



**World Health
Organization**

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 14.1

A75/10 Add.2
27 April 2022

**Follow-up to the political declaration of the third
high-level meeting of the General Assembly
on the prevention and control of
non-communicable diseases**

ANNEX 4

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

1. Paragraphs 31, 46 and 48 of the NCD-GAP call for ensuring the continuity of essential NCD services, including the availability of life-saving technologies and essential medicines, in humanitarian emergencies. Also, in paragraph 40 of United Nations General Assembly resolution 73/2 (2018), Member States reaffirmed their commitment to “strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events”.
2. To provide initial guidance to Member States, the Secretariat submitted Annex 9 of document EB148/7 (2021), which describes the process the Secretariat is following to support Member States in their commitment to strengthen policies to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies.
3. Building on this initial guidance, this annex suggests recommendations for Member States, international partners and WHO to ensure essential service provision for people living with NCDs in humanitarian emergencies by investing in and building longer-term NCD emergency preparedness and responses during the COVID-19 pandemic and beyond, as part of “build back better” through a multisectoral all-hazards approach.

CHALLENGES AND OPPORTUNITIES

THE COVID-19 PANDEMIC: A PERSISTING DEADLY INTERPLAY WITH THE NCD EPIDEMIC

4. In December 2020, the United Nations General Assembly adopted resolution 75/130, “noting with concern that non-communicable diseases, notably cardiovascular diseases, cancers, diabetes, chronic respiratory diseases, as well as mental disorders, other mental health conditions and neurological disorders, are the leading causes of premature death and disability globally, including in low- and middle-income countries, and that people living with non-communicable diseases are more susceptible to the risk of developing severe COVID-19 symptoms and are among the most affected by the pandemic, and recognizing that necessary prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers”.
5. Lack of functioning civil registration and vital statistics systems as well as different processes to test and report COVID-19 deaths make it difficult to account for accurate, complete and timely data on causes of deaths and comorbidities, including from COVID-19 among people living with or at risk of NCDs.

6. The virus and the pandemic affect people living with or at risk of NCDs through different pathways, including:

- (a) a higher susceptibility to COVID-19 infection and higher severity and case fatality rates among people with NCDs;
- (b) delays in diagnosis of NCDs, resulting in more advanced disease stages;
- (c) delayed, incomplete or interrupted therapy of NCDs; and
- (d) increases in behavioural risk factors for NCDs, such as physical inactivity, increased harmful use of alcohol, tobacco use and unhealthy diets.

7. COVID-19 has disproportionately impacted people living with or at risk of NCDs, including economically disadvantaged groups such as migrant workers, older adults, as well as forcibly displaced and refugee populations in humanitarian contexts. Therefore, the pandemic magnified and further drew attention to persistent inequalities in both health outcomes and health determinants, including NCD risk factors, social determinants and access to health services, both within and across countries. Working long-term and recognizing how COVID-19 and NCDs are syndemically interlocked conditions^{1,2} may be the first step towards developing the nuanced approaches that are needed to more comprehensively protect society's vulnerable populations.

8. Disruptions of essential NCD health services due to COVID-19 have been widespread due to the shortage of medicines, staff, diagnostics and public transport services among other constraints. The rapid assessment survey of the impact of the COVID-19 pandemic on NCD resources and services,³ conducted by WHO's NCD Department in May 2020 and to which 163 Member States (84%) responded, reported widespread complete or partial disruptions to a range of NCD services across countries. Some 59% of countries reported that access to outpatient essential NCD services were restricted to some degree, while 35% reported that inpatient NCD services were open for emergencies only. About half of countries reported complete or partial disruptions to hypertension management services (53%) or to diabetes and diabetic complication management services (49%). In terms of disruption of activities, 77% of countries reported some disruption to ministry of health NCD activities planned for 2020, such as screening

¹ Horton, R. Offline: COVID-19 is not a pandemic. *Lancet*. 2020;396(10255):874. doi: 10.1016/S0140-6736(20)32000-6.

