

Responding to the Challenge of Non-communicable Diseases

United Nations High Commissioner for Refugees

1. Refugees and asylum seekers are particularly vulnerable to NCDs including mental health conditions and may face barriers to adequate health care.

NCDs, such as cardiovascular disease, cancers, diabetes, chronic respiratory disease and mental health conditions, are the greatest source of preventable illness, disability and mortality worldwide.

In the country of origin, prior to flight, refugees may have limited access to health care, including due to a disrupted health care system. Consequently, they may have undiagnosed or poorly controlled NCDs.

During flight, refugees may face harsh conditions and lack of continuity of care which may exacerbate NCDs.

Apart from the health risks associated with the forced migration, access to comprehensive healthcare may be limited for refugees. Key barriers to healthcare access may include language and cultural differences; protection issues resulting from a lack of legal status; and an inability to afford healthcare due to inadequate livelihoods.¹

United Nations high-level meetings have highlighted the need for UN agencies, including UNHCR, to scale up their work on NCDs as part of the 2030 Agenda for Sustainable Development.

NCDs contribute to ill-health, poverty and inequities and slow the development of countries. Every year 15 million people die before age 70 from NCDs, with 86% of these premature deaths occurring in low- and middle-income countries.

Major progress on NCDs is possible. Premature deaths from NCDs are largely caused by modifiable behavioural risk factors, such as tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. Environmental risks (e.g. air pollution) and constrained access to basic services also contribute significantly to NCDs.

Addressing NCDs requires coordinated action from all UN agencies within a broader whole-of-society response.

Multiple stressors (experiences of violence, disrupted social support systems and marginalization) in the country of origin, during flight and country of asylum, may lead to mental health conditions.

Displacement and lack of livelihood opportunities may increase unhealthy behaviors, such as tobacco and alcohol use as well as unhealthy diet.

During return, returnees may be returning to a country with a disrupted health system and lack access to quality health services, further threatening continuity of care.

¹ The health needs and access barriers among refugees and asylum-seekers in Malaysia: a qualitative study. Int J Equity Health. 2018. <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-018-0833-x>

2. UNHCR has a key role to play in supporting countries to prevent and control NCDs

UNHCR, as the UN refugee agency, is committed to the inclusion of refugees and asylum seekers in all relevant policies and programmes to reduce NCDs. This commitment is reflected in UNHCR's support to the implementation of the Global Compact for Refugees,² as well as World Health Assembly (WHA) Resolution 70.15 on promoting the health of refugees and migrants.^{3, 4}

UNHCR facilitates the integration of refugee NCD programmes into national systems. UNHCR's aim is to reduce morbidity and mortality amongst refugees from NCDs by improving the quality, accessibility and affordability of preventive and treatment services, ensuring the rational use of medicines, and strengthening the clinical and community-based management of NCDs. Improved NCD care improves quality of life, reduces premature death and disability, and, if provided early, significantly reduces financial strains on health systems due to the costs associated with disease progression and complications.

In 2014, UNHCR expanded the support of NCD programmes for refugees through a dedicated capacity building programme 'Caring for Refugees with NCDs' in Algeria, Bangladesh, Burkina Faso, Burundi, Chad, Democratic Republic of the Congo, Ethiopia, Jordan, Kenya, Rwanda, Tanzania and Uganda. Key activities of the project are:

- Training of Trainers, including learning material in clinical- and system-level NCD management for UNHCR and partners' public health staff (medical doctors, clinical officers) at regional and country level. This includes group workshops, individual coaching, diagnostic tool application, action learning, remote learning, dissemination of online resources, and case study discussions contributing towards a community of practice.
- Development of adapted screening and clinical management protocols based on country protocols and discussions with ministries of health including the community-based management approach for follow up of persons with NCDs.
- Development of a system of continuous professional development for local and regional trainers which might include e-portfolios, online forums and access to a specific library of material.
- Ensuring that the UNHCR Essential Medicines List (based on the WHO Model List of Essential Medicines⁵) includes evidence-based cost-effective medication to provide care for NCDs in line with national protocols.
- Strengthening data collection and monitoring tools for NCD care.

