

Neglected and in Crisis

Delivering NCD Care in humanitarian settings

A DISCUSSION PAPER

NCD Alliance welcomes comments on this paper. Please send all feedback to info@ncdalliance.org before 28 February 2023.

Introduction

Noncommunicable diseases (NCDs) are a growing global challenge. NCDs, which include cancer, chronic lung diseases, diabetes and heart disease, are the world's leading killer, accounting for 71% of global deaths, or 41 million lives lost every year.¹ Three-quarters of these deaths occur in low- and middle-income countries (LMICs).² LMICs also experience the highest burden of humanitarian crises, devastating lives, severely disrupting the delivery of local services, and impacting the health of affected populations.³

Humanitarian Settings (or crises)

Where populations are affected by disaster (manmade or natural) or conflict. Organised relief to these populations is often coordinated through humanitarian agencies that act in accordance with the Humanitarian Charter⁴ which sets out common principles, rights, and duties based on the humanitarian imperative that action should be taken to alleviate human suffering arising out of disaster or conflict and that nothing should override this principle.

247 million people needed humanitarian assistance and protection in 2022.⁵ Many of these people were forcefully removed from their homes, became internally displaced in their own countries, or refugees in need of humanitarian support in host countries. Humanitarian crises can completely destroy the systems and services that were previously provided within a country. For people living with NCDs, this can be catastrophic, putting them at risk of serious and life-threatening complications from their conditions.

1 <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

2 LMIC: Countries of per capita income as defined using the World Bank classification system as “low-income” and “lower-middle-income.”

3 <https://www.unhcr.org/5fb537094.pdf>

4 <https://spherestandards.org/humanitarian-standards/>

5 <https://gho.unocha.org>

Managing chronic conditions like NCDs can be challenging in any setting, however, people living with cancer, chronic lung diseases, diabetes or heart diseases face even greater challenges when in humanitarian settings.⁶ These include disruptions to the delivery of healthcare because of restricted access, damage or destruction of health facilities and infrastructure; limited availability of healthcare providers; or disrupted supply of medicines, diagnostics, and products. People living with NCDs are also more susceptible to complications in their care, especially because important coordination between healthcare providers may no longer be possible during crisis situations.⁷

NCD prevention and care in humanitarian settings has been a neglected topic up until recent years. But humanitarian actors are now recognising the urgent need to improve NCD prevention and care for people living in or affected by humanitarian crises.

COUNTRY FOCUS

Ukraine

The recent and ongoing crisis in Ukraine has resulted in mass casualties, millions of refugees, and the destruction of multiple urban centres. Despite this, NCDs remain the leading cause of morbidity and mortality in Ukraine, with 84% of all deaths attributed to cancer, chronic lung disease, diabetes, heart disease and mental health conditions.⁸ The current war has caused shortages of medical supplies, disruption to care and health services, and interruption of prevention services. In addition to people living with NCDs being at risk of their condition deteriorating due to health services disruptions, they also have a higher risk of severe COVID-19. This is of particular concern because, in humanitarian settings, critical measures for pandemic prevention and control are more difficult to implement.

“I usually don’t have enough money to go to a hospital if I have high blood pressure or blood sugar” – Female, a Syrian refugee living in Jordan, 45 years, living with diabetes and hypertension.

6 <https://www.unhcr.org/5fb537094.pdf>

7 <https://www.ifrc.org/sites/default/files/2021-06/NCD-care-humanitarian-settings-civil-society.pdf>

8 <https://apps.who.int/iris/bitstream/handle/10665/352494/WHO-EURO-2022-5169-44932-63918-eng.pdf?sequence=3&isAllowed=y>

Current Global Policy Landscape

The first World Humanitarian Summit in 2016 resulted in the ‘New Way of Working’ – a commitment by humanitarian actors to work collaboratively to meet common humanitarian goals.⁹ This includes teamwork between and across actors in the humanitarian, development, and other related sectors, to create sustainable changes to address challenges faced by populations living in humanitarian settings.

This ‘New Way of Working’ has enabled the integration of NCD prevention and care in humanitarian settings by bringing together stakeholders from various relevant fields to coordinate care, provide emergency supplies and create emergency protocols for the prevention and care of NCDs in these settings.¹⁰

In 2022, the 75th World Health Assembly (WHA75) passed recommendations to strengthen policies to prevent, control, and treat NCDs for people living in humanitarian emergencies. This commitment aims to ensure that NCDs are prioritised in emergency preparedness and response planning and that people living with these conditions have access to essential services, including life-saving technologies and essential medicines. Investment will be implemented through a multi-sectoral strategy that aims to integrate NCD prevention and care into each step of the emergency response cycle.¹¹

People living with NCDs in humanitarian settings have first-hand experiences of the needs and challenges they face and are best positioned to articulate the actions needed for change. It is critical that these voices are engaged when developing policies and protocols related to NCDs in humanitarian settings. More information on how to meaningfully involve people living with NCDs can be found in the Global Charter on Meaningful Involvement of People Living with NCDs.¹²

REGIONAL FOCUS

South-East Asia

In 2018, the WHO regional office for South-East Asia published “Integration of NCDs in emergency response and preparedness”, which outlined the need for prioritising NCDs during emergencies, and developed a framework for NCD integration of care during emergencies in the region. The framework includes three phases of recommendations: preparedness, emergency, and recovery phases. Together, these phases cover each angle of addressing NCDs in emergencies. The document goes on to discuss prioritised conditions, essential medicines and technologies, and how to prevent NCDs at the community, primary, secondary and tertiary care levels.¹³

“I can’t afford to see a specialist or go to labs or have a follow-up” – Female, a Syrian refugee living in Jordan, 57, living with diabetes.

