Integrate NCD at all levels of the health system : Our Response & Learning

- Studies on India show that while **70% of rural populations are screened at the community level**, only a fraction reach higher care levels because of poor referral and irregular medicine supply
- **The referral chain often breaks**: PHCs lack diagnostic capabilities, and specialists are usually located far away.
- **Significant gaps in infrastructure, equipment, and human resources**.
- Workforce shortages for elderly care

- **PHC Elderly Corners** with separate queues & BP/glucose checks.
- ASHA–CHO **tracking and follow-up** for chronic patients.
- Regular **home visits of CHO** to vulnerable elders.
- CHO provides routine medicines though the ASHA workers
- Organise screening camps based on the emerging needs

"Once the CHO started visiting, I stopped skipping check-ups — I feel part of the system now. – one of the Elders

Takeaway:

"Bridging the sub-centre to the PHC to the block hospital reduced missed follow-ups; continuity matters more than occasional camps."

Treat patients, families and communities as co-owners in NCD care : Our Response & Learning

- 80% of elders rely on family
- Social isolation is on the rise among the elders
- In India, community health worker (ASHA) interventions increase hypertension control rates by almost **15%** compared to facilities alone

- **Village Elderly Forums** discuss needs with local government and health authorities
- **Elderly clubs**: Yoga, storytelling, health quizzes, climate awareness.
- **Community scorecards** track the quality of medicine supply and services
- **Adolescent groups** support the documentation process, visit houses, interact with elders
- Family support the Elderly groups and facilitate interaction among peer members

Takeaways:

- When communities are co-owners, NCD care moves from being delivered to being shared.
- Increase in treatment continuation with community engagement

Act on climate and environmental change and mitigate NCD risks

- WB coastal & delta districts face **floods, heat waves and salinity**
- Hilly areas face regular landslides, severe rainfalls and water shortages
- Shifting the elders to safer places during calamities are always challenge
- NCD medicine supply and other services get disrupted
- Chronic illness worsens with heat stress, disrupt care, create food insecurity and cause new health problems

- **Mapping vulnerable elders** in flood-prone areas
- **The community assist the vulnerable elders to shift to safer places**
- **Tree planting & cool shelters** around PHCs
- Promotion of lifestyle modification
- Support the government health team to visit the affected areas to provide services and to ensure that the supply of medicines is not affected

Takeaway:

"Climate preparedness protects elders and keeps NCD care running during floods/heat stress/landslides".

Systematically link Mental Health and NCD

- **One in three elders reported having depressive symptoms, and 32% reported low life satisfaction**
- Mental health services are scarce in these areas
- ICMR studies show that **1 in 5 adults with hypertension or diabetes has a co-morbid mental health issue**

- **Group yoga & meditation**
- **Art, storytelling, memory games, competitions, exposure visits and music therapy etc**
- Peer listening and study circles and counselling support.
- Common space (elders park) for the elders to meet and interact

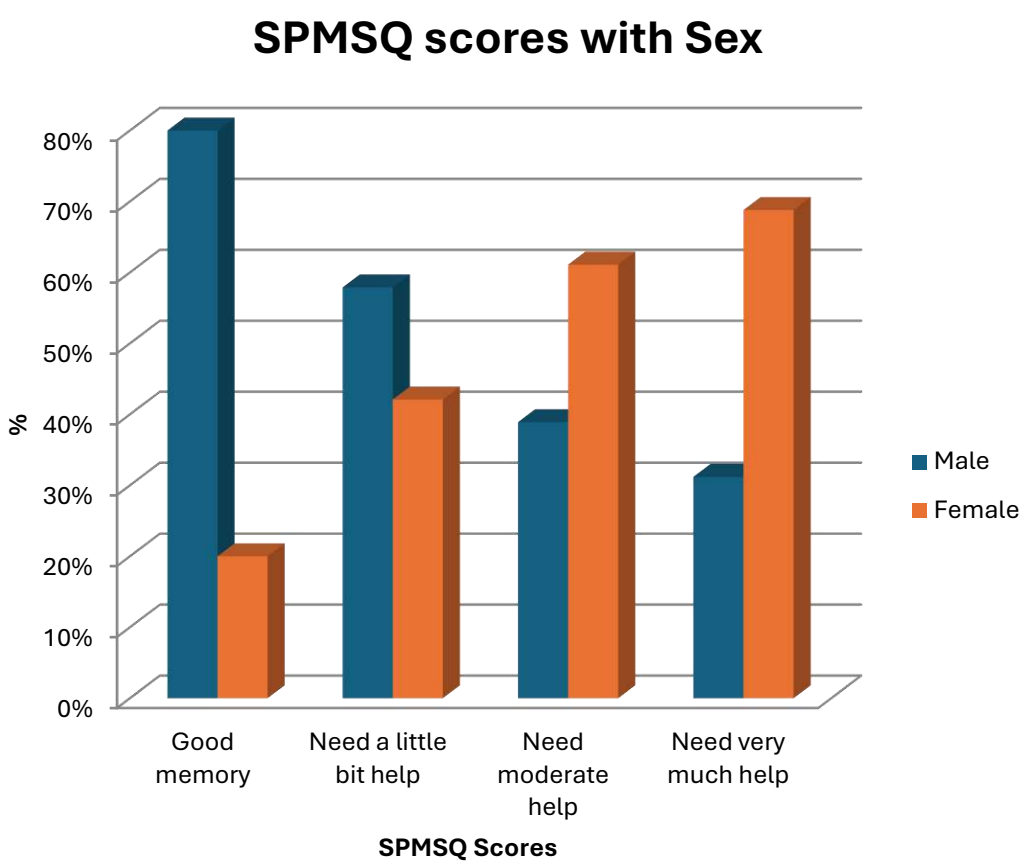
Takeaway:

