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## *Thematic Dialogue Series on Non-communicable Diseases and Mental Health: Comorbidities and the Integrated Primary Health Care Approach*

**Date:** 19 February 2025

**Time:** 1:15 – 2:45 PM

**Venue:** Ford Foundation Center for Social Justice, 320 E 43<sup>rd</sup> St., New York, NY

**Co-sponsors:** Antigua and Barbuda, Belgium, Brazil, Ghana, and Georgia, Japan, and Thailand in their capacity as co-chairs of the Group of Friends of UHC, along with the World Health Organization (WHO), and the UN Foundation

### **SUMMARY**

As part of an ongoing series of discussions to prepare for the Fourth High-Level Meeting of the UN General Assembly on Non-communicable Diseases (NCDs) in September 2025, Antigua and Barbuda, Belgium, Brazil, Ghana, and Georgia, Japan, and Thailand in their capacity as co-chairs of the Group of Friends of UHC, WHO and UN Foundation are co-hosting an interactive dialogue focused on why comorbidities (i.e., two or more medical conditions occurring in the same individual) must be considered as part of the process to tackle NCDs and related mental health conditions to reduce premature deaths and advance universal health coverage (UHC).

Held under the Chatham House rule of non-attribution, the dialogue offers a platform for Member States and global health partners to reflect on the importance of addressing NCDs and Mental Health conditions along with comorbidities through a Primary Health Care (PHC) approach. The discussion will focus on how current primary health care reforms are contributing to preventing NCDs and mental health conditions, and addressing health care needs, including in humanitarian settings. Speakers will discuss elements of integrated service delivery and optimization of the health and care workforce.

### **BACKGROUND**

#### **Comorbidities across NCDs and mental health conditions**

NCDs<sup>1</sup> affect around two billion people worldwide and nearly one billion people suffer from a mental condition. However, these conditions often do not exist in silos. Comorbidities are medical conditions that coexist with another disease, significantly impacting a person's overall health, quality of life, treatment, and prognosis. NCDs often co-occur; for example, diabetes frequently occurs alongside cardiovascular disease, increasing the risk of complications and worsening health

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<sup>1</sup> Main NCDs include cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.



outcomes. Cancer patients often suffer from multimorbidity including cardiovascular and autoimmune diseases, as well as mental health conditions. Behavioural factors—including tobacco use, unhealthy diets, harmful alcohol consumption, and physical inactivity—further contribute to the development and progression of multiple NCDs and mental health conditions. Current demographic shifts, rapid urbanization, effects of climate change, and aging populations exacerbate these comorbidities.

NCDs are also commonly associated with mental health conditions such as depression and anxiety. Studies show that people with diabetes are two to three times more likely to experience depression compared to those without diabetes. Schizophrenia is associated with a significantly higher prevalence of metabolic syndrome. Additionally, individuals with severe mental health conditions often experience higher rates of chronic pain, immune dysfunction, and gastrointestinal disorders, which further impact their overall ability to lead healthy, productive lives.

### **The intersection of NCDs, mental health, and communicable diseases**

Both NCDs and mental health conditions frequently co-occur with communicable diseases such as HIV/AIDS and tuberculosis (TB). For instance, diabetes is associated with about twice the risk of TB and a higher risk of multidrug-resistant TB. Cardiovascular disease is one of the leading causes of non-AIDS-related morbidity and mortality among people living with HIV. People living with HIV are also at increased risk of experiencing depression and anxiety.

The COVID-19 pandemic starkly illustrated the double burden of NCDs and infectious diseases. As people with chronic NCDs were not only at risk of more severe illness from COVID-19 infection but also faced serious disruptions to care for their chronic conditions, which ultimately led to changes in service delivery, patient education, and home-based management.

### **Strengthening primary care to address comorbidities**

A primary health care (PHC) approach incorporates three synergistic components: integrated health services, multisectoral policy and action, and community empowerment. As individuals seek holistic care for a spectrum of needs, primary care is often their first point of contact with the health system. An effective PHC approach can help deliver 90% of all essential health services, including for NCDs and mental health conditions.

However, NCDs and mental health conditions are still often managed in hospitals and other in-patient settings rather than in primary care clinics. In 2019, nearly two-thirds of countries could not provide essential treatments – such as blood sugar control or counselling for high-risk patients – at the primary care level. Moreover, people who regularly use primary care services – such as people living with HIV – do not routinely receive care for common conditions like hypertension, diabetes, and depression, despite their higher risk and earlier onset in many cases. The lack of an integrated approach to primary care leads to ineffective treatment and diagnosis.

Roughly one quarter of the global population lives in emergency settings with increased prevalence of comorbid post-traumatic stress disorder (PTSD), injuries and disabilities. Nearly all people affected by emergencies will experience psychological distress, with one in five likely to have a mental condition such as depression, anxiety, bipolar disorder or schizophrenia.