² Nassereddine, G, Habli, S, Slama, S, Sen, K, Rizk, A, Sibai, AM. COVID-19 and noncommunicable diseases in the Eastern Mediterranean Region: the need for a syndemics approach to data reporting and health care delivery. *BMJ Glob Health*. 2021;6(6):e006189. doi: 10.1136/bmjgh-2021-006189.

³ The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Geneva: World Health Organization; 2020.

programmes, awareness campaigns, population-based surveys (STEPS)¹ or training courses and implementation of WHO technical packages² such as WHO/PEN³ and WHO/HEARTS.⁴

9. The COVID-19 pandemic increased also rehabilitation needs in those who were affected by the virus with an anticipated secondary surge in needs as the pandemic settles, due to the disruption of routine health and rehabilitation services, as well as the potential long-term impacts and sequelae among people living with NCDs and other people infected by the virus.

10. The subsequent two rounds of WHO-wide surveys assessing the continuity of essential health services during the COVID-19 pandemic (pulse surveys) revealed less severe but persistent disruption of services, including for NCDs.⁵ Complementing these surveys, WHO's NCD Department invited countries to complete a COVID-19-related module as part of the periodic assessment of national capacity for NCD prevention and control, between May and September 2021. This assessment confirmed enduring disruption, with 70% of Member States reporting some disruption to NCD-related services more than one year into the pandemic. At least half of countries reported disruptions for diabetes and hypertension management services, cancer screening and treatment services as well as asthma services. Cancer screening services were most likely to be severely disrupted, with more than 10% of Member States still reporting a high level of disruption.⁶

11. The lack of understanding and attention given to the interplay between the virus and NCDs in the early stages of the COVID-19 pandemic hampered the inclusion of NCDs in country strategic preparedness and response plans (CSRPs). A review of 87 plans and 121 documents through an NCD lens, which was conducted by WHO in October 2020, revealed that only 33 countries included NCDs as part of the essential health services to be maintained during the pandemic, only 16 countries included the management of NCDs and only 3 countries had a specific budget line for NCDs. Deeply concerned about this blind spot, the United Nations General Assembly, in resolution 74/306 (2020), called upon Member States “to further strengthen efforts to address noncommunicable diseases as part of universal health coverage, recognizing that people living with noncommunicable diseases are at a higher risk of developing severe COVID-19 symptoms and are among the most impacted by the pandemic”. Similarly, in resolution 75/130 (2020), entitled “Global health and foreign policy: strengthening health system resilience through affordable health care for all”, adopted in December 2020, the General Assembly noted with concern the severe impact COVID-19 on people living with NCDs, stressing the importance of monitoring the indirect impacts of the COVID-19 pandemic on integrated service delivery as well as maintaining the essential part of health care delivery and global supply chains, including for NCDs, and called for governments to reaffirm their commitments made under the political declaration of the third

¹STEPwise Approach to NCD Risk Factor Surveillance (STEPS). Geneva: World Health Organization (<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps>, accessed 1 December 2021).

² Noncommunicable diseases: About us. Geneva: World Health Organization (<https://www.who.int/teams/noncommunicable-diseases/about>, accessed 1 December 2021).

³ WHO package of essential noncommunicable (PEN) disease interventions for primary health care. Geneva: World Health Organization ([https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care), accessed 1 December 2021).

⁴ HEARTS Technical Package. Geneva: World Health Organization (<https://www.who.int/publications/i/item/heart-technical-package>, accessed 1 December 2021).

⁵ Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic January–March 2021. Geneva: World Health Organization; 2021.

⁶ Assessment of noncommunicable diseases service disruption during the COVID-19 pandemic. Geneva: World Health Organization; 2021 (<https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/ncd-rapid-assessment-covid-19-2021.pdf>, accessed 28 February 2022).

high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases to accelerate the implementation of national NCDs responses as part of the 2030 Agenda.

