POLICY BRIEF

Global Health Partnerships
FORMERLY THET

Advancing Health Workforce Solutions for Non-Communicable Diseases (NCDs)

Introduction

NCDs, including mental health remain the leading cause of death globally, killing at least 43 million people in 2021, equivalent to 75% of non-pandemic-related deaths globally[1].

In 2019 they were responsible for 37% of deaths in sub-Saharan African (up from 24% in 2000). They also cause a significant disease burden and affect quality of life - 30% of disability-adjusted life years (DALYs) in sub-Saharan Africa were due to NCDs in 2017, rising from 18% in 1990.[2] Health Systems in Sub-Saharan Africa are poorly equipped to deal with the anticipated increase in NCDS, which is compounded by severe health workforce shortages, predicted to reach a 11 million shortfall by 2030. The upcoming 2025 UN High-Level Meeting on NCDs is a pivotal moment to galvanise global commitments.

What are NCDs?

Noncommunicable diseases (NCDs) are the leading cause of death and disability in the world.

They include a wide and diverse range of conditions from heart disease and diabetes to mental health, neurological, musculoskeletal, kidney and liver diseases, oral and eye health, genetic disorders, and many more.

The most common NCDs share the same risk factors, they are all chronic in nature requiring long-term or lifelong care, and they are all deeply intertwined with the most urgent global development priorities, like poverty, inequity and inequality, and the climate crisis.

Despite their widespread prevalence and the devastating human and economic toll that they take, NCDs are not given the urgent attention they deserve.

(adapted from: https://ncdalliance.org/explore-ncds/ncds)

[1] https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
[2] https://africacdc.org/download/africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-2022-26/

Drawing on learning from the 2025 UK-Africa Health Summit, the experience of Global Health Partnerships (formerly THET) and Health Partnerships work, and aligned with the HLM Zero Draft Political Declaration, this brief outlines key policy priorities and recommendations – particularly related to strengthening the health workforce and integrating NCD prevention, treatment and care across health services, including at the community level. These recommendations correspond with commitments outlined in the Zero Draft, particularly:

- Paragraph 15 & 30–37: Emphasising integrated, PHC-led systems and health workforce expansion.
- Paragraph 39: Leveraging digital technologies to empower care and workforce development.
- Paragraph 40–45: Increasing domestic and external financing for resilient NCD systems.
- Paragraph 46–51: Enhancing governance, data collection, and surveillance for accountability.

Summary of priorities

This policy brief recommends the following priorities in line with the Zero Draft Political Declaration:

1) Strengthen strategic health workforce planning by investing in sustainable, inclusive health workforce development and career progression structures.

2) Promote prevention and community and decentralised models of care by integrating task-sharing and the role of Community Health Workers into national health strategies.

3) Leverage digital, data and locally led innovations for health workforce capacity building and service delivery.

4) Enable sustainable financing for NCD workforce interventions.

Policy recommendations

1) Strengthen Strategic Health Workforce Planning

As acknowledged by the World Health Organization (WHO), there is no health without health workers. Therefore, it is vital that the Political Declaration recognises the role of the health workforce in treating and preventing NCDs:

- Support national health strategies that embed structured career progression pathways for NCD-specialist roles.
- Promote equitable distribution of healthcare professionals with financial and social incentives for rural deployment and to encourage retention in LMIC health systems.
- Prioritise health and wellbeing of health workers, including through psychosocial support services.

2) Promote Prevention and Community and Decentralised Models of Care

- Invest in Community Health Workers (CHWs) to deliver integrated NCD care, with a focus on prevention, early detection and self-care, recognising specific risk factors affecting both rural and urban communities, and health workers themselves.
- Implement task-sharing strategies to optimise the role of nurses and non-specialist physicians within PHC systems.
- Embed NCD prevention and treatment into PHC as a core service, in line with WHO PEN and PEN-Plus models.

3) Leverage Digital, Data and Locally Led Innovations

- Fund and scale community appropriate digital tools to expand access to training and care.
- Support the development of national health data systems to track workforce effectiveness and NCD outcomes.
- Harness diaspora expertise and promote bi-directional learning partnerships across countries.

4) Enable Sustainable Financing for NCD Workforce Interventions

- Champion long-term investment in NCD workforce strengthening as a cost-effective route to UHC.
- Align donor funding to national strategies and enable pooled resources across regions.
- Promote cross-sector partnerships [3] to support locally developed solutions, especially in PHC delivery.

[3] Including with education, digital sectors and across generations and levels of the health sector

Conclusion

As nations prepare for the 2025 HLM on NCDs, health workforce strengthening must be central to both commitments and implementation. This is a foundational investment in Universal Health Coverage, equity, and health security.

The Zero Draft Political Declaration provides a timely and aligned framework to guide this effort. While the draft outlines critical priorities - such as integrated PHC-led systems (Paragraphs 15, 30–37), digital innovation (Paragraph 39), sustainable financing (Paragraphs 40–45), and governance and accountability (Paragraphs 46–51) - it makes only limited reference to the health workforce, notably in Paragraph 37.

