

Global high-level technical meeting on NCDs in humanitarian settings: building resilient health systems, leaving no one behind

Draft concept note

Dates: 27–29 February 2024

Venue: UN City, Copenhagen, Denmark

Background

The number of people currently affected by humanitarian emergencies worldwide is unprecedented. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 324 million people needed humanitarian assistance and protection in 2022. At the end of 2022 the total number of people worldwide who were forced to flee their homes due to conflicts, violence, fear of persecution and human rights violations was 108 million, with more than 21 million being refugees under the protection mandate of the United Nations High Commissioner for Refugees (UNHCR) and with more than 57 million internally displaced within their own country.

In parallel, noncommunicable diseases (NCDs) are on the rise, currently the cause of 74% of global mortality, and with 85% of global premature death happening in low- and middle-income countries (LMICs). Cardiovascular diseases, cancer, respiratory diseases, diabetes, and mental health conditions are contributing to the largest share of the global disease burden. For example, more than 1.28 billion people have hypertension and more than 529 million are living with diabetes, mainly in LMICs.

Consequently, mortality attributed to NCDs among populations affected by climate induced shocks and manmade disasters is expected to rise with an increasing number of vulnerable populations exposed to humanitarian emergencies and more protracted conflicts.

In 2021, in the top five source countries of refugees under UNHCR's mandate, NCDs accounted for a significant proportion of all deaths: 75% in the Syrian Arab Republic, 92% in Ukraine, 50% in Afghanistan, 65% in the Bolivarian Republic of Venezuela and 28% in South Sudan.

As highlighted by the World Health Organization (WHO) *Global Evidence Review on Health and Migration (GEHM)* series on NCDs and by the first *World report on the health of refugees and migrants*, released in 2022, refugees and migrants are particularly vulnerable to NCD risk factor exposure and face major challenges in accessing NCD services across the migration process.

Access to health care for NCDs depends on the availability and affordability of health care in countries of origin, transit and destinations and on the type of migratory journey undertaken. Other migrant-specific barriers in accessing NCD services include cultural and language differences, social exclusion, and discrimination, or legal status.

The COVID-19 pandemic exacerbated this situation, disproportionately impacting people living with or at risk of NCDs, and in the majority of countries severely disrupting NCD health services, placing an additional burden on already fragile health systems. With climate change, population growth, unplanned urbanization, food insecurity, conflicts with massive movements of people, emergencies have become more and more complex, protracted, and interlinked.

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. NCDs have not yet been formally included into many national health agendas or efforts to expand national benefit packages. While increased attention has been given to NCDs in recent years, a more holistic approach still needs to be developed and widely integrated as part of the all-hazard approach for emergency preparedness and humanitarian response.

Identified needs of forcibly displaced populations in emergencies and protracted crises provide strong evidence for the need to strengthen the NCD component of the humanitarian response. Accordingly, there is a call upon governments and the international community to promote better inclusion of NCD prevention and control as part of humanitarian response modalities, in both acute and more protracted situations and within the evolving emergency preparedness and health system resilience configuration, contextualizing the responses according to NCD burden, health system capacity and the nature of the crises.

Policy mandates

Policy mandate to better integrate NCDs in humanitarian response frameworks

The WHO Global NCD Action Plan 2013–2030 called for 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. This has been echoed in paragraph 40 of the political declaration on the prevention and control of noncommunicable diseases (2018) in which it highlighted the necessity to strengthen the services and infrastructures to treat people with NCDs in humanitarian emergency settings “before, during, and after disasters”.

More recently, recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies, were adopted during the 75th session of the World Health Assembly (WHA/A75/10/ Annex 4 Add.2¹). The document invites WHO to review its current NCD-related responses in emergencies, suggesting a strategic approach to improving WHO technical assistance to countries across preparedness, response, and recovery, leveraging crises as an entry point to build back better health systems through the development of sustainable NCD services.