12. To support countries in mitigating the disruption of essential health services, WHO released in March 2020 and subsequently updated an operational guidance on maintaining essential services during the outbreak, outlining basic principles and practical recommendations that support decision-making to ensure the continuity of selected essential health services, highlighting key actions that countries should consider, including for NCDs. Another guidance was issued in January 2021 to support countries in analysing and using routine data to monitor the effects of COVID-19 on essential health services.¹

13. WHO's NCD Department contributed to this normative work through the development of scientific briefs summarizing the latest evidence for the susceptibility and/or negative impact on outcomes for COVID-19 from the presence of specific NCDs, as well as the development of modelling studies with policy scenarios to model possible service delivery model changes, the economic parameters associated with these and the mid-term and long-term health impacts, including on meeting SDG target 3.4. The work was complemented by numerous case studies documenting how countries mitigated the disruptions to NCD-related services, including through innovative digital health solutions (such as the use of mobile health technologies to support people living with NCDs or the use of telemedicine to ensure continuity of care).²

14. As the world engages in a new phase of the pandemic, rolling out COVID-19 vaccines in the attempt to control the pandemic, the review of the situation of NCDs during the pandemic has demonstrated that NCD preparedness and response must be part of any pandemic response and preparedness at global, regional and national levels. Recovery and building back better needs to go together with action to address NCDs. The prevention, screening, early diagnosis and treatment of hypertension, diabetes, cancer and other NCDs cannot be postponed because the NCD epidemic is not on hold. Addressing NCDs and COVID-19 simultaneously and at sufficient scale requires a response stronger than any seen before to safeguard lives and livelihoods. Furthermore, the lessons learned from the COVID-19 pandemic offer opportunities for strengthening emergency preparedness and responses beyond pandemic ones.

15. Beyond the COVID-19 pandemic, WHO was, as at 8 December 2021, aware of and responding to 73 active emergencies graded according to the WHO Emergency Response Framework.

FROM COVID-19 TO AN ALL-HAZARDS EMERGENCY PREPAREDNESS AND RESPONSE APPROACH FOR NCDs

16. The number of people currently affected by humanitarian emergencies worldwide is unprecedented. The United Nations Office for the Coordination of Humanitarian Affairs has estimated that 235 million people will need humanitarian assistance and protection in 2021. Responding to these emergencies, the United Nations and partner organizations aim to assist 160 million people most in need across 56 countries and will require a total of US\$ 35 billion to do so.³ As a result of climate change,

¹ Analysing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers. Geneva: World Health Organization; 2021.

² The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Geneva: World Health Organization; 2020.

³ Global Humanitarian Overview 2021. United Nations Office for the Coordination of Humanitarian Affairs; 2021.

population growth, unplanned urbanization, food insecurity and massive movements of people, emergencies have become more and more complex, protracted and interlinked.

17. While the COVID-19 pandemic has shifted the attention to pandemic emergency preparedness and responses, the nature and frequency of emergencies require the global health community to adopt a broader approach, in which all types of hazards are assessed, anticipated and better responded to. The special session of the World Health Assembly which was held later last year to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response offered a unique opportunity to better address the need of people living with NCDs in humanitarian emergencies and contributed to assignment under resolution WHA74.7 (2021) to strengthen country, international partners and WHO preparedness for and response to health emergencies, through a multisectoral, all-hazards approach.¹

LESSONS LEARNED AND OPPORTUNITIES

18. Due to population growth and ageing, among other factors, the NCD burden among populations affected by natural and man-made disasters is growing and will further require better inclusion of an NCD component in emergency preparedness and responses. The decade of protracted conflicts in the Middle East, the evolving health profile and the identified needs of forcibly displaced populations from Afghanistan, the Bolivarian Republic of Venezuela, Ethiopia, Myanmar and South Sudan, as well as the unfolding humanitarian crisis in Ukraine, provide strong evidence for the need to strengthen the NCD component of emergency preparedness and responses. The experience gained by WHO and humanitarian partners in providing technical assistance in countries in emergencies should be further analysed and capitalized on.

19. The following developments represent opportunities for the global health community to establish a better response for the people living with NCDs as part of emergency preparedness and responses.

