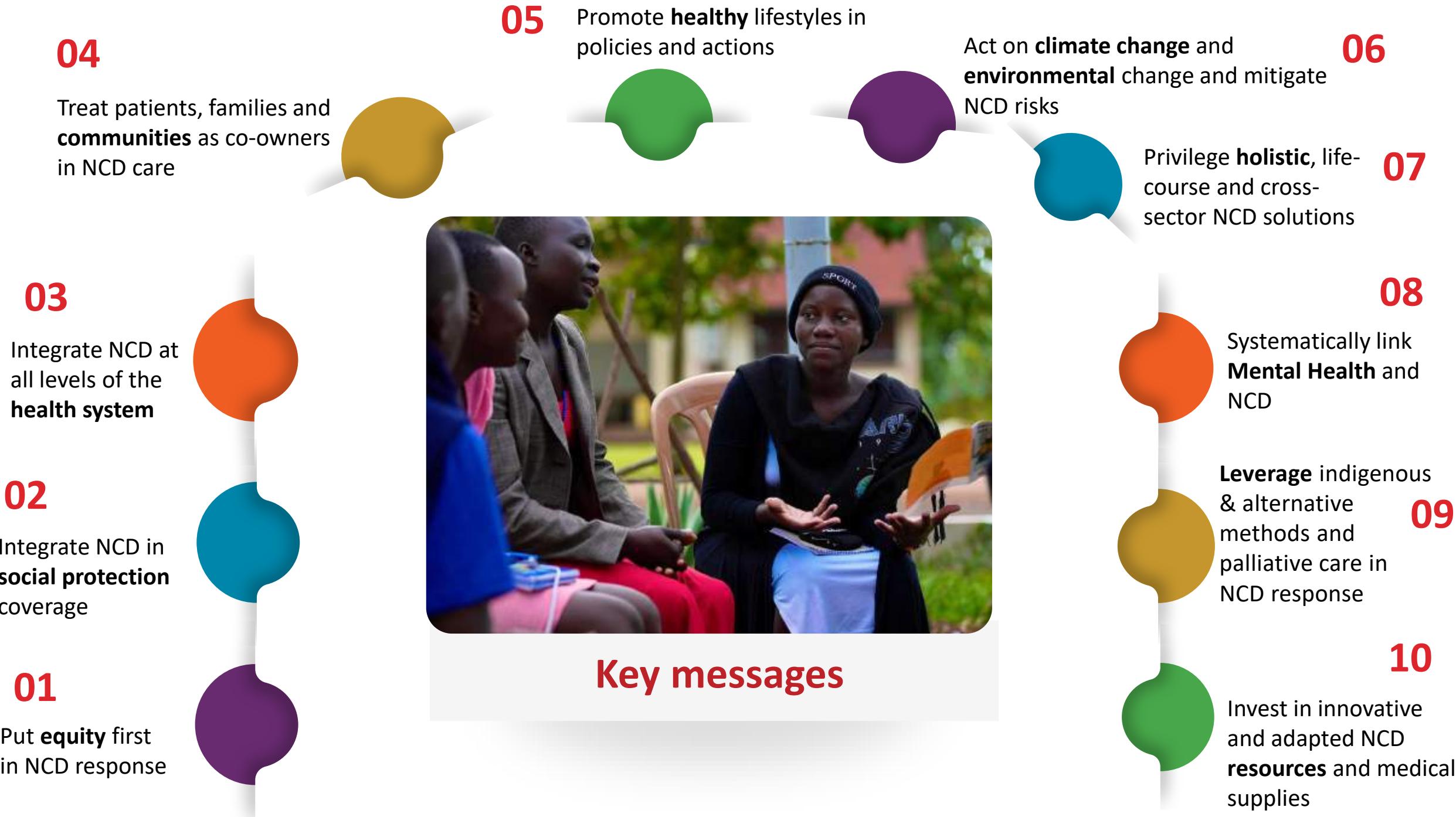
WHO 2019

## Message on the box



## Evidence behind the box





# 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

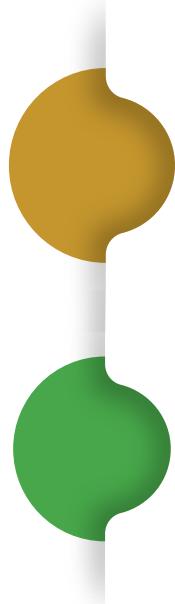


1 in 8 people worldwide live with a mental health condition — and 8 out of 10 are in low- and middle-income countries (Global Burden of Disease Study 2019 (Lancet Psychiatry, 2022 update)).



