

Models of care for patients with hypertension and diabetes in humanitarian crises: a systematic review

WHAT IS THE ISSUE?

Care for non-communicable diseases (NCDs), including hypertension and diabetes, is challenging in humanitarian crises. Most crises occur in low- and middle-income countries (LMICs), often disrupting health systems that are already under-resourced and poorly structured to address chronic care needs. There is little evidence to support humanitarian actors in designing effective and patient-centred models of care for NCDs.

WHAT WE DID

We systematically reviewed the available evidence on models of care for hypertension and diabetes in humanitarian crises. We developed a conceptual framework that may be used to develop and evaluate NCD models of care in humanitarian settings in the future. Forty-five studies were included in this review.

OVERALL FINDING

This systematic review described the growing body of literature studying models of care for hypertension and diabetes in humanitarian crises. We found increasing descriptive evidence around context-adapted models of NCD care. Most studies focused on health system inputs, such as medicines and health workforce, while few described patient factors or health system goals, such as access or quality of care. There were no cost-effectiveness studies, few high-quality studies and limited evidence of impact of any of the interventions studied.

RECOMMENDATION FOR ACTION

The conceptual framework may serve as a tool to support the design, implementation, and evaluation of future NCD interventions for people with hypertension and diabetes in humanitarian crises. Additional evidence is needed to help policymakers and programme implementers determine the most effective care for people with hypertension and diabetes in humanitarian crises.

KEY MESSAGE

This review identified a limited number of studies describing models of care for hypertension and diabetes in humanitarian settings. These care models were highly varied, and their design was context dependent. We found significant gaps in the literature and highlighted the need for high quality research to support the design, implementation, and evaluation of patient-centred models of care for NCDs in crisis settings.

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Corresponding author

Éimhín Ansbro
Department of Health Services
Research & Policy, London School
of Hygiene and Tropical
Medicine
eimhin.ansbro@lshtm.ac.uk

A conceptual framework for a model of care for NCDs in humanitarian crises

The framework, based on the World Health Organization (WHO) health systems building blocks framework and other existing models of care in LMICs, allowed us to describe and compare diverse implementation models of NCD care across different humanitarian programmes and settings.

SOCIOCULTURAL ENVIRONMENT

BROADER PUBLIC AND HUMANITARIAN POLICY

HEALTH SYSTEM AND PARALLEL HUMANITARIAN SYSTEM

FINANCING AND GOVERNANCE

Financing and governance are two essential inputs for health systems to operate.

FINDING

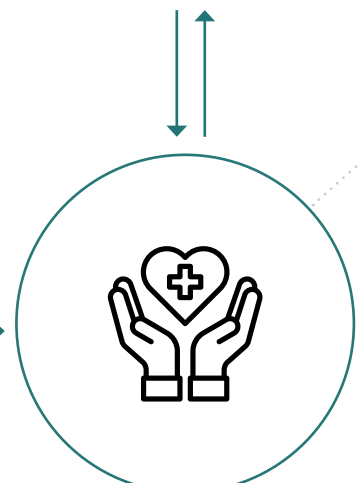
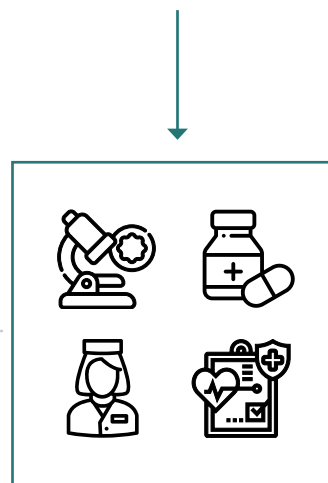
- These were infrequently discussed and mainly concerned the limitations of international funding.

HEALTHCARE SYSTEM INPUTS

The inputs comprise of the different components for the effective delivery of care.

FINDINGS

- Healthcare workforce and treatment protocols were the most commonly described components of models of care.
- The predominant model of care was primary care-level hypertension and diabetes services involving non-specialist physicians complemented by nurses.
- Several studies emphasised the procurement and utilisation of essential, generic medications or equipment.