Collaborative and networked approaches are needed to ensure access to quality primary care, including of NCDs and mental health services, and to develop resilient models of service delivery that can be maintained during humanitarian and all-hazards emergencies. This includes delivery of specialized care for high-risk groups (e.g. people needing dialysis or systemic therapy for cancer).

### **Implementing an integrated approach to address NCDs and mental health conditions**

Integrated NCD and mental health services within primary care is the starting point for meeting the needs of people with comorbidities in both stable and crisis situations. This requires strengthening all aspects of a health system using a primary health care approach, including key health workforce requirements. Services can be integrated at facility level through existing programmes such as maternal and child health, school health, HIV and TB.

A key enabler of successful service integration is a health and care workforce that is fit for purpose to address NCDs and mental health conditions and has an efficient skills mix and primary care-oriented approaches. This includes rational and equity-oriented delegation of NCD roles to different PHC team members, accompanied by related education, licensing, supervision and system support reforms. Given that NCDs currently account for the most significant disease burden, investment in strengthening PHC is also an investment in NCDs prevention and control.

## **OBJECTIVES**

In preparation for the upcoming 4<sup>th</sup> High-Level Meeting on NCDs, this thematic dialogue will cover the importance of addressing NCDs and mental health conditions and comorbidities through a PHC approach. In particular, the discussion will:

- Underscore the burden of NCDs and mental health conditions, and related comorbidities.
- Demonstrate how current primary health care reforms are contributing to prevent NCDs and mental health conditions and to address health care needs associated with them.
- Discuss key elements of integrating services and optimizing the health and care workforce to better deliver NCD and mental health services through a PHC approach.
- Exemplify how it is possible to manage the continuum of care for NCDs and mental health conditions in humanitarian and all-hazards emergencies.

## **AGENDA**

### **Welcome (5 min)**

- **Mr. Pelle Enarsson**, Senior Advisor and Deputy Head of New York Office, UN Foundation

### **Opening Remarks (10 min)**

- **H.E. Sérgio França Danese**, Permanent Representative of Brazil to the United Nations
- **H.E. Inga Rhonda King**, Permanent Representative of Saint Vincent and the Grenadines to the United Nations



### Background and Current Context: *PHC approach for NCDs and mental health* (10 min)

- **Dr. Bruce Aylward**, Assistant Director-General, Universal Health Coverage, Life Course, WHO

### Scene Setting Remarks (20 min)

- **Dr. Ani Shakarishvili**, Special Adviser, Team Lead – Integrated Services and Systems for HIV and Health, UNAIDS
- **Dr. Kiran Jobanputra**, Consultant on NCDs in Humanitarian Emergencies, WHO; Medical Advisor to Reflection and Analysis Network, Medecins sans Frontieres

### Moderated Discussion (40 min)

*Lead discussants:*

- **Mr. James Reid**, Program Officer, Type 1 Diabetes (T1D) Program, Helmsley Charitable Trust
- **Dr. Kaushik L Ramaiya**, Honorable Secretary and CEO, Tanzania NCD Alliance (TANCDAA)

### Closing Reflections (5 min)

- **Mr. Werner Obermeyer**, Director, World Health Organization Office at the UN in New York

## **GUIDING QUESTIONS**

- How can countries effectively strengthen primary health care to address the holistic needs of people living with NCDs and mental health conditions, including related comorbidities?
- What key policy measures are needed to ensure that people living with NCDs and mental health conditions receive a continuum of care in humanitarian and all hazards emergencies?
- What is the role of multilateral cooperation in promoting the integration of services for NCDs and mental health?

## **Thematic Discussions in Preparation for the 2025 High-Level Meeting on NCDs and Mental Health**

These discussions are intended to provide an informal and forward-looking opportunity for Member States to engage diverse voices and stimulate thinking about persistent challenges in the NCD agenda. Hosted by the United Nations Foundation, each session in the series will convene a mixture of external experts, key stakeholders, and Member States in the trusted spirit of the Chatham House rule. Participants will explore opportunities for multilateral cooperation to strengthen NCD prevention and management efforts, identify gaps to address through the high-level meeting and sustain and elevate high-level political support for progress on this important set of health issues.





December 10, 2024 | alongside UHC DAY  
*Investing in NCDs and Mental Health to Achieve UHC*

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January 21, 2025  
*Prevention, Treatment, and Rehabilitation of NCDs and Promotion of Mental Health*

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February 19, 2025  
*Co-morbidities & the Primary Health Care Approach*

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March 25, 2025  
*Environmental Risk Factors for NCDs and Mental Health*

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April 30, 2025  
*Social, Economic, and Commercial Determinants & Fiscal Measures*