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Research Article

Volume 1 / Issue 2

KOS Journal of Public Health and Integrated Medicine

<https://kelvinpublishers.com/journals/public-health-and-integrated-medicine.php>

Bridging Non-Communicable Diseases and Mental Health in Primary Health Care: Lessons from Somalia

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Received: August 11, 2025; **Accepted:** August 19, 2025; **Published:** August 21, 2025

Citation: Abdirezak A, et al. (2025) Bridging Non-Communicable Diseases and Mental Health in Primary Health Care: Lessons from Somalia. *KOS J Pub Health Int Med*. 1(2): 1-4.

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1. Abstract

Somalia is confronted with a significant public health crisis characterized by a dual burden of non-communicable diseases (NCDs) and mental health disorders. In 2019, NCDs such as diabetes, hypertension, and cardiovascular diseases accounted for approximately 42% of total mortality, underscoring a troubling shift in health priorities in a nation historically dominated by infectious diseases. Concurrently, mental health issues, particularly depression and anxiety, affect an estimated one in three individuals, a prevalence notably exceeding global averages. This study aims to provide a comprehensive assessment of the current landscape of NCDs and mental health in Somalia, identify systemic barriers to effective service integration, and evaluate the potential benefits of incorporating these services within primary healthcare frameworks.

Utilizing a mixed-methods approach, the research integrates quantitative data gathered from healthcare providers with qualitative insights from community focus groups. The findings reveal a fragmented healthcare system marked by limited access to services, inadequate healthcare infrastructure, and pervasive cultural stigma surrounding mental health. These factors significantly hinder effective care delivery and contribute to poor health outcomes. Despite these challenges, the study identifies promising opportunities for integration through community engagement initiatives and collaborative care models that leverage local resources and knowledge.

The research underscores the urgent need for an integrated healthcare approach that addresses both NCDs and mental health disorders to enhance overall health outcomes and improve the quality of life for the Somali population. It advocates for strategic policy reforms, targeted resource allocation, and multi-sectoral collaboration among government agencies, NGOs, and community organizations to create a more resilient healthcare system capable of responding to the evolving health landscape.

2. Keywords

Non-communicable diseases, Mental health, Integrated healthcare, Somalia, Public health, Community engagement, Policy advocacy, Health outcomes, Healthcare access, Collaborative care models, Health equity

3. Background

Somalia is currently facing a significant public health challenge characterized by a dual burden of disease, which includes a rising prevalence of non-communicable diseases (NCDs) and mental health disorders. NCDs such as diabetes, hypertension, and cardiovascular diseases accounted for approximately 42% of total mortality in 2019, reflecting a troubling trend in a country where infectious diseases have traditionally dominated health concerns. Concurrently, mental health disorders-particularly depression and anxiety-affect approximately one in three Somalis, which is notably higher than global averages. The World Health Organization (WHO) has highlighted that mental health issues are especially prevalent in conflict-affected settings like Somalia, where social and economic instability further complicates health outcomes.

The healthcare system in Somalia is fragmented, with only about 35% of the population having access to basic health services. This limited access exacerbates the burden of both NCDs and mental health issues, necessitating an integrated approach to care that can address these interconnected health challenges. Current healthcare delivery often operates in silos, leading to gaps in service provision and uncoordinated care, which can diminish the effectiveness of interventions aimed at managing both NCDs and mental health disorders.

4. Objectives

The primary objectives of this study are as follows:

1. **Assessment of current landscape:** To assess the current landscape of NCDs and mental health issues in Somalia, including prevalence rates, risk factors, and healthcare access.
2. **Identification of challenges:** To identify key challenges and barriers to the effective integration of NCD and mental health services within primary healthcare.
3. **Evaluation of integration outcomes:** To evaluate the potential outcomes of integrating NCD and mental health services into primary healthcare, focusing on access to care and health outcomes.
4. **Policy and practice recommendations:** To provide evidence-based recommendations for policymakers and healthcare providers aimed at enhancing service delivery and promoting health equity in Somalia.

5. Methodology

This study utilizes a mixed-methods approach, integrating both quantitative and qualitative research methodologies to gain a comprehensive understanding of the integration of Non- Communicable diseases (NCDs) and mental health services within primary health care (PHC) in Somalia.

6. Data Collection

Statistical data on the prevalence of NCDs and mental health disorders were collected from established sources, including the World Health Organization (WHO) and the Somali Institute for Health Research (SIHR). This secondary data included key metrics such as incidence rates, mortality

statistics, and healthcare access metrics, which detail the percentage of the population with access to essential health services targeting NCDs and mental health. National health surveys and targeted studies across various regions of Somalia provided a representative snapshot of health status and service utilization among diverse demographic groups.

Primary data were collected through two main methods: A structured questionnaire and in-depth interviews. Approximately 300 healthcare providers, including doctors, nurses, and community health workers from both public and private sectors, completed the structured questionnaire, providing quantitative insights into their experiences and practices.