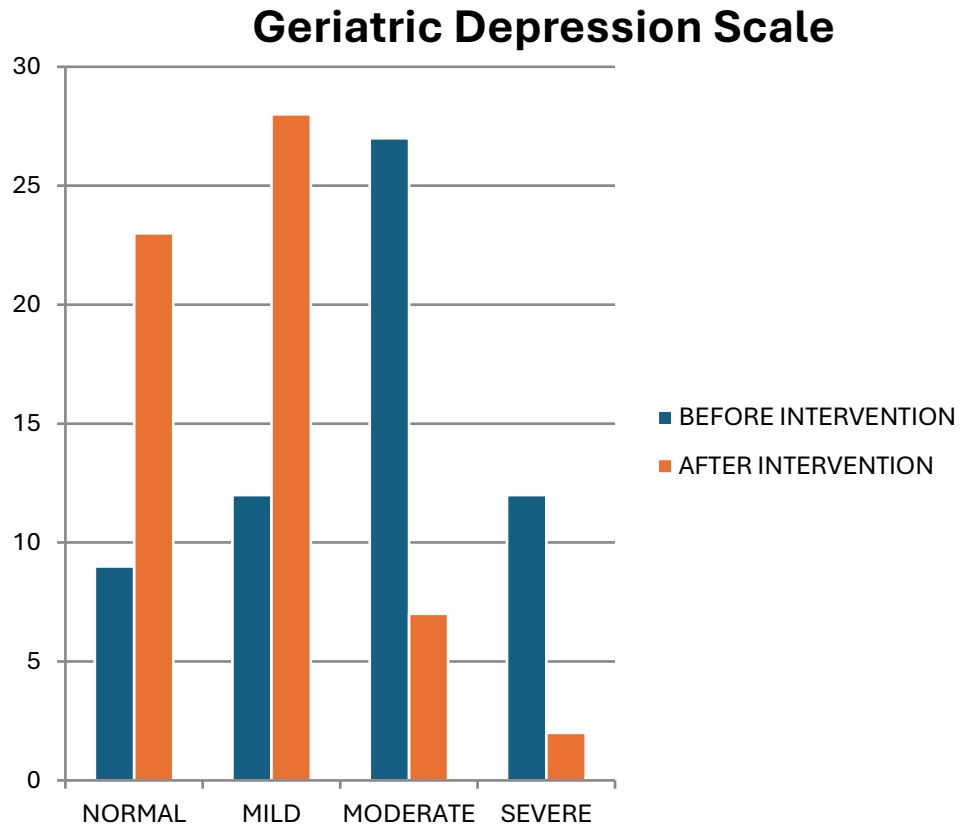
***Combining biomedical follow-up with cultural and art practices builds trust*.**





