World Health Organization

UNHCR The UN Refugee Agency

Report of the Global High-level Technical Meeting on NCDs in humanitarian settings

Building resilient health systems, leaving no-one behind

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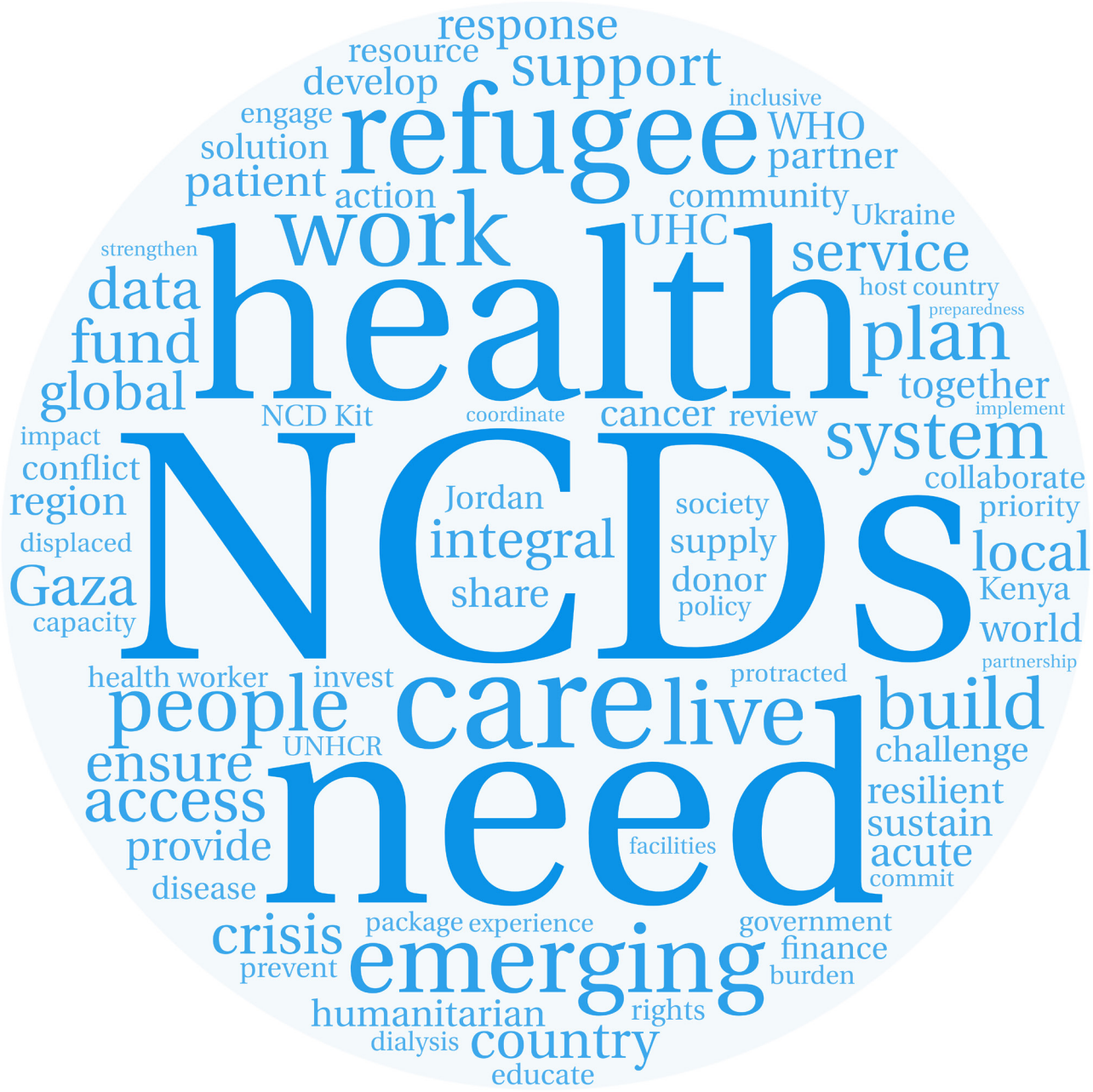

Word cloud derived from the Global High-level Technical Meeting on Noncommunicable Diseases in Humanitarian Settings

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The Global high-level technical meeting on noncommunicable diseases in humanitarian settings: building resilient health systems leaving no one behind was organized by the World Health Organization (WHO) and UNHCR, the UN Refugee Agency (UNHCR). It was co-hosted by the Governments of Denmark, Jordan and Kenya, and supported by the WHO Regional Office for Europe.

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Executive summary

The Global high-level technical meeting on noncommunicable diseases in humanitarian settings: building resilient health systems, leaving no one behind, organized by the World Health Organization (WHO) and UNHCR, the UN Refugee Agency (UNHCR) was held in Copenhagen, Denmark from 27 to 29 February 2024. The meeting was co-hosted by the Governments of Denmark, Jordan and Kenya, and was supported by the WHO Regional Office for Europe. More than 600 people, in-person and online, participated in high-level panels, plenary discussions, breakout workshops and side events, sharing experiences and drafting recommendations for ways forward on this pressing global health priority.

There is a vast global burden of NCDs. NCDs include a wide range of conditions, affect people of all ages, and account for almost three quarters of deaths in the world. However, in many countries and contexts NCD services – prevention, detection, diagnosis, treatment, management, rehabilitation and palliative care – are not yet systematically included in universal health coverage (UHC) packages. In these situations, people living with NCDs are particularly vulnerable in the event of health and humanitarian crises. This is a serious concern as the number of complex and protracted crises is increasing. However, too often NCDs have been seen as chronic or life-style diseases, and are thus considered less urgent. In reality, acute life-threatening complications and disability from NCDs during a crisis are often overlooked and not appropriately prioritized.

Ensuring that NCD services continue to be available in a crisis requires action across health systems, to strengthen resilience and reduce risks to people living with NCDs, and the humanitarian response cycle. This means ensuring NCDs are included within primary care services, as well as embedding these conditions within emergency planning and response. As part of emergency preparedness, essential NCD services that are inclusive and adaptable and can be continued in the event of an emergency should be identified, with clear guidance on NCD prevention and treatment for frontline workers. This includes access to specialised care and diagnostic services and medicines, In the event of an emergency, continuity of care should be assured both for routine follow-up in primary care and for management of acute complications and complex conditions in secondary care.

Including internally displaced people and refugees in response plans is essential. This population faces a range of challenges including language, cultural and access barriers such as lack of health records,

loss of medication, insufficient financial resources to access the limited services available, and increased exposure to NCD risk factors. Strong political commitment and legislation are needed to ensure that displaced populations can access health care services (including for chronic conditions) and local economic opportunities.

