PARTNERING FOR CHANGE
Chronic Care in Humanitarian Crises

Damage to civilian buildings following the fighting.
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IN THE MIDST OF A HUMANITARIAN CRISIS

Today, more than half a billion people live in fragile and conflicted-affected situations.¹ In addition to traditional emergency health services, such as war surgery and care for infectious diseases, many people living in humanitarian crises now require access to care for non-communicable diseases (NCDs).²

The chronic nature of these diseases requires continuity of care, which can be even more challenging in a humanitarian crisis where there are often disruptions in health services or a complete collapse of healthcare systems.²

People with NCDs living in a humanitarian crisis are at 2–3 times higher risk of worsening their chronic condition, such as diabetes and hypertension, due to factors like high levels of stress and unstable access to care.³,⁴

People with NCDs are one of the most vulnerable groups during humanitarian crises, with many suffering from complications that can be controlled under normal circumstances, but that are disabling or even life-threatening if left untreated.⁴–⁶

NCDs ARE OF GROWING CONCERN WORLDWIDE

Population ageing, increased life expectancy and widespread exposure to several risk factors, for example an unhealthy diet, lack of physical activity, smoking and excessive alcohol consumption, mean that NCDs, rather than infectious diseases, are now the leading cause of death and disability worldwide.⁷

Moreover, today NCDs disproportionately affect people in low- and middle-income countries (LMICs), where three out of four global NCD deaths occur.⁷ It is estimated that 25–35% of adults in LMICs have an NCD such as hypertension or diabetes.⁸

FOUR MAJOR NCDs⁷

- Diabetes
- Cardiovascular disease
- Cancer
- Chronic respiratory disease

70% of all deaths globally are due to NCDs⁷

3/4 of NCD deaths occur in low- and middle-income countries⁷

NCDs are the leading cause of disability worldwide⁷
A CRISIS CENTRED IN LOW- AND MIDDLE-INCOME COUNTRIES

More than 65 million people – almost 1% of the world’s population – have been forced to flee their homes and communities due to persecution, violence and human rights violations. This is the highest number since World War II. As many as 95% of these displaced people live in LMICs and more than half have been forcibly displaced for more than four years. Furthermore, they are overwhelmingly hosted by communities and countries where health services are already overburdened due to coping with acute health threats, for example injuries and infectious diseases such as malaria and HIV/AIDS.

Of the more than 65 million people who have been forced to flee their homes and communities due to conflict, 60% (40 million) are known as internally displaced persons (IDPs) and have not crossed an international border. These individuals seek safety anywhere they can find it – in nearby towns, schools, settlements, internal camps and even forests and fields.
THE PARTNERSHIP

The International Committee of the Red Cross, the Danish Red Cross and Novo Nordisk have formed a partnership to tackle the growing issue of NCDs affecting millions of people living in humanitarian crises around the world.

The partnership is anchored by a collective vision that all people living in humanitarian crises should have access to the NCD care they need, no matter where they are.

Diabetes is one of the major NCDs and more than 425 million people have diabetes globally.14 Due to its complexity, diabetes care can be used as an example to assess opportunities to reduce risk factors and provide care to people with NCDs in humanitarian crises.12,15

To ensure solid data collection and evidence generation, the partnership will collaborate with academic partners led by the Health in Humanitarian Crises Centre at the London School of Hygiene and Tropical Medicine (LSHTM).

PARTNERSHIP ACTIONS FOR REALISATION CHANGE

NEEDS ASSESSMENT AND ANALYSIS

Map and assess the current landscape to explore ways to reduce NCD risk factors and identify gaps in diabetes and hypertension care, as well as harness innovative approaches and technologies to optimise care in humanitarian crises.

EQUIPMENT AND SUPPLY MANAGEMENT

Ensure availability of essential medicines relevant to diabetes, for example insulin, and hypertension care. Furthermore, ensure availability of basic equipment and supplies in health facilities.

DEVELOPMENT OF FIELD PROJECTS

Based on the outcome of the needs assessment, develop field projects to reduce risk factors for NCDs and improve care for people with diabetes and hypertension in humanitarian crises.

MONITORING AND EVALUATION

Enhance monitoring and evaluation strategies through data management and collection, as well as knowledge sharing and alignment with other key actors.

ADVOCACY

Raise awareness about the importance of addressing NCDs in humanitarian crises at global, regional and local levels through joint advocacy efforts.

REFERENCES

6. Novo Nordisk. For more information, visit rodekors.dk.
11. World Bank. Forside/De special handling and distribution of cold-chain products. It will share its wide experience of building-capacity to improve access to reliable and affordable supplies of insulin and markets its products in more than 170 countries.

Novo Nordisk is a global healthcare company with 95 years of innovation and leadership in diabetes care. This heritage has given us experience and capabilities that also enable us to help people defeat obesity, haemophilia, growth disorders and other serious chronic diseases. Headquartered in Denmark, Novo Nordisk employs approximately 42,100 people in 79 countries and 820 markets its products in more than 170 countries.

Novo Nordisk is building on its Access to Insulin Commitment to improve access to reliable and affordable supplies of insulin to people with diabetes living in humanitarian crises. Novo Nordisk is optimising and adapting its ordering and production procedures to better serve the needs of humanitarian organisations. This also includes sharing its knowledge of handling and distributing cold-chain products. It will share its wide experience of building-capacity to improve access to diabetes care including supporting the development of educational materials on diabetes prevention and care, for a humanitarian context. The financial contribution to the partnership amounts to 21,5 million DKK for the period of 2018–2020.

For more information, visit novonordisk.com/humanitarianaction.

THE PARTNERS

International Committee of the Red Cross (ICRC)
The ICRC helps people around the world affected by armed conflict and other situations of violence, doing everything possible to protect their dignity and relieve their suffering, often together with its Red Cross and Red Crescent partners. The ICRC also seeks to prevent hardship by promoting and strengthening humanitarian law and universal humanitarian principles.

The ICRC will contribute its expertise of humanitarian operations and response, especially on providing health care to vulnerable populations in fragile and violent settings. Together with the DRC and local partners, the ICRC will lead the implementation of demonstration projects on the ground including identifying people in need of treatment for diabetes and hypertension through the existing network of ICRC-supported health facilities.

For more information, visit ICRC.org.

Danish Red Cross (DRC)
The DRC supports vulnerable people to live safe and healthy lives in humanitarian and development settings as well as in Denmark. The DRC equips people with the tools they need to strengthen their resilience. The DRC supports people on both sides of a conflict and in the remotest corners of the world with a special expertise in community based health services.

The DRC will contribute its knowledge of community health outreach and capacity-building activities in humanitarian settings with a focus on prevention and management of chronic diseases. It will facilitate access to nationwide networks of civil society groups, providing relevant services in their specific local contexts. It will mobilise staff and volunteers, including health professionals, with significant experience in humanitarian operations and response.

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