Mental Health Status of Elderly

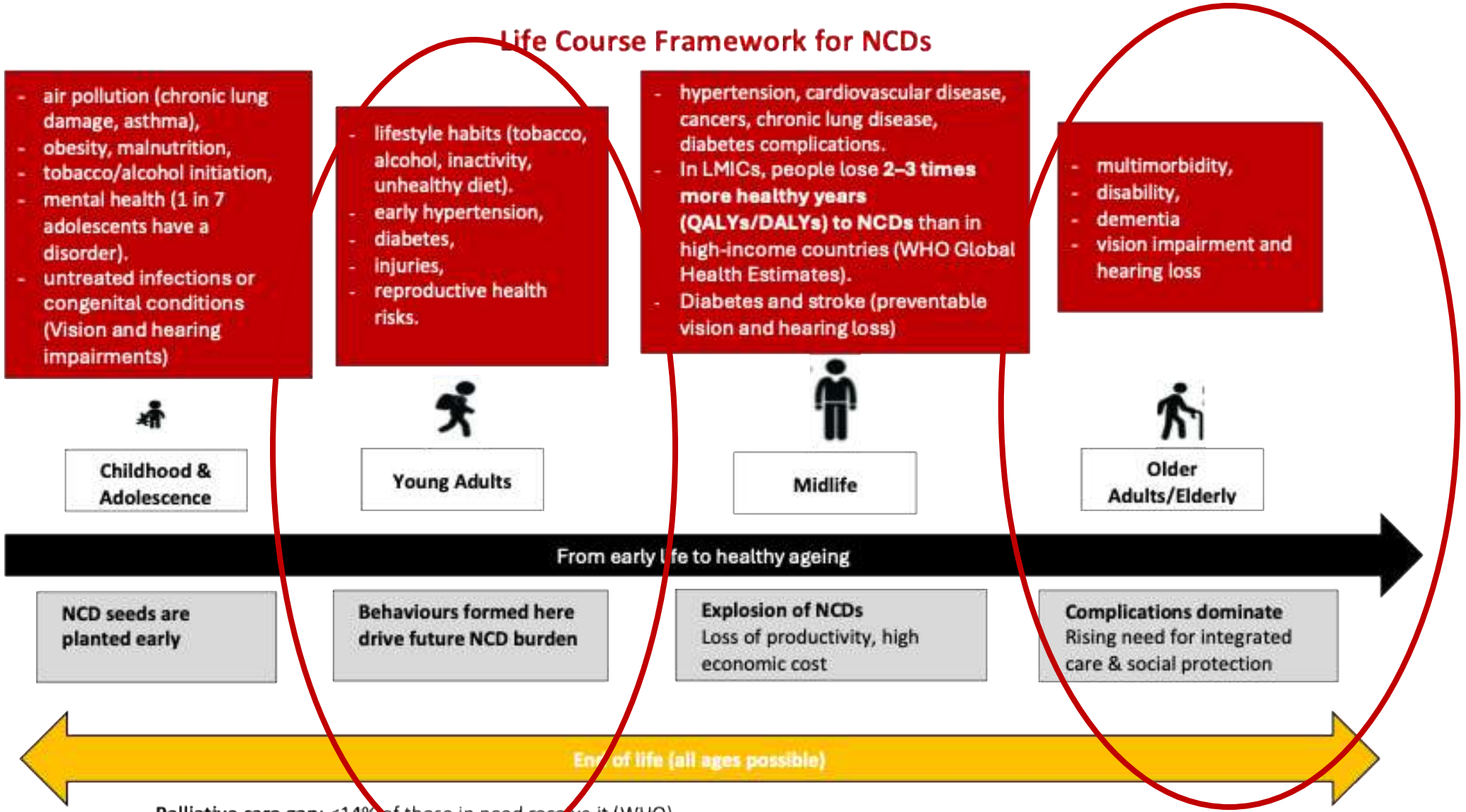




Aging With Dignity

“Elder care for NCDs must move beyond clinic to homes, communities and every sector that shapes healthy aging”

Life Course Framework for NCDs



- **Palliative care gap:** <14% of those in need receive it (WHO).
- Pain relief and dignity often missing, especially in LMICs.

WHO Global Health Estimates 2019
Lancet Commission on NCDs (2018)
RWJF Life Course Framework (2015)

Benin

Key messages

Benin

01

Put **equity** first in NCD response

02

Integrate NCD in **social protection** coverage

03

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

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

08

Systematically link **Mental Health** and NCD

09

Leverage indigenous & alternative methods and palliative care in NCD response

10

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

Non-Communicable Diseases in Benin

NCDs = **53% of all deaths** (leading cause)

- Cardiovascular diseases: 25.9% prevalence
- Breast cancer: 32.5% of cancers
- Cervical cancer: 16.8% of cancers

Rapport annuel OMS Benin 2020

Photo: Isaaline Goubau, N'Dali (Parakou, Benin) — Palliative care, Patient Journey

Benin

Health data overview for the Republic of Benin

In Benin, **the current population** is **14,111,034** as of 2023 with a **projected increase of 73%** to **24,433,809** by 2050.

