



**UNHCR**  
The UN Refugee Agency

# STRENGTHENING UNHCR'S RESPONSE TO NON-COMMUNICABLE DISEASES

Improving non-communicable  
disease prevention and care  
services for displaced people  
and host communities in  
Tanzania, Burundi and Sudan

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Marie, from the DRC, lives in Nyankanda  
refugee camp in Burundi and has diabetes and  
hypertension. © UNHCR/Sala Lewis

# Partnership to strengthen UNHCR's response to non-communicable diseases (NCDs)

UNHCR is partnering with the World Diabetes Foundation (WDF) to improve our response to NCDs in acute and protracted refugee settings in Tanzania, Burundi and Sudan. The three-year partnership is also supported by a grant from the Novo Nordisk Foundation to WDF. The partnership focuses on supporting UNHCR's global and regional public health capacity and systems. The initiative focuses on preventing, detecting, and managing NCDs in Eastern Africa and enhances UNHCR's and our health partners', including governments, NCD care and health systems capacity. While refugees and other displaced people are the primary beneficiaries, services supported under the partnership also extend to host populations and other vulnerable groups. The most common NCD conditions of these beneficiaries, such as hypertension, diabetes, chronic respiratory diseases and mental health conditions, are prioritized.

## As part of the partnership, UNHCR and our health partners are focusing on:

- Awareness raising and health promotion
- Training of health care providers and community health workers
- Improving infrastructure
- Screening and provision of care
- Enhancing access to healthy food
- Inclusion of refugees in national health systems

## Displacement and NCDs

- More than **110 million people are forcibly displaced worldwide**, and of those, more than 36 million are refugees.<sup>1</sup>
- Refugees and asylum seekers are **particularly vulnerable to NCDs**, including mental health conditions, and may often face barriers to accessing health care.<sup>2</sup>
- NCD prevention and control are **key priorities for UNHCR in our public health work**. We work with partners to ensure access to health services and support the inclusion of refugees and asylum seekers in national policies and programmes to prevent and manage NCDs.
- **Achieving universal health coverage and leaving no one behind** means affordable access to quality NCD care, including for refugees, other forcibly displaced people and host communities.
- **Ensuring the right to health** for refugees, other forcibly displaced people and host communities has never been more urgent.

## Improving NCD prevention and care

**Hundreds of thousands of displaced people and host community members across Tanzania, Burundi and Sudan have been reached with health education, NCD prevention, diagnosis and care.**

In Tanzania and Burundi, there have been positive outcomes from the efforts to strengthen capacity in diagnosing and treating NCDs since the partnership started in 2022. Patients now have increased access to quality care in refugee camps and host communities, where upgraded facilities, including laboratories, are equipped with NCD diagnostic equipment. Dedicated NCD clinics have been integrated into primary health facilities, and patients have been empowered with self-monitoring tools. Despite the ongoing conflict, Sudan has also made significant progress, especially in more stable regions where local capacity building efforts continue.

## Key achievements:

- NCD training of health care professionals and community health workers
- Supportive supervision and on-the-job training on NCD management at primary health care facilities by visiting specialists/consultants
- New, integrated NCD clinics with equipped laboratories established
- Patient consultations conducted and self-monitoring initiated
- Refugees and host communities educated and informed about NCD prevention and management
- Patients with NCDs have received nutritious supplementary food
- Advocacy efforts carried out on the importance of refugee inclusion in national health policies and programmes
- Improved data on NCDs through strengthened monitoring systems

## Elevated risks of NCDs and barriers to care

Refugees and other forcibly displaced people often face challenges in accessing health care due to disrupted health care systems and limited capacity. This leads to undiagnosed or poorly managed NCDs, and harsh conditions during flight can exacerbate NCDs further. Even after finding refuge, access to comprehensive health care often remains limited. Language barriers, cultural differences and financial constraints can hinder optimal NCD care for refugees.

# Expanding NCD prevention, diagnosis and treatment for refugees

Tanzania currently hosts over 240,000 refugees and asylum seekers, predominantly from Burundi and the Democratic Republic of Congo (DRC). More than 80% reside in the Nduta and Nyarugusu refugee camps in the Kigoma region, northwestern Tanzania.<sup>3</sup>

Despite ongoing efforts to prioritize NCD care capacity building within Tanzania's public health system, health care services face numerous challenges, particularly in remote areas like Kigoma. These include insufficient funding, limited access to medical supplies and equipment, and a shortage of health care workers.

