

A global priority

- Diseases that are not caused by infectious agents NCDs, continue to be on the rise and are responsible for almost 70% of all deaths worldwide, 30% of which are premature deaths (WHO).
- In 2015, diabetes alone affected 415 million people globally. It is one of the primary causes of non-traumatic amputation among adults. (International Diabetes Federation)
- NCDs pose a substantial economic burden that will evolve into a staggering one. With reference to cancer, diabetes, mental health, cardiovascular and chronic respiratory diseases, macroeconomic simulations suggest a cumulative output loss of \$47 trillion over the next two decades (World Economic Forum & Harvard School of Public Health)



Goal 3. Target 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Goal 3. Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Article 25 (b) of the Convention on the Rights of Persons with Disabilities (CRPD)

Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons.



What we do

In line with the CRPD and the SDGs, Humanity & Inclusion promotes the awareness raising, prevention, early detection, and care management of non-communicable diseases (NCDs) including cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes in development and fragile settings.

Humanity & Inclusion's approach

The increase of NCDs is largely the result of poverty, pollution, urbanization, globalization, and lack of awareness and benefit of a healthy lifestyle. NCDs are multifactorial diseases that demand multifactorial solutions. To achieve sustainable results and multiply the impact of its interventions, Humanity & Inclusion works with local ministries of health, academics, service providers, local NGOs, communities, and families to:

- Strengthen the implementation of policy frames, support the inclusion of NCD related impairments into their scope, and improve the accessibility and quality of the services provided
- Design and organize more decentralized services with a stronger referral system, and improve data collection
- Build the capacity of health professionals on how to prevent and address NCDs
- Provide referrals to care facilities
- Foster psychosocial support
- Conduct awareness-raising activities on NCDs prevention, treatment and behavioral change
- Carry out evidence-based advocacy programs
- Provide therapeutic peer education
- Promote gender-sensitive monitoring

Our work in the Philippines

Project Phase 4

3 Regions
11 Provinces
21 Cities

495 Health centers
11 Referral hospitals



The Philippines will be one of the ten countries with the highest number of people with diabetes by 2030 (International Diabetes Federation).

Humanity & Inclusion launched the first pilot project on NCDs in Davao City in 2007. This included:

- Building the capacity of primary health care teams
- Providing relevant materials and tools
- Setting up a referral network
- Advocating for the availability of medicines and diagnostics

Since then, Humanity & Inclusion has duplicated and scaled up this pilot in 3 different regions.

For more information, we welcome you to contact:

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