WHO data, 2023

Put equity first in NCD response

1

- **25.9% hypertension** (3 out of 4 unaware).
- **12.4% with diabetes**.
- **Cancer**
  - Average age at diagnosis: **48.4 years**
  - Productivity loss → families pushed into poverty, slowdown of the national economy
  - **1 in 9** will develop cancer before age 75
  - **1 in 13** will die from it before age 75 *(GLOBOCAN)*

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

4

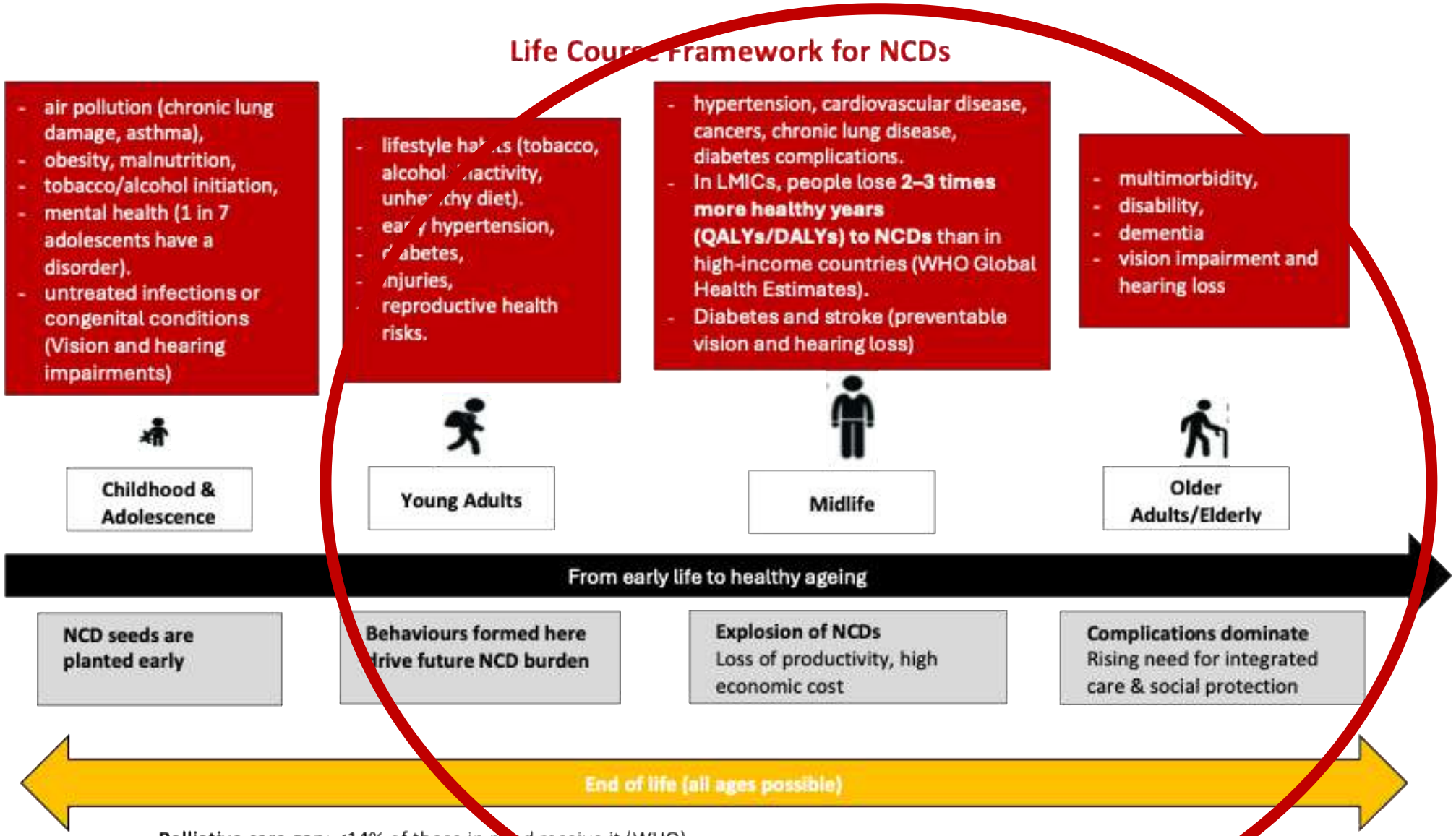
Promote healthy lifestyles in policies and actions

5

Formula 0-0-5-30-3L

- 0 alcohol
- 0 tobacco
- 5 portions of fruits and vegetables per day
- 30 minutes of physical activity daily
- Diet **Low in salt, Low in sugar, Low in fat**