¹ 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. WHA document A75/10 Add. 2 (Annex 4). Available at: Political declaration of the third high-level meeting – Annex 4 (who.int)

Policy mandate to better address health needs of refugees

At the United Nations General Assembly (UNGA) 2016, resolution 71/1 entitled “The New York Declaration on Refugees and Migrants” and its Annex I “Comprehensive refugee response framework” were endorsed outlining global commitments to both refugees and migrants including towards health and access to health care services for refugees, migrants and internally displaced people, across humanitarian response contexts, emphasizing also the need to support host countries and host communities in such efforts.

The New York Declaration was followed by the adoption of UNGA resolution 73/151 which gave UNHCR a strengthened position to fulfil its mandate, paving the way to the endorsement in December 2018 of the “Global Compact on Refugees” (GCR). GCR represents a global framework for more predictable and equitable responsibility-sharing, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation, and, providing a blueprint for governments, international organizations, and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives. GCR includes provisions to better address the health of refugees and the integration of refugees into national health care services, with explicit references to chronic illness (i.e. NCDs) and health promotion.

Purpose

Ahead of the fourth High-level Meeting of the United Nations General Assembly (HLM4) in 2025, and as part of the NCD Implementation roadmap 2023–2030 and wider efforts to strengthen and reorient health systems to address the prevention and control of NCDs through people-centred primary health care and universal health coverage, the main objective of the Global high-level technical meeting on NCDs in humanitarian settings is to **build political momentum**, understand and discuss the development of a comprehensive and integrated approach to NCDs in humanitarian settings and better inclusion of essential services for NCDs in emergency preparedness and humanitarian response plans.

Meeting objectives

1. Present WHO-UNHCR efforts to strengthen the integration of NCDs as part of emergency preparedness, humanitarian response and refugee health.
2. Review current NCD-related responses in countries during the COVID-19 pandemic and other emergencies and humanitarian crises, across WHO regions, based on a series of regional consultations held in 2022 and 2023.
3. Convene governments, UN agencies, multilateral and bilateral agencies, international organizations, humanitarian agencies, civil society groups, people affected by NCDs and humanitarian crisis, academia, philanthropies and foundations, and the private sector as appropriate, in order to strengthen the nexus between the humanitarian response agenda and the health and development agenda based on a multistakeholder and solution-oriented dynamic.
4. Recommend strategic and integrated approaches to improve technical assistance to countries across preparedness, response, and recovery phases and agree on practical steps to better address NCD and the health of displaced persons in acute and protracted emergencies.

5. To inform the report to the UN Secretary-General before the UN High-level meeting on NCDs in 2025, drawing on WHO recommendations endorsed during the 75th session of the World Health Assembly.

Expected outcomes

1. **High-level awareness raising, advocacy and political commitments** for a better inclusion of the needs of displaced people with NCDs across the humanitarian programme cycle.
2. **A meeting report with key recommendations** to feed into the NCD 2024 UNGA report for the 4th UN High-level meeting on NCDs and the subsequent Global Refugee Forum.
3. **Regional and country level roadmaps/action plans** to better integrate and address the need of people living with NCDs in humanitarian settings, including refugees, drawing on WHO recommendations endorsed during the 75th session of the World Health Assembly.²

Organization

- The meeting will be hosted by the Government of the Kingdom of Denmark and co-hosted by WHO's Department of Noncommunicable Diseases (NCD), Health Emergencies Programme (WHE), Health and Migration Programme (PHM) at HQ, the WHO Regional Office for Europe (EURO) and the United Nations High Commissioner for Refugees (UNHCR).
- Other UN entities and intergovernmental organizations will support the meeting.

Participants

Up to 300 participants (anticipating in-person presence) from:

- Health and non-health sectors from WHO Member States with priority given to LMICs in acute, protracted humanitarian crises and fragility, conflict and violence (FCV)-affected countries, as well as Member States shouldering large refugee populations.
- UN agencies in particular UNHCR, OCHA, the World Bank, WFP, UNICEF, UNOPS, UNITAR and IOM.
- Multilateral and bilateral funding agencies, international organizations, humanitarian agencies.
- IFIs and development agencies such as the World Bank, bilateral donors, regional banks.
- Relevant non-State actors (NGOs, academic institutions, philanthropic foundations and private sector entities).
- Representatives from WHO headquarters, regional and country offices from NCDs and WHE.

