POLICY BRIEF

NEGLECTED AND IN CRISIS

NCDs as a priority in humanitarian settings

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NCD Alliance

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People living in humanitarian settings are at increased risk of noncommunicable diseases (NCDs) and their complications – and global and national policy and action are beginning to shift to take this major health issue into account. Under government leadership, and with civil society playing a crucial role, resilient health systems are being built to embed NCD prevention and care services that are accessible to all, even in crisis situations. This paper sets out why this should be a global priority and provides recommendations for ways in which governments can move the agenda forward, and contribute to ensuring universal health coverage for this population at risk of being left behind.

Humanitarian emergencies significantly exacerbate the burden of NCDs

NCDs are a growing global challenge. Together, they are the world's leading killer, accounting for 74% of global deaths: 41 million lives lost every year.[1] NCDs include cancer, chronic respiratory diseases, diabetes and cardiovascular disease, as well as mental health and neurological conditions (such as epilepsy and dementia) and conditions such as rheumatic heart disease and kidney disease.[2] 86% of premature deaths from NCDs occur in low- and middle-income countries (LMICs) – which are also the countries that experience the highest burden of humanitarian emergencies.[3] And many NCDs could be prevented or delayed globally, including up to 80% of premature heart disease, stroke and diabetes.[4]

In 2023,
299 MILLION PEOPLE
NEEDED HUMANITARIAN ASSISTANCE AND PROTECTION

BOX 1

Humanitarian settings

Humanitarian emergencies threaten the health, safety or well-being of a community or large group of people. They include natural disasters, public health emergencies and armed conflict, and may combine multiple crises, such as war and the ever-increasing threat from climate change. Over time, an acute emergency can become protracted, with people potentially displaced people from their homes for decades.[5] **This policy brief addresses the need to prioritise people living with NCDs in any humanitarian setting – whether a short-term emergency or a more protracted crisis.**

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 (over three-quarters of whom are being hosted in LMICs).[6]

1 WHO. Factsheet: Noncommunicable diseases. 2022. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
2 Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion (launched 2016). https://www.ncdipoverty.org/lancet-commission
3 UNHCR and IRC. Integrating Non-communicable Disease Care in Humanitarian Settings: An Operational Guide. 2020. https://www.unhcr.org/5fb537094.pdf
4 WHO Global Health Observatory. Noncommunicable diseases. 2024. https://www.who.int/data/gho/data/themes/noncommunicable-diseases
5 European Commission, European Civil Protection and Humanitarian Aid Operations. Forced displacement: refugees, asylum-seekers and internally displaced people (IDPs). 2021. https://ec.europa.eu/echo/what-we-do/humanitarian-aid/refugees-and-internally-displaced-persons_en
6 Global Humanitarian Overview 2024. https://humanitarianaction.info/document/global-humanitarian-overview-2024

EXAMPLE

Kenya

A case study accompanying this policy brief, 'Kenya – one country, multiple approaches', sets out how incorporating NCDs within disaster response nationally and locally can improve life for people living with NCDs. In Kenya, multiple humanitarian crises are taking place simultaneously, both long-term (the influx of refugees from South Sudan and Somalia) and shorter-term (such as flooding, drought and the COVID-19 pandemic). The Ministry of Health is developing a policy document, with input from stakeholders (including the NCD Alliance Kenya) on NCDs in humanitarian settings, and many organisations are working together to better mainstream NCD care in emergency preparedness and response.[7]

Living with and managing a chronic condition can be challenging in any circumstances. However, people living with NCDs face even greater challenges when living in a humanitarian setting.[8] Health systems and services that were previously provided within a country may be completely destroyed or seriously undermined, due to factors including:

- Disruption in the delivery of healthcare because of restricted access, damage or destruction of health facilities and infrastructure;
- Limited availability and coordination of healthcare providers; and
- Disrupted supplies of medicines, diagnostics/screening and products, which can drive up prices and prove financially catastrophic to families trying to access the treatment they need.