# Key indicators

09



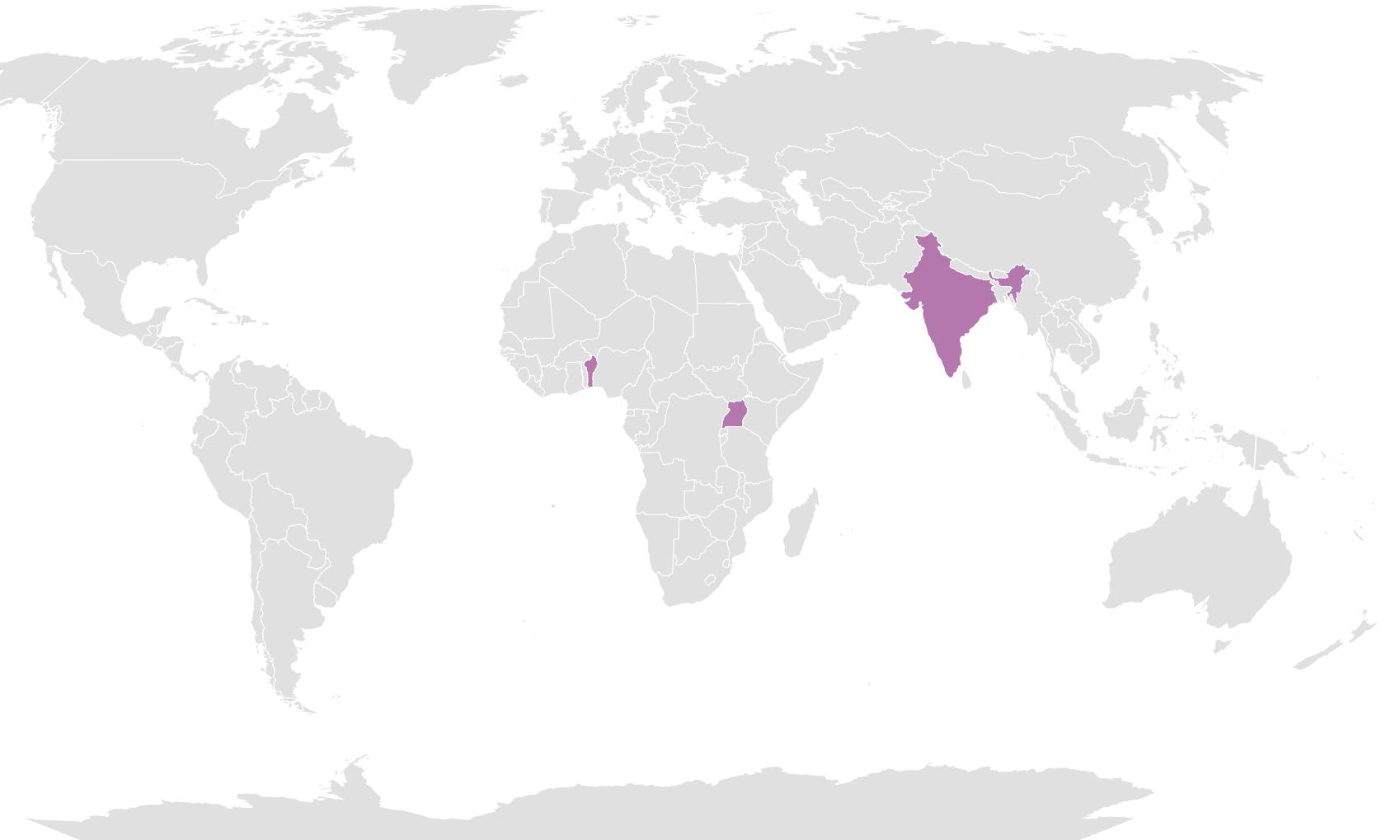
Globally, fewer than 1 in 7 people who need palliative care receive it; in LMICs, access to pain relief is <10%. (WHO, 2020; Lancet Commission, 2017)

