



11 October 2023 – Noncommunicable diseases (NCDs) are the world’s biggest killers and a leading cause of death in the Eastern Mediterranean Region, killing more than 2.8 million people every year.

The prevalence of NCDs in the Region is high: an estimated 66.5% of deaths are attributed to these diseases. This alarming situation worsens in emergency settings. NCDs are challenging during and after an emergency because ongoing interaction with the health system and health providers is required for optimal management and outcomes.

The Eastern Mediterranean Region is experiencing an unprecedented level of emergencies caused by both natural and human-made hazards, affecting the health of millions of people. Emergencies disrupt health systems, making it challenging to provide adequate health services, leading to increased morbidity and mortality from NCDs. Emergencies increase the risk of NCD-related complications: events such as heart attacks, strokes and asthma attacks may be up to 2–3 times more common than in stable settings. Additionally, the rate of premature mortality from NCDs is significantly higher in emergencies (25.1%) than in a non-emergency context (17.8%).

Almost half the Region’s 22 countries and territories are considered fragile, conflict-affected or vulnerable. Moreover, no country is immune to emergencies, and events such as natural disasters, armed conflict, displacement and even mass gatherings can disrupt NCD care delivery. Currently, the Region has the largest number of people in need of humanitarian assistance globally, accounting for 37% of the worldwide total, and hosts the highest number of displaced individuals of all WHO regions.

## **Strategy to ensure continuity of NCD services in crisis**

Despite the increasing burden of NCDs, and the excess morbidity and mortality caused by emergencies and crises, NCDs have yet to be fully integrated into most national health preparedness and response agendas. The COVID-19 pandemic has emphasized the vulnerability of NCD service continuity during crisis. The pandemic disrupted essential NCD services globally as well as in the Region, with some countries hit by service interruptions for more than 12 months.

Ensuring the management of NCDs in emergencies involves maintaining the continuity of NCD services and medications and ensuring specialized care, like renal dialysis, and for conditions including cancers. It also involves addressing acute complications such as heart attacks and strokes. This comprehensive approach requires an action-oriented and holistic strategy that spans emergency risk reduction, preparedness, response and recovery. This approach is driven by an intensified commitment to provide high-quality health services to all those affected by NCDs.

A technical paper on NCDs in fragile and conflict-hit settings will be discussed at the 70th session of the WHO Regional Committee for the Eastern Mediterranean. The paper outlines a proposed regional framework of action with a set of prioritized strategic interventions and indicators that will facilitate progress and return on investment across 5 domains:

leadership, coordination and advocacy;

resource mobilization and financing;

continuity of health services;

information, data, research and digital health; and

community engagement and trust building.

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