Wider systems also come under stress: over time, social determinants of health (such as limited job opportunities) and exposure to risk factors (such as tobacco or alcohol use, physical inactivity and lack of adequate nutrition) increase the risk of preventable NCDs, and community and peer support is eroded.

All this threatens the continuum of care, making it much harder for people living with NCDs to manage their condition (or, often, multiple conditions) and increasing the risk of life-threatening complications.[9] This is particularly the case when living under the stress and mental distress of living in a humanitarian setting,[10] with limited access to any form of mental health and psychosocial support (MHPSS).[11]

BOX 2

UHC, humanitarian emergencies and development

If global commitments to universal health coverage (UHC) are to be truly universal, no one should be left behind – and people living in humanitarian settings are a particularly vulnerable group. This requires more than a short-term approach: recovery from protracted emergencies lies at the nexus of the emergency response and longer-term development action.[12] At the heart of the required response is building and supporting integrated, resilient health systems, both in directly affected countries and in host countries, where already-stretched health services often find themselves under increased pressure from refugees.[13]

Despite the clear and growing evidence – as set out, for example, in academic journals and gathered from lived experience – NCD prevention and care in humanitarian settings has been a relatively neglected topic until very recently. But things are starting to change.

7 NCD Alliance. Kenya – One country, multiple approaches. 2024. URL to follow https://ncdalliance.org/resources/kenya-one-country-multiple-approaches

8 UNHCR and IRC. Integrating Non-communicable Disease Care in Humanitarian Settings: An Operational Guide. 2020. https://www.unhcr.org/5fb537094.pdf

9 K. Hayman et al. Burden of cardiovascular morbidity and mortality following humanitarian emergencies: a systematic literature review. 2015. Prehosp Disaster Med 30(1): 80–8 https://doi.org/10.1017/S1049023X14001356

10 IFRC Psychosocial Centre. Scoping Report: Integrating Mental Health and Psychosocial Support Within Non-Communicable Disease Prevention and Care in Humanitarian Response. 2021. https://pscentre.org/?resource=scoping-report-integrating-mental-health-and-psychosocial-support-within-non-communicable-disease-prevention-and-care-in-humanitarian-response&selected=single-resource

11 WHO. Mental Health Gap Action Programme (mhGAP). 2024. https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme

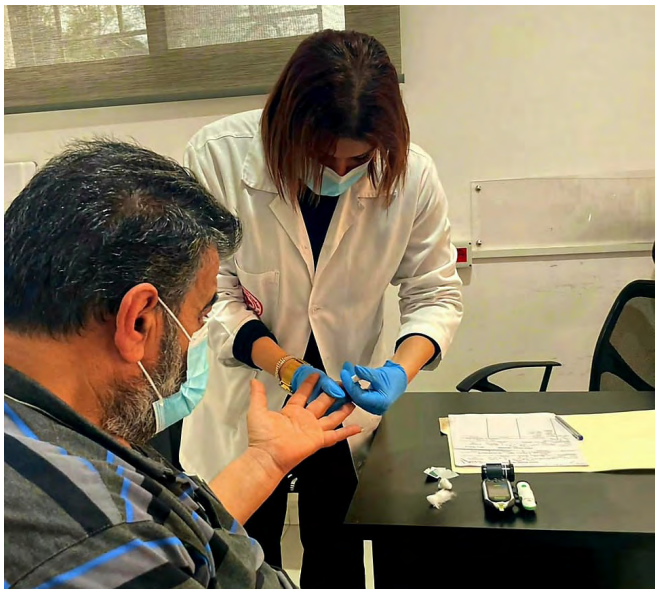
12 WHO EMRO. Bridging the Divide: A Guide to Implementing the Humanitarian-Development-Peace Nexus for Health. 2021. https://applications.emro.who.int/docs/9789290227502-eng.pdf?ua=1

13 S. Doocy et al. Prevalence, care-seeking, and health service utilization for non-communicable diseases among Syrian refugees and host communities in Lebanon. 2016. Conflict and Health 10: 21 https://doi.org/10.1186/s13031-016-0088-3

EXAMPLE

The Middle East and North Africa region

Refugees from Syria now account for 15% of Lebanon's population, adding further pressure to a health system already under strain from COVID-19 and socioeconomic crisis. A case study accompanying this policy brief, 'The MENA region – research into multistakeholder approaches', sets out ways in which implementation research adds value in strengthening the understanding and provision of diabetes and hypertension care for both refugees and the host population in Lebanon, including assessing different models of care (such as peer support groups) and underpinning the development of evidence-based practical materials for use by health professionals and patients themselves.[14]



"I can't afford to see a specialist or go to labs or have a follow-up."