² 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. WHA document A75/10 Add. 2 (Annex 4). Available at: Political declaration of the third high-level meeting – Annex 4 (who.int)

The participants list will be carefully prepared ensuring appropriate and balanced representation of sectors, and relevant geographies as per the agenda subjects, with engagement and representation of people living with NCDs and affected by humanitarian crises.

The list will be prepared by the Organizing Committee and submitted to the Steering Committee for endorsement. The global meeting will be by invitation only. Participant invitations will be guided by the WHO Framework for Engagement of non-State Actors (WHA 69/10, 2016).

Meeting format

- The global meeting will have the following segments:
 - **a technical meeting** segment with specific subsegments covering acute, protracted and fragile conflict settings;
 - **high-level segment** for heads of states and governments or ministers from Member States and heads of United Nations organizations, as well of high-level representatives from non-State actors, Ambassador Bloomberg as NCDs Global Ambassador, DG WHO and RD EURO;
 - **multistakeholder partners' forum**;
 - break out groups and side events.
- In order to maximize participation, the two-and-a-half day technical meeting will be hybrid, i.e. with up to 300 participants expected to attend in person and with plenary sessions as well as selected breakout sessions livestreamed to facilitate virtual participation, as appropriate.
- The schedule will be on Greenwich Mean Time (GMT+1).
- Simultaneous interpretation in six UN languages Arabic, Chinese, English, French, Russian and Spanish will be provided.
- **A background document**, including a global landscape review of WHO's support to countries pertaining to NCDs in humanitarian settings, as well as recommendations from regional consultations will be provided to participants prior to the meeting, serving as inputs for the meeting.
- **An exhibit**, in the form of digital storyboards, to celebrate country experiences on addressing NCDs in humanitarian settings will be showcased, based on submissions provided by participants and coordinated by WHO. The agenda will include time for viewing the poster presentations in an exhibit area near the main meeting room.
- **Healthy breaks** will be included in the schedule.

Meeting management, roles and responsibilities

A Steering Committee will be overall responsible for the Global Meeting in all its elements including its preparation, execution and follow-up, composition of attendees, and its organizational and political endorsements and outcomes.

Membership (maximum of 12 people) will include:

- Government of the Kingdom of Denmark (Co-Chair)

- Assistant Director-General for Universal Health Coverage, Communicable and Noncommunicable Diseases
- Assistant Director-General for Universal Health Coverage, Healthier Populations
- WHO Chief Scientist
- Director Programme Management or Regional Emergency Directors
- High-level representative from UNHCR as coorganizing organization
- High-level representative from CSO (NCD Alliance)

The secretariat for the HLSC will be led by Director NCD, together with Director WHE, directors from EURO NCD and WHE, and the Director Global Health and Migration Programme.

A programme **Organizing Committee** will consist of representatives of the host organizations and of the coorganizing and co-funding agencies, and of other agency representatives as appointed by the Steering Committee. The Organizing Committee will be charged with all organizational and logistical elements of the global meeting including venue preparation, travel and accommodation.

- WHO EURO/UN City
- WHO HQ
- Representative from Government of the Kingdom of Denmark

A **Scientific Committee** will be lead and coordinate the development of the scientific programme and associated technical materials and be responsible for the scientific programme and outcome recommendations and reporting. This committee will be led by WHO. Members (maximum of 20 people) will include:

- Director NCD (Co-Chair) and Director WHE (Co-Chair)
- Technical representatives from (NCD/HSS/WHE) from all six WHO regional offices and headquarters
- Technical representatives from WHO Global Health and Migration Programme
- Technical expert members from UNHCR
- Technical expert members from funding and implementing agencies including INGOs and civil society/representatives of people living with noncommunicable diseases (PLWNCDs)
- External expert members from academic partners (e.g. London School of Hygiene and Tropical Medicine, NCDs in humanitarian settings knowledge hub)