10

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

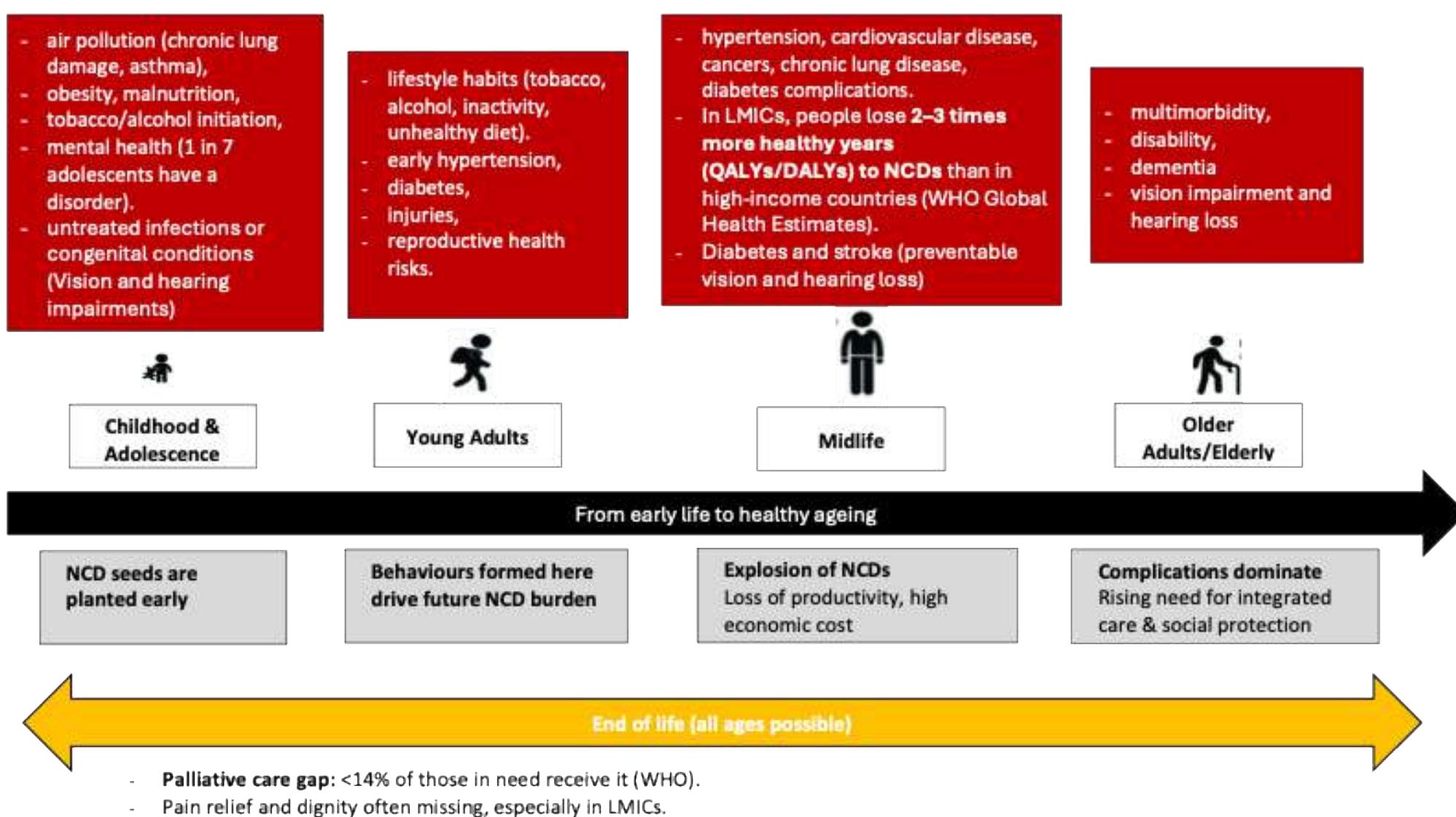


# Exposures over the life course

- 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.