FACILITIES AND SERVICES
MEDICINES AND EQUIPMENT
HEALTH WORKFORCE
INFORMATION

RESPONSIVENESS

ANALYSIS OF THE LITERATURE FOUND:

- Basic evidence around NCD prevalence in LMICs is scarce and there are difficulties in performing high-quality, longitudinal or experimental research in dynamic and insecure humanitarian contexts.
- Most studies were descriptive and there were few programme evaluations, costing, or effectiveness studies. Consequently, there is limited evidence of the impact of these interventions.
- Few studies described the dimensions of the model of care conceptual framework regarding the quality of care, responsiveness, financing and governance, broader humanitarian and health policy context, and sociocultural environment.

PATIENT DEMAND AND PREFERENCES

Patient-centredness and the interaction between the formal health system and community-based formal or informal systems are captured in this domain.

FINDING

- Community-based services and peer support were rarely described in the literature on NCD models of care in crises.
- Patient demand and needs, their experience and trust in services, and services' accommodation to their needs were not commonly mentioned.

INTERMEDIATE GOALS

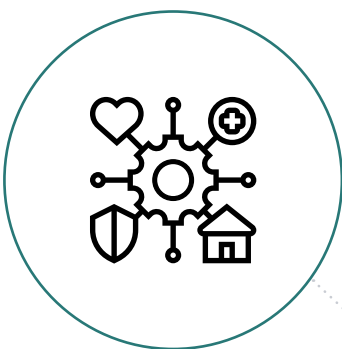
The intermediate goals highlight the interaction of health system inputs with patient needs and preferences.

FINDING

- Some intermediate health system goals (access and coverage) received more attention in the design of current care models, while others (quality, safety, and system responsiveness) received relatively little attention.

FINAL GOAL

The intermediate goals directly impact the final goals of improved health, social financial risk protection and improved efficiency.



Health in the midst of humanitarian crises

Managing a chronic disease requires continuity of treatment and care, which can be challenging in a humanitarian crisis where there are inevitably disruptions in health services or a complete collapse of healthcare systems.

People with NCDs are among the most vulnerable groups in these settings. Many suffer from complications that can be controlled in normal circumstances but are disabling and even life-threatening without treatment.

Partnering for Change

In 2018 the International Committee of the Red Cross, the Danish Red Cross and Novo Nordisk formed a partnership to tackle the growing issue of NCDs affecting millions of people in humanitarian crises worldwide. A collective vision unites the partnership that all people affected by humanitarian crises should have access to the NCD care they need, no matter where they are. The partnership is supported by the London School of Hygiene & Tropical Medicine, the lead academic partner.



ABDEL EL SALAM OTHMAN
Abdel lives in Lebanon and has type 2 diabetes

London School of Hygiene & Tropical Medicine

The Centre for Global Chronic Conditions at London School of Hygiene and Tropical Medicine (LSHTM) aims to improve the understanding of and responses to chronic conditions in order to improve the health and health equity of people worldwide. The centre is made up of a group of researchers from multiple disciplines (including epidemiology, economics, social political sciences and health systems). It works in low-, middle- and high-income country settings, including with vulnerable populations during humanitarian crises and with migrant populations.

Authors

Michael S. Jaung^{1,2}, Ruth Willis¹, Piyu Sharma¹, Sigiriya Aebischer Perone³, Signe Frederiksen⁴, Claudia Truppa³, Bayard Roberts¹, Pablo Perel⁵, Karl Blanchet⁶ and Éimhín Ansbro^{1*}

¹Department of Health Services Research & Policy and Centre for Global Chronic Conditions, Faculty of Public Health & Policy, London School of Hygiene & Tropical Medicine

²Department of Emergency Medicine, Baylor College of Medicine

³Health Unit, International Committee of the Red Cross

⁴Danish Red Cross

⁵Department of Non-Communicable Disease Epidemiology and Centre for Global Chronic Conditions, Faculty of Epidemiology and Population Health

⁶Geneva Centre of Humanitarian Studies, University of Geneva



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