Managing Noncommunicable Diseases in Emergencies

Background

The impact of noncommunicable diseases (NCDs) on the health of populations, health systems and socioeconomic development is well known. However, their impact during humanitarian emergencies has not yet been fully recognized. Emergencies appear to increase the risk of NCD-related complications, making affected people more vulnerable. During emergencies, health facilities might be destroyed; roads might be inaccessible; shortages of essential medicines might occur; and there might be food shortages and lack of access to safe water and proper sanitation. This compromises their health condition.

WHO recently developed a brief for emergency planners, emergency care professionals and policy-makers that described minimum standards and priority actions in relation to NCD care in emergencies. Please refer to http://who.int/ncds/publications/ncds-in-emergencies/en/. The brief includes:

1. Recommended actions for NCD management in the event of an emergency:
   a) Initial response (first 30-90 days of an emergency): focus on life-threatening or treatment of severely symptomatic conditions. (Refer to Page 3 of the NCD brief.)
   b) Continuing response (recovery phase after emergencies or during protracted emergencies): expand management to sub-acute and chronic occurrence of previously identified NCDs. (Refer to Page 4 of the NCD brief.)

2. A list of key indicators to measure availability of NCD care being provided to the affected population, provision of minimum care for NCDs. (Refer to Page 5 of the NCD brief.)

\(^1\) According to the United Nations International Strategy for Disaster Reduction, emergencies are events or incidents that require action that is usually urgent and often non-routine. Emergencies are caused by natural hazards (such as earthquakes, cyclones, forest fires, floods, heatwaves and droughts), epidemic and pandemic diseases, transport crashes, building fires, chemical, radiological and other technological hazards, food insecurity, conflicts, and situations such as mass gathering events. Disasters can be considered large-scale emergencies that result in “a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources”.
Recognition of Best Practice

Recognition is given for demonstration of best practices in any one of the following areas:

1. undertaken the recommended actions (i.e., initial and continuing responses) for NCD management during an emergency; or

2. documented or have data for at least two of the key indicators (Refer to Indicators - page 5 of NCD brief).

Submission format

Please use submission format #1 if you would like to be considered for area (1) and submission format #2 if you would like to be considered for best practice in area (2).

For further information, please contact:

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Submission Template #1

World Health Organization Regional Office for the Western Pacific
Healthy Cities Recognition 2016

Call for Applications for Best Practice

Title Page

a. **Thematic area:** NCDs in Emergencies Best Practice Area (1): initial and continuing responses

b. **City and Country name**

c. **Full title of the project**

d. **Contact details**
   i. Responsible person submitting the proposal
      Please provide contact details (name, title, affiliation, email, address, telephone, fax)
   
   ii. Additional contact person
      Please provide contact details (name, title, affiliation, email, address, telephone, fax)

1. **Executive summary (300 words)**
   Please briefly introduce the topic, major results and conclusions.

2. **Recommended actions and documentation**
   Please list the recommended actions as per pages 3 and 4 of the attached brief. Please describe how your city undertook the recommended actions and provide documentation where available.

3. **Discussion (300 words)**
   a. Please describe what your challenges were in undertaking the recommended actions and some lessons learned that can be shared with other cities.

4. **Multi-stakeholder collaboration (300 words)**
   a. **Community participation:** Please describe how the collaboration with community members including target population, took place in the planning, implementation and/or evaluation phase.

   b. **Other stakeholders (e.g. other government agencies, NGOs, private sector):** Please describe how the collaboration with other sectors took place in the planning, implementation and/or evaluation phase of the initiative. Please also describe whether resources were shared (i.e. financial or technical).
5. **Equity (200 words)**
   Please provide evidence of the participation of the marginalized and/or the vulnerable groups (e.g. female or youth) during the planning and/or implementation/evaluation processes; and/or describe interventions that target them.

6. **Replicability or Scalability (300 words)**
   Please describe how the programme (activities, expertise and resources) can be scaled up and be applied and adapted to other settings or sites.

7. **Measures for sustainability (300 words)**
   a. Please describe how the programme is or will be sustained. For example, through city ordinance, city government commitment, community ownership, regular budget allocation, etc.

8. **Bonus (Optional): Theoretical basis (200 words)**
   Please describe how theories of change (i.e. theories of behaviour change, policy development, social marketing, etc) have been utilized for programme development and implementation.
Submission Template #2

World Health Organization Regional Office for the Western Pacific
Healthy Cities Recognition 2016

Call for Applications for Best Practice

Title Page

a. Thematic area: NCDs in Emergencies Best Practice Area (2): Data on indicators

b. City and Country name

c. Full title of the project

d. Contact details
   i. Responsible person submitting the proposal
   Please provide contact details (name, title, affiliation, email, address, telephone, fax)

   ii. Additional contact person
   Please provide contact details (name, title, affiliation, email, address, telephone, fax)

1. Executive summary (300 words)
   Please briefly introduce the topic, major results and conclusions.

2. List of indicators
   Please describe which indicators you have data on.

3. Data Collection Methodology
   Please describe your methodology (technique, assessment team, timeline, etc.).
4. **Programme implementation (Maximum 1 page)**
   Please describe how you accomplished these goals - the core implementation team; the activities, timeline, budget and source of funding.

5. **Multi-stakeholder collaboration (300 words)**
   a. **Community participation**: Please describe how the collaboration with community members including target population, took place in the planning, implementation and/or evaluation phase.

   b. **Other stakeholders (e.g. other government agencies, NGOs, private sector)**: Please describe how the collaboration with other sectors took place in the planning, implementation and/or evaluation phase of the initiative. Please also describe whether resources were shared (i.e. financial or technical).

6. **Equity (200 words)**
   Please provide evidence of the participation of the marginalized and/or the vulnerable groups (e.g. female or youth) during the planning and/or implementation/evaluation processes; and/or describe interventions that target them.

7. **Replicability or Scalability (300 words)**
   Please describe how the programme (activities, expertise and resources) can be scaled up and be applied and adapted to other settings or sites.

8. **Discussion**
   a. If possible, please show or describe changes over a period from a particular time in the past to the current status in 2016. Please provide supporting documents where available.

   b. Please describe what your challenges were in achieving these targets and some lessons learned that can be shared with other cities.

9. **Measures for sustainability (300 words)**
   a. Please describe how the programme is or will be sustained. For example, through city ordinance, city government commitment, community ownership, regular budget allocation, etc.

10. **Bonus (Optional): Theoretical basis (200 words)**
    Please describe how theories of change (i.e. theories of behaviour change, policy development, social marketing, etc) have been utilized for programme development and implementation.