(a) The current pandemic triggered renewed attention to the specific considerations of planning and maintaining essential health services, including in humanitarian settings.^{2,3,4} Managing COVID-19 epidemics in fragile states and crisis-affected populations presents a challenge for countries and humanitarian actors, with huge competing population needs and limited resources, if essential health services are unable to be safely delivered or accessed and if the pre-crisis services to be maintained, adapted or suspended are not prioritized and/or widely made available and subsidized as part of national benefit health packages.

(b) Complementing WHO interim guidance on essential health services during an outbreak, the WHO Global Health Cluster COVID-19 Taskforce developed a guidance note on how to

¹ See document A74/A/CONF./2.

² Blanchet K, Alwan A, Antoine C, Cros MJ, Feroz, F, Guracha TA, et al. Protecting essential health services in low-income and middle-income countries and humanitarian settings while responding to the COVID-19 pandemic. *MJ Glob Health*. 2020;5(10):e003675. doi: 10.1136/bmjgh-2020-003675.

³ Singh L, Singh NS, Maldonado BN, Tweed S, Blanchet K, Graham WJ. What does “leave no one behind” mean for humanitarian crises-affected populations in the COVID-19 pandemic? *BMJ Glob Health*. 2020; 5(4): e002540. doi: 10.1136/bmjgh-2020-002540.

⁴ Garry S, Abdelmagid N, Baxter L, Roberts N, de Waroux OLP, Ismail S, et al. Considerations for planning COVID-19 treatment services in humanitarian responses. *Confl Health*. 2020;14(1):80. doi:10.1186/s13031-020-00325-6.

prioritize and plan essential health services during COVID-19 response in humanitarian settings.¹ More recently, efforts are under way under the Task Force and the WHO Emergency Programme to define a minimum set of evidence-based services (package of high-priority health services in humanitarian settings) that are relevant and operationally feasible for humanitarian settings for health clusters and health cluster partners to promote, use and progressively guarantee. Informed by existing reference packages from fragile and conflict-affected cluster settings, the anticipated high-priority health services package will draw on recommended interventions and actions developed under the WHO UHC Compendium.

(c) The development and deployment of the WHO NCD kit since 2017 in more than 20 countries and humanitarian hubs worldwide, including during the COVID-19 pandemic,² contributed to addressing part of the unmet needs for NCD essential medicines and supplies during emergencies. With more than 7500 kit modules procured since 2017, at an annual value of US\$ 3.6 million, the NCD kit has filled a critical gap, becoming one of the most procured WHO standard emergency health kits. Recent reviews of the experience gained in using the NCD kit informed its 2021 revision, also highlighting actions to be taken to improve its planning and distribution, as well as the support to be provided to build the capacity of humanitarian and primary care responders.

(d) Attention to NCDs in humanitarian settings, as well as coordination among United Nations agencies, humanitarian responders and donors, is growing and improving. The Informal Interagency Working Group on NCDs in Humanitarian Settings, the WHO Global Health Cluster and the International Alliance for Diabetes Action³ not only provide platforms for the exchanges of information and practices but increasingly contribute to the co-creation of solutions to improve NCD management in practice.

(e) Crises/affected populations such as forcibly displaced people and refugees can provide critical reflections on how emergencies impact their lives and help shape the design of policies and service delivery programmes that are meant to address their needs. The Apart Together survey of refugees' and migrants' self-reported impact of COVID-19 or the series of consultations organized by regional chapters of the NCD Alliance, such as the "Voices of People Living with NCDs in Humanitarian Crises",⁴ represent positive examples of inclusiveness, complementing the efforts of WHO and civil society partners in advocating for the meaningful engagement of people with NCDs.

(f) Research outputs on NCDs and COVID-19 and more broadly on NCDs in humanitarian settings are increasing in scope and quality, providing a stronger evidence basis to inform the design of policies and programmes. Drawing on descriptive epidemiological studies reporting on the burden of NCD among COVID-19 or other crisis-affected population, a much greater emphasis has been placed on access to NCD services and models of care for NCD adapted to

¹ Essential Health Services: A guidance note. How to prioritize and plan essential health services during COVID-19 response in humanitarian settings. Geneva: World Health Organization; 2020.

