

PARTNERING FOR CHANGE

humanitarian



HIGHLIGHTS
FROM THE 2019
SIDE EVENT IN THE
MARGINS OF WHA72

Chronic care in **HUMANITARIAN CRISES**

The Chronic Care in Humanitarian Crises side event, held in Geneva on 21 May 2019, brought together approximately 140 stakeholders from different sectors and disciplines around the common cause of finding solutions for providing access to non-communicable disease (NCD) care for people living in humanitarian crises.

The side event was moderated by Professor Pablo Perel, Co-Director of the Centre for Global Chronic Conditions, London School of Hygiene & Tropical Medicine (LSHTM) and addressed two questions:

- What needs are there for integrating NCD care into the humanitarian health response, how can this be done, and what are the experiences so far?
- Can multi-stakeholder partnerships be part of the solution? Views and experiences.

This document provides a few highlights of what was discussed.



EVENT MODERATOR

PABLO PEREL

Co-Director of the Centre for Global Chronic Conditions, LSHTM





MORTEN JESPERSEN, Ambassador, Permanent Representative of Denmark to the United Nations Office, Geneva

“To ensure an efficient response to NCDs as part of the humanitarian response, we need strong partnerships between public and private entities.

Drawing upon the **comparative advantages of different partners working across silos** is key to an effective response.”



HE FEROUZUDDIN FEROUZ, Minister of Public Health, Afghanistan

“We [Afghanistan] are suffering from a **triple burden of disease** – NCDs, communicable diseases and armed conflict.

Resources are limited, and we can't cater for all NCDs. We have prioritised based on evidence of the burden of disease, cost-effectiveness of interventions and available capacity. We have introduced taxes on tobacco and sugary drinks to contribute to domestic resource mobilisation for our interventions.”



ESPERANZA MARTINEZ, Head of Health, ICRC

“We need to **shift the narrative** – NCDs are of epidemic proportions today and the medical consequences are significant.

We need three things: **better data, to think systems and place more attention and investment on NCDs.**”



REN MINGHUI, Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO

“Providing NCD care in humanitarian crises requires **planning, finance, operational capacity, needs assessment and follow-up.**”

From my personal assessment, the number one need is **global awareness** – and we are seeing that this issue is being fully recognised by UN member states in the 2018 UN High-Level meeting on NCDs.”

“NCDs don’t bypass humanitarian settings. When we engage in a country it is at the time of a conflict, but we know that NCD treatment is long-term. What happens when the humanitarian partners leave and the government or the private sector take over? That is when we need the engagement of the industry. We also **need the engagement of the industry to go the last mile of delivery – to the point of care for the patient.**”

HEIKO HERING, Senior Public Health Officer, UNHCR



“We need the **continuity of financing and we need sustainable financing.** And we need to link the humanitarian phase with the development phase when the crisis has moved on.

Which means that we need to start to think much more clearly about innovative financing mechanisms and what options there are for private sector involvement.”

ERNEST MASSIAH, Health Manager – Middle East & North Africa, World Bank



“Partnerships with civil society are the most important. **Communities are capable of looking after themselves in mobility, if they have the capacity to do so,** and as the communities move, they move with their own resources.

The only way to secure funding is to partner with those who have a long-term goal, for example, pharma where there is a long-term prospect of a new market.”

GITHINJI GITAHI, Group CEO of Amref Health Africa and Co-chair of the Steering Committee of UHC2030



“For us, **partnerships are essential to the achievement of the Sustainable Development Goals** – we see it as the only way that we can co-create and find solutions. This goes beyond funding. For example, you have an organisation [Novo Nordisk] that has built expertise in diabetes management for nearly 100 years and has a presence in almost every country in the world and has supply chain expertise.”

SORAYA RAMOUL, Director, Global Access to Care, Novo Nordisk





“We all agree that NCDs are central and at the core of the health agenda and also the political agenda. But **our focus needs to be on the gaps** – the gaps of knowledge, the data gaps, the gaps related to systems and the gaps related to commitment and leadership.”

Yves Daccord invited the panel to convene again in 2020 at ICRC in Geneva and discuss the following questions:

- Where are we concretely?
- How are you struggling on a daily basis?
- What are our interactions, where are the tensions and how can we resolve these?

YVES DACCORD, Director-General, ICRC

