



# **NON-COMMUNICABLE DISEASES AND MENTAL HEALTH**

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CASE STUDIES FROM  
ACROSS THE UNITED  
NATIONS SYSTEM



UN INTERAGENCY  
TASK FORCE ON NCDs



@un\_ncd

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The impact of non-communicable diseases (NCDs) and mental health conditions on the social and economic development of countries is enormous and growing rapidly. NCDs currently kill nearly 41 million people each year, and many of these people die prematurely (under the age of 70 years).

Under a “business as usual” scenario where intervention efforts remain static and rates of NCDs continue to increase as populations grow and age, cumulative economic losses in low- and middle-income countries (LMICs) from the four diseases (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) are estimated to surpass US\$ 7 trillion over the period 2011–2025 (an average of nearly US\$ 500 billion per year).<sup>1</sup>

Countries look to the United Nations (UN) system and other multilateral agencies for support. The World Health Organization acts as the lead UN agency in supporting national responses to the NCDs epidemic. However, the work of other UN and multilateral agencies is critical.

The case studies in this brochure provide examples on how UN and multilateral agencies beyond WHO are stepping up their action to support countries in their efforts to meet the NCD-related Sustainable Development Goal targets.

<sup>1</sup> WHO/WEF (2011). *From Burden to “Best Buys”: Reducing the Economic Impact of NCDs in Low- and Middle-Income Countries* [https://www.who.int/nmh/publications/best\\_buys\\_summary.pdf](https://www.who.int/nmh/publications/best_buys_summary.pdf)





1

## Integrating cervical cancer screening into HIV services in Zambia



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In 2016, the Global Fund began supporting Zambia's efforts to integrate national HIV services and cervical cancer prevention. With this support, Zambia has been able to screen more than 100,000 women for cervical cancer over the last 5 years by integrating screening into the existing HIV programmes.

In conjunction with HIV and TB programmes in the country as well as bilateral partners, the Zambian government has opened 58 cervical cancer screening clinics in 41 districts, targeting women living with HIV. These cervical cancer screening clinics employ a "See and Treat" approach, treating women who screen positive in the same visit, if eligible. Women with complex cervical lesions are referred to one of the 25 cervical cancer referral clinics in the country.

Lessons learnt from the integration of HIV care and cervical cancer prevention show that linking these services is a cost-effective way of improving health outcomes of women living with HIV. The programme has shown to reduce loss to follow-up in women needing treatment for pre-cancerous lesions and to reduce time between screening and treatment. This adaptive approach has leveraged resources from multiple partners while enhancing coordination of the HIV and cervical cancer care. Most notably, the programme is estimated to reduce the incidence and mortality from cervical cancer in Zambia by 25% by 2025, particularly among women living with HIV.





## 2

### Safeguarding the quality of cancer care in low- and middle-income countries



Radiation beams generated by the radiotherapy machines used in cancer clinics need to be periodically calibrated using precise dose measurements (the process is known as dosimetry). Incorrect radiotherapy beam calibrations can result in inadequate radiation doses being administered to patients. This can potentially lead to ineffective treatments, radiation injuries, and can have fatal consequences.

To verify the accuracy of radiation beam calibration, cancer clinics in LMICs are being offered a dosimetry audit service by IAEA/WHO which supports radiation oncologists to protect patients from the unintended consequences of a dosage discrepancy.

Since its beginnings in 1969, over 2,300 clinics in 134 countries have used the IAEA/WHO dosimetry audit service. Over the years, the participating clinics have reported a systematic increase in accurate beam calibrations reaching over 95% acceptable results in 2018.



For more information, please see:

<https://www.iaea.org/services/laboratory-services/dosimetry-auditing>  
<http://www-naweb.iaea.org/nahu/portfolio/dmrp-getting-the-dose-right.html>  
<http://www-naweb.iaea.org/nahu/DMRP/tld.html>





### Promoting healthy diets and physical activity



The Global Regulatory and Fiscal Capacity Building Programme (RECAP) is implemented jointly by WHO and the International Development Law Organization (IDLO), in collaboration with Canada's International Development Research Centre (IDRC).

RECAP aims to strengthen national regulatory and fiscal environments to promote healthy diets and physical activity. RECAP builds human and institutional capacity to promote healthier diets and active living through evidence-informed, cost-effective, coherent, and equitable public policies and government interventions.

Five East African and South Asian countries (Bangladesh, Kenya, Sri Lanka, Tanzania, Uganda and the United Republic of Tanzania) have agreed to participate in the first phase of the programme. Key interventions include:

- restrictions on the marketing of foods and non-alcoholic beverages to children;
- fiscal policies on diets, including taxation of sugar-sweetened beverages;
- nutrition labelling, including front-of-pack labelling;
- reformulation of products to contain less salt, sugar and fats; and
- promotion of physical activity.



For more information, please see:  
<https://www.idlo.int/what-we-do/initiatives/global-recap-capacity-building-prevent-ncds>





## 4

## Improving the health and well-being of workers



International  
Labour  
Organization

ILO's SOLVE training package focuses on the prevention of psychosocial risks and the promotion of health and well-being at work through policy design and action. The package is delivered through a training of trainers methodology, and covers areas such as nutrition, stress, substance abuse, sleep, physical activity, and violence in the world of work.

The training package is intended to be used by HR managers, trade unions, employers' associations, occupational safety and health (OSH) professionals, and national institutions responsible for the health and well-being of workers. A network of 300 trainers are now delivering the SOLVE package in over 80 countries.

The experience of ILO Member States and social partners shows that workplace health promotion programmes can improve the quality of working life if they are integrated into OSH policies and systematically implemented.

These policies have been shown to:

- benefit both workers and employers by improving the long-term mental health and well-being of workers and their families;
- increase productivity and performance; and
- reduce pressure on health, welfare and social security systems.

Furthermore, integrating health promotion measures into workplace OSH management systems enhances occupational health practices, and contributes to promoting a global preventive safety and health culture.



For more information, please see:  
[http://www.ilo.org/safework/info/instr/WCMS\\_178438/lang-en/index.htm](http://www.ilo.org/safework/info/instr/WCMS_178438/lang-en/index.htm)



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## Unleashing the power of digital technology to combat NCDs



Be He@lthy, Be Mobile is a joint International Telecommunication Union/WHO initiative which provides evidence-based content and technical support to Member States wishing to implement national mHealth programmes on NCDs. Since its launch in 2013, the initiative has provided support to 15 programmes in 11 countries and improved the capacity of Member States to implement sustainable mHealth programmes at scale.

Toolkits on various NCDs and related risk factors provide guidance and best practices, and build on existing technical assistance offered to countries for the planning, implementation and evaluation of each national mHealth programme.

Results from independent evaluations of the Be He@lthy, Be Mobile programmes show a 19% quit rate among a sample of mTobaccoCessation participants, improved glycemic control among mDiabetes users, and an increase in cervical cancer screenings among mCervicalCancer users. To date, over 800,000 users from five countries (India, Egypt, Tunisia, Senegal and Sudan) have followed the mDiabetes programme, and 2.1 million users for the mTobaccoCessation programme.

Moving forward, the Be He@lthy, Be Mobile initiative aims to contribute further to SDG 3.4 by expanding the number of national mHealth programmes it supports, and exploring new, innovative ways to deliver its health content.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_25066](https://www.yunbaogao.cn/report/index/report?reportId=5_25066)



For more information, please see:  
<https://www.itu.int/en/ITU-D/ICT-Applications/Pages/mhealth-for-ncd-behealthy-bemobile.aspx>