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Addressing non-communicable diseases in disaster risk reduction – an issue of equity



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Abstract The issues raised by noncommunicable diseases (NCDs) during and after disasters are a challenge to equity within local communities, as well as between countries. Individuals with NCDs are particularly vulnerable in disasters and their aftermath given health systems are disrupted. Although welcome progress has been made in taking NCDs and equity into account in the UN General Assembly ratified agreement, the Sendai Framework for disaster risk reduction 2015–2030, there is need now for a clear plan of implementation.

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Noncommunicable diseases (NCDs) are a major global public health threat. As the leading cause of death, they account for 65.5% of mortality [1] and 54% of disability-adjusted life years globally [2]. The danger posed by NCDs to population health is further heightened during disasters. The growing

recognition that NCDs are important to health and development, as reflected in their inclusion in Goal 3 of the sustainable development Goals, is an opportunity for synergy between disaster risk reduction (DRR), sustainable development, and health [3].

NCDs in disasters are a challenge for global health equity. Almost three quarters of all NCD related mortality occur in low- and middle-income countries (LMICs) [4]. The challenges posed by NCDs are projected to be ever-growing in LMICs, as more countries make nutrition and disease transitions in the context of globalization. Further, the increase in NCDs is not only limited to the countries

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undergoing demographic changes with aging populations, but is also affecting young populations due to more sedentary lifestyles and the resultant obesity epidemic. At the same time, LMICs face a greater burden of natural disasters (frequency and intensity), climate change sequelae, and wider disaster hazards relative to high income countries [5] as a result of relatively weak national health systems, higher levels of absolute and relative poverty, rapid urbanization, and associated planning deficiencies, as well as less adequate early warning systems.

Inequity does not only exist between high income countries and LMICs, but is also within local communities. Vulnerable groups include those from lower socioeconomic groups, the homeless, the disabled, those requiring chronic care, women, and the very young and old [6]. For example, individuals from lower socioeconomic groups often have insecure livelihoods, lack economic and social welfare safety nets, live in areas at heightened risk of disaster, and are less likely to evacuate when requested [5]. As such, vulnerable groups are simultaneously more likely to be inadequately managed for chronic conditions [6] and more susceptible to the adverse effects of disasters [7].

NCDs in disasters can entrench, exacerbate, and cause further health disparities. Following disasters, public health infrastructures become overwhelmed by acute injuries and immediate disaster relief needs, such as those related to infectious disease and maternal/child health. As a result, chronic conditions may remain untreated and those with chronic conditions can experience acute exacerbations and increased mortality, and a worsened long-term prognosis. For example, disrupted dialysis provision following the 2005 Kashmir earthquake led to significant health consequences among chronic renal disease patients [8].

Additionally, conditions that were previously managed with little or no impact on activities of daily living may deteriorate on account of reduced access to care and/or medication loss [9]. For example, exacerbation of rheumatoid arthritis debilitates patients and causes wider social disruptions including loss of income and security [10]. Such a reduced functional capacity, particularly at a time of heightened physical, social, and mental stress postdisaster can in turn adversely impact on livelihoods and as a result, entrench individuals in poverty and exacerbate inequity [5]. Given this, mitigating against the impact of NCDs in the context of disasters can improve the long-term economic outlook for both the individual and community (supporting postdisaster economic recovery

and maximizing tax revenue for subsequent reinvestment into public sector services/infrastructure). There is a need for further research to explore how NCDs impact inequities postdisasters in the short and longer term.

Policy implications

In line with the public health adage that “prevention is better than cure”, significant efforts around DRR are currently underway. The approach of DRR is captured in the recently adopted UN landmark agreement, the Sendai Framework for disaster risk reduction 2015–2030. This framework makes an important contribution to global development and health policy by recognizing that the impact of disasters on lives and livelihoods is influenced by a combination of physical, social, economic, and environmental factors [11] – which are also social determinants of health [12]. The Sendai Framework calls for a systematic, transdisciplinary and multisectoral approach to reduce risks from disasters by limiting exposure to hazards, decreasing vulnerability of people and property, appropriately managing the land and built environment (such as through urban planning), and improving preparedness and early warning systems [11].

Relevant policy statements from the Sendai Framework [11] include: (1) *people with life-threatening and chronic disease, due to their particular needs, should be included in the design of policies and plans to manage their risks before, during, and after disasters, including having access to life-saving services*; (2) *to enhance recovery schemes to provide psychosocial support and mental health services for all people in need*; and (3) *core dedicated action needs to be focused on tackling underlying disaster risk drivers, such as the consequences of poverty and inequality*.

Statements 1 and 2 are of importance for NCDs in the Sendai Framework. The significance of inequity is also noted – Statement 3. This is welcome since “NCDs/chronic disease” and “inequality/inequity” were absent from its predecessor-the Hyogo Framework for Action 2005–2015 [13]. There is strong focus throughout the Sendai Framework for action across local, national, regional, and international levels based on scientific and technical evidence, to reduce risk across influencing factors. This enabling approach can help facilitate action locally (inequities within countries) and even globally (inequities between countries). In the development of the implementation plan for the Sendai Framework, there is an opportunity to turn this vision into a reality across both local and global

communities by clarifying whose remit tackling inequity in disaster risk distribution comes under, what measures will be used to monitor progress on this issue, and the specific sources of funding.

A clear and coordinated action plan tackling the challenges posed by NCDs before, during, and after disasters will help to mitigate the heightened burden of risks currently on LMICs and among their vulnerable populations.

Conflicts of interest

The authors have no conflict of interest to declare.

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