Actions that empower local communities, particularly involving people living with NCDs (PLWNCDs) themselves, are vital. Taking a person-centred approach to NCD service delivery ensures that patients better understand their condition and are better placed to self-manage in a crisis. Solutions are also more likely to be accepted and effective where local communities are involved in their design. Health workers are on the front line of delivery of NCD services and should be supported to fulfil their essential role in all phases of an emergency.

Working in partnership across agencies strengthens coordination by utilizing and building on knowledge and expertise. It also limits fragmentation and duplication of work, thus enabling a more efficient response. Multisectoral coordination platforms for NCDs, which include integration of basic needs (food, shelter, protection and livelihoods), can also help build a more effective response.

Good quality, disaggregated NCD data can guide decision-making in preparedness and response, as such information enables the best use of resources and appropriate prioritization according to local population need. Robust national health information systems and collaborative surveillance supports different stakeholders to share relevant data and respond appropriately. Implementation research including operational reviews is particularly useful in building new/more efficient models of delivering NCD care that is resilient or able to adapt in the event of a crisis.

Finally, it is essential that the NCD response is adequately resourced to support long-term preparedness as well as readiness and response. Most funding for NCDs comes from domestic sources (either government expenditure or out-of-pocket payments), and mechanisms are needed to ensure resourcing for systematic inclusion of NCDs as part of every emergency response. Humanitarian and development funding sources should be blended to strengthen resilience and enable the inclusion of NCDs in the response to sudden crises[1].

NCDs in humanitarian settings: leaving no one behind

Humanitarian crises and NCDs

The 2020s are an era of permacrisis, with multiple or overlapping emergencies at local, national, regional and/or global level. Crises are often interconnected, with compounding effects. They may be triggered by natural disaster (such as earthquakes, storms), climate change (including flooding, drought, heatwaves and extreme cold) and human-made disasters (conflict and political instability). Pandemics such as coronavirus disease 2019 (COVID-19) are a reminder that health emergencies can strike every country in the world. Crises around the world are becoming increasingly complex and protracted.

As a result, in 2024, the United Nations (UN) Office for the Coordination of Humanitarian Affairs has estimated that almost 300 million people are in need of humanitarian assistance, essential services and protection[2]. Refugee numbers have doubled in just seven years, with the UN Refugee Agency (UNHCR) reporting that one in 73 people globally is now displaced, almost nine in every 10 of whom are from low- and middle-income countries[3]. People are internally displaced for an average of 10 years and refugees for an average of 20 years.

At the same time, noncommunicable diseases (NCDs) are on the rise, currently causing 74% of global mortality. Furthermore, 85% of global premature death from NCDs occurs in low-and middle-income countries[4], the same countries that are often most affected by humanitarian crises. In 2021, in the three countries from where the most refugees come, NCDs accounted for a substantial proportion of total deaths: 92% in Ukraine, 75% in the Syrian Arab Republic and 50% in Afghanistan[5]. Refugees and migrants are also particularly vulnerable to exposure to NCD risk factors and face major challenges in accessing NCD health services[6].

Capacity and resources for the early detection and management of NCDs and their risk factors are often inadequate in low-resource settings, especially at the primary care level. While increased attention has been given to NCDs in recent years, NCDs are not consistently integrated in all-hazards emergency preparedness and response.

WHO's response

The response of the World Health Organization (WHO) to the growing crisis facing people living with NCDs in humanitarian settings lies within broader efforts to strengthen the global architecture for health emergency prevention, preparedness, response and resilience (HEPR). WHO's HEPR framework has been developed to better align health-system strengthening and multi-hazard

emergency preparedness and response. The framework consists of five core strategic components (the 5Cs) – collaborative surveillance, community protection, safe and scalable care, access to countermeasures and emergency coordination – and two overarching elements (strengthening governance and financing)[7]. These components can be used and adapted according to local context by ministries of health and humanitarian agencies to prepare for and respond to multiple crises, both at national and regional level, allowing for a coherent and coordinated all-hazards approach.

The global policy response on NCDs has been steadily building over time.

- In 2013, the *WHO Global action plan for the prevention and control of noncommunicable diseases 2013-2020* (now extended to 2030) called for WHO Member States to ensure continuity of essential NCD services, and for WHO to support the availability of life-saving technologies and essential medicines in humanitarian emergencies[8].

- In 2018, this call was echoed in the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases (paragraph 40), which highlighted the necessity to strengthen the services and infrastructure to treat people with NCDs in humanitarian emergency settings "before, during and after disasters"[9].

- In 2021, WHO issued its first guidance on how to strengthen the design and implementation of policies for NCDs in humanitarian emergencies (EB148/7, Annex 9)[10]. This described the process that the WHO secretariat followed to support Member States' (MS) request for guidance, and set the stage for a joint workplan between WHO's NCD Department and Health Emergencies Programme, regional consultations in the regional offices for the Eastern Mediterranean, South-East Asia and Europe, and meetings in the Small Island Developing States. These consultations and meetings informed the Global High-level Technical Meeting on NCDs in humanitarian settings and will be an important input in preparations for the Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025). The consultations have also stimulated a process of drawing up regional frameworks and approaches to addressing NCDs in all emergency settings.

- In 2022, recommendations on strengthening the design and implementation of policies to treat people living with NCDs and to prevent and control their risk factors in humanitarian settings

LEARNING FROM THE MENTAL HEALTH RESPONSE IN EMERGENCIES

Work is also ongoing to address mental health and psychosocial support (MHPSS) needs in vulnerable populations and those affected by crises, which has provided important lessons for NCDs. For example, the Inter-Agency Standing Committee's Guideline. Mental health and psychosocial support in emergency settings was an important turning point in addressing the immediate consequences of longer-term underlying NCDs during acute and protracted crises, as well as establishing MHPSS coordination mechanisms[17].

were adopted during the 75th session of the World Health Assembly. These recommendations invited WHO to review its NCD-related responses in emergencies, and suggested a strategic approach to improve WHOs technical assistance to countries on preparedness, response and recovery, using crises as an entry point to build back better health systems through the development of sustainable NCD services[11].

Following these latest recommendations and in response to large-scale recent crises, the WHO NCD Department and WHO Health Emergencies Programme came together to develop a joint workplan. This workplan gathers evidence, builds understanding and brings together Member States and other key stakeholders to ensure that NCDs in humanitarian settings are prominently positioned within the global health and security agenda. The workplan included an extensive landscaping review of WHO publications and internal documents, supplemented by key informant interviews and interviews with regional and in-country WHO staff.

At the same time, global commitments to refugees, migrants and internally displaced people have focused on health and access to health services and include those outlined in the following documents: *Promoting the health of refugees and migrants: global action plan 2019–2023. Report by the Director-General*[12], the *Global compact on refugees*[13] and the *World report on the health of refugees and migrants*[14], and (with UNHCR and the International Organization for Migration) the Rabat Declaration of the Third Global Consultation on the Health of Refugees and Migrants (2023)[15]. Central to these commitments is the need to better address the health of refugees and the integration of refugees health needs including for chronic care (such as NCDs) into national health services and health promotion. In 2022, a global evidence review on health and migration entitled *Continuum of care for noncommunicable disease management during the migration cycle* was published, which includes policy considerations to address the major challenges for NCDs for this group.