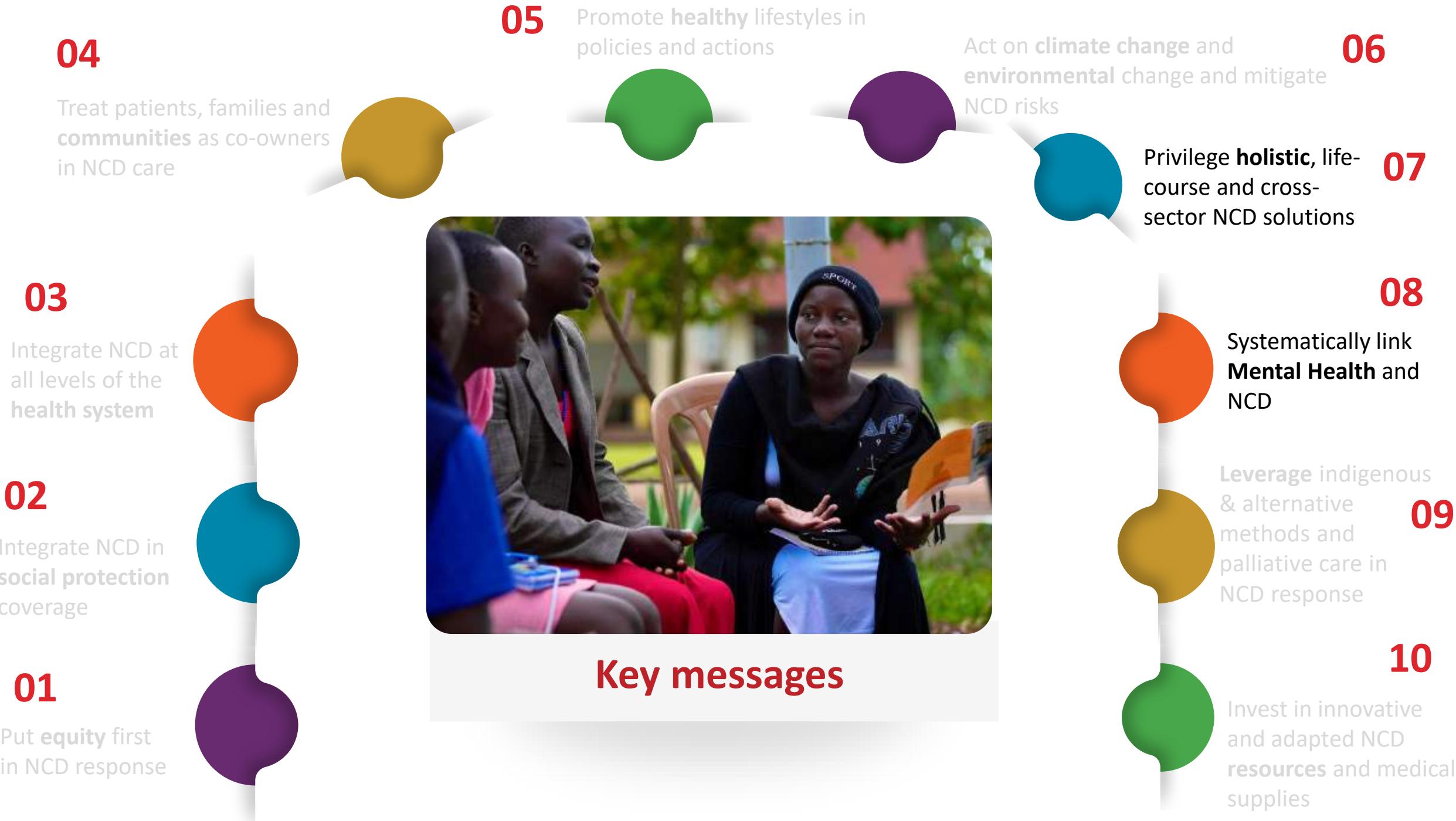


## Life Course Framework for NCDs



# Uganda







## Enabel in Uganda

07

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

**Key  
messages**

08

Systematically link Mental Health and NCD

## Cross-Sector NCD Solutions

- Multi-Sectoral Collaboration
- Integration
- Financing Mechanisms

### Mental Health

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



