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Building long-term NCD emergency preparedness and responses for humanitarian crises

This policy brief aims to provide recommendations to address better the challenges faced by people living with non-communicable diseases (NCDs) in settings affected by humanitarian crises. It seeks to support the implementation of the 'Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases' and Annex 4 on humanitarian response specifically¹.

The brief was prepared by **Partnering for Change**, a cross-sector partnership reviewing current diabetes and hypertension services and care gaps in humanitarian settings. The partnership is focused on designing enhanced service delivery approaches. The intention is to better support access to context-appropriate management and prevention activities for diabetes and hypertension in humanitarian settings.

The issue

The NCD burden is increasing, impacting all regions and already accounts for 71% of deaths globally². More than three-quarters of these deaths occur in low- and middle-income countries (LMICs)². At the same time, LMICs are often the countries most impacted by humanitarian crises. In 2022, 274 million people are projected to need humanitarian assistance³, including more than 84 million people who have been forcibly displaced from their homes and communities⁴. Roughly 80% of these displaced people live in LMICs⁵.

Despite the growing demand, primary healthcare services, including for NCDs, continue to be inadequate and underfunded in LMICs and humanitarian settings⁶⁻⁹. In humanitarian crises, though critical for millions of people, NCD care services are rarely prioritised, putting people living with NCDs in these contexts at high risk of experiencing acute exacerbations of their conditions or developing serious complications¹⁰.

Humanitarian actors and country governments are progressively responding to the needs of people living

with NCDs. Yet, significant financing gaps continue to exist, requiring international donors and national governments to increase financial investment. Donors and governments need to escalate action to strengthen primary healthcare systems to deliver accessible, cost-effective, high-quality NCD care and better prepare for continuity of care during crises, such as epidemics, natural disasters and conflicts^{11,12}.

The COVID-19 pandemic is a stark reminder of the vulnerability people living with NCDs face and that this vulnerability is exacerbated in humanitarian settings. The pandemic highlighted that people with NCDs are at increased risk of developing severe COVID-19 symptoms and that disruptions in essential services and NCD care could disproportionately impact disadvantaged groups, including forcibly displaced populations in humanitarian contexts¹³.

Recently, the war in Ukraine has further demonstrated that countries must urgently better prepare for crises, which disrupt or destroy health systems and supply chains,⁹ and for population movement internally and across borders.

1. EB150/7 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases: Report by the Director-General (WHO) (2022). 2. World Health Organization. Noncommunicable Diseases. Fact sheet. Accessed March, 2021. <https://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases>. 3. OCHA UN. *Global humanitarian overview 2022* (Abridged). 2022. 9214030758. 4. United Nations High Commissioner for Refugees (UNHCR). Data Finder. UNHCR: The UN Refugee Agency. Accessed March, 2021. <https://www.unhcr.org/refugee-statistics/download/?url=iuV2>. 5. United Nations High Commissioner for Refugees (UNHCR). *Figures at a glance: Forcibly displaced people worldwide at the end of 2019*. UNHCR: The UN Refugee Agency. Accessed August, 2020. <https://www.unhcr.org/figures-at-a-glance.html>. 6. Jaung MS, Willis R, Sharma P, et al. Models of care for patients with hypertension and diabetes in humanitarian crises: a systematic review. *Health Policy Plan*. May 17 2021;36(4):509-532. doi:10.1093/heapol/czab007. 7. Ruby A, Knight A, Perel P, Blanchet K, Roberts B. The effectiveness of interventions for non-communicable diseases in humanitarian crises: a systematic review. *PLoS one*. 2015;10(9):e0138303. 8. Jordan K, Lewis TP, Roberts B. Quality in crisis: a systematic review of the quality of health systems in humanitarian settings. *Conflict and health*. 2021;15(1):1-13. 9. Ansbore E, Issa R, Willis R, Blanchet K, Perel P, Roberts B. Chronic NCD care in crises: A qualitative study of global experts' perspectives on models of care for hypertension and diabetes in humanitarian settings. *Journal of migration and health*. 2022;5:100094. 10. Hayman KG, Sharma D, Wardlow RD, Singh S. Burden of cardiovascular morbidity and mortality following humanitarian emergencies: a systematic literature review. *Prehospital and disaster medicine*. 2015;30(1):80-88. doi:10.1017/s1049023x14001356. 11. Roberts B, Ekezie W, Jobanputra K, et al. Analysis of health overseas development aid for internally displaced persons in low- and middle-income countries. *J Migr Health*. 2022;5:100090. doi:10.1016/j.jmh.2022.100090. 12. NCD Alliance. *Invest to Protect: NCD financing as the foundation for healthy societies and economies*. 2022. https://ncdalliance.org/sites/default/files/resource_files/NCD%20Financing%20Brief_Invest%20to%20Protect_fina_web_01.pdf. 13. OECD. *The impact of coronavirus (COVID-19) on forcibly displaced persons in developing countries*. Accessed May, 2022. <https://www.oecd.org/coronavirus/policy-responses/the-impact-of-coronavirus-covid-19-on-forcibly-displaced-persons-in-developing-countries-88ad26de/>.