WHO also developed operational tools to use in response to emergencies, such as the H3 package of high priority health services for humanitarian response (a set of prioritized health interventions that can be delivered to populations affected by humanitarian crises)[16] and the WHO NCD Kit (which provides three months of treatments for the most common conditions, and which as of February 2024 has been distributed to 28 countries affected by conflict and/or natural disasters).

UNHCR's response

UNHCR, with its mandate to protect and assist refugees, has been focusing on strengthening NCD prevention and care for refugees together with host country governments and partners. UNHCR is doing this through advocacy for inclusion of refugees in national health policies, plans and systems and by mobilizing support to strengthen health systems. The agency has also worked to build the technical capacity of staff providing NCD care for refugees and host communities.

Additionally, UNHCR co-convenes, with WHO, an informal interagency working group on NCDs in humanitarian settings, which brings together a community of practice of nongovernmental organizations, UN agencies, civil society and academics to advance information-sharing and collaboration on ways to support those living with NCDs in humanitarian settings and collaboration.

2025: An important opportunity

In September 2025, the UN General Assembly will hold the Fourth High-level Meeting on the Prevention and Control of Non-communicable Diseases. This UN meeting is a crucial opportunity at which to reiterate the need for urgent action on NCDs in humanitarian settings and to catalyse action by UN Member States, WHO and all stakeholders to improve the lives of people living with NCDs in humanitarian settings.

Global high-level technical meeting

The Global high-level technical meeting on NCDs in humanitarian settings: building resilient health systems, leaving no one behind (hereafter also referred to as the meeting) was an important global moment along the path to the Fourth UN High-Level Meeting on NCDs, in 2025. The meeting aimed to bring greater convergence in approaches to and attention on NCDs in humanitarian settings, ensuring that a simple message is clearly articulated and clearly heard: it is time to prioritize people living with NCDs in both acute and protracted crises. This means changing and scaling up implementation of tailored health operations and learning from other sectors such as mental and reproductive health. The meeting brought stakeholders together to build political momentum and understanding of the needs of those living with NCDs in humanitarian settings, and to discuss the development of a comprehensive and integrated approach and better inclusion of essential services for NCDs in plans for emergency preparedness and response[18].

The meeting was hosted by the Government of Denmark, co-chaired by the Governments of Jordan and Kenya, and organized by WHO Denmark and UNHCR. The meeting was held in Copenhagen and supported by the WHO Regional Office for Europe.

The meeting was a hybrid event: 356 people attended in person, with a further 250 joining online. A total of 189 participants from 94 WHO Member States attended. Also participating were development partners and funding agencies, the UN system, and a range of relevant non-State actors, including humanitarian agencies, nongovernmental organizations, academic institutions, philanthropic foundations and private sector entities.

The meeting had a high-level segment (for heads of state and government and ministers from WHO Member States, and heads of UN organizations) and three technical meeting segments on 1) governance and financing, 2) operational challenges

for NCD service delivery and 3) protracted crises and displacement. The meeting also included a multistakeholder forum, eight topic-specific side events (as well as a digital storyboard and photography exhibition that presented country experiences in addressing NCDs in humanitarian settings.

Finally, six breakout groups gave an opportunity for participants to address different aspects of NCDs within emergency responses by exploring more deeply the 5Cs of the HEPR Framework, with recommendations drafted by each group over the course of the two days. The overarching recommendations in the meeting summary draw strongly on inputs from the entire meeting including from the breakout group discussions and also on a WHO report on NCDs in humanitarian settings that was circulated to participants ahead of the meeting[19].


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Shared experiences: selection of views expressed at the meeting

"We underestimate NCDs in fragile, resource-poor situations – we have failed to appreciate the epidemiological transition."

"There is a spiral of crises."

"The face of extreme poverty is increasingly found in humanitarian, conflict-affected settings and fragile states."

"We need to make NCDs the core of our operations in emergencies, as they are in peace time."

"In Ukraine, NCDs are always the emergency."

"When things get faster, more complex and more intense, we make mistakes and sometimes we have to step back and look at who we are leaving behind. Consideration of NCDs is non-negotiable."

"A tectonic plate is opening for a group of countries that just cannot recover from an acute crisis and go back to development."

"Our job is saving lives, ensuring rights and finding solutions – which depends on peace."

"NCDs has been one of too many orphan topics in the humanitarian world and it is good that it is getting more attention."

The meeting was enriched by a gallery of images showcasing refugees who participated in UNHCR programs. To view the full selection of images, click here [insert link]. Picture: ©UNHCR/Sala Lewis

"What is the human right to access essential services?"

"The elephant in the room is filling the funding gap."

"A lot of our response to NCDs in emergencies is ad hoc – we need to standardize our approaches."

"These people [living with cancer] deserve to live!"

"We need to decide the level of health care we refuse not to deliver. We must crystalize this by asking communities and then deliver it without fear but with courage."

"We need an all-hazards approach that integrates NCDs into emergency planning, but all-hazards isn't the same everywhere: it is about tailoring to the context."

"The information and data available in the preparedness phase for NCDs is very important."

"The NCD Kit is a dream come true."

"Inclusion of refugees in national systems is essential. Exclusion costs!"

"Nobody can feel the feeling of a cancer patient who can't get access to their medication."

"Medical humanitarian discourse remains dominated by talk of reducing mortality and morbidity – but I am also reminded of the centrality and importance of keeping in mind the dignity of people traversing crises."

"The magic is in the community."

"When you focus on the people you serve, problems get solved."

"Opportunity is the architect of resilience."

"We have scanned the European region landscape for innovation hubs, and it is dazzling!"

"Barangay health workers are the arms to our communities."

"No single agency or stakeholder can do this alone: we have to do it together."

"You don't want to be handing out business cards at the scene of a crisis. Upstream meetings like this are critical to ensure that we work together in ways that ensure resilience, equity and sustainability at scale."

"We must not fall into the trap of a false dichotomy between life-saving care and alleviating suffering. We must focus on choice and dignity in our humanitarian response."

"If there is no community engagement, nothing will work."

"When we speak about 'empowered people', it is empowered people living with NCDs, it's empowered health professionals ... but it's also about empowered communities."

"Older people need not be passive recipients – they can participate equally as other members of the community."

"Dialysis patients are in double, triple, quadruple danger: they need energy, water, transport and infrastructure – and this all costs a lot of money."

"What you have started here is a unique contribution to global health that will improve and save the lives of millions."

"We have spoken enough: it is time to take action. The future is promising. Let us leave no one behind and, in doing so, build a world of hope. Resilience is the cornerstone of humanity."