Life Course Framework for NCDs



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RWJF Life Course Framework (2015)

NCDs and Palliative care

TABLE 2. **Palliative care needs of people who die each year with serious health-related suffering (SHS) in African countries**

Country	Athero sclerosis	Cancer	Chronic ischemic heart disease	Congenital malformations	Degenera-tive disease of CNS	Inflamatory disease of the CNS	Cerebro-vascular diseases	Dementia	Haemorrhagic Fever
Algeria	1,40	40,28	1,69	5,50	0,87	0,54	29,10	34,10	0,03
Angola	1,27	14,01	0,54	14,22	1,74	9,63	16,29	4,61	0,40
Benin	0,41	6,44	0,32	2,93	0,34	1,68	8,03	2,09	0,10
Botswana	0,04	1,71	0,06	0,36	0,09	0,05	1,30	0,47	0,01
Burkina Faso	0,98	12,34	0,49	4,43	0,56	3,08	7,49	2,77	0,36
Burundi	0,58	11,23	0,16	3,39	0,53	2,45	5,40	1,96	0,13
Cameroon	1,07	18,61	0,61	7,21	0,83	4,63	17,85	4,70	0,25
Cabo Verde	0,03	0,42	0,02	0,08	0,01	0,01	0,62	0,23	0,00

Palliative care in Benin

- PC approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. Prevents, relieves suffering / early identification, correct assessment and treatment of pain and other problems physical, psychosocial or spiritual. WHO 2002
- 62 531 persons in need
- 11 teams , none CPC specific services
- Training of professionals: Master degree (2022)
- University diploma in pain and palliative medicine
- Patient, family and community