– A Syrian woman living as a refugee in Jordan, 57, living with diabetes.

...and policy is responding...

There is increasing **policy acknowledgement of the urgency for action** on NCDs in humanitarian settings, which is set out in figure 1. This action should be led by governments, which have the primary responsibility for the health of their populations, and with support from humanitarian actors, UN agencies, the NCD community and other relevant stakeholders.

As well as calls for improved policy, **guidance** has been prepared by humanitarian and health actors, such as the UNHCR and IRC's *Integrating Non-communicable Disease Care in Humanitarian Settings: An Operational Guide*, published in 2020.[15] Practical help is also available in the form of the World Health Organization (WHO) **NCD Kit**, first used in 2017, which provides the NCD medication required for a population of 10,000 people for three months in the event of a humanitarian emergency.[16] However, the kit is not intended to be a long-term solution: it provides emergency care, but it is resilient health systems that are at the heart of effective, rapid recovery from a crisis.

Finally, civil society is turning its attention to this issue, with increasing academic focus and with the formation of multi-sector organisations such as the International Alliance for Diabetes Action (IADA). But people living with NCDs in humanitarian settings, with their first-hand experience of the needs and challenges, are best positioned to articulate the action needed for change. It is critical that their voices are engaged when developing, implementing and evaluating policies, programmes, guidance, protocols research and accountability mechanisms related to NCDs in humanitarian settings.

More information on how to meaningfully involve people living with NCDs globally is available in WHO's recent framework for people living with NCDs[17] and in the NCD Alliance's Global Charter on Meaningful Involvement of People Living with NCDs,[18] and regional work is also being done, such as the Africa Regional Advocacy Agenda.[19]

14 NCD Alliance. MENA – research into multistakeholder approaches. 2023. URL to follow https://ncdalliance.org/resources/the-mena-region-research-into-multistakeholder-approaches

15 UNHCR and IRC. Integrating Non-communicable Disease Care in Humanitarian Settings: An Operational Guide. 2020. https://www.unhcr.org/5fb537094.pdf