Main themes and findings

"If we all come together, we will not only save countless lives but will be investing in humanity and in the future of a world where our children can live in peace and health"

– Dr Waheed Arian, doctor and refugee from Afghanistan

The discussion at the meeting was rich and wide-ranging, with many country examples, snapshots of which are included (see boxes). Eight main themes emerged. These can be encapsulated in a single sentence, and are elaborated in the following sections.

A vast global burden of NCDs falls on people living in complex and protracted crises, which requires coordinated action across health systems and the humanitarian response cycle that: includes displaced people such as refugees; empowers local communities; works in partnership; is based on the best available data and research; and is adequately resourced for long-term preparedness as well as readiness and response.

An overarching finding was that clear convergence and common understanding between technical, emergency management and advocacy stakeholders is needed to jointly address NCDs in humanitarian settings.

The key findings and recommendations of the meeting will inform the upcoming deliberations around the Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025) and UNHCR's Global Refugee Forum (2027) as well as the ongoing development of regional and country-level roadmaps and action plans to better integrate and address the needs of people living with NCDs in humanitarian settings, including displaced populations.

A vast global burden of NCDs...

"NCDs are the medical tsunami of the century"

– Professor Feras Ibrahim Hawari, Minister of Health, Jordan

Demographic and epidemiological shifts mean that NCDs now form the greatest burden of disease globally, accounting for almost three quarters of global deaths, with 77% of these taking place in low- and middle-income countries. Despite this, in many countries, even before an emergency, NCD services – across the spectrum of prevention, detection, diagnosis, management, rehabilitation and palliative care (→*PALLIATIVE CARE*) – are not systematically included in universal health coverage (UHC) packages.

PALLIATIVE CARE

Alleviating suffering, as well as saving lives, should be considered in humanitarian settings. Palliative care is a cornerstone of the right to health and recognizes the dignity and worth of people living with NCDs. Caring in illness, dying and bereavement goes beyond simply medical treatment and is a social and spiritual experience. Palliative care provides evidence of what matters most to patients and allows them control of their health care. It should be integrated into the initial emergency response, including access to controlled medicines such as morphine for patients living with cancer and other NCDs. Palliative care must be provided in culturally appropriate ways, with community ownership when moving to the protracted and recovery phases.

The meeting highlighted approaches, steps and strategies needed to systematically consider NCDs as part of emergency response measures, and the importance of moving beyond priorities including communicable diseases or trauma-related injuries that have traditionally been considered responsible for the majority of increased mortality during emergencies and that have therefore tended to be the focus of health response efforts. In addition, the meeting flagged the importance of taking a broader view of NCDs for inclusion in humanitarian responses, beyond the limited group of chronic conditions that currently tend to be considered, such as, hypertension, mental health and psychological disorders, and diabetes (*→DIABETES)*. When looking at the needs of affected populations, other NCDs (for example, chronic respiratory disease, oral health, palliative care, *→CANCER* and *→KIDNEY DISEASE*) are likely to be important with some requiring immediate life-saving treatment. People of all ages are affected by NCDs and the needs of specific populations (including children and older people) should be considered.

… falls on people living in complex and protracted crises

"We don't have the latitude to follow a step-by-step approach, because emergencies don't wait. As soon as we address one problem, another shock happens and we can't recover from the first"

– Mr Marcus Cadet, Director, National Unit for Management of Health Emergencies, Haiti

The world is now in a seemingly permanent state of crisis and tension. For some countries, protracted crises have become the new normal; in others, it is impossible to recover from acute crises and reach the recovery phase. These crises are having a profound effect on millions of people: refugee numbers have doubled in seven years and, globally, one in every 73 people is now displaced[2].

It is simple to predict who will die in the next emergency – high on that list are people with pre-existing conditions who cannot access or afford treat-

DIABETES

The regions facing the greatest projected increases in diabetes are often the parts of the world hardest hit by humanitarian crises. Although some progress has been made, diabetes care, including insulin provision, is not always included as a standard part of the humanitarian response. Preparedness is crucial to ensuring continuity of diabetes care in a crisis, as it is resilient health systems that are the best protection for people living with diabetes. Challenges that they face include limited access to diagnostics and drugs (including insulin, which may need to be stored at cool temperatures) and a lack of food (which is essential for safe insulin injection).

CANCER

Too often, continuity of care for cancer has been neglected in humanitarian settings, as it is perceived as too expensive or complex. But this argument used to be made about all NCDs and that view has now changed. However, complex questions need to be answered about cancer in these settings, including identifying appropriate models of care for different contexts and how to define the life-saving interventions to be included in service packages. Operational guidance is needed for implementing partners including on medical evacuation for patients with the greatest potential to benefit from access to ongoing cancer care.

ment, as COVID-19 made very clear across the world. The likelihood of dying from an NCD before the age of 70 years increases greatly from just under 18% in non-fragile and non-conflict-affected settings to over 25% in fragile and conflict-affected settings.

Historically, humanitarian actors have prioritised health issues considered to be the most acute such as trauma and infectious diseases. NCDs are often labelled as chronic diseases and are hence deprioritized; and yet chronic diseases rapidly result in acute complications when treatment is interrupted.

The increasing incidence of complex humanitarian emergencies, and the underlying social, medical and often political circumstances, make it challenging to maintain services for those living with NCDs. The capacity to respond and the quality of this response will depend on the baseline resilience of the system, namely what is present to begin with in terms of NCD service delivery.

… which requires coordinated action across health systems and the humanitarian response cycle

"We are doing something – but we have to do better!"

– Dr Rick Brennan, Regional Emergency Director, WHO Regional Office for the Eastern Mediterranean

NCDs need to be more systematically included in emergency response plans and action across emergency preparedness, response and recovery, led by national governments. The past decade has seen an increased frequency of crises taking place in countries and regions with a high burden of NCDs, and to tackle this situation requires an urgent change in approach. At the heart of this change is the integration of NCDs – across the whole health system from health promotion to palliative care – ensuring the system can sustain existing essential health services and deliver UHC even in challenging humanitarian settings. The

KIDNEY DISEASE IN SUDAN AND UKRAINE

Sudan and Ukraine are both home to around 9000 people living with chronic renal failure who require dialysis. This treatment is resource-intensive and costly, but before the current crises, the UHC benefits package in both countries included renal replacement therapy. In Sudan, 7 million people have been forced from their homes and health facilities and telecommunication infrastructure has come under attack, so it is often not possible to contact patients even by telephone. The high cost of consumables for dialysis threatens the sustainability of supply and there has been little transparency on the cost of drugs and dialysis solutions. Patients are having to use their own money – with risk of impoverishment – to obtain visas, cross the border and pay for care. In Ukraine, resilience of dialysis services has been improved, for example by moving dialysis machines underground and bringing in generators to cover gaps in electricity provision.

resilience both of health systems and of people living with NCDs should be built up before and after an emergency, with the needs of vulnerable and marginalized populations assessed and taken into account at each stage.