Invest in NCD resources and medical supplies

→ **Lack of medicines:**

→Cancers drugs,

→Radiotherapy,

→Renal transplantation,

→cardiac surgeon

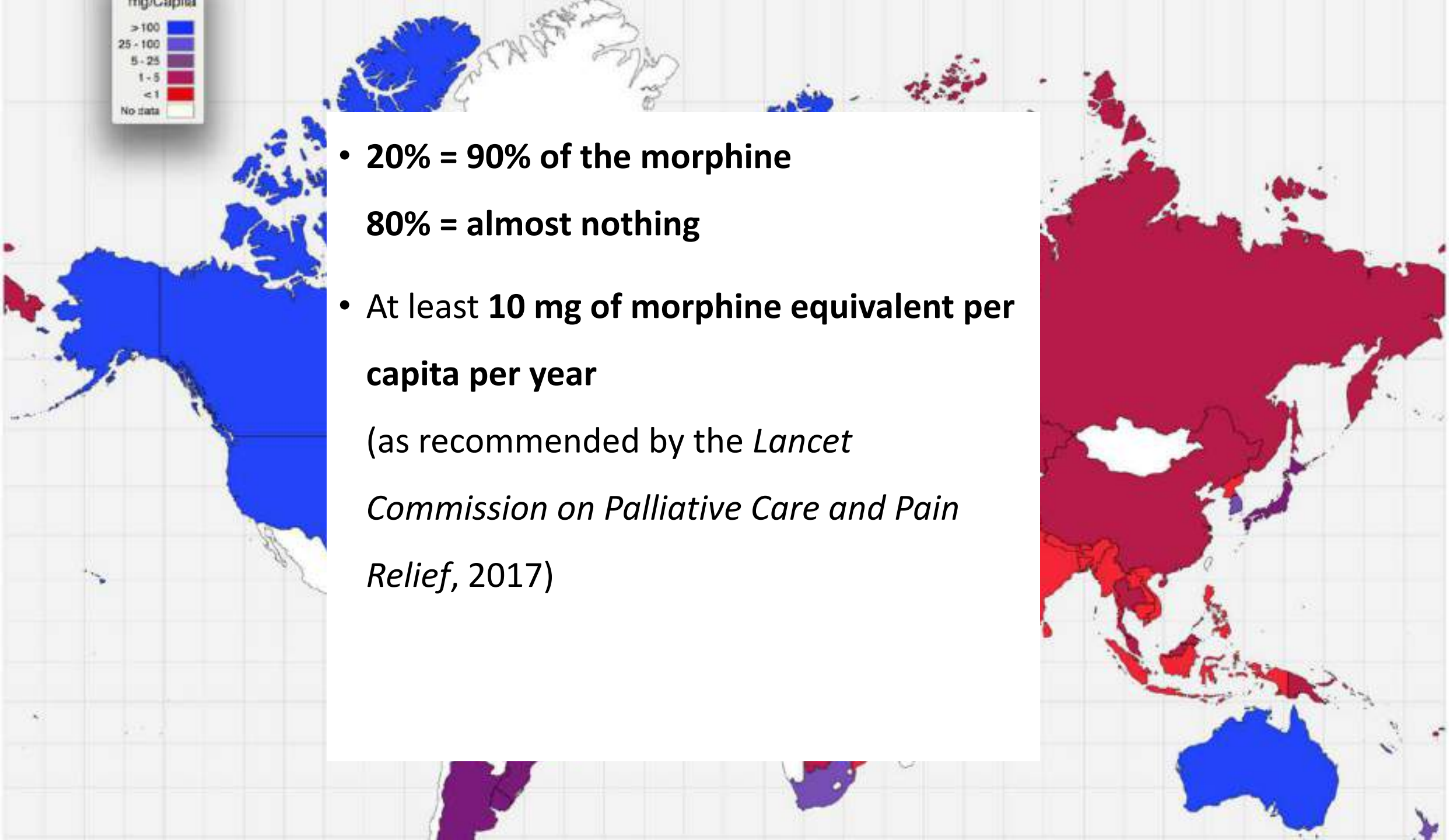
→Pain medication

→**Inaccessibility / poverty**

→Antihypertension,

→Insulin,

→dialysis



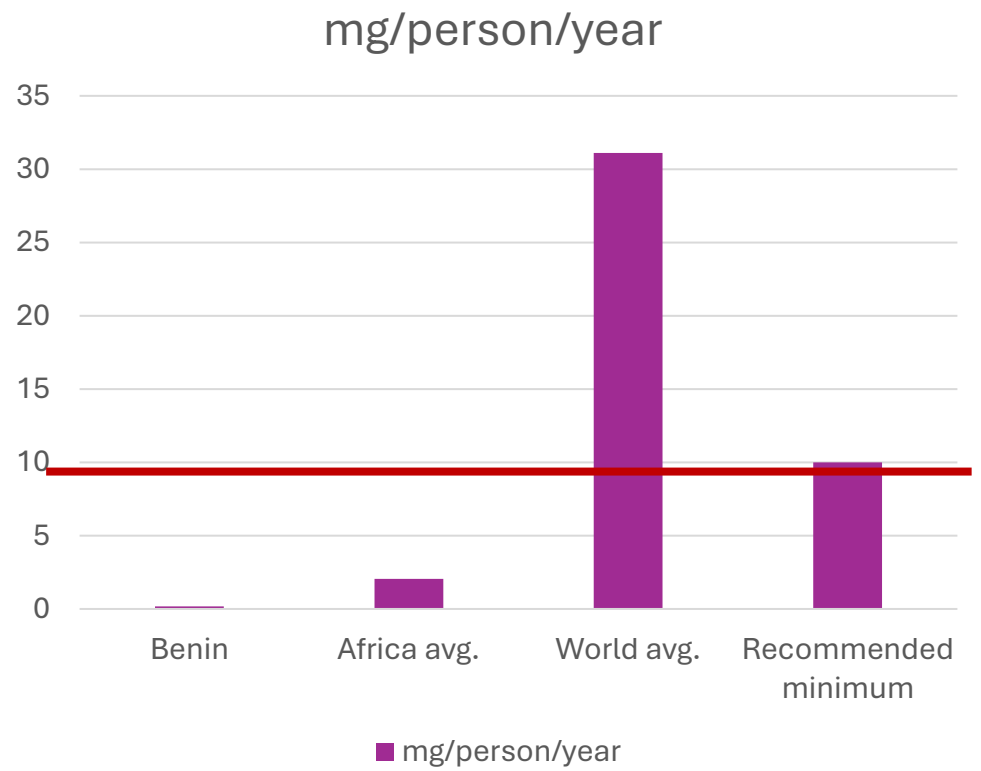
- **20% = 90% of the morphine**

  80% = almost nothing

- At least **10 mg of morphine equivalent per capita per year**

  (as recommended by the *Lancet Commission on Palliative Care and Pain Relief*, 2017)

