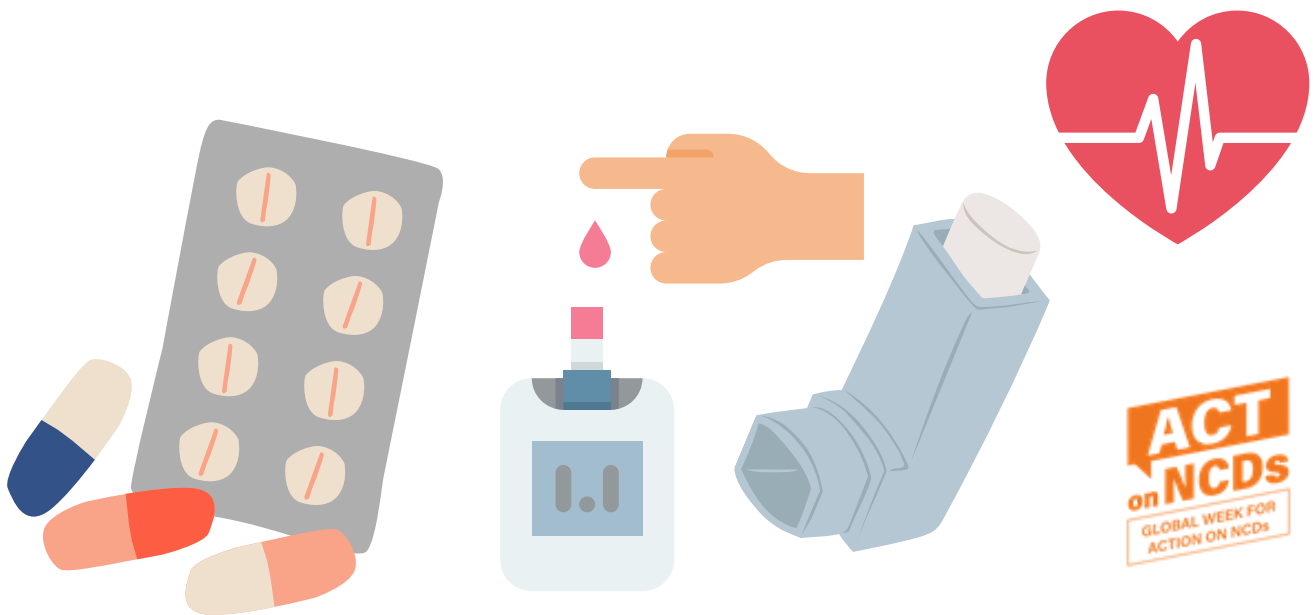




Navigating Life with Non-Communicable Diseases in Southeast Asia: Challenges and Resilience



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Battling Asthma Amidst Lethal Air Pollution in urban Bangladesh

Nasir Ali is a 40-year-old rickshaw puller in Dhaka's Mogbazar area. A decade ago, he bid farewell to the open fields and pristine skies of his rural birthplace, Fulbaria, Mymensingh, driven by the allure of a brighter urban future. Nasir's daily journey on his rickshaw takes him through congested streets, where he battles against a blend of exhaust emissions and dust. These pollutants have become constant companions in his arduous fight for survival. The physical demands of his work coupled with inhaling such polluted air have intensified the toll on his health. What was once a source of strength—his robust lungs from years spent in rural surroundings—has gradually deteriorated under the weight of the city's suffocating smog. In this battle against air pollution, even dormant ailments like asthma have reawakened, manifesting as an unyielding adversary. **"My asthma isn't just a condition; it's a constant battle that takes a toll on my health and my sense of well-being. It's like a heavy shroud of lethargy that never seems to lift, and my temples throb with persistent headaches, reminding me of the daily struggle I face."** said Nasir. As one of the most polluted cities globally, Dhaka consistently grapples with unhealthy to hazardous air quality levels, often due to elevated levels of PM2.5, fine particles capable of deeply penetrating the lungs. Rickshaw pullers, who spend extensive hours maneuvering through the streets, are disproportionately affected by this perilous air quality. Nasir's story, a narrative etched into the struggles with asthma, is a testament to the harsh realities faced by countless individuals in Dhaka. His wheezing breaths and labored steps reflect the broader struggle of a city where clean air is a luxury and health and quality of life are compromised in the name of survival.