Essential services for NCDs – for acute and protracted crises and in the recovery phase – should be inclusive and adaptable, building on the national context and developed with local communities. Prioritization of NCDs in humanitarian settings requires analysis of the needs of populations and of the baseline (or residual) capacity of the health system. Essential services and interventions in the acute phase of an emergency must incorporate primary health care, whilst also prioritizing secondary and tertiary care that offers life-saving interventions, including specialized care for conditions such as *→KIDNEY DISEASE*, *→DIABETES* and *→CANCER*.

In the acute phase of an emergency, NCDs must be included in the initial response. As far as possible, continuity of care for people living with NCDs should be provided with and through existing local health services. However, in cases where these services have been destroyed or are unable to function, the establishment of alternative temporary services may be necessary to mitigate the disruption. In some cases, medical evacuation may be required, which raises its own issues, including patient selection, safe transportation, and the regulatory framework and capacity of the host country to absorb new patients.

Ensuring the supply of good-quality medicines and care is vital. An important temporary measure is the WHO NCD Kit, which provides essential NCD medicines for three months in an acute crisis. The kits have been widely welcomed and used, although there are continuing challenges regarding training and capacity of health workers to use them and on delivery logistics.

Many different models of care exist. For example, both community health workers and peer-to-peer support groups (for different age groups or NCDs) can be important channels for support and care for people living with NCDs, both in the acute and protracted phases of an emergency (*→COMMUNITY HEALTH IN THE PHILIPPINES).* Building the capacity of health workers is also a crucial aspect of emergency preparedness and response, and their own needs as people living in humanitarian settings, should also be considered.

In protracted crises and fragile and conflict-affected settings, where services for NCDs are limited, identification of an essential package of NCD services would both be an effective entry point for a short-term response and could form the basis of the longer-term development of a resilient health system. This package would act across the humanitarian–development nexus and help to

COMMUNITY HEALTH IN THE PHILIPPINES

The 80 000 Barangay health workers in the Philippines are community health volunteers who perform critical health functions before, during and after crises, and are trained on communication and supply-chain management in emergencies. These health workers help to provide continuous health services and are often the first point of patient contact. However, they face challenges including a lack of job security and learning opportunities, and remuneration and benefits packages.

Reforms to the social insurance programme are ongoing to reduce out-of-pocket expenditure on health services, and an omnibus health guideline has been drawn up that sets out the services to be provided at each life stage. Standard operating procedures and standards of care for primary health care facilities are being developed to ensure that underserved areas can be better supported with improved anticipation of future risks.

health system. This package would act across the humanitarian–development nexus and help to ensure coordinated, coherent interventions between humanitarian agencies and between humanitarian and development operations.

In a protracted emergency and in preparedness and recovery phases, addressing the risk factors for NCDs becomes central to long-term population health, both of host communities and refugees. Public health policies such as tobacco taxation, encouragement of physical activity, labelling of unhealthy foods and vaccination against human papillomavirus can help to prevent NCDs and build the resilience of populations before and after an emergency.

Preparing for and building back better after every emergency is central to the commitment to deliver UHC by 2030. WHO Member States should establish national emergency preparedness and response plans for all kinds of emergency (both acute and protracted crises) which should systematically include NCDs. Setting priorities and establishing guidelines will enable frontline workers to have a clear understanding of how to triage people most at risk when a crisis occurs. There should be broad collaboration across sectors and across borders – including cluster coordination and involving People living with NCDs themselves– with accountability mechanisms in place. An emergency may highlight gaps in the existing health system and point the way to long-term development. (→*USE OF THE NCD KIT TO DELIVER THE ESSENTIAL PACKAGE OF HEALTH SERVICES IN AFGHANISTAN*)

Finally, responses must be well coordinated, including across sectors using multisectoral coordination platforms that integrate food, protection and livelihoods. These responses should include national and local government, UN agencies, nongovernmental organizations, health workers, the private sector, People living with NCDs and communities.

USE OF THE NCD KIT TO DELIVER THE ESSENTIAL PACKAGE OF HEALTH SERVICES IN AFGHANISTAN

In Afghanistan, an essential package of health services in primary and secondary care has been developed. Recently, with support from several donors, this package increasingly incorporates NCDs. The package builds on the NCD Kit, which was used in the acute emergency and immediate response in 2021, and is now being adapted to longer-term resilience and health systems strengthening. In 2023, WHO partnered with Primary Care International and the Ministry of Public Health to create and contextualize the WHO package of essential NCDs to the specific humanitarian setting in Afghanistan. This work includes translation into local languages and provision of training for health professionals including doctors and midwives.

Action on mental health and psychosocial support has demonstrated how rapidly progress can be made. Four years ago, just 56% of all humanitarian emergencies had a coordination mechanism for MHPSS support; today it is 87%[20]. An MHPSS minimum support package was also launched in 2023. Similar action to mainstream NCDs, right across the emergency cycle, is possible[21].

... that includes displaced people such as refugees

"The refugee community is often unseen but yet resilient in the face of unimaginable challenges"

– Ms Louange Koffi, registered nurse with lived experience as a refugee, Ghana

Internally displaced people and refugees are at increased risk of NCDs, in large part due to loss of medication, restricted access to health services due to the emergency and reliance on personal out-of-pocket resources to finance personal medical expenses. This out-of-pocket expenditure is exacerbated in health systems that do not sufficiently cover health care costs for refugees. These people face a cluster of challenges, including a lack of continuity of care, uncertainty about the availability of regular medicines when crossing borders, language barriers, migration status, and the cost of services, which often have to be paid out-of-pocket.

Today, on average, people are internally displaced for an average of 10 years and are refugees for 20 years. Given these decades-long time horizons, diagnosis and long-term management of NCDs is essential to reduce the risk of complications. Addressing the risk factors for NCDs is also important to prevent future disease.

Building separate health systems for refugees may provide them with support in the acute phase following a crisis, but this is not sustainable over time. In the longer term, it is essential to mainstream refugee health into the national system (→*ACTION IN JORDAN* and →*TAILORED NCD SERVICE PACKAGES IN LEBANON*). **Strong political commitment and evidence-informed policy are crucial to ensure both inclusivity of refugee populations and to build well-functioning health systems with NCDs fully incorporated within them.**

Offering refugees access to national systems, including health and education, can contribute to their integration as full members of the community, which releases their human capital so that they can both contribute to and benefit from social protection systems. This approach increases the welfare of broader society and helps to avoid tension with the host population. (→*REFUGEE INCLUSION IN KENYA*)

Both refugees and internally displaced people often face the challenge of having no health record, which

ACTION IN JORDAN

Jordan has become home to refugees from waves of crises over many years, including 1.4 million Syrian refugees. The country is committed to providing sustainable, good-quality health services equitably to both refugees and citizens. Everyone in the country was included in the vaccination programme for COVID-19, and a platform was developed on which patients could request a vaccination appointment and list their other health conditions, to enable better prioritization. During lockdown, almost half of patients with NCDs could not access their medication, and a system was established to deliver medication directly to their homes, which was provided at low co-payments. Currently, moves are being made towards digitization. All health records will be digitalized over the next three years and a virtual hospital is being developed in which general practitioners will provide services in person with experts accessed virtually.

seriously complicates continuity of care and may lead to duplication of services. One solution to this is a mobile health passport, held by the patient and with standard data-collection processes for the health provider. (→*INNOVATION IN BANGLADESH*) Refugees may also lack the legal documentation they require to access services at all – but for UHC to be truly universal, health services must be accessible to refugees and displaced persons in an inclusive and non-discriminatory way. Building trust is also essential to reassure refugees that they can seek the care that they need whilst maintaining confidentiality and upholding their right to protection.