9 The first World Humanitarian Summit, which took place in Istanbul on 23-24 May 2016, was a global call to action by former United Nations Secretary-General Ban Ki-moon. The summit aimed to set a new agenda for global humanitarian action, focusing on humanitarian effectiveness, reducing vulnerability and managing risk, transformation through innovation, and serving the needs of people in conflict. More information can be found here: <https://sdg.iisd.org/events/world-humanitarian-summit/>

10 https://agendaforhumanity.org/sites/default/files/resources/2017/Jul/WHS_commitment_to_Action_8September2016.pdf

11 https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7-en.pdf

12 <https://www.ourviewsourvoices.org/global-charter/endor>

13 <https://apps.who.int/iris/bitstream/handle/10665/272964/9789290226352-eng.pdf?sequence=1&isAllowed=y>

REGIONAL FOCUS

Eastern Mediterranean Region

The impact of NCDs in the Eastern Mediterranean Region has been exacerbated by prolonged humanitarian and emergency crises which have resulted in weakened health systems and displaced refugee populations. This, in conjunction with the ongoing COVID-19 pandemic, has led to a dual burden for health systems, healthcare workers, and people living with NCDs. It has resulted in strained health systems and exacerbated already existing health inequalities.¹³ Views and Voices of People Living with NCDs in the Eastern Mediterranean Region, a 2020 publication by the Eastern Mediterranean NCD Alliance highlighted the perspectives of people living with NCDs in the region on this issue. Concerns included the lack of preventive services, continuity of NCD medication availability, the cost of care and the lack of medical insurance.

COUNTRY FOCUS

Lebanon

Lebanon is a country of fewer than seven million inhabitants and hosts nearly one million registered Syrians. This has increased the country's population by 15%, placing enormous pressure on its infrastructure, including the health system. Partnering for Change¹⁴ is a group of organisations that have sought to implement care models to improve access to uninterrupted NCD-specific prevention, diagnosis, and care, to help people living with NCDs survive and thrive in this challenging setting. Partnering for Change has supported the:

- Establishment of coordinated person-focused and multidisciplinary health teams, which consist of primary health providers, mental health workers and rehabilitation staff, who provide integrated, comprehensive care to people identified as living with an NCD and utilise patients' own resources by strengthening patient diseases management, self-care and psychological support.
- Establishment of peer-support groups bringing together people living with diabetes and hypertension around education on their condition, allowing them to share their experiences, and creating a community of mutual support.

13 <https://www.emrnca.org/wp-content/uploads/2021/01/OVOV-Consultation-report-EMR.pdf>

14 In 2018, the International Committee of the Red Cross, the Danish Red Cross and Novo Nordisk formed a partnership to address the growing issue of non-communicable diseases (NCDs) affecting millions of people in humanitarian crises worldwide. The partners have been working together for the past four years to gain a better understanding of the particular challenges faced by this vulnerable group and to build capacity around NCDs, specifically diabetes and hypertension, in humanitarian settings. They have partnered with LSHTM to collect data and gather evidence on the prevention and care of diabetes and hypertension in humanitarian crises. For more information see the Partnering for Change website: <https://www.humanitarianncdaction.org/>

Recommendations to support people living with, or at risk of, NCDs affected by humanitarian settings across the continuum of care

General

- Ensure continuation of essential NCD prevention and care services, including medicines and supplies. Consider and integrate NCD prevention and care services at every step during the emergency cycle, including into existing health services, disaster risk reduction, emergency preparedness and accountability processes, while developing humanitarian responses in countries affected by crises as well as host countries.
- Ensure strong, people-centred needs assessment processes, directly involving people living with NCDs, as well as broader civil society, affected by humanitarian crises into government, multilateral and humanitarian policy, programme and accountability development, enactment, and evaluation efforts. Focus on sustainable financing and partnerships to ensure NCD resources can be distributed in times of emergency.

Health Promotion and Prevention

- Reduce exposure to NCD risk factors for those living in humanitarian crises (e.g. tobacco products, use of unclean fuel for cooking, heating and lighting, lack of physical exercise and unhealthy diets) and integrate psychosocial support into humanitarian programming.
- Redress conflicts of interest in donations to humanitarian agencies from health-harming industries.
- Consider and respond to social determinants of health within humanitarian planning, response, and recovery, in line with recommendations to the 74th World Health Assembly on the topic (EB148.R2)¹⁶

Diagnosis, treatment, care rehabilitation and palliative care

- Promote migrant-focused, culturally, and linguistically acceptable NCD care, including for mental health, across the continuum of care with an emphasis on inclusive, people-centred primary health services to advance the achievement of universal health coverage in humanitarian settings.
 - Train and support a multidisciplinary health workforce with the knowledge, skills, and capacity needed to prevent, diagnose, and treat NCDs in humanitarian settings.
 - Promote, fund, and support national and international capacity for high-quality research, and development for disaggregated data collection and analysis of, NCD prevalence, risk factors and care provision in humanitarian settings.
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**Accelerating action on NCDs to
PROMOTE HEALTH, PROTECT RIGHTS AND SAVE LIVES**



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