



Tackling the Rising Trends of Noncommunicable Diseases During Public Health Emergencies

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DEAR EDITOR,

The 21st century has witnessed multiple public health emergencies (viz. Fukushima nuclear disaster, the Ebola outbreak in West Africa, civil wars, natural calamities, etc.), most of which are often associated with local, national, and international adverse consequences.^[1,2] Further, amidst the serious deterioration of climate and other global circumstances, it is quite unlikely that in the coming years a reduction in disasters will be observed.^[1,2] Simultaneously, an unexpected rise in the global magnitude of noncommunicable diseases (NCDs) has also been observed, with close to 38 million deaths being attributed to them on an annual basis, of which almost three-fourths are from low- and middle-income nations.^[3]

The public health emergencies and the NCDs present together as a deadly combination, with emergencies interfering with the maintenance of optimal health (owing to the presence of factors like overcrowding, interruption in the food supply/drinking water/sanitation/healthcare services, etc.), while NCDs acting as a major hurdle to ensure financial development and equity.^[2,4] Furthermore, most of these determinants act together at times of disaster and either result in the rise in incidence of NCDs or facilitate the progression of the existing diseases.^[4,5] Subsequently, the routine healthcare services are not only interrupted, but even there is a lack of coordination among relief agencies, resource/logistics constraints, shift of focus of health workers towards the containment of the disaster, and no capacity to monitor and evaluate the efforts.^[4-7]

Although, it is absolutely true that at times of acute stages of an emergency, the primary focus should be towards the effective management of the emergencies nevertheless, there should be an inbuilt mechanism or an action plan to simultaneously address the needs of

people suffering from NCDs.^[1,5,7] In fact, a definitive rise in NCDs associated morbidity and mortality has been reported at times of emergencies owing to the inability of the patients with NCDs to cope without access to adequate nutrition, medications, and follow-up; exacerbation of the existing NCDs leading to the development of various acute complications; and the persistence of the complications for a longer period of time in the form of disability and impact on quality of life.^[5-7] However, till date, no precise recommendations have been proposed to comprehensively address the issue of NCDs during emergencies.^[1,3,7]

On a global scale, in an attempt to successfully respond to the problem of NCDs in emergencies and reduce the associated morbidity and mortality, the need of the hour is to create awareness about the significance of NCDs during emergencies, both among general population and health providers; conduct thorough review of the existing literature so that any cost-effective intervention can be identified and subsequently implemented (if needed), and to explore the morbidity/mortality pattern during and following an emergency through various research projects.^[5,6,8] In addition, interventions like including different aspects of the NCDs into emergency strategies; formulating precise guidelines to enable targeted management of the NCDs during emergencies; enhancing collaboration between all the concerned sectors; and orienting health workers about different aspects of emergency through periodic training sessions, can further enhance the extent of benefit to the patients with existing NCD.^[5-6] Further, an emergency health kit was developed and successfully employed in tackling the humanitarian crisis in Ukraine, and there is a definitive proposal to upscale it in the next few years.^[7]

To conclude, a significant rise in the NCDs associated morbidity and mortality has been observed during public health emergencies and thus extending appropriate and

timely treatment to them will not only save their lives but even alleviate the risk of long-term complications.

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