Understanding the needs of internally displaced people and refugees through research, data-gathering and analysis is vital to the provision of NCD care. It is always essential to listen to and act on the needs, experiences and insights of these populations, which also helps to ensure accountability to those affected.

… empowers local communities

"All our work has to begin and end with those we serve… and everything else will get solved"

– Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme, WHO Headquarters

Working with affected communities and people living with NCDs is essential to identify on-the-ground barriers to NCD care and find innovative solutions to overcoming them. People living in humanitarian settings are highly resilient and, with support, can work to transform their own lives and, in turn, transform their communities. Energy and capacity already exist within local communities, so mechanisms to harness this community engagement across the emergency management cycle need to be developed. Taking an inclusive and participatory approach that involves people living with NCDs of all ages and their communities in the design and execution of programmes is an important building-

TAILORED NCD SERVICE PACKAGES IN LEBANON

Lebanon is developing its network of public primary health care centres in a collaboration between national and municipal government. These centres provide essential public health services at nominal cost, without discrimination on grounds of nationality. A central medical package has been developed that includes NCDs such as diabetes, chronic obstructive pulmonary disease, hypertension and cardiovascular disease. The package is implemented in the primary health care centres and includes tests, consultations and medicines, which are available to refugees as well as to the host population. Changes are also being made to the way in which cancer patients are supported by the Ministry of Public Health, with a shift to greater use of generic medicines and support from professional networks.

REFUGEE INCLUSION IN KENYA

Kenya is home to some of the largest refugee camps in the world. The Shirika Plan is a partnership between the governments of Kenya and Denmark, with three Danish philanthropic foundations and UNHCR. The plan is working to integrate the Kenyan national health and refugee systems and transition refugee camps into human settlements, which are robust economic hubs with opportunities for employment. In addition, the Kenyan Social Insurance Act 2023 aims to realize the right to health for all people and provide every individual in Kenya – including the refugee population – with access to health insurance.

block for successful, sustainable solutions. Young people, in particular, are a rich source of inspiration and experience. Where local strength, knowledge and skills are used in the design and delivery of solutions, these are more likely to be effective, accepted and appropriate.

A people-centred, rather than disease-centred, approach to care will help leverage the support of communities, and enable people living with NCDs themselves to better understand their own condition and be better placed to plan for and respond to a crisis. Taking a people-centred approach may improve resilience and offer cost-effective solutions that could be considered when developing priority interventions.

In addition, people living with NCDs can be trained as community leaders and can help remove stigma about NCDs and advocate for greater action. Peer support can be an effective way to provide sustainable and empathetic assistance for people living with NCDs, including on drug adherence and lifestyle factors such as good nutrition or access to basic amenities such as water and electricity. The needs of local populations need to be mapped, partly to ensure that services are appropriately prioritized, but also so that People living with NCDs can be systematically involved in planning and preparedness.

Community engagement also involves health workers (community health workers and other health professionals) who are on the front line of delivery of NCD and other services. (→*COMMUNITY HEALTH IN THE PHILIPPINES*) These health workers are a trusted part of local communities, but during conflicts, they are also subject to attack and may themselves need mental health support. Health workers have the knowledge, dedication and passion that are important to engage local communities, build resilience and ensure continuity of care. Health workers – including community health workers – need support to fulfil these key roles. This support includes training, capacity-building and task-shifting to ensure that they are best placed to respond in the acute emergency phase, and can work in protracted crises to prevent and manage NCDs, improve health literacy and provide access to services for the most vulnerable.

INNOVATION IN BANGLADESH

Cox's Bazar was a relatively deprived area of Bangladesh even before the influx of half a million Rohingya refugees from Myanmar. NCD Kits were used as a temporary source of essential medicines, but now a partnership with the World Bank has enabled patients with NCDs to be identified and drugs procured for them. Young people from the Rohingya community are being trained as palliative care assistants in one of the refugee camps, although morphine is in short supply. Innovations include bringing blood pressure machines into health clinics so people can measure their blood pressure without having to seeing a clinician, and a health card has been jointly developed by four agencies, with a specific NCD card being planned. This card acts as a mobile record for each patient (each of whom has a unique ID) and it has been shown to have decreased the burden on health facilities by reducing duplication of services.

However, for people living with NCDs, local communities and health workers to be fully empowered to respond to crises, coordination and partnerships are required.

... works in partnership

"A multidisciplinary approach is needed, so that we use all the resources and tools in the best way possible"

– Dr İladya Üçüncü, Head of Department of Chronic Diseases and Elderly Health, Ministry of Health, Türkiye

A multisectoral approach is always required to address the prevention and management of NCDs in an effective and affordable way, bringing together a broad range of stakeholders, knowledge and experience. This kind of collaboration is a challenge in all settings, but is especially so following a humanitarian crisis, where coordination mechanisms and a common language and understanding may all be lacking.

Relevant partners, many of whom were represented at the meeting, include: ministries of health (along with other ministries such as communications, financing and infrastructure); UN agencies; intergovernmental organizations; national and international nongovernmental organizations (including in related areas such as infectious diseases, development and climate change); professional networks; research organizations; and (as appropriate) the private sector. Knowledge-sharing is an important part of working in partnership, with examples of best practice and challenges provided throughout the meeting (*→AFGHANISTAN, BANGLADESH, HAITI, KENYA and YEMEN*).

The need to include academic partners to provide a strong foundation for research was particularly stressed at the meeting. Investment in research should be a routine aspect of joint working, with research capacity and transparency built, protected and advocated for as part of pre-emergency planning. Implementation research is useful for generating hard evidence, and programmes must be agile and responsive to changing realities on the ground. Much can be learnt from how research has been implemented beyond NCDs, including the need for pre-prepared and pre-designed protocols and ethical reviews, which can be readily adapted and rapidly implemented in what may be operationally and ethically challenging settings.