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Navigating Obesity, Osteopenia, and Diabetes in India's Youth

Malati is a 23-year-old university student living in Kerala, India. Born with low birth weight, her parents immediately harbored concerns for her overall well-being. In their earnest endeavor to ensure her thriving, her mother undertook the responsibility of providing her with high-calorie food. Regrettably, this well-intentioned act inadvertently laid the foundation for a lifelong struggle with obesity. Growing up within the culturally diverse milieu of Kerala, Malati was exposed to a varied array of delectable but often nutritionally questionable foods. This obesogenic environment markedly exacerbated her weight issues. Her attempts to lead an active lifestyle were consistently challenged by the physical limitations imposed by her condition, leaving her plagued with frustration and a profound sense of helplessness. However, her weight was not the sole threat to her overall well-being. Malati was prohibited from participating in outdoor activities. This circumstance resulted in a lack of regular outside engagement, resulting in a severe vitamin D deficit that harmed her overall health. The cumulative effect of suboptimal nutrition, the consumption of unhealthy dietary choices, and her persistently low vitamin D levels yielded profound and dire consequences for Malati. She was struggling with osteopenia, a disorder marked by decreased bone density that made her more prone to fractures and other skeletally-related issues. Further concerning, Malati was diagnosed with type 2 diabetes, a chronic and potentially fatal disease that will require meticulous control and constant monitoring for the rest of her life. Unfortunately, there exists a significant care gap in addressing NCDs among the youth in India. Many young individuals like Malati face barriers to accessing timely and appropriate healthcare services for NCD prevention, early detection, and management. These barriers include limited awareness, insufficient resources, and a lack of targeted healthcare programs.



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Dhia Pei Fang's Health Journey: Battling NCDs and Advocating for Accessible Healthcare in Malaysia

Dhia Pei Fang, 47 years widowed local shop owner residing in the suburban area of Kuala Lumpur, Malaysia comes from a middle-class family with an extensive history of NCDs within her family. She considers herself a healthy, and physically fit woman but recently became concerned about her health issues associated with hypertension and high cholesterol levels. She is going through the diagnosis process as her doctor has suggested she has a chance of being screened for Diabetes, and kidney issues. Her diet contains high-sodium, high-calorie, moderate-fiber foods, which predominantly processed meats, sugary drinks, etc. She has struggled to make dietary changes despite recommendations from her healthcare provider in previous years. She leads a mostly sedentary lifestyle due to the demands of her shop and household responsibilities. Exercise is minimal in her daily routine, but she walks regularly and carries weights regarding her shop tasks. She thinks walking and carrying weight are not enough, yet she cannot help it. Her shop business and family life are stressful, due to which she often experiences stress-related symptoms. Dhia Pei Fang receives regular healthcare from a primary care physician in the locality, and she visits the local medical center for her diagnosis procedures, checkups for kidney issues, dietary checkups, etc. Dhia Pei Fang pointed out the emphasis on primary healthcare to achieve UHC for the citizens of Malaysia and by strengthening its primary healthcare infrastructure, ensuring that it is accessible, affordable, and provides comprehensive services. According to her, expanding health insurance coverage is essential to reducing financial barriers to healthcare in Malaysia for people like her. She suggested that the Government of Malaysia should consider initiatives to expand the coverage of health insurance schemes to a wider population, including the vulnerable and marginalized groups.



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Nyan Ag's Diabetes Journey: A Beacon of Hope in Rural Myanmar's Battle Against NCDs

Nyan Ag, a 45-year-old rice farmer in Myanmar, discovered he had diabetes. Unaware of the condition's severity, he continued his laborious work, neglecting his health. His condition worsened, leading to blurry vision and fatigue. Fortunately, a local health organization started a diabetes awareness program. Nyan Ag received education about the importance of medication, a balanced diet, and exercise. He joined a support group, sharing experiences and motivation. Gradually, his blood sugar stabilized, and he regained his vitality. Nyan Ag's story represents the transformative power of education and community support in managing diabetes, offering hope for countless others in Myanmar. In rural Myanmar, the People's Health Foundation (PHF), a founding member of the Myanmar Non-Communicable Disease Alliance, initiated a project between September 2021 and December 2022 to combat the rising burden of non-communicable diseases (NCDs), particularly hypertension and diabetes. This community-based initiative aimed to prevent NCDs and enhance control, aligning with Universal Health Coverage principles. Their approach centered on engaging youth health volunteers and empowering them with training in NCD screening, health education, and more. A comprehensive population census was conducted in 96 villages, identifying individuals at risk of NCDs. Health promotion and screening centers were established to disseminate information and screening services. A robust referral system ensured timely care for diagnosed NCD patients. The project reached 39,362 people, identified numerous cases of NCDs, and educated thousands about healthy behaviors. While it succeeded in improving NCD care access and early diagnosis, challenges included limited funding, the absence of treatment provision, difficulties in setting up health promotion centers, and the need for increased community participation. Despite these hurdles, the project lays a strong foundation for further efforts to tackle NCDs and promote community health in rural Myanmar.



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