

# Introduction

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This issue of *Politorbis*, dedicated to Non-Communicable Diseases in Emergencies, follows on from the annual 'humanitarian dialogue' between SDC Humanitarian Aid and MSF. It features contributions by all of the participants to the dialogue on this topic, which took place in November 2018.

As the subtitle suggests, the ambition was to take stock of the humanitarian community's progress in the management of NCDs in emergencies, to investigate the challenges ahead and identify potential or desirable options and developments. How can the main actors collaborate better, increase the coordination of their activities and be more efficient in fragile settings?

These are the questions which all of the contributors in this issue of *Politorbis* address, disclosing how their respective organisation integrate NCD-related concerns into health policies and programmes in emergency situations.

## A growing threat for the poor

We know today that non-communicable diseases are globally responsible for more deaths than all other causes combined. Diseases more commonly associated with wealthy countries, such as diabetes, hypertension and heart failure, are both prevalent and rising in developing countries.

In Africa, especially in North Africa, the rate of NCDs has become alarming. Changes in lifestyle and nutrition, for example the adoption of sedentary lifestyles, have been identified as major drivers of the increase in NCDs. Over the next 20 years, NCDs are set to become the leading cause of morbidity and mortality on the African continent.

The poor of the developing world are especially at risk from the growing incidence of NCDs. The expense of long-term treatments can easily drive families into extreme poverty. Out-of-pocket payments quickly exhaust family savings and insurance cover is rapidly depleted, forcing patients to pay for treatment themselves or seek help through fundraising amongst community members.

## Growing concern in emergencies

It has become increasingly clear that NCDs need to be managed in conjunction with the contagious diseases more typically addressed in emergency situations. Programmes addressing NCDs are now being designed and implemented.

This change in disease patterns – often referred to as the 'double burden of disease' – has hit fragile and conflict-affected countries especially hard. Health systems disrupted by violence and chaos struggle to cope with the wounded, which inevitably puts people suffering from NCDs such as cardiovascular diseases, diabetes, hypertension, cancer, dialysis-dependent kidney failure and epilepsy at increased risk.

In emergency situations, infrastructure is destroyed, medical supplies are cut off and healthcare providers are killed, injured, displaced or unable to return to work. Under such conditions, healthcare is very limited – if available at all. People who become displaced often lose their prescriptions or access to drugs and healthcare services. This interruption of continuous care can have disastrous consequences for the poorest especially, causing additional health complications and further reducing their ability to cope.

Several contributors to this issue write from their experience about the continued need for preparedness, planning and coordination to prevent interruption of continuous care.

## Growing interest from the humanitarian community

While NCDs have always existed in poor and underdeveloped countries, it is only lately that the issue has come to the fore as a major concern for the international humanitarian health community, especially in emergencies. Gatherings and workshops devoted to NCDs are now being organised all over the world. Most of the contributors to this issue of *Politorbis* took part in the international symposium on diabetes in humanitarian settings<sup>2</sup> at Harvard this April.

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<sup>2</sup> Diabetes in Humanitarian Settings, Symposium at Harvard University, 4-5 April 2019, with the participation of Philippa Boule from MSF, Sigiriyin Aebischer from ICRC, Slim Slama from WHO and David Beran from the Geneva University Hospitals. See <http://globalendocrinology.bwh.harvard.edu/symposium/>



Photo: UN OCHA

The private sector is also ‘discovering’ the importance – and economic potential – of NCDs in emergency situations. Swiss pharma giant Novartis has just published a booklet presenting its Access Program, a portfolio of anti-NCD drugs available in Africa, Asia and Latin America to fight diabetes, breast cancer, hypertension, asthma and childhood pneumonia in particular. According to the programme’s director in the preface, “while drug provision is not the single magic bullet to solve the NCD problem, Novartis is pleased to contribute to this fight providing affordable drugs, eventually benefitting the patients and improving clinical outcomes.”<sup>3</sup>

As Harald Nusser, head of the review Novartis Social Business, explains in the latest issue, “the WHO Independent High-Level Commission on Non-communicable diseases (NCDs) declared that NCD interventions could bring a return of up to USD 7 per person for every dollar invested. This shows that

investing in healthcare today is an investment in a sustainable future.”<sup>4</sup>

Most humanitarian health organisations, including some small NGOs which have not contributed to this issue of Politorbis, have taken the concern on board and are adopting their own responses to NCDs.

#### **Growing engagement by the main humanitarian actors**

As on many other issues, MSF is among the leading organisations fighting NCDs in emergencies. In an extensive contribution, Dr Philippa Boule, NCD Adviser at MSF, explains that it was only in 2011, with the Syrian crisis and the refugees who fled to Lebanon and Jordan, that the need to systematically tackle NCDs emerged within MSF. Several other crises followed in which there was a need for NCD care, in particular in Central Asia, South Sudan, Yemen, Iraq and Ukraine, and in refugee camps in Burundi, Tan-

3 Towards Universal Health Coverage, The Novartis Access Program on non-communicable diseases, NVS Kenya Limited, Nairobi, Sept. 2018

4 Novartis Social Business, Report 2018, Basel, p.3

zania, Kenya and Greece. MSF started to operate in these settings with a focus on continuity of care, and the simplification and integration of NCD services.

Dr Boule admits that launching this new approach has taken a lot of effort and innovation at MSF, which has faced many difficulties, including resistance within the organisation. Things have moved forward nevertheless, and Dr Boule observes that MSF is today committed to systemically including NCDs in its health programmes, although she recognises that “there is still significant need for more routine integration of NCD care in emergency response.”