² Report of the United Nations High Commissioner for Refugees Part II Global compact on refugees. General Assembly Official Records Seventy-third Session Supplement No. 12 (A/73/12 (Part II)) https://www.unhcr.org/gcr/GCR_English.pdf

³ https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/WHA_RES_70.15-Promoting-the-health-of-refugees-and-migrants.pdf

⁴ https://www.who.int/migrants/about/framework_refugees-migrants.pdf

⁵ World Health Organization Model List of Essential Medicines (2019). <https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf?ua=1>

On mental health specifically, UNHCR and WHO developed the mhGAP Humanitarian Intervention Guide⁶ for training non-specialized health workers in humanitarian settings to identify and respond to priority mental, neurological and substance use conditions.⁷ Since 2015, more than 1000 health and protection workers have been trained with this tool. In 2019, UNHCR introduced scalable psychological interventions (brief psychotherapies that can be conducted by non-specialized workers) into refugee operations.⁸

UNHCR has reviewed the recommended WHA-endorsed 'Best buys' and other recommendations for the prevention and control of non-communicable diseases to identify those linked to UNHCR's work at global, regional and country level. UNHCR actions are highlighted in the table below.

BEST BUYS

In 2017, the World Health Assembly endorsed a set of 'best buys' and other recommended interventions to address NCDs.⁹ Best buy interventions address four NCD risk factors (tobacco, harmful use of alcohol, unhealthy diet and physical inactivity) and four disease areas (cardiovascular disease, diabetes, cancer and chronic respiratory disease). There are 88 recommended interventions, including overarching/enabling policy actions.



6 World Health Organization, & United Nations High Commissioner for Refugees. (2015). mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies. Geneva: WHO.

7 Echeverri, C., Le Roy, J., Worku, B., & Ventevogel, P. (2018). Mental health capacity building in refugee primary health care settings in Sub-Saharan Africa: Impact, challenges and gaps. *Global Mental Health*, 5, e28. DOI: 10.1017/gmh.2018.1019

8 Tay, A. K., Miah, M. A. A., Khan, S., Badrudduza, M., Alam, R., Balasundaram, S., & Silove, D. (2019). Implementing Integrative Adapt Therapy with Rohingya refugees in Malaysia: a training-implementation model involving lay counsellors. *Intervention*, 17(2), 267-277.

9 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases, WHO 2017.

Evidence-based interventions	UNHCR actions
Strengthen international cooperation for resource mobilization, capacity building, health workforce training, and exchange of information on lessons learned and best practices.	Capacity building on NCD care for clinicians providing care to refugees and host communities through training, mentoring, support and monitoring. Allocation of resources for sufficient medicine supplies, diagnostic supplies and tools, and health infrastructure to better integrate NCD care at primary care level for refugees.
Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding.	UNHCR and partners actively promote exclusive breastfeeding in health facilities as well as protecting refugees from donations/marketing of breast milk substitutes. UNHCR has an Infant and Young Child Feeding framework for a multisectoral approach placing the infant at the center.
Implement subsidies to increase the intake of fruits and vegetables.	In some settings UNHCR and partners have implemented Fresh Food Vouchers as well as cash-based interventions, to increase dietary diversity to improve complementary feeding.
Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years.	UNHCR trains clinicians on diabetes, hypertension, cardiovascular disease and chronic respiratory diseases. This includes task shifting to nurses and use of risk assessment charts and standard clinical protocols.
Treatment of asthma using low dose inhaled beclomethasone and short-acting beta agonist.	As above.
Vaccination against human papillomavirus (2 doses) of 9–13-year-old girls. Prevention of cervical cancer by screening women aged 49–30 and timely treatment of pre-cancerous lesions.	UNHCR advocates with ministries of health and Gavi to ensure refugees are included in national HPV vaccination planning. UNHCR also advocates that refugees have access to national screening programmes and has supported such activities in refugee camps including for high risk groups such as women living with HIV.
Prevention of liver cancer through hepatitis B immunization.	UNHCR advocates with ministries of health to ensure refugees are included in the national Expanded Programme on Immunization (EPI) including access to hepatitis B immunization. In certain situations, including where refugees are residing in camps, UNHCR may support the staffing and infrastructure for the delivery of health services, including EPI.