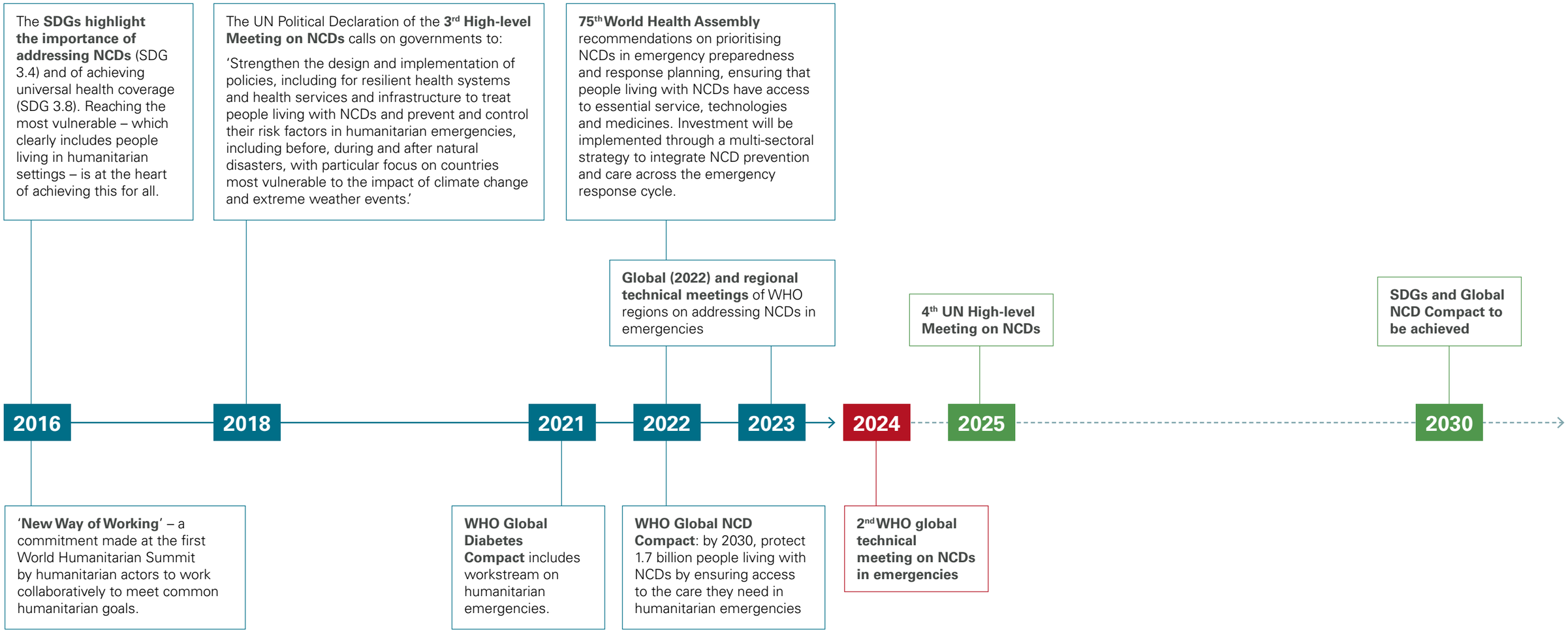
16 WHO. Noncommunicable Diseases Kit (NCDK). 2022. https://www.who.int/emergencies/emergency-health-kits/non-communicable-diseases-kit-2022

17 WHO. Framework for Meaningful Engagement of People Living with Noncommunicable Diseases, and Mental Health and Neurological Conditions. 2023. https://www.who.int/publications/i/item/9789240073074

18 NCD Alliance. Global Charter on Meaningful Involvement of People Living with NCDs. 2021. https://www.ourviewsourvoices.org/global-charter

19 Africa NCDs Network / NCD Alliance. The Africa Regional Advocacy Agenda of People Living with NCDs. 2023. https://ncdalliance.org/sites/default/files/resource_files/Africa_Regional_Advocacy_Agenda-EN.pdf

Figure 1
Selected global policy on NCDs in humanitarian settings since 2016



Sources: UN, Sustainable Development Goals https://sdgs.un.org/goals; IISD, 'World Humanitarian Summit' (2016) https://sdg.iisd.org/events/world-humanitarian-summit/; World Humanitarian Summit, Commitments to Action (2016) https://agendaforhumanity.org/sites/default/files/resources/2017/Jul/WHS_commitment_to_Action_8September2016.pdf; UN, Political Declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (2018) https://digitallibrary.un.org/record/1648984?ln=en; WHO, Global Diabetes Compact (2021) https://www.who.int/initiatives/the-who-global-diabetes-compact; Global NCD Compact (2022) https://www.who.int/initiatives/global-noncommunicable-diseases-compact-2020-2030; WHO, 'Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies' (A75/10 Add 2, Annex 4) (2022) https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add2-en.pdf

EXAMPLE

Ukraine

A case study accompanying this policy brief, 'Ukraine – civil society action' – demonstrates the importance of civil society's response to a humanitarian emergency, working with the Ministry of Health and WHO to coordinate an effective response, including from international NGOs and the international pharmaceutical sector. It focuses on diabetes – which was rapidly identified as an urgent and widespread need, with over 7% of the adult population living with diabetes – and on cancer, for which the impacts of the conflict could prove to be long term.[20]

...but more needs to be done.

COVID-19 and, increasingly, climate change have made it very clear that no country anywhere in the world is immune from humanitarian emergencies.[21] Governments everywhere have a responsibility to ensure that health planning in their own countries includes the whole continuum of care for NCDs and extends across the whole emergency cycle. They can also support the resilience of health systems in other countries that are directly affected by emergencies or are acting as host countries.

