



## WHO's work on NCDs in emergencies

For more information and for references, see WHO, *Strengthening services for NCDs in preparedness, resilience and response to humanitarian emergencies* (2024).

### Key points

- People living with noncommunicable diseases (NCDs) are highly vulnerable in the event of an emergency. National policies, strategies and legislation are needed to ensure that NCDs are included in essential health service packages, and that services are sustained in the event of humanitarian emergencies.
- Recommendations in Annex 4 to World Health Assembly resolution A75/10 (2022) give the World Health Organization (WHO) a mandate to work with Member States to strengthen the integration of NCDs within emergency preparedness, response and resilience.
- Since 2022, a joint programme of work has been established between WHO's Department of Noncommunicable Diseases, Rehabilitation and Disability (NCD) and the World Health Emergencies Programme (WHE). Expected outputs include: global and regional high-level meetings to strengthen policies for NCD integration across the emergency cycle; enhanced country support; and normative tools, including an operational manual on NCDs in emergency preparedness and response.

### Noncommunicable diseases: a crisis within an emergency

**NCDs** are diseases that tend to require long-term (often life-long) care, such as cardiovascular diseases, diabetes, cancer and chronic lung disease, and also conditions such as sickle cell and rheumatic heart disease. NCDs are the leading cause of death globally, driven both by changing demographics (such as population ageing) and by reductions in other causes of death. Three quarters of all deaths globally are from NCDs, and 86% of deaths from NCDs among people aged under 70 are in low- and middle-income countries.

Many **humanitarian emergencies** begin with an acute crisis, whether manmade (such as a war) or natural disaster (such as an earthquake or flood) – but, over time, many emergencies become protracted. At the start of 2023, there were 62.5 million people displaced by emergencies within their own countries and a further 35.5 million refugees: the average time that a refugee will spend in a camp is now around 20 years. The economies of countries hosting refugees may already be strained by the cost of NCDs – and this is exacerbated when their population is swelled by those fleeing crises.

Emergencies have direct and indirect consequences for physical and mental health of people of all ages, as health systems, societies and individuals struggle to adapt. This is magnified in settings in which services lack resilience to shocks, and it is the most vulnerable in society who are likely to feel the greatest effects of an emergency. Health needs such as trauma, infectious disease, and maternal and child health have always been central to emergency preparedness and response, but the needs of **people living with NCDs** have often been overlooked, despite the high mortality and disability caused by NCDs in humanitarian crises.

COVID-19 made clear that no country in the world is immune from a health emergency – and the pandemic had a “**deadly interplay**” with the **pre-existing global NCD epidemic**. In 2020, 136 countries reported to WHO that they had experienced at least some level of disruption in NCD services: over 60% of those that responded said that diabetes and diabetes complications management were disrupted, and over 50% that cancer treatment, asthma services and cardiovascular emergency care were affected.

Strengthening integration of NCDs in emergency preparedness and response must be a key discussion at the **Fourth High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs**, to be held during the UN General Assembly in 2025, to ensure the inclusion of stronger language on NCDs in emergencies in the subsequent Political Declaration.

## WHO strategic approach to strengthen NCD integration in emergencies

In 2021, the Executive Board (document EB148/7, Annex 9) published recommendations for the WHO Secretariat to support Member States in strengthening policies to address NCD prevention, control and treatment in humanitarian emergencies. Subsequently at the 75th World Health Assembly in 2022, Member States passed resolution [WHA/A75/10, Annex 4](#) of which is a set of “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”. In response to this mandate, a [joint programme of work has been established between WHE and NCD](#), taking an all-hazards approach to strengthen the integration of NCDs within emergency preparedness and response.

Initially, WHO undertook an analysis of the evidence base and operational lessons from integration of NCD services in recent humanitarian emergencies. This included a landscaping review, case studies from across all WHO regions, and key informant interviews with WHO’s NCD focal points, emergency coordinators and health systems strengthening personnel. This analysis underpinned the development of [WHO’s strategic approach to addressing NCDs in emergency preparedness and response](#), which is being implemented as follows:

**Leadership and advocacy:** to ensure that NCDs are better reflected in risk reduction and emergency preparedness, and in humanitarian response plans:

- [High-level regional workshops](#) to support Member States to develop policies for strengthening NCD integration in emergency preparedness and response, starting with a global kick-off meeting (Cairo, December 2022) and ending with a final global meeting in Copenhagen in February 2024. Two of the regional workshops have resulted in resolutions related to NCDs in emergencies being approved by the respective regional committees.
- A [WHO policy brief, Strengthening NCDs in all-hazards emergency preparedness and response: a policy brief \(2024\)](#), sets out recommendations for strengthening NCDs within the Health Emergency Prevention, Preparedness, Response and Resilience (HEPR) framework.
- [Strategic partnerships](#) have been developed with the informal interagency NCD technical working group, led by UNHCR, to align on indicators and best practice for NCDs in emergencies. Partnerships with the International Alliance for Diabetes Action (IADA) and the International Society of Nephrology have been established to facilitate early response to life-threatening treatment interruptions for people with diabetes who use insulin and people with chronic renal failure on dialysis.

**Country support:** to improve their emergency preparedness; and to strengthen the focus on NCDs within national emergency responses:

- [Operational support to countries and humanitarian agencies](#) on NCDs in emergencies has been enhanced through establishing technical working groups on NCDs under the health clusters and building WHO’s internal NCD capacity within the Incident Management Team structure.
- [Documenting and building on country experiences:](#) country case studies, digital stories and NCD-focused operational reviews, to draw programmatic lessons from acute and protracted emergencies to improve care delivery in that crisis and in subsequent responses.
- [Revision of the WHO Emergency NCD Kit \(2022\):](#) updating contents based on user feedback, establishment of regional distribution hubs, and development of guidance on ordering and procurement.

**Normative tools:** that address the specific needs evoked by Member States and national WHO offices:

- [Operational manual on NCDs in emergencies](#) and updating protocols/clinical guidance to accompany the revised WHO NCD kit.
- [Clinical guidance for insulin therapy in adults with type 1 diabetes in resource-limited and/or humanitarian settings](#), building on the WHO Global Diabetes Compact (2022), and in collaboration with IADA.
- Contribution on NCDs to [High-priority Package of Health Services in Humanitarian Settings \(H3 package\)](#) (2021) (in press).

WHO’s work on NCDs in emergencies was accelerated in 2017 by the development of the emergency [NCD kit](#), in response to the lack of NCD medicines and basic technologies (e.g. blood glucose tests) in standard emergency response medical kits (e.g. the Interagency Emergency Health Kit). It provides a standardized quantity of essential NCD medicines, equipment and medical supplies, for a population of 10 000 for three months.

Example: In June 2023, Small Island Developing States (SIDS) held a Ministerial conference on NCDs and mental health. SIDS are at disproportionate risk of disasters, which are increasing with climate change. The Bridgetown Declaration on NCDs and Mental Health, which resulted from the Conference, specifically includes emergency preparedness and response, recognizing that actions to address the prevention and treatment of NCDs and mental health are integral to climate change and pandemic resilience.

Example: In Afghanistan, WHO launched a pilot project to embed NCD services into existing primary care packages, supplying 27 NCD kits to primary care centres supported by the Afghanistan Red Crescent. The NCD kit proved itself to be an “entry point” for the rapid inclusion of NCDs into the essential package of health services for primary care.