Changes in diet, lifestyle and an ageing population are also contributing to an increasing burden of NCDs among the local population in Tanzania.<sup>3</sup> This places additional strain on services, support and expertise within the country, further complicating efforts to support the refugee community.

## Country focus

With the support of WDF, UNHCR is undertaking initiatives to enhance the prevention, diagnosis and treatment of NCDs in the Kigoma region. Partnership activities focus on enhancing infrastructure, strengthening health care workers' operational and technical capacity to deliver primary and secondary care, and raising awareness about NCDs and mental health conditions.

However, limited access to nutritious food remains a concern, affecting the health outcomes of both refugees and host communities. The partnership provides healthy supplementary food for vulnerable NCD patients to address this issue.

Furthermore, enhancing the capacity of health workers in remote regions is challenging due to high staff turnover rates. This turnover necessitates frequent training and refresher sessions to maintain skill levels.



#### CASE STUDY

### Patient education and empowerment for better diabetes self-management

In 2020, Rudima was diagnosed with diabetes. Initially, he lacked knowledge about the disease and was anxious about his prognosis, especially after witnessing others with diabetes succumb to the illness. At the health clinic, Rudima received counseling and diabetes medication. He found the health education was very useful in helping him understand his condition. Learning that diabetes is manageable alleviated his fears, and he felt more at ease. Rudima is grateful for the support of the community health worker who conducts home visits and ensures he doesn't miss his clinic appointments, given his occasional forgetfulness. He also participates in a supplementary nutrition programme and looks forward to ongoing assistance in maintaining a healthy lifestyle.

*“I feel that the education provided to me on how to manage my disease by health care workers has been impactful in my life. Now I know what to eat and what is harmful to my health.”*



Fifty-two-year-old Rudima from the DRC lives with his wife, nine children and four grandchildren in Nyarugusu refugee camp in the Kigoma region in Tanzania. © UNHCR/Sala Lewis



Twenty-nine-year-old Dr. Elias is a medical doctor at an NCD clinic in Nyarugusu refugee camp in Tanzania. © UNHCR/Sala Lewis

#### CASE STUDY

### Training health care providers to improve chronic care provision

Dr. Elias always dreamed of becoming a doctor to help vulnerable people, as he has witnessed firsthand the positive impact that support for refugees can have on their lives. While the conditions in a medical facility within a refugee camp differ greatly from those in a private clinic in terms of resources, infrastructure and diagnostic tools, Dr. Elias is proud to work as a medical doctor at an NCD clinic in Nyarugusu refugee camp. He credits the UNHCR-WDF partnership for significantly enhancing the facilities and services at the clinic. The extensive training provided to doctors, nurses and community health workers has equipped them with the knowledge to offer optimal chronic disease care, leading to improved quality of care and empowerment for patients.

*“The UNHCR-WDF partnership has enabled the establishment of a new facility and, since it has opened, we are now able to provide privacy and confidentiality to patients during consultations.”*

# Health care facility upgrades and NCD training

Burundi hosts more than 85,000 refugees and asylum seekers and over 230,000 Burundian refugee returnees who have been assisted to return home by UNHCR.<sup>4</sup>

Despite the likely high proportion of premature deaths attributed to NCDs, there is a lack of quality data on NCDs and there is an urgent need for improved NCD management. A joint assessment conducted by UNHCR, the Ministry of Health and a health partner highlighted gaps in staff skills, laboratory capacity and tools for diagnosing and managing NCDs and mental health conditions in the area.

## Country focus

In Burundi, UNHCR works closely with the Ministry of Health to enhance health facilities' and providers'

operational and technical capabilities to manage NCDs as part of the partnership with WDF. This includes providing medical equipment and training health care professionals and community health workers in NCD prevention and management. Key topics covered include hypertension, diabetes, sickle cell disease, mental health and neurological diseases, chronic obstructive pulmonary disease (COPD), rehabilitation, asthma and palliative care. Through these activities, UNHCR and health partners seek to improve awareness and support national efforts to build NCD and mental health capacity in Burundi.