In addition, in-depth interviews were conducted with 45 healthcare providers, whose distribution was determined using a proportional formula based on the total of 345 healthcare providers. This total was allocated to 10 hospitals, both public and private, ensuring representation from various healthcare settings. The group comprised 20 doctors, 15 nurses, and 10 community health workers.

Data were also collected from hospitals outside of Mogadishu through online forms for both the questionnaires and interviews. This approach facilitated broader access and participation, allowing healthcare providers from more remote areas to contribute their insights. The interviews aimed to explore their experiences in managing NCDs and mental health issues, as well as to identify systemic barriers to integration.

Community focus groups were also organized to facilitate discussions about health perceptions, stigma related to mental health, and attitudes towards NCDs. These discussions provided collective insights and highlighted common themes and barriers to care.

7. Data Analysis

Quantitative data were analyzed using statistical software (e.g., SPSS) to identify trends and correlations influencing health outcomes. Key analyses included descriptive statistics to summarize the prevalence and distribution of NCDs and mental health disorders, as well as inferential statistics to explore relationships between variables such as healthcare access and health outcomes.

Qualitative data from interviews and focus groups underwent thematic analysis. This process involved coding to identify and categorize key themes and patterns from transcribed discussions, leading to actionable insights regarding integration challenges and opportunities.

To enhance the robustness of the study's conclusions, triangulation was employed to validate results from both quantitative and qualitative analyses. This comprehensive approach ensured that the findings were well-rounded and reflective of multiple perspectives, ultimately providing a nuanced understanding of the integration process in Somalia.

8. Ethical Considerations

- **Informed Consent:** All participants were provided with information about the study's purpose, procedures, and their rights. Informed consent was obtained before participation, ensuring that individuals understood their involvement.

- **Confidentiality:** Participants' confidentiality was maintained throughout the study. Data were anonymized, and any identifying information was removed to protect participant privacy.
- **Ethical Approval:** The study protocol was reviewed and approved by an ethical review board to ensure compliance with ethical standards in research involving human subjects.

9. Limitations

- **Data Availability:** The study faced challenges related to the availability of up-to-date and comprehensive data on NCDs and mental health in Somalia, which may impact the generalizability of findings.
- **Cultural Sensitivity:** The cultural context of Somalia may influence the responses of participants, especially regarding mental health. Efforts were made to create a safe and respectful environment for discussions, but cultural stigma might still affect the openness of responses.
- **Resource Constraints:** Limited resources and logistical challenges in conducting fieldwork in certain areas of Somalia could have impacted the breadth of data collection.

10. Findings

The findings from this study reveal a significant public health challenge in Somalia, characterized by the rising prevalence of non-communicable diseases (NCDs) and mental health disorders. Data analysis indicates a notable increase in conditions such as hypertension and diabetes, particularly in urban areas, which have seen a 20% rise in hypertension rates over the past decade. This increase can be attributed to lifestyle changes, including poor diet, reduced physical activity, and urbanization. Concurrently, mental health issues such as depression and anxiety affect approximately 30% of the population, with many individuals also suffering from post-traumatic stress disorder (PTSD) due to ongoing conflict and instability. Alarmingly, a substantial portion of those affected by NCDs and mental health disorders are unaware of their conditions; around 40% of respondents reported that they had never been screened for NCDs, leading to delays in diagnosis and treatment.

Key challenges in addressing these health issues include limited healthcare infrastructure, which significantly hinders effective service delivery. Many health facilities are inadequately equipped, with only about 25% having the necessary resources to manage NCDs and mental health conditions effectively. This lack of infrastructure is compounded by a critical shortage of trained healthcare professionals, with an estimated 1.2 doctors per 10,000 people in Somalia. As a result, many healthcare workers feel unprepared to tackle these complex health issues, lacking both the skills and resources needed for effective management.

Cultural stigma surrounding mental health also plays a significant role in the reluctance to seek help. Many individuals view mental health disorders as a sign of weakness, leading to a pervasive fear of judgment. Approximately 60% of respondents indicated they would avoid treatment for mental health issues due to this stigma. Additionally, the fragmented healthcare delivery model contributes to a lack of coordination between services for NCDs and mental health, resulting in gaps in care. Patients often receive treatment for physical health issues without any

consideration of their mental health needs, further complicating their overall health outcomes.

Despite these challenges, there are promising opportunities for integration. Community-based initiatives that engage local leaders and health workers have shown potential in raising awareness and reducing stigma. For example, a pilot program in Mogadishu successfully trained community health workers to provide basic mental health support alongside NCD management. Such initiatives not only help bridge the gap in care but also empower communities to take charge of their health.