Access to Essential Medicines: Morphine Consumption: Benin vs. Africa & World



Only **16.5% of patients in need** receive morphine

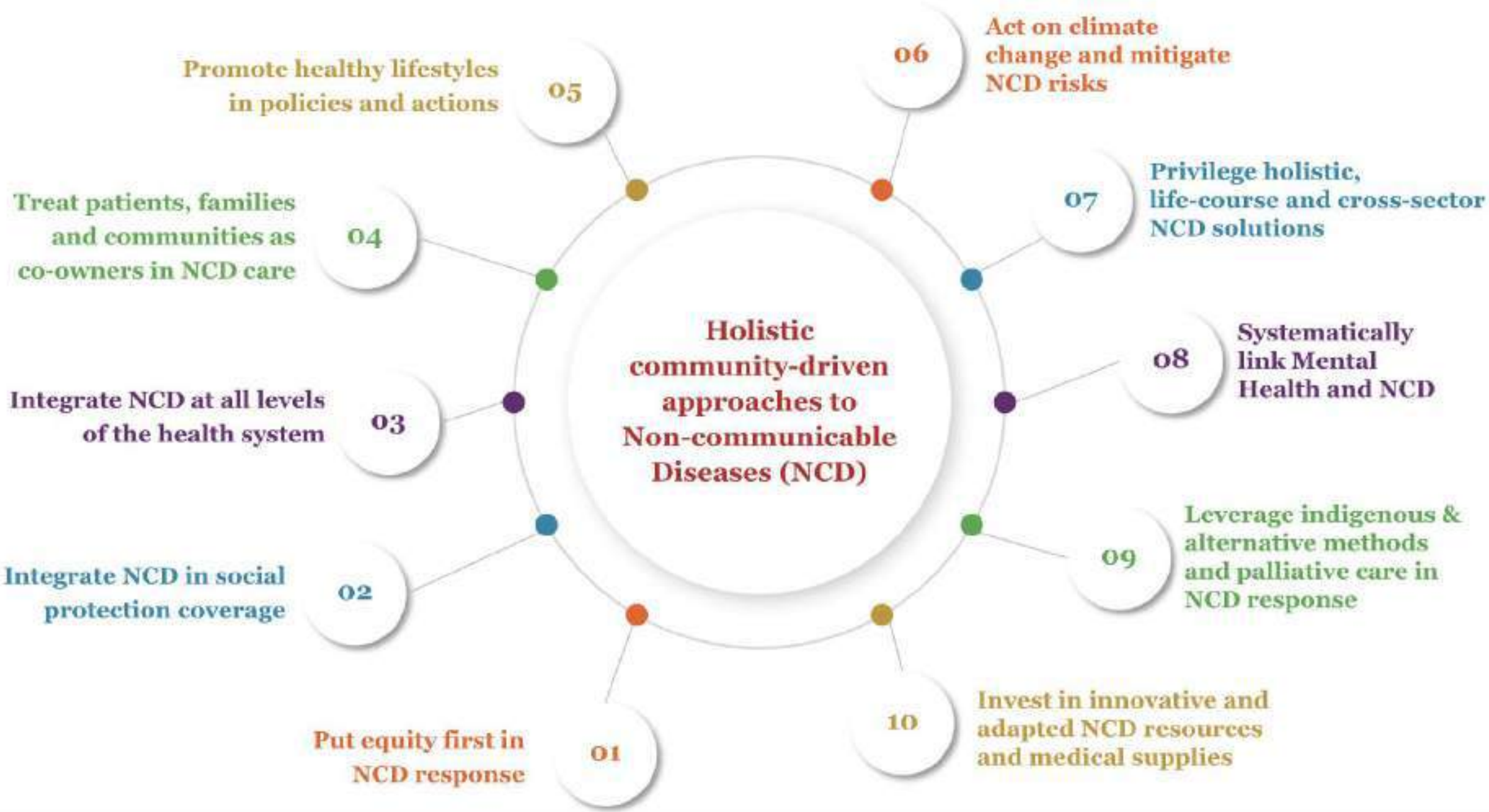
- **Urban hospitals:** 30.8% stock oral morphine
- **Rural hospitals:** 9.7%

Challenges

- Commitment to extend services across all levels of the health system
- Affordable availability of essential medicines
- Training of health professionals
- Role of community health workers & volunteers
- Social protection for patients & families
- Equity & gender at the centre
- System integration across levels & sectors

NCD web


MY BRAIN VS. GROUPTHINK
SOS!
MY CREATIVE BRAIN WHEN LEFT ALONE
MY CREATIVE BRAIN DURING GROUPTHINK


Holistic community-driven approaches to Non-communicable Diseases (NCD)
01
Put equity first in NCD response
02
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Systematically link Mental Health and NCD
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Leverage indigenous & alternative methods and palliative care in NCD response
10
Invest in innovative and adapted NCD resources and medical supplies