## General context in Uganda



**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<sup>1</sup>



### 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 hyperactivity<sup>1</sup>

# Lessons from Enabel in Uganda's programme

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

## Comprehensive approach:



## Life skills education





## 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

2024

Health Care Support Program

Date: 6th to 16th August 2024

Sharing of Experience



WISHLINK

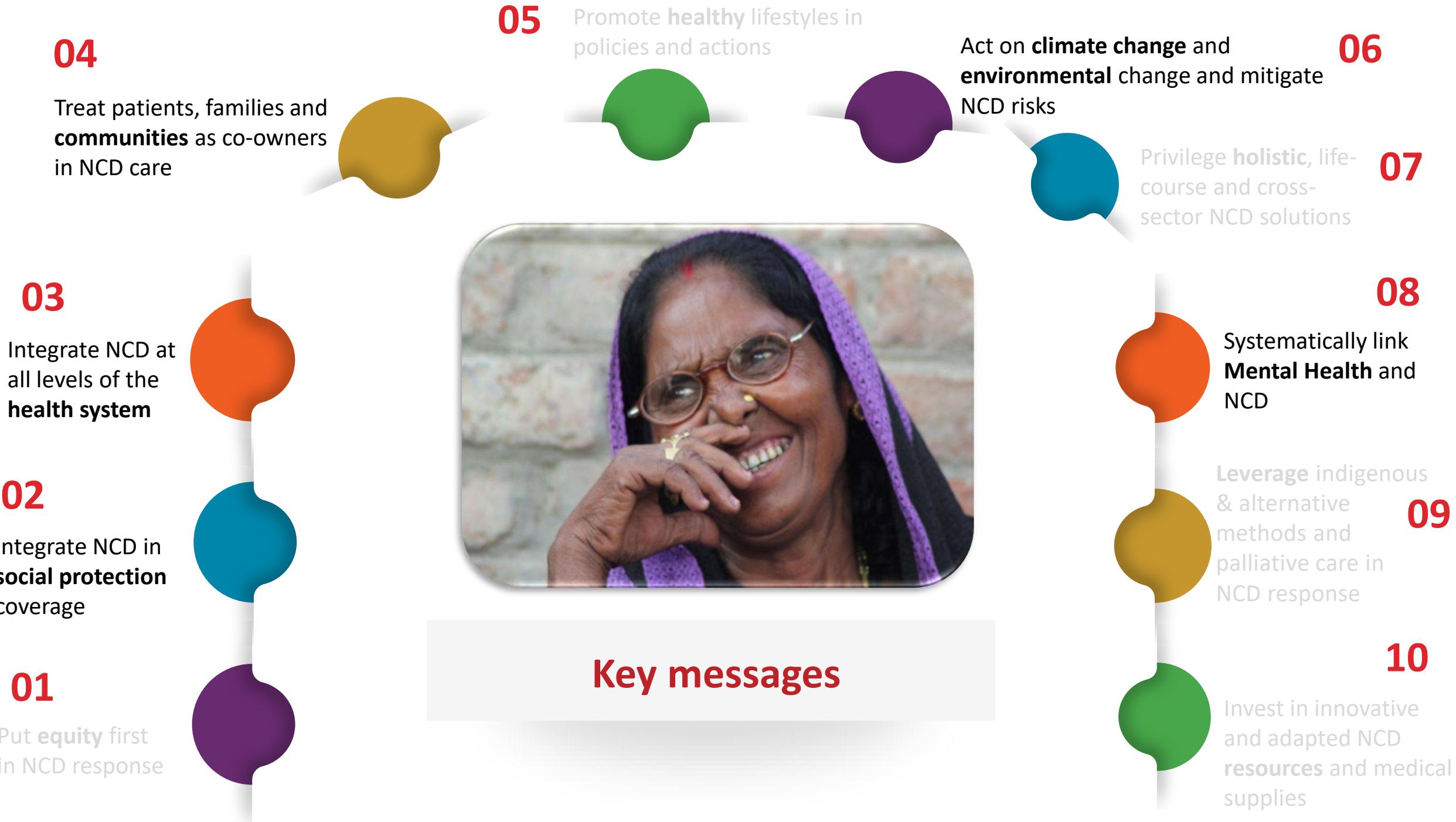