Moreover, there is a strong demand for public awareness campaigns that educate communities about NCDs and mental health issues. Many participants expressed a desire for better information regarding the symptoms of these conditions and available treatment options. Collaborative care models, which involve healthcare providers from various disciplines working together, can further enhance patient outcomes by offering comprehensive care that addresses both physical and mental health needs effectively.

The implications of integrating these services are profound. Improved patient outcomes have been observed, as coordinated care leads to better adherence to treatment regimens for NCDs and more effective management of mental health symptoms. Economically, investing in integrated care can yield long-term cost savings by reducing hospitalizations and emergency care needs. Furthermore, fostering community resilience through integrated services can empower individuals and families to better cope with the challenges posed by ongoing instability and conflict. Overall, these findings underscore the urgent need for a comprehensive, integrated approach to healthcare in Somalia, addressing both NCDs and mental health services to improve overall health outcomes and enhance the quality of life for the population.

11. Conclusion

Integrating non-communicable diseases (NCDs) and mental health services into primary health care (PHC) is crucial for effectively addressing the multifaceted health challenges faced by the Somali population. The study highlights a pressing need for this integration due to the rising prevalence of NCDs and mental health disorders, which are exacerbated by systemic barriers and socio-economic instability.

A fragmented healthcare system has led to significant gaps in service delivery, with many individuals unaware of their health conditions. This lack of awareness not only delays diagnosis and treatment but also contributes to poor health outcomes. By adopting an integrated approach, healthcare providers can offer more comprehensive care that addresses both physical and mental health needs. This holistic model recognizes that health is not solely the absence of disease but also encompasses emotional and psychological well-being.

Furthermore, community engagement is vital in reducing stigma and promoting understanding of mental health and NCDs. Local initiatives and awareness campaigns can empower individuals to seek help without fear, fostering a supportive environment that encourages health-seeking behaviors.

The integration of services is not only beneficial from a

health perspective but also economically advantageous. Improved patient outcomes can lead to reduced healthcare costs over time by minimizing hospitalizations and emergency interventions. Ultimately, this integration presents an opportunity for Somalia to build a more resilient healthcare system capable of responding to the evolving health landscape.

In end, the findings of this study underscore the urgent need for a comprehensive, integrated approach to healthcare that addresses both NCDs and mental health services. Such an approach is essential for enhancing the quality of life for the Somali population and ensuring a healthier future in a context marked by ongoing challenges.

12. Recommendations

12.1. Context-specific training programs

Develop comprehensive training programs for healthcare workers that focus on both non-communicable diseases (NCDs) and mental health. These programs should be tailored to the Somali context, incorporating cultural factors and traditional healing practices. Training should cover practical skills, trauma-informed care, and evidence-based approaches. Utilize community health workers (CHWs) to deliver care in remote areas, expanding access to essential services. Continuous education and refresher courses should be implemented to ensure healthcare professionals remain up-to-date with best practices.

12.2. Strategic community engagement

Launch targeted community engagement initiatives aimed at reducing stigma and increasing awareness of mental health and NCDs. Collaborate with community leaders, religious figures, and local media to disseminate accurate information and foster a supportive environment. Establish community-based support groups and workshops that encourage open dialogue about health issues, helping individuals feel more comfortable seeking help.

Utilizing culturally relevant messaging will enhance the effectiveness of these campaigns and promote health-seeking behaviors.

12.3. Robust policy advocacy

Advocate for the integration of NCD and mental health services into national health policies and programs, such as the Essential Package of Health Services (EPHS). This involves prioritizing mental health and NCDs in budget allocations and securing strategic partnerships with international organizations to gain technical assistance and funding. Develop a comprehensive national mental health policy that protects the rights of individuals with mental health conditions and outlines clear pathways for accessing care.

12.4. Comprehensive monitoring and evaluation

Establish a robust monitoring and evaluation framework that includes systematic data collection to assess the prevalence of NCDs and mental health disorders. Utilize WHO surveillance data and adapt existing health information systems to incorporate relevant indicators. Implement regular evaluations to measure the effectiveness of integrated services, identify gaps, and inform ongoing improvements. This data-driven approach will enhance accountability and ensure that interventions are responsive to the needs of the population.

12.5. Targeted resource allocation

Advocate for increased financial investment in healthcare infrastructure, essential medicines, and human resources to support integrated service delivery effectively. Focus on rehabilitating and upgrading existing healthcare facilities, particularly in underserved areas, and establishing new community-based clinics for mental health and NCD care. Ensure a consistent supply of essential medications and diagnostic tools, addressing procurement and distribution challenges to make treatments affordable and accessible.

12.6. Multi-sectoral collaboration

Foster strong collaboration among government agencies, NGOs, community organizations, and the private sector to address the social determinants of health that impact NCDs and mental health. Establish a national coordinating body to oversee the integration of health services, ensuring that diverse perspectives are included and initiatives are aligned with national priorities.

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