NCDs in Humanitarian Settings

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Field hospital for Ukrainian refugees in Poland
Humanitarian crises, driven by increasing conflict, the climate crisis and widening inequality, vary in nature and scale but they all share population displacement, the destruction of infrastructure and the disruption of supply chains and services. Health is one of the first casualties.

Fast Facts

- As of 2024, up to 300 million people needed humanitarian assistance and protection, while more than a third were forcibly displaced. This figure is expected to continue to rise as extreme weather events and armed conflict intensify.
- Humanitarian emergencies cause disruption to health systems, preventing people living with NCDs from accessing care and exposing them to life-threatening complications.
- A number of factors increase the vulnerability of people living with NCDs in a humanitarian crisis, including forced displacement, lack of medical services and supplies, increased exposure to NCD risk factors and mental distress.
- Important steps have been taken recently towards the integration of NCDs in emergency response programmes, such as the publication of policy guidelines, practical help provision and various commitments from international organisations - but much remains to be done to deliver on the promise of health for all..

Humanitarian crises: no-one is immune

Humanitarian crises arise as a result of armed conflict, natural disasters, disease outbreaks, political, social or economic instability, or a combination of the above. They can be temporary, as in the case of an earthquake, or ongoing, as in a long-term civil war.

More than one billion people live in fragile and conflict-affected situations [1 [1]], or one in every eight people globally. In 2023, 299 million people needed humanitarian assistance and protection - around 3% of the entire global population. Many of these people have had to leave their homes: 71.1 million people are internally displaced in their own country and a further 36.4 million are refugees in need of humanitarian support in host countries [2 [2]]. These numbers have been increasing over time and are expected to continue to do so.

Over three-quarters of refugees are being hosted in low- and middle-income countries, which are also the hardest hit by humanitarian crises [3 [3]]. Many of those living in humanitarian settings are in need of healthcare. Much attention in

these settings is rightly focused on acute needs, like women giving birth and vulnerable newborns, wounded people in need of surgery, and outbreaks of infectious diseases. But alongside these urgencies, millions of people struggle to manage a range of noncommunicable diseases (NCDs) such as diabetes [4], hypertension or cardiovascular disease [5].

People living with NCDs in humanitarian settings

One in five people worldwide live with one or more NCD, and those living with NCDs in humanitarian settings are particularly vulnerable. NCDs require continuity of care and even a short lapse can result in complications, disability and premature death. For instance, heart attacks and strokes are two to three times more common in emergency settings than in normal circumstances [4 [6]]. Diabetes and hypertension are also common and are major risk factors for other NCDs like cardiovascular [5] and chronic kidney diseases [7].

However, diagnosing and managing NCDs in humanitarian settings remains a challenge, for the people living with them as well as for those attempting to provide care, especially in low-resource countries whose health systems are unable to meet the needs even of resident populations. There are numerous difficult challenges, including:

- **Forced displacement**, which can lead to interruptions in the continuum of care resulting from loss of access to medicines or healthcare, especially for refugees fleeing to low- and middle-income countries where resources are limited and health systems are often overburdened.
- **Health systems and services** in humanitarian settings being severely constrained (if not completely undermined) by the deterioration or destruction of health facilities and infrastructure, the lack of medical personnel, and the shortage and cost of medical supplies, often leading to catastrophic out-of-pocket expenses [8].
- **Wider barriers to preventing NCDs** being multiplied by increased exposure to various risk factors, such as tobacco [9], alcohol [10], physical inactivity [11] or unhealthy diets and malnutrition [12]; and the impact of some social determinants of health such as gender [13], poverty [14] or the erosion of support networks and community ties.
- The **mental distress** caused by extreme living conditions in humanitarian crises not only increases the risk of mental illness, but also contributes to worsening health outcomes for other NCDs as they become more difficult to manage for people living with these disorders.

As countries collectively work towards achieving Universal Health Coverage [15], people living with NCDs in humanitarian settings are among those most at risk of being left behind.

NCDs as a priority in humanitarian settings: towards UHC

Despite the urgent and growing need for action, there is a long way to go to make NCDs a priority in humanitarian settings and deliver on the promise of health for all. Global humanitarian programmes remain underfunded [5 [16]], and the importance of NCDs in such contexts is often overlooked. This has only recently begun to change, as decision makers are now being forced to take an ‘all hazards approach’ to emergency planning and response, together with an inclusive health and humanitarian response that leaves no-one behind.

There is no silver bullet solution that can be applied to all humanitarian settings, and the degree to which countries are able to respond to health emergencies depends on the scale of the crisis they face, their economic situation, emergency preparedness, and health system resilience. But the success of an emergency response is more likely if proven models of care and strong partnerships between government and civil society are already in place.

Steps are being taken to support this, such as the establishment of a standardised framework for the integration of NCD care in humanitarian settings, consolidated through policy guidelines such as the UNHCR and IRC’s *Integrating Non-communicable Disease Care in Humanitarian Settings: An Operational Guide* [17], published in 2020. Practical help was also made available in 2016 with the introduction of the WHO’s NCD Kit, providing NCD medication for a population of 10,000 people for three months in an emergency event as a temporary solution.

There have also been important commitments at the global level, with the 75th World Health Assembly (2022) making recommendations on prioritising NCDs in emergency preparedness and response planning, and the WHO Global NCD compact (2022) directing that by 2030 governments should protect 1.7 billion people living with NCDs by ensuring access to care in humanitarian emergencies. And momentum continues to grow with the 2nd WHO global technical meeting on NCDs in emergencies taking place in 2024.

The meaningful involvement of people living with NCDs in humanitarian settings in the response is essential to ensure that their real needs can be addressed. Civil society plays a crucial role in bringing their voices into the process of shaping programmes and policies that place the affected communities at the centre.

To add to the knowledge and evidence base on NCD care in humanitarian settings, the NCD Alliance has produced a policy brief [18] and series of case studies from Lebanon [19], Kenya [20] and Ukraine [21] .

Case study: managing diabetes as a refugee

The Middle East and North Africa (MENA) region has experienced several humanitarian crises in recent times, resulting in displaced refugee populations and weakened health systems. One of the most affected countries in the region is Lebanon where one in four people is a refugee, most of them from Syria. Many of them live with non-communicable diseases, putting further pressure on health services already under stress from Covid-19 and socioeconomic crises.

The Partnership for Change coalition seeks to respond to this situation by implementing models of care that improve access to prevention, diagnosis and care for chronic diseases. Abdel, a Syrian refugee living in Lebanon with type 2 diabetes, is one of the beneficiaries of its programmes focused on strengthening patients' capacity to self-manage their diseases through education and peer support.

Related Resource: Neglected and in Crisis: NCDs as a Priority in Humanitarian Settings [18]
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