

# NON-COMMUNICABLE DISEASES

July 2025 / Frontline Health Workers Coalition

## Overview

The accelerating global burden of non-communicable diseases (NCDs) necessitates greater and more strategic investment in the global health workforce. Non-communicable diseases include cancers, cardiovascular and chronic respiratory diseases, diabetes, and mental health conditions, among others. In every circumstance, all cadres of health workers – from doctors and nurses to lab technicians, community health workers, and pharmacists – are the essential link between NCD patients and the preventative resources or treatment they need. **The growing burden of NCDs, expected to reach an annual death toll of 52 million by 2030, coincides with a predicted shortfall of 11 million health workers – a compounding challenge that will have devastating social and economic effects around the world.**

Each year, **NCDs account for approximately 75% of the global mortality rate.** 48% percent of these deaths occur in people below the age of 70, with 85% of the global burden of premature mortality falling upon low- and middle-income countries. This has devastating effects on workforces and consumer bases, **costing the U.S. alone an estimated 2 trillion dollars annually** as a result of lost productivity and premature mortality. **Despite their destructive effects, 80% of NCDs can be prevented or delayed** with access to the appropriate screening resources, but these measures cannot be instituted without a resilient, well-resourced, and comprehensively supported health workforce.

COVID-19 made perfectly clear that health systems are woefully inadequate to prevent and respond to global health emergencies. Insufficient investment in and support of health workers fuels a growing health workforce shortage that is a key part of this inadequacy. Despite a number of global commitments in recent years to strengthen the health workforce, including the Working for Health 2022-2030 Action Plan, the Global Strategy on Human Resources for Health: Workforce 2030, and the WHO Global Code of Practice on the International Recruitment of Health Personnel, there is still a long way to go. Related resolutions and political declarations have lacked the language needed to accelerate the mobilization of health workforce strengthening efforts. This must change. **Increased investment in the health workforce, enabling more robust preventative and primary care resources, is the most efficient and cost-effective strategy to combat NCDs.**



**Since 2000, NCD mortality has increased in more than 20 countries.**

The likelihood of dying prematurely (ages 30-70) has decreased by 22% since 2000, but NCD mortality has increased in more than 20 countries, mainly LMICs.<sup>4</sup>

Many health workers are overworked and under-resourced. In a report by the European Cancer Organisation, 52% of their sample reported that their work felt overwhelming and endless, and that they were not satisfied with administrative measures in place to support their mental health and safety.<sup>6</sup>



**52%**

**of health workers reported that their work felt overwhelming and endless.**

**77% of cancer professionals report working overtime**



In health worker intensive specialties such as oncology, in which 77% of cancer professionals report working overtime, high rates of burnout (particularly in young professionals) jeopardize workforce capacity building and access to care.<sup>6</sup>

**In a survey of nurses from 35 countries, only 24% reported that they felt their workplaces had adequate mental health support services.<sup>7</sup>**

<sup>1</sup> “Non-Communicable Diseases.” World Health Organization. <https://www.who.int/newsroom/factsheets/detail/noncommunicable-diseases>.

<sup>2</sup> Chakraborty, Sarbani, Natasha D’Lima, and Kate Tulenko. Staffed, Skilled, Supported, and Sustainably Financed: Charting the Course for an Optimised Health Workforce for NCDs. NCD Alliance, 2025.

<sup>3</sup> “Cancer and Ncds.” UICC. <https://www.uicc.org/what-we-do/advocacy/global-commitment/cancer-and-ncds>.

<sup>4</sup> NCD Alliance’s Proposed Text for the Political Declaration for the Fourth UN High-Level Meeting of the General Assembly on the Prevention and Control of NCDs and the Promotion of Mental Health and Wellbeing. NCD Alliance, 2025.

<sup>5</sup> Chakraborty, Sarbani, Natasha D’Lima, and Kate Tulenko. Staffed, Skilled, Supported, and Sustainably Financed: Charting the Course for an Optimised Health Workforce for NCDs. NCD Alliance, 2025.

<sup>6</sup> Ceelen, Wim, Mirjam Cru, and Wendy Oldenmenger. Rep. *Under Pressure: Safeguarding the Health of Europe’s Oncology Workforce*. European Cancer Organisation, 2024.

<sup>7</sup> “Survey Shows Nurses around the World Suffered High Levels of Pandemic Stress.” CIDRAP, [www.cidrap.umn.edu/covid-19/survey-shows-nurses-around-world-suffered-high-levels-pandemic-stress](http://www.cidrap.umn.edu/covid-19/survey-shows-nurses-around-world-suffered-high-levels-pandemic-stress).

# Recommendations

- 1) **Increase investments in integrated primary care systems through health workforce training in patient-centered NCD prevention, care and treatment models, with efficient referral processes to specialists in conditions such as cancer and mental health.**
- 2) **Conduct country-specific Health Labor Market Analyses (HLMA) to facilitate the implementation of data-driven models for health systems strengthening and workforce development that aim to address the growing burden of NCDs.**
- 3) **Engage innovative and diverse financing models, including domestic resource mobilization, public-private partnerships, development aid, and philanthropic assistance to increase investments in health worker capacities to provide NCD services.**
- 4) **Ensure fair remuneration and institutionalize mechanisms to reduce worker workloads, monitor and cope with mental health and alleviate burnout to promote health worker retention and capacity building.**
- 5) **Commit to equity-based development strategies that prioritize health worker perspectives, particularly in supporting women's representation in global health leadership and administration.**

Since January 2024, [Last Mile Health](#) has collaborated with Ethiopia's Ministry of Health to implement the country's first in-service training program on non-communicable diseases for community health workers. This national program aims to expand NCD competencies to 40,000 of Ethiopia's health extension workers.

[CMMB's NCD Impact Initiative](#) in Kenya improves access to essential NCD treatment while strengthening training, supply chain, and data management. In May 2025, CMMB trained nurses and clinical officers across 50 partner facilities to improve management of patients with cardiometabolic diseases.

Building from promising results in Rwanda, Malawi and Liberia, in February 2025, [Partners In Health](#) launched Sierra Leone's first rural PEN-Plus clinic in partnership with the Ministry of Health and the NCDI Poverty Network. The model equips district hospitals with a specialized team of mid level healthcare providers, specifically trained to provide care to manage severe, complex NCD conditions through education, access to innovative technology, and social supports to improve patient outcomes.

[Project HOPE](#) has long been a pioneer in NCD care, having trained more than 234,000 health workers across the world in NCD competencies over the last 30 years. In addition to upskilling health workers, Project HOPE's domestic programs offer mental health support to frontline providers while strengthening local capacities and catering resources to marginalized communities and youth.

[CARE's LOVE Project](#) in the Philippines provided NCD prevention, screening, and management services to humanitarian refugees. The Project operated through a women-led model to address chronic illness, empower local women, and combat the prevalence of gender-based violence in refugee settings.

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