The ICRC has also developed a unit dealing with NCDs. This unit is run by Dr Sigiriya Aebischer, who is also in charge of the NCD programme health unit at the Geneva University Hospitals (HUG). Together with her ICRC colleague Esperanza Martinez, she provides some examples and thoughts on the ICRC’s approach to NCDs, focusing in particular on Niger, Syria and Lebanon. She calls on all humanitarian actors to establish collaboration and partnerships with each other, to share tools and experience, improve access to healthcare for patients with NCDs in armed conflicts and to coordinate the overall effort with other actors. Her emphatic appeal for exchange and openness is based on the observation that no single actor has the capacity respond to a need of this magnitude. Only multidisciplinary, multi-stakeholder approaches to the issue of chronic conditions can provide solutions that extend beyond health responses and single point-in-time interventions.

### **Growing role of research**

Two articles highlight one of Switzerland’s strengths that often goes forgotten: academic institutions and research that is constantly contributing to knowledge generation. Dr David Beran and Dr François Chappuis describe the role that academic institutions play in Geneva in addressing the global challenge of non-communicable diseases.

In their article they highlight both the expertise of the Division of Tropical and Humanitarian Medicine, Geneva University Hospitals and University of Geneva Faculty of Medicine, and the innovation and savoir faire that a large university hospital and multi-faculty university bring to the table. In discussing the role of academic institutions in research, they show how teaching and engagement activities

are essential and benefit from both local and global partnerships.

The COHESION Project article gives an example of a global partnership tackling the burden of non-communicable diseases. Although the project seeks simple solutions, its novel approach emphasises research as a key component to understanding the complexity of the problem of NCDs. The research is then used in efforts led by local stakeholders and adapted to the local conditions. Involving local partners in the search for solutions is essential to tackling NCDs, and can serve as a model for finding local solutions to local problems on a whole range of issues, with the overall aim of more responsive health systems geared to the need of individuals.

### **Growing engagement at the SDC**

The SDC is also gradually integrating NCD concerns into its health programmes. According to Erika Pancella, Health Adviser for Eastern Europe and Central Asia, the SDC is in fact a major bilateral donor in the fight against NCDs in Eastern Europe, where chronic diseases are the leading cause of mortality, responsible for 80% of deaths. She explains how the SDC uses national healthcare systems and holistic approaches to tackle the main determinants of NCDs.

Pancella also emphasises the tremendous cost of inaction for national economies (NCDs affect productivity, GDP, healthcare budgets and household incomes), and especially in humanitarian situations. If there is no major increased financial effort to address NCDs, in addition to negatively impacting people’s health, it will also jeopardise the achievement of Sustainable Development Goal targets 3.4 and 3.8 on health.

Barbara Profeta, based on several years of experience as SDC Regional Health Adviser in the Horn of Africa, offers some personal insights and what I would describe as ‘epistemological considerations’, on the conditions needed to address NCDs effectively. She notes that in today’s world, rapid onset emergencies, although not infrequent, are not as pervasive as protracted crises and do not account for the disproportionate burden of preventable complications and deaths to NCDs in poor countries. Also, according to the OECD 2018 States of Fragility report, if action is not taken, over 80% of the world’s poorest will be

living in fragile or conflict-affected environments by 2030.

Profeta's observations in the field have shown her how emergencies reveal and exacerbate pre-existing gaps in health systems. She concludes that if NCDs are not addressed in the majority of emergencies affecting fragile environments, it is likely because NCD services (preventative, curative and palliative) were already scarce or non-existent in times of peace and stability. Overlooking this fact leads according to her to the overoptimistic double assumption that: (i) NCD-specific emergency interventions introduced by international actors will be effectively absorbed by existing health systems once the latter recover; and (ii) health systems were functional and responsive before a rapid onset crisis and always recover. Difficult operational environments are navigated with reasonable success by the aid community in collaboration with other actors such as the private sector, with local (often informal) businesses providing 'last-mile' healthcare delivery to hard-to-reach communities, including NCD patients. Although labelled as 'fragile', such contexts harbour key assets, capacities (including seemingly unconventional solutions) and resources, all of which practitioners tend to underestimate. Local solutions, although imperfect, need to be acknowledged and nurtured since they fill important voids left by the overburdened formal state-led model. Profeta concludes by urging us to seek strategic rather than purely programme-based engagement with the private sector.

The articles assembled here show the importance of the often neglected issue of NCDs in emergencies, and the necessity to further unify approaches and modes of intervention. The WHO has started to play its traditional role as standard-setter in this matter, with the active participation of Dr Slim Slama, Regional Adviser at the WHO Eastern Mediterranean Regional Office in Cairo. More is required, however, in particular guidelines for NCD care to improve access to treatment for patients in need. This would lead to a more coordinated and standardised approach across different agencies, focus research appropriately, improve continuity of treatment for people living with NCDs, and encourage the appropriate training of health professionals.

This issue of *Politorbis* comes at an opportune moment, in the wake of the joint Call to Action launched by Switzerland and Afghanistan to accelerate pro-

gress towards universal health coverage (UHC) in emergencies for people affected by armed conflicts, fragile settings, health problems and other emergencies. I would like to thank Swiss Humanitarian Aid's African Division, and Pierre Maurer in particular, whose organisation and support enabled its timely publication.