As acknowledged by the World Health Organization, there is no health without health workers. Therefore, it is vital that the Political Declaration more explicitly recognises the role of the health workforce in treating and preventing NCDs. Strengthening the health workforce at all levels, from primary to community care—is essential to achieving real progress.

By anchoring national and global action in these commitments, the 2025 HLM can catalyse a transformative shift in how NCDs are addressed through empowered and supported health workers, resilient systems, and inclusive, community driven care.

Case Study 1: Scaling Up NCD Care in Ethiopia through Health Partnerships (4)

In response to Ethiopia's growing burden of noncommunicable diseases (NCDs), Global Health Partnerships (formerly THET) has been collaborating with the Federal Ministry of Health and other key stakeholders to implement a decentralised model of NCD care to ensure people outside of urban centres can access advice, screening and treatment closer to home. In 2018 with support from Novartis Global Health, the initiative was expanded to bring quality NCD services closer to many more communities, particularly in rural areas where access had been limited.

At the heart of the programme was a commitment to strengthening the health workforce. Over 620 primary healthcare workers and 47 master trainers were equipped with the skills and mentored to diagnose, treat, and manage NCDs. This included not only nurses, doctors, pharmacists and laboratory staff, but also community health extension workers, who became vital links between the health system and the communities they served. These workers played a key role in community sensitisation, raising awareness, identifying individuals at risk, and supporting long-term condition management.

The programme's design reflected a deep understanding of the importance of decentralised care. By reinforcing linkages between 15 hospitals to 45 health centres and 360 health posts, the initiative ensured that NCD services were available at every level of the health system. This networked approach, alongside a focus on strengthening the health system and improved service delivery, helped embed NCD care (including NCD medications) into Ethiopia's broader primary healthcare framework.

Global Health Partnerships also contributed to the development of national tools and guidelines, including clinical protocols, training modules, mentorship tools and monitoring and evaluation systems. These resources supported a culture of continuous learning and quality improvement, while enhancing data collection and use for decision-making.

Despite the relatively high costs associated with training, mentoring, and treatment provision, the programme demonstrated significant value. It reached over 1 million people through health education outreach and screened nearly 700,000 individuals for NCDs. The model's success has been recognised by the Ethiopian government and adopted by other organisations, including WHO and PSI, as a good practice example of integrated community-based NCD care.

This case illustrates how strategic partnerships, sustained investment in workforce development, a commitment to decentralised service delivery, and locally led innovations such as cascade training models, including to the community level, can transform NCD care in low-resource settings.

[4] NCD Alliance (2025) Integrating NCDs into Ethiopia's Primary Healthcare System: Systems That Save Lives. Geneva: NCD Alliance, p. 7.

Case Study 2: Integrating Mental Health into Oncology Care in Kenya

In Kenya, a health partnership between Kenya Medical Training College (KMTC) and East London NHS Foundation Trust (ELFT), under the Global Health Workforce Programme (GHWP), has pioneered the integration of mental health (MH) into oncology care across three counties: Machakos, Kisii, and Nyeri. Supported by Global Health Partnerships, and implemented between August 2024 and January 2025, the initiative addressed a critical challenge of how to expand access to MH support in oncology settings without relying on an expanded specialist workforce.

The project adopted a cascade training model using the WHO's mhGAP framework. Forty-nine Kenyan mental health specialists were trained as Trainers of Trainers (ToTs), who then equipped 60 oncology healthcare workers (HCWs)—including nurses, clinical officers, and doctors—and 60 community health promoters (CHPs) with the skills to identify, manage, and refer mental health conditions. The training focused on improving communication, building trust with patients, and addressing conditions such as depression, psychosis, epilepsy, and substance use disorders.

Community engagement was central to the project's success. CHPs, many with lived experience of cancer or mental health conditions, led sensitisation efforts using Ministry of Health-approved manuals. Each CHP reached approximately 6,000 people, helping to reduce stigma and improve mental health literacy. Peer-to-peer learning further extended the programme's reach, with untrained CHPs learning from their trained counterparts.

The results were compelling: 91% of HCWs and 88% of patients expressed satisfaction with the integrated approach, while 96% of surveyed community members reported improved understanding of mental health and increased willingness to seek care. The project also demonstrated the importance of culturally sensitive training and flexible delivery methods.

Looking ahead, the sustainability of the model is promising. KMTC and Kisii University are positioned to continue training efforts, and the expanded faculty of MH trainers provides a strong foundation for national scale-up. The model has already attracted interest from other African countries and is being adapted for use in Zimbabwe.

This initiative exemplifies how strategic partnerships can strengthen the health workforce, decentralise service delivery, redistribute tasks and integrate mental health into broader NCD care. It offers a scalable, sustainable model for improving access to mental health services in low-resource settings.

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