² WHO Provides NCD Kits to Timor-Leste to Prevent Risk of Comorbidity Amidst COVID-19 Pandemic. Press release. Geneva: World Health Organization (<https://www.who.int/southeastasia/news/feature-stories/detail/who-provides-ncd-kits-to-timor-leste-to-prevent-risk-to-comorbidity-amidst-covid-19-pandemic>, accessed 1 December 2021).

³ See International Alliance for Diabetes Action website (<https://www.iadadiabetes.org/>).

⁴ Amplifying voices and perspectives of people living with NCDs in the Eastern Mediterranean Region. NCD Alliance; 2020 (<https://ncdalliance.org/news-events/news/amplifying-voices-and-perspectives-of-people-living-with-ncds-in-the-eastern-mediterranean-region>, accessed 1 December 2021).

humanitarian settings.¹ Several initiatives and platforms have recently been launched, complementing WHO's efforts in shaping the research agenda.²

RECOMMENDATIONS

20. Recommended actions for **Member States**:

(a) **COVID-19 related:**

- integrate and strengthen policies, programmes and services to treat people living with NCDs and prevent and control their risk factors into country COVID-19 response and recovery plans, in line with United Nations comprehensive plans;
- collect and use data to assess the impact of COVID-19 on people living with NCDs and monitor the impact of the pandemic on NCD services disruption, morbidity and mortality;
- maintain, restore and scale up prevention, early diagnosis and care for people living with or at high risk of NCDs as soon as feasible and ensure that they are protected from exposure to COVID-19 and considered in health and social protection;
- mobilize and use COVID-19 and other emergency funding to support the provision and continuity of essential services, ensuring access to essential, safe, affordable, quality and effective NCD medicines and supplies, including for the prevention and control of NCDs and their modifiable risk factors;
- ensure the meaningful engagement of civil society, health professionals and people living with NCDs in the planning, implementation and evaluation of national COVID-19 preparedness and response plans;
- prioritize people living with NCDs in national deployment and vaccination roll-outs for COVID-19 vaccines; and
- raise awareness about the links between COVID-19 and NCDs, how people living with NCDs can protect themselves, their families and communities from COVID-19 and how they can access and maintain safe continuity of care for their condition;

(b) **Beyond COVID-19 (all hazards):**

- work towards achieving strong and resilient health systems with UHC and PHC, as an essential foundation for effective preparedness and response to public health emergencies:

¹ Jaung MS, Willis R, Sharma P, Aebischer Perone S, Frederiksen S, Truppa C, et al. Models of care for patients with hypertension and diabetes in humanitarian crises: a systematic review. *Health Policy Plan.* 2021;36(4):509-532. doi: 10.1093/heapol/czab007.

² NCDs in Humanitarian Settings. A knowledge hub presenting the key resources around NCDs in humanitarian settings accessibly in one place. London School of Hygiene and Tropical Medicine (<https://www.lshtm.ac.uk/research/centres-projects-groups/humanitarian-ncd>, accessed 1 December 2021).

- include policies, programmes and services for the prevention and control of NCDs and their modifiable risk factors as part of national and subnational efforts to strengthen health systems to better prepare for, respond to and recover from health emergencies, through a multisectoral all-hazards approach;
- meaningfully involve people living with NCDs, affected communities and those in vulnerable situations, including forcibly displaced populations and refugees, in order to better understand their health needs, empower their individual emergency preparedness and shape NCD health policies, programmes and services;
- take steps to ensure that a minimum set of quality NCD services are made available to affected populations, as part of a prioritized essential NCD health package to be guaranteed during any health emergency, at various levels of care, considering national humanitarian and health system contexts;
- accelerate the implementation of national NCD road maps, ensuring that national benefit packages include a bundle of services for the prevention and control of NCDs and their risk factors, with sufficient pre-payment mechanisms to minimize financial hardship for people with NCDs;
- develop strategies and tools to strengthen core public health capacities and workforces for the provision of NCD services in humanitarian settings, including through digital health solutions;
- ensure access to essential, safe, affordable, quality and effective NCD medicines and supplies in emergency preparedness and response plans and as part of emergency procurements, pre-positionings and deployments, guided by WHO standard NCD kit and other essential bulk items, with appropriate consideration for cold chain-sensitive medicines such as insulin; and
- document countries experiences and promote research on NCD in humanitarian settings.