Group activity

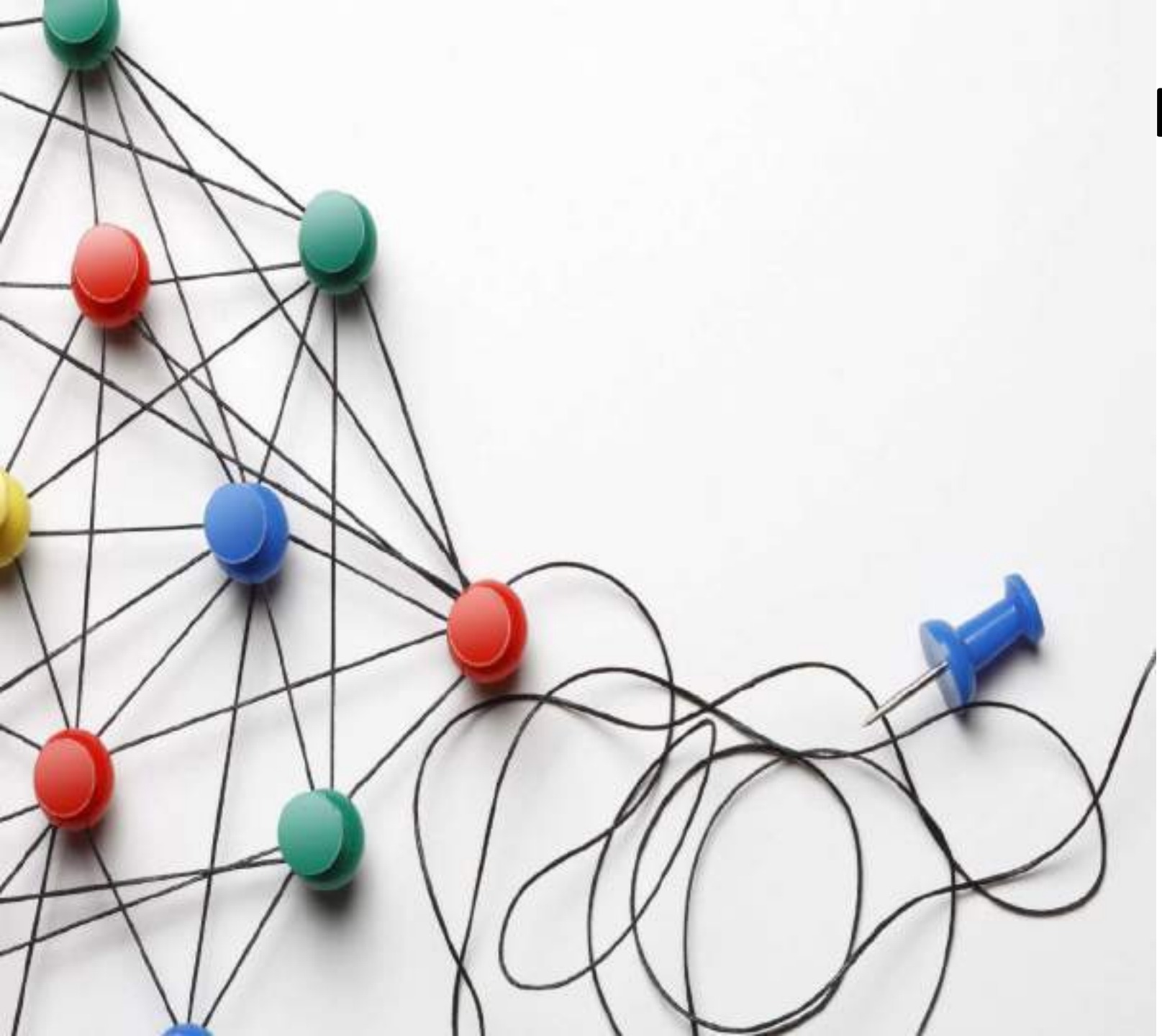
Reflect on your own country or workplace. Choose one of these 10 messages that matters to you, and write on a sticky note related to that message :

A CHALLENGE that hinders progress,

A SUCCESS you have observed that works,

An OPPORTUNITY — an idea or action that could make a difference

Use a colour code for your message



Reflection points

- Which dimensions receive the most inputs?
- Which are overlooked?
- Where are the strongest connections?

Responses from the floor

How can patients, families, and local communities take charge in preventing and managing NCDs — even long-term care and support?

Which part of the NCD Web is most critical for sustainability in your context, and why?

Where do you see the significant disconnect between NCD policy and actual services?

- *NCDs are not short-term projects.*
- *They demand integrated, equitable, and sustained responses across society.*


I do wish he'd wrap up..!
CS597501

Thank you

Danke

Merci