The private sector – including pharmaceutical and device-manufacturing companies, logistics companies and suppliers – can also be an important partner and source of innovation, bringing knowledge and expertise to managing supply-chain disruption. Access to effective NCD drugs is an

TOOLS AND SOLUTIONS

Some of the tools and solutions highlighted at the Global High-level Technical Meeting on NCDs in humanitarian settings provide guidance on addressing NCDs and facilitate better-informed action by countries; others enable data-gathering and analysis. A forthcoming WHO operational manual will collate and describe the tools to help stakeholders to navigate what resources are available.

The current WHO tools available include: (i) regional tools (such as the regional framework on NCDs in emergencies of the Eastern Mediterranean Region[22] and the forthcoming preparedness 2.0 framework of the European Region); (ii) standardized packages of care and algorithms for their use (WHO Noncommunicable disease kit[23], palliative care guide[24] and mental health kit[25]); (iii) guidance (the HEPR Framework[6], the WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions[26] and the HEARTS: technical package for cardiovascular disease management in primary health care: risk-based CVD management[27]); and (iv) good practice sharing (compendium of good practice on promoting the health of refugees and migrants[11], the global research agenda on health, migration and displacement[28] and the compendium on UHC[29]).

WHO data tools include: the WHO STEPwise tool[30], the harmonized health facility assessment tool[31] and the Health Resources and Services Availability Monitoring System (HeRAMS)[32]. A set of key indicators is currently being drawn up by the interagency working group on NCDs in humanitarian crises, which will also help to standardize data collection and facilitate communication and data sharing.

NCD-focused operational reviews, as well as operational reviews in other cross-cutting areas (such as MHPSS and nutrition in emergencies) have also been undertaken in countries, including Ethiopia, Türkiye, Ukraine and Yemen, to ensure that lessons learnt on NCD integration are applied in future humanitarian responses.

essential aspect of care in humanitarian settings, so advocating to and working with pharmaceutical companies to provide access to medicines at affordable prices is essential; this may include the use of pooled procurement.

… is based on the best available data and research

Data management is a prerequisite for decision-making during emergency preparedness and response. Tailored data collection on NCDs that enables priorities to be identified should be developed as a matter of urgency. The humanitarian response should be proportionate to the evidence-based need of people living with NCDs and customized to their local context as far as is possible, depending on available funding and capacity. Some health information systems – if not well developed before a crisis and with NCDs not fully integrated into national-level data – may prove to be insufficient during emergency response, and even the baseline health needs of people living with NCDs not fully understood. Without good-quality, disaggregated data, accurate planning for NCD care in an emergency is not possible: it is not known who has NCDs, what medication they require and what the urgency is for the patients, and where this will need to be provided. Blanket application of plans may not be appropriate; instead, good data enable the best use of available resources and the prioritization of areas most likely to be affected. Building the institutional capacity to use and analyse data (including on NCDs) will also facilitate operational and implementation research, enabling better responses in future crises.

However, even when not perfect, available data can be good enough to support planning and help anticipate where the greatest need will fall, so that ministries of health and others can take steps to plan for and react to any and every emergency no matter the context or the hazard. **Lack of detailed data should not be used as an excuse for inaction. At the same time, health information systems must continue be strengthened to improve the response.**

WORKING TOGETHER IN HAITI

Haiti is a country that is exposed to frequent natural disasters (increasingly driven by climate change), coupled with a challenging sociopolitical situation. As a result, the population is facing complex, overlapping, continuous crises, with health workers often being targeted. The health cluster is being used to coordinate health actors and a preparation plan for health emergencies has been developed. The plan focuses on providing rapid emergency response as well as other forms of health care in the longer term, with NCDs embedded in the response. Partners working to support these initiatives include the Pan American Health Organization, United States Agency for International Development (USAID) and the United States Centers for Disease Control and Prevention.

Several data-gathering and analysis tools were highlighted at the meeting (*→TOOLS AND SOLUTIONS*). These resources can be used both to improve understanding of community assets and the capacity of health systems and to undertake risk mapping and needs assessments of populations including people living with NCDs. NCDs should be systematically integrated, from initial public health situation analysis, which assesses the potential effect of an emergency, to the progressive consolidation of an emergency operation plan. Data and tools need not be perfect, but must be good enough to inform action.

Health information systems must also be robust enough to track patients and enable the provision of their continuum of care. This becomes more complex when people are displaced and health records are lost. People living with NCDs own their own data and must have access to them, perhaps through the use of mobile or electronic health records, so that they can seek care wherever they are. In addition, it is essential that refugees and migrants are included in national health information systems.
Joint working (collaborative surveillance) is important, bringing together different stakeholders and sharing data to provide the best picture of the situation. Non-standard sources of information can also be used, such as from nongovernmental organization and community-run services, which may also have the benefit of being more trusted by refugee populations. However, systems need to be in place to eliminate duplication of information. Data-collection should be strengthened right across the health system, with care taken not to separate off NCDs.

Implementation research – which goes beyond assessing the burden of NCDs and instead evaluates what interventions work and how – was highlighted as a necessary activity. For example, research into technological innovation and process innovation (such as better organization of health services or good data capture) can help make resources go further, often adapting existing channels to build new and effective routes to improved NCD care. The use of digital technology can be a useful tool to increase the efficiency and reach of services, thus helping to compensate for staff and infrastructure shortages. *(→ ACTION IN JORDAN)* Supply-chain management can also benefit from innovation across logistics, forecasting, real-time monitoring of inventory and predictive analytics to anticipate fluctuations in demand.

PARTNERSHIP WORKING IN YEMEN

The Ministry of Health in Yemen has been working with the World Bank and the United Nations Children's Fund on a revised minimum service package, which will now include NCD surveillance, essential medicines, and screening and management within primary health care. This new package has been piloted and is being scaled up to 200 primary health care facilities in 2024, with a resource mobilization plan to expand across the country. A joint operational review on NCDs has also recently been undertaken with WHO, which will better enable the establishment of priority actions.

… and is adequately resourced for long-term preparedness as well as readiness and response

"The important message is that we know it is possible. It may require thinking out of the box and breaking boundaries, but I am sure we can do it"

– Ms Sanne Frost Helt, Senior Director for Policy, Programme and Partnerships, World Diabetes Foundation

Resources for NCDs are often not proportionate to the burden of disease, given the cost of providing continuity of care for chronic conditions. This gap may be exacerbated in humanitarian settings, where there may be additional demands on the health system. Most funding for NCDs comes from domestic sources, either from government or from personal contributions including out-of-pocket payments.

Development assistance can also be important in providing resources for NCDs in humanitarian settings as an essential part of UHC. However, development partners may still be unaware of the mortality associated with NCDs in the acute phase of an emergency and of the profound effect that lack of access to NCD care services has on people living with NCDs, including impoverishment due to high out-of-pocket payments. Humanitarian and development funding sources (such as pooled financing) need to be blended to balance long-term, predictable financing that strengthens resilience, while leaving room to respond to sudden crises.