21. Recommended actions for **international, humanitarian partners, civil society and the private sector:**

- advocate for the inclusion of programmes and services for the prevention and control of NCDs and their modifiable risk factors as part of a multisectoral all-hazards approach to health emergency preparedness and responses, including in current COVID-19 country strategic preparedness and response plans;
- strengthen partnerships, global coordination and cooperation between United Nations agencies, humanitarian organizations, civil society, people living with NCDs and the private sector to support all countries, upon their request, in implementing their multisectoral national action plans, for strengthening their health systems response to health emergencies, including for maintaining the safe provision NCD services during them;
- support the development, implementation and continuity of a prioritized essential NCD health package to be guaranteed in health emergencies, at various levels of care, considering national and subnational humanitarian and health system contexts;

- support countries in building their public health and workforce capacity for integrated care in humanitarian settings, with strengthened capabilities to work across NCDs and other diseases/conditions;
- support countries to strengthen investment in research, evidence generation, enhanced guidelines, evaluation and monitoring to support contextual implementation and ensure quality and accountability;
- support countries in the procurement and deployment of essential, safe, affordable, quality and effective NCD medicines and supplies, including WHO standard NCD kits or other essential bulk items, with appropriate consideration for cold chain-sensitive medicines such as insulin;
- promote and support research on NCD in humanitarian settings; and
- support and advocate for people living with NCDs to be meaningfully consulted and engaged in the design, implementation and evaluation of NCD policies, programmes and services in humanitarian settings

22. Recommended actions for **WHO**:

- As part of ongoing efforts for strengthening WHO preparedness for and response to health emergencies and reinforcing its leadership and coordination of the Inter-Agency Standing Committee Health Cluster and its complementarity to other humanitarian actors:
 - review current WHO NCD-related responses in countries in emergencies and suggest a strategic approach to improving WHO technical assistance to countries across preparedness, response and recovery, leveraging crises as an entry point to build health systems back better through development of sustainable NCD services;
 - strengthen collaboration and communication across WHO, including with the Global Health Cluster and other humanitarian partners such as the Informal Interagency Group on NCDs in Humanitarian Settings, in order to enhance WHO leadership and normative functions and better assist countries in emergencies;
 - in collaboration with the WHO Emergency Health Programme, the Global Health Cluster and other humanitarian and academic partners, develop a prioritized essential NCD health package to be guaranteed in health emergencies, at various levels of care, considering national humanitarian and health system contexts, drawing on the WHO UHC Compendium;
 - support countries in the prioritization, procurement and deployment of essential, safe, affordable, quality and effective NCD medicines and supplies, including WHO standard NCD kits and essential bulk items, with appropriate consideration for cold chain-sensitive medicines such as insulin;
 - support countries in building their public health and workforce capacity for integrated care in humanitarian settings, with strengthened capabilities to work across NCDs and other diseases/conditions;

- strengthen WHO’s normative role and technical capacity to develop and disseminate normative products, technical guidance, tools, data and scientific evidence in order to support countries in developing and implementing national response plans to health emergencies, with necessary provisions for treating people living with NCDs and for preventing and controlling their risk factors in humanitarian emergencies;
- further advocate with donors the prioritization of building bridges with a view to prioritizing NCDs in humanitarian emergencies across the health, development and peace-building sectors;
- strengthen global, regional and country preparedness and response capabilities and capacities for health emergencies by enhancing the meaningful engagement of people living with NCDs in the planning, implementation and evaluation of national preparedness and response plans; and
- engage WHO NCD technical advisory groups and other academic partners to shape the research agenda and document country experiences in order to inform policies for strengthening NCD emergency preparedness and responses.

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