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Therefore, we commend the World Health Organization (WHO) for its recommendations on how to strengthen the design and implementation of policies, including for resilient health systems, health services and infrastructure to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies.

Gaps in care

Limited evidence exists on how NCD services can better meet the needs of people affected by humanitarian crises. Research from Partnering for Change, carried out by London School of Hygiene & Tropical Medicine and local academic partners, underscores that models of NCD service delivery in crises are diverse and highly context-dependent⁹. The research findings show there are challenges with:

NCD care access and continuity of care

Access to the regular care required for NCDs is impeded in many LMIC settings by the lack of affordable, primary level NCD care, the dominance of hospital-based NCD care, and the lack of clear and trusted referral pathways. During crises, patients facing insecurity may be forced to incur more time and expense in travelling to distant hospitals, which can hinder access and continuity of NCD care further. They encounter financial costs of care; and have to use multiple providers to fill gaps, impacting the continuum of care* and hampering information sharing between

providers. Continuum of care is also limited by a lack of information systems, high staff turnover and shortage of comprehensive services and interventions that address a person's wellbeing and health needs from when the condition is identified.

Medicine supplies, equipment and diagnostic devices

In humanitarian settings, high costs and poor availability of medicines and equipment are a challenge for both healthcare providers and patients⁹. Supply chains for NCD medications are often already fragile and fragmented in many LMIC settings and are further weakened during crises. As a result, patients are forced to procure more expensive medicines through private pharmacies when supplies at government or NGO facilities run out. The provision of affordable medicines and associated equipment and diagnostic devices by ministries of health (MoH) and humanitarian agencies may be impeded even by the cost of their own procurement from the private sector.

Prepared, strengthened and resilient systems for NCD care

Addressing NCDs must be an integral part of any essential humanitarian healthcare offering. There are significant opportunities for integrating health system preparedness, prevention and care measures to reduce the health impacts of NCDs and alleviate the burden on these vulnerable groups.

1. Strengthen crisis preparedness of health systems to improve access to medicines, equipment and diagnostic devices and form better linkages between the MoH, humanitarian organisations and other actors

Improving NCD medicine stocks and supply chains is essential and should ideally be achieved by strengthening existing supply systems rather than establishing parallel systems. The steps required include working with medicine and diagnostic manufacturers to reduce costs, introducing WHO pre-qualification, using 'run-away packs' containing several months of medication and strengthening patient-held medical records.

MoH and humanitarian agencies should work to simplify treatment algorithms and make greater use of tools to rapidly assess needs and services as crises unfold. The private and public sectors should work together to make treatments easier to use or administer and develop affordable monitoring tools that enable self-monitoring.