The partnership activities in Burundi face challenges similar to those in Tanzania in relation to food insecurity and high staff turnover. Furthermore, national NCD policy and guideline development is crucial to ensuring a sustainable basis for the collaborative efforts in Burundi.



Pascaline, who is hypertensive, is monitoring her blood pressure at home. Pascaline is from the DRC and lives in Nyankanda refugee camp in Burundi. © UNHCR/Sala Lewis

#### CASE STUDY

### Self-monitoring equipment makes a major difference to people's lives

Charles was diagnosed with hypertension while living in the DRC. At first, he believed the cause was supernatural. However, his journey has transformed him into a community leader, using his health struggles to educate and support others and give back to the community. As a community health worker in Nyankanda refugee camp, Charles conducts home visits and organizes sessions to offer health assistance. Many people in the refugee camp traditionally turn to herbal remedies for treating diseases like diabetes. Yet, with the support of UNHCR and WDF, health care has become more accessible. Equipment has been provided and health professionals have been trained, helping to alleviate overcrowding at health facilities. The new equipment allows patients, including Charles, to monitor blood glucose and blood pressure from home. This empowers them to closely track and manage their conditions, as well as know when to seek medical assistance.

*“I am grateful for the equipment and everything this initiative has provided. Providing individuals with glucometers has helped to reduce the number of patients frequenting the facility by enabling them to manage their disease at home.”*



Charles, a refugee from the DRC, is a community health worker at a health facility in Burundi. © UNHCR/Sala Lewis



Marie, a refugee from the DRC living in Nyankanda refugee camp, is diagnosed with both diabetes and hypertension. © UNHCR/Sala Lewis

#### CASE STUDY

### Access to quality care for NCD patients

Marie, a refugee from the DRC living in Nyankanda refugee camp, has been living with diabetes for a decade, a struggle intensified by the loss of two siblings to the same disease. On top of that, she was also diagnosed with hypertension, and the limited health insurance options in the DRC worsened her situation. Years later, in Nyankanda refugee camp, Marie became the first diabetes patient to receive treatment. She now has self-monitoring equipment, significantly improving her ability to manage her condition independently. Marie is grateful for the treatment plan introduced by the partnership, which ensures she receives two meals daily instead of just one. Now, with the support she receives, Marie can manage her health better and can assist others facing similar health challenges.

*“Even though I am not educated, I have been able to easily use the monitoring equipment and am thankful because it has made my life so much easier.”*

# Addressing health care needs amidst massive displacement

Since renewed conflict broke out in Sudan in April 2023, over six million people have fled their homes to seek safety elsewhere in the country and in neighbouring countries. By early 2024, the number of internally displaced people in Sudan is estimated to have surpassed nine million, while the country hosts nearly one million refugees and asylum seekers.<sup>5</sup>

UNHCR and our partners are providing crucial emergency support, including shelter, water and health care, and are relocating refugees to established camps.

Even before the start of the current conflict, NCDs had emerged as the leading cause of preventable illness, disability and death in Sudan, also impacting refugees and others affected by displacement. UNHCR and health partners offer basic health services at camp-based clinics, including NCD care. Patients requiring more specialized secondary health care are referred to hospitals under the Ministry of Health.