India



Health Care Support Program



# India



# Ageing + NCDs: A Growing Challenge in India

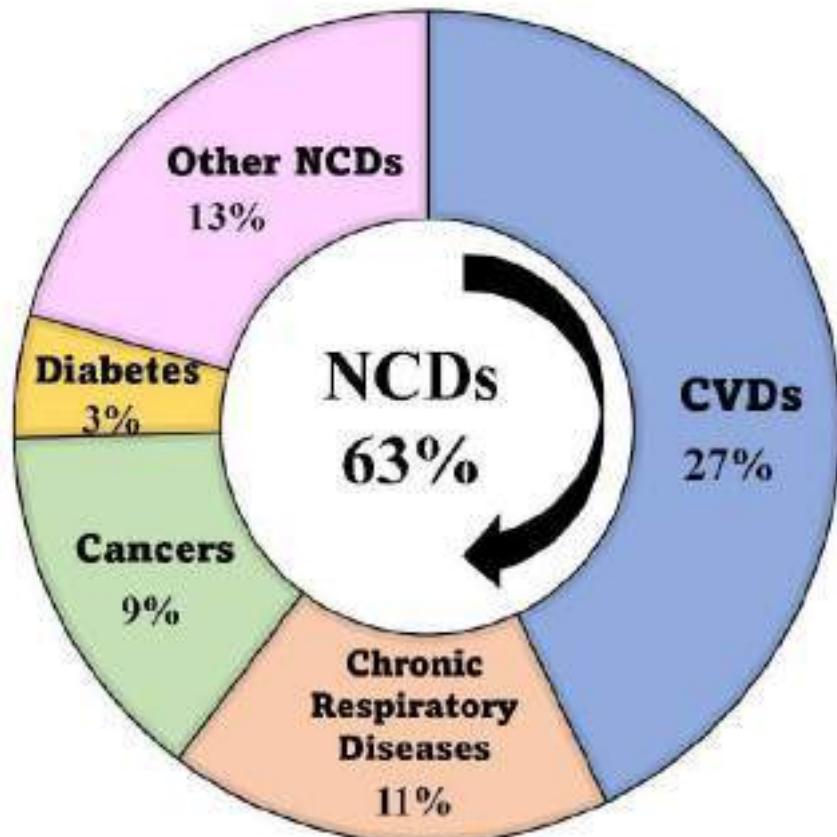


Fig 1: Mortality due to Non Communicable Diseases in India WHO – NCD India profile - 2018

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

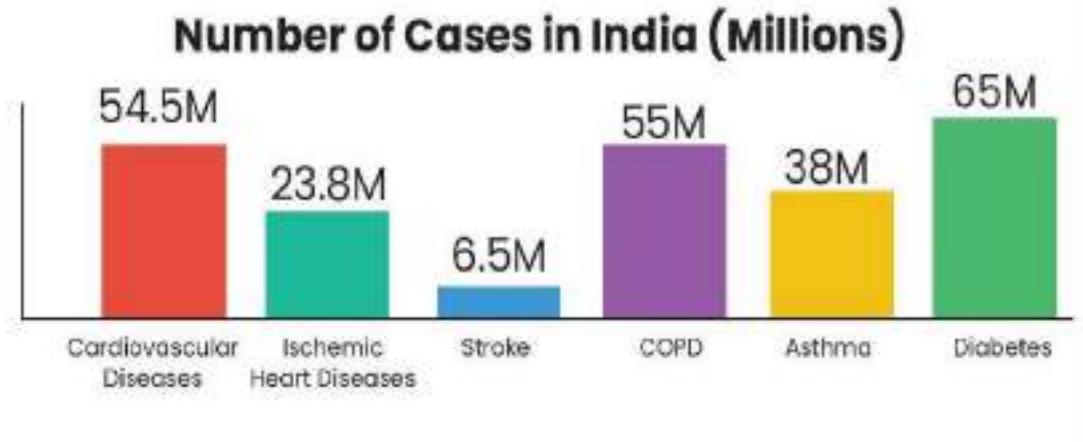


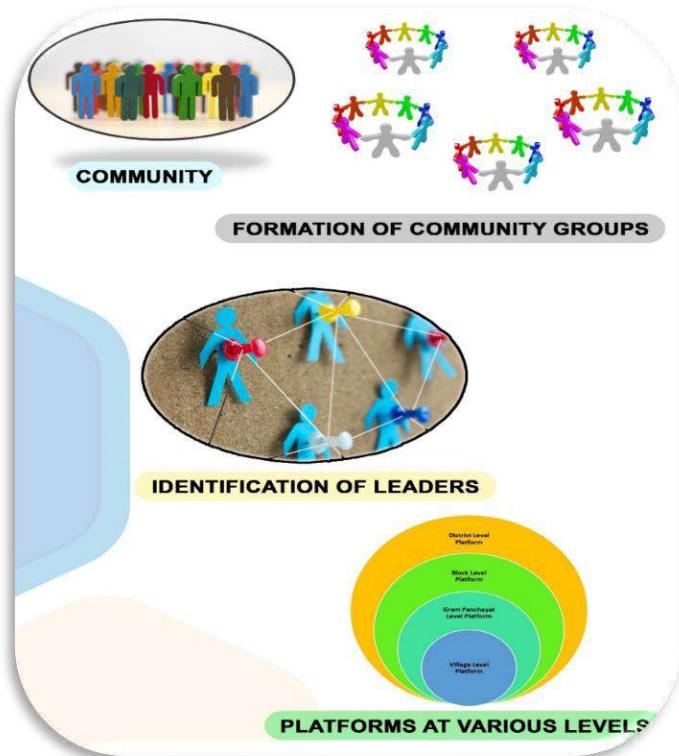
Fig 2: Burden of Non Communicable Diseases in India

# 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