As part of the humanitarian–development nexus, this approach ideally includes localization of funding, which puts funds in the hands of local responders to help build resilience and enable a rapid response. This in turn enables resources to be directed to those people that need them most, thus allowing them to access care that is appropriate to their needs. Individual families may need help in paying for user fees for health services. Investment is also required in the training of frontline workers to ensure that they are able to deliver NCD care as part of primary health care.

Development partners and donors increasingly acknowledge the burden of NCDs, but often NCD-related data are not sufficiently collated and used, so they struggle to identify where best to direct their funding or support and how to track results. Data are essential for priority-setting for NCDs in humanitarian settings and for developing concrete, contextualized proposals.

Recommendations

The HEPR Framework (governance, financing and the 5Cs) formed the basis for six breakout groups at the meeting. Over the course of two discussion sessions, participants at the breakout meetings drew up a list of recommendations. These have been combined with recommendations voiced in the plenary discussions and insights from the WHO report[19] (drafted before the meeting and circulated to attendees). These recommendations are relevant to Ministries of Health and other government departments, WHO and other UN agencies, NGOs and civil society organizations.

Policy recommendations

Policy and financing

1. Embed NCD prevention, diagnosis, management, rehabilitation and palliative care in primary care and specialized services, and in emergency risk-management policies and strategies. Adapt legislation to include access for internally displaced people and refugees to the full range of NCD services within the national benefits package.
2. Ensure that resourcing for NCD care is maintained during acute and protracted crises through to resilient recovery, giving consideration to the needs and interventions that should be preserved and restored across the continuum of care (for example, dialysis or cancer care) while ensuring health system capacity to respond to acute events or deterioration in protracted crises.

Operational recommendations

Emergency coordination

3. Include NCDs in the national health sector response plan for acute emergencies, and in the national health strategy / national development agenda within the country-wide recovery plan.
4. Reinforce collaboration on NCDs between health systems and disaster management actors, as well as multisectoral collaboration on NCDs, through joint planning exercises and operational reviews covering cross-cutting areas of NCDs, MHPSS and nutrition.

Community engagement

5. Take an inclusive and participatory approach to response and recovery planning that acts on the knowledge and experience of affected populations of all ages – communities, health workers and people living with NCDs – with mechanisms for actionable feedback and accountability.
6. Support and strengthen the capacity of community health workers, peer educators and volunteers by training and empowering them to prevent and manage NCDs, promote health literacy, and act as trusted sources of care for the most vulnerable people in their communities.

Supply-chain barriers

7. Define a priority list of medicines, and laboratory and medical equipment for NCDs that can be maintained (or be made rapidly available) in humanitarian settings.
8. Build supply-chain resilience through contingency planning, including working with the private sector and other partners to assess and overcome barriers to access, and developing pre-agreements with suppliers to enable scale-up of production and maintenance of supplies if services are disrupted.

Models of care and service packages

9. Consider in the emergency response the various needs and interventions that need to be maintained, preserved and restored across the continuum of care and different levels of care, for example, primary care or more specialist services such as dialysis or cancer care.
10. Where no predefined primary care service package exists, rapidly define and implement an emergency service package that includes NCDs and works in alignment of all partners.

Data and information

11. Strengthen NCD surveillance by combining aggregated facility-level data, STEPS survey data and data from partners (such as mobile surveys), and foster a collaborative approach to surveillance with information exchange between agencies and sectors, while respecting the privacy of people living with NCDs.
12. Integrate NCDs and their common risk factors into health information systems. Utilize pre-crisis data on the health information system to guide emergency response plans, and complement collection of rapid assessment data during the acute phase of an emergency.

Actions for the WHO secretariat

WHO's NCD Department, Health Emergencies Programme, Health Systems and the Health and Migration Programme will continue to work together on a strategic approach to NCDs in humanitarian settings, including in the following areas:

Leadership and stakeholder engagement

- Include a paragraph on NCDs in humanitarian settings in the 2024 progress report of the UN Secretary-General ahead of the Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (2025).
- Consolidate operational partnerships.
- Engage with development partners and donors to strengthen the case for investment in NCDs in humanitarian settings and discuss viable options for NCD financing during acute and protracted crises in order to maintain or restore access to safe and good-quality essential services and reduce out-of-pocket expenditure.

Preparation of operational and normative tools

- Develop and publish an operational manual for NCDs in emergency preparedness and response.
- Develop a minimum initial service package for NCDs in humanitarian emergencies.
- Finalize indicators for monitoring NCDs in humanitarian settings (with the informal interagency group on NCDs in humanitarian settings).

Strengthening of country support

- Build on past and planned operational reviews to provide NCD technical support for emergency response (ensuring that risk and needs assessments include NCDs).
- Develop a roster of emergency practitioners experienced in NCDs for secondment to emergencies.
- Work with regional offices to develop regional frameworks and tools.

Actions for UNHCR

UNHCR will continue to work with partners to ensure and strengthen NCD prevention and care for refugees and their host communities, including in the following areas:

Leadership and stakeholder engagement

- Work with member states and partners towards inclusion of refugees in national health policies, plans and services including for NCDs.
- Continue to engage with development partners, the private sector and donors to ensure support for NCDs in health care provision in acute and protracted emergency settings.
- Continue to convene the informal interagency working group on NCDs in humanitarian settings.

Preparation of operational and normative tools

- Contribute to the WHO-led finalization of indicators for monitoring NCDs in humanitarian settings within the informal interagency group on NCDs in humanitarian settings, and other WHO-led work on operational and normative tools for humanitarian settings.

Strengthening of country support

- Ensure provision of a primary care package of services that includes NCD care in places where UNHCR and its partners are providing health services for refugees and host communities.
- Continue to provide support for technical capacity-building of health care providers (at the facility and community level) and governments in areas hosting refugees.
- Contribute to health system strengthening.

Looking forward

There is no time to waste and much can be done: positive examples can be found from around the world from which to draw inspiration and action. Although it can be challenging to convince those who can enable inclusion of NCDs in humanitarian settings (among them, policy-makers and donors) of the need to incorporate NCDs in all-hazards emergency preparation, the case is very clear: this must be a priority.

It is time to work together on a systematic and tailored response (involving the communities themselves), agreeing a minimum set of services for all, including refugees, to which the international community can commit, and strengthening health systems to withstand future crises.

This action is a vital part of establishing UHC for the many millions of people around the world who are living with or at high risk of NCDs.

"NCDs must be included as part of every emergency, no matter the cause. We cannot wait for the High-level Meeting in 2025: we have to act now!"

– Dr Bente Mikkelsen – Director, Noncommunicable Diseases, WHO, Geneva

Notes

1. This report provides a thematic overview of the proceedings of the Global High-level Technical Meeting on Noncommunicable Diseases in Humanitarian Settings. It is not a full record of the entire meeting.
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