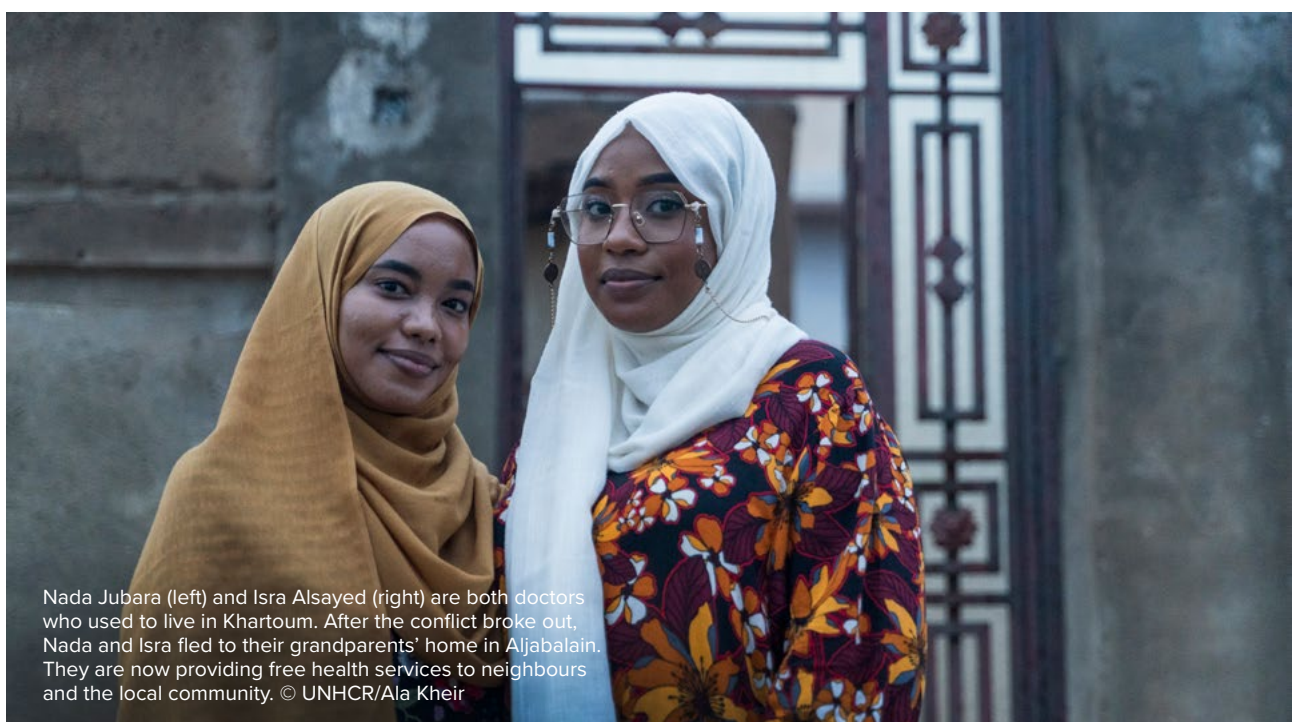
## Country focus

In collaboration with the federal Ministry of Health and regional health authorities, the technical capacity of health care professionals and community health workers

on NCDs has been prioritized in Sudan. Other areas of focus for the partnership with WDF include:

- Strengthened quality of services and reporting on NCDs
- Timely referral to secondary care facilities for refugees with NCDs
- Strengthened operational capacity of health facilities for the diagnosis and therapeutic management of NCDs
- Regular field consulting visits to provide clinical services, support and capacity building for primary care
- Strengthened technical capacity of health care professionals and community health workers on mental health care and support

The renewed conflict in 2023 forced UNHCR to suspend some activities in the most affected states. In more accessible and stable states, partnership activities were adjusted due to the ongoing emergency and the impact on national health authorities, resulting, for example, in a lack of available NCD trainers from the central level. Instead, efforts were redirected towards providing emergency mental health and NCD care.



Nada Jubara (left) and Isra Alsayed (right) are both doctors who used to live in Khartoum. After the conflict broke out, Nada and Isra fled to their grandparents' home in Aljabalain. They are now providing free health services to neighbours and the local community. © UNHCR/Ala Kheir

# About the partners



UNHCR, the UN Refugee Agency, is a global organization dedicated to saving lives, protecting rights and building a better future for people forced to flee their homes because of conflict and persecution. We lead international action to protect refugees, forcibly displaced communities and stateless people.

We deliver life-saving assistance, help safeguard fundamental human rights, and develop solutions that ensure people have a safe place called home where they can build a better future. We also work to ensure that stateless people are granted a nationality.

We work in over 130 countries, using our expertise to protect and care for millions.



The World Diabetes Foundation (WDF) is a philanthropic foundation based in Bagsværd, Denmark. Founded by Novo Nordisk A/S in 2002, WDF is still one of the few funding mechanisms dedicated to supporting diabetes prevention and care in low- and middle-income countries.

WDF's mission is to build partnerships to assist people with diabetes and those at risk and support governments, civil society and other non-state actors who strive to deliver on global commitments through national and local action. WDF encourages and funds innovative projects and national NCD strategies to prevent and treat diabetes and its complications, and other NCDs.

Since 2002 WDF has provided EUR 197.7 million in funding to 595 partnership projects in 119 countries.



Charles, a community health worker, supporting patients in Nyankanda refugee camp. © UNHCR/Sala Lewis