UNHCR partners with multiple stakeholders on refugee health. At the national level, UNHCR works closely with government ministries, particularly ministries of health and refugee affairs, and NGO partners. Both at national and international level UNHCR partners with UN agencies including WFP, UNICEF, WHO, UNAIDS, UNFPA, UNDP, ILO, and IOM, as well as with civil society.

UNHCR convenes an informal working group on NCDs in Humanitarian Settings at global level incorporating UN agencies, NGOs and academia. The group exchanges information on activities and initiatives and identifies collaboration opportunities to meet NCD care needs in humanitarian settings. Work is ongoing to develop operational and clinical guidance in such settings as well as to elaborate on the approach set out for NCDs in the Sphere handbook.¹⁰ This work builds upon 'Non-communicable Diseases in Emergencies', the brief for emergency planners, emergency care professionals and policymakers tasked with emergency response and preparedness.¹¹ UNHCR published guidance on promoting treatment adherence for refugees in health care settings in 2019.¹²

UNHCR works closely with other international partners on the Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings. This includes working with WHO and UNICEF to develop a minimal service package for mental health and psychosocial support in humanitarian settings.¹³

Due diligence is required to ensure that all partnerships advance health and development outcomes. Some private sector activities are beneficial for public health, while others contribute to NCD burdens by working to increase or preserve the availability, accessibility and/or desirability of health-harming products. An example is the fundamental conflict of interest between the tobacco industry and public health. Partnerships with some pharmaceutical companies may pose apparent or real conflicts of interest.



¹⁰ The Sphere movement was started in 1997 to improve the quality of humanitarian work during disaster response. The 2018 Sphere Handbook provides a humanitarian charter and minimum standards in humanitarian responses. <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

¹¹ UNIATF on NCDs/WHO. (2016). Noncommunicable Diseases in Emergencies. http://apps.who.int/iris/bitstream/10665/204627/1/WHO_NMH_NVI_16.2_eng.pdf?ua=1

¹² UNHCR, Promoting treatment adherence for refugees and persons of concern in health care settings (2019). <https://www.unhcr.org/5cd962bc7.pdf>

¹³ IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. <https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings>

Sphere and NCDs

The need to focus on NCDs in humanitarian crises reflects increased global life expectancy combined with behavioural risk factors such as tobacco smoking and unhealthy diets. About 80 per cent of deaths from NCDs occur in low- or middle-income countries, and emergencies exacerbate this. Within an average adult population of 10,000 people, there are likely to be 1,500–3,000 people with hypertension, 500–2,000 with diabetes, and 3–8 acute heart attacks over a normal 90-day period. Diseases will vary but often include diabetes, cardiovascular disease, chronic lung and cancer. Initial response should manage acute complications and avoid treatment interruption, followed by more comprehensive programmes.

NCDs standard: People have access to preventive programmes, diagnostics and essential therapies for acute complications and long-term management of NCDs.

Key actions: (i) identify the NCD health needs and analyze the availability of services pre-crisis; (ii) implement phased-approach programmes based on life-saving priorities and relief of suffering; (iii) integrate NCD care into the health system at all levels; (iv) establish national preparedness programmes for NCDs.

Key indicators: (i) percentage of primary healthcare facilities providing care for priority NCDs; (ii) number of days essential medicines for NCDs were not available in the past 30 days; (iii) number of days for which basic equipment for NCDs was not available (or not functional) in the past 30 days; (iv) all healthcare workers providing NCD treatment are trained in NCD management.

Adapted from the Sphere Handbook Section 2.6, pages 342–345 (mental health and palliative care are addressed in sections 2.5 and 2.7.10)

4. Mobilizing resources to deliver

UNHCR will continue to highlight the importance of NCDs as part of public health programmes, and seek improved NCD care for refugees within national health care systems, and fundraise with donors.

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The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity and learning in countries.