Primary care should be at the heart of this approach. It enables better-integrated treatment across multiple health conditions, including NCDs and MHPSS, and is the most effective way to achieve universal health coverage. Accessible, community-based primary care – coupled with the inclusion of NCDs (pharmaceuticals and diagnostics) in UHC benefits packages – provides a strong, resilient basis for continuation of care when a humanitarian emergency occurs.[22, 23] Effectively addressing the wider social determinants of health[24] within emergency planning and the humanitarian response can also have significant benefits for those at risk of or living with NCDs.

In particular, ensuring effective, meaningful engagement with civil society (including people living with NCDs), across government, multilateral organisations and humanitarian agencies, will strengthen health systems and build resilience to emergencies at community and family level.

The following 'Recommendations to governments to support people living with, or at risk of, NCDs – before, during and after a humanitarian emergency', developed by the NCD Alliance, are vital to ensure the human right of all people living with NCDs to the best available standard of health for all.[25]

20 NCD Alliance. Ukraine - civil society action. 2023. URL to follow https://ncdalliance.org/resources/ukraine-civil-society-action

21 WHO. The Impact of the COVID-19 Pandemic on Noncommunicable Disease Resources and Services: Results of a Rapid Assessment. 2020. https://www.who.int/publications/i/item/ncds-covid-rapid-assessment

22 IRC and UNHCR. Integrating NCD Care in Humanitarian Settings: An Operational Guide. 2020. https://www.unhcr.org/media/integrating-non-communicable-disease-care-humanitarian-settings-2020-pdf

23 P. Harris et al. Strengthening the primary care workforce to deliver high-quality care for non-communicable diseases in refugee settings: lessons learnt from a UNHCR partnership. 2022. BMJ Glob Health 7 (Suppl 5): e007334. https://doi.org/10.1136/bmjgh-2021-007334

24 World Health Assembly Resolution on Social Determinants of Health (WHA74/16). 2021. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf

25 UHC2030. An urgent call for people's health needs in conflicts and humanitarian crises. 2022. https://www.uhc2030.org/news-and-events/news/an-urgent-call-for-peoples-health-needs-in-conflicts-and-humanitarian-crises-555586/

Recommendations to governments to support people living with or at risk of NCDs – before, during and after a humanitarian emergency

- Integrate **essential NCD services into every part of the emergency cycle** – from preparedness and disaster risk reduction, through the immediate emergency response, to building back better in the recovery period.

- Build **models of primary care that are people-centred and affordable for all.** This includes ensuring access to health records and services across the continuum of diagnosis, treatment, rehabilitation and palliative care, such as by increasing the supplies of medication and products, facilitated by appropriate levels of buffer stocks, to allow for longer-term provision. This better empowers people living with NCDs in humanitarian emergencies to self-manage their condition.

- Train and support a **multidisciplinary health workforce** with the knowledge, skills and capacity needed to prevent, diagnose and treat NCDs in humanitarian settings, including task-shifting towards nurses and community health workers and the provision of online training.

- Facilitate all those living in humanitarian settings to **reduce their exposure to NCD risk factors**, including by improving access to healthy diets; enabling opportunities for physical activity; ensuring access to clean fuels for cooking, heat and light; and protecting from health-harming industries (such as tobacco and alcohol). Care should also be taken to respond to conflicts of interest arising from these health-harming industries, such as inappropriate emergency donations.

- Develop operational **partnerships and sustainable models of financing** that build health-system resilience and capacity, particularly in primary health care. This requires working with a range of stakeholders, including appropriate private sector, to identify and implement solutions.

- Ensure that **up-to-date, disaggregated data** on NCD prevalence, risk factors and treatment is integrated within health information systems, to inform decisions on provision of care in humanitarian settings and improve accountability.

- Promote, fund and support national and international **high-quality research,** further building the evidence base on how best to address NCDs in both acute and protracted humanitarian emergencies.

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