Furthermore, models of care should seek to support health systems to ensure more coordinated, comprehensive, effective and sustainable approaches that include NCD care. Humanitarian actors should work with MoH, where possible, to conduct health system assessments and assess preparedness to respond to crises, develop response plans and ensure follow-up monitoring and evaluation. International toolkits and operational guidance for integrating NCD care into emergency responses should be standardised and adopted.

2. Promote access through decentralisation and integration of NCD services in emergency health and primary healthcare facilities where possible

NCD services should be decentralised from hospitals and integrated into community-

⁹ Ansbro É, Issa R, Willis R, Blanchet K, Perel P, Roberts B. Chronic NCD care in crises: A qualitative study of global experts' perspectives on models of care for hypertension and diabetes in humanitarian settings. *Journal of migration and health*. 2022;5:100094.

* Continuum of care is defined as having access to comprehensive services and interventions that address a person's wellbeing and health needs from the time a health condition is identified until the person recovers a functional state consistent with the context.



based and primary healthcare facilities to improve access to care and reduce the patient burden. Where appropriate, this should include task-sharing services from doctors to nurses for less complex patients and the use of peer support workers for health promotion and defaulter tracing. NGOs and donors should work with MoH to support this process, including greater training of staff providing NCD care. There should also be improved service integration for other health conditions, particularly for mental health disorders, by having interprofessional teams within the same health facility. Provision of more integrated services for patients could be helped by using a health social worker to oversee referral pathways, information flows between different services, and support greater continuity of care.

3. Build local preparedness and resilience through increased family and community support, making families and communities more self-sustaining in crisis

Models of care should be built around the patient and their families to ensure health services and systems are responsive to their needs, improve the quality of care, and reduce the burden on patients and their families. This can

be achieved by adapting and piloting existing patient-centred models of care through the meaningful involvement of patients and family members in service design, implementation, monitoring, and evaluation^{6,9}.

Conclusions

The burden of NCDs among crisis-affected populations is growing, but it remains a severely neglected issue. Inaction on improving NCD care in protracted crises and contexts of fragility comes at a high personal and societal cost. Investment in NCDs is cost-effective¹², and action now could address current challenges and create a foundation for strengthened and more effective and sustainable responses in the future.

Partnering for Change calls on national actors and governments, policymakers, United Nations agencies and partners addressing healthcare delivery in humanitarian settings to consider actions that can meaningfully address the issues of crisis preparedness of health systems and access to NCD services in crises within Primary Health Care through building local preparedness and resilience.

About Partnering for Change

Partnering for Change is a cross-sector partnership collaborating to generate more evidence and knowledge about existing models of care for NCDs in humanitarian settings in LMICs and develop and test adapted approaches to care for these settings, focusing on hypertension and diabetes. The partnership was established in 2018 between the International Committee for the Red Cross, the Danish Red Cross, and Novo Nordisk to contribute to finding solutions for the growing issue of NCDs affecting millions of people in humanitarian settings. The London School of Hygiene & Tropical Medicine (LSHTM) supports the partnership with data collection and evidence generation and is publishing a series of peer-reviewed papers.

Learn more about the partnership at humanitarianNCDaction.org.

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Chronic Care in Humanitarian Crises



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6. Jaung MS, Willis R, Sharma P, et al. Models of care for patients with hypertension and diabetes in humanitarian crises: a systematic review. *Health Policy Plan.* May 17 2021;36(4):509-532. 9. Ansbro E, Issa R, Willis R, Blanchet K, Perel P, Roberts B. Chronic NCD care in crises: A qualitative study of global experts' perspectives on models of care for hypertension and diabetes in humanitarian settings. *J Migr Health.* 2022;5:100094. 12. NCD Alliance. *Invest to Protect: NCD financing as the foundation for healthy societies and economies.* 2022. https://ncdalliance.org/sites/default/files/resource_files/NCD%20Financing%20Brief_Invest%20to%20Protect_final_web_01.pdf.