NCD treatment poses particular challenges in humanitarian crises, where insecurity and weakened health systems impair access to treatment. In MSF programs in South Sudan and DRC, treatment of diabetes has been a major challenge with patients travelling extreme distances to access treatment. Patients in need of insulin were required to attend a facility daily due to fears of providing insulin at home and lack of clarity regarding cold chain storage. MSF established a home insulin program, empowering patients to inject and monitor themselves at home, but devices that would simplify insulin delivery are too expensive, and glucose monitoring is restricted due to cost. In many settings patients requiring lifelong NCD medications are seen monthly, due to limitations in drug supply and the lack of differentiation of follow up protocols, placing a significant burden on the health system and client. In Kenya NCD care was scaled up in a primary care setting by the adaptation of medical protocols and, by adapting lessons learned from MSF HIV programs, delivered NCD care through medication adherence clubs, reducing the burden on both client and the health system by reducing the number of interactions with the health facility.

As a medical humanitarian organization - MSF treated over 26,056 NCD patients in 13 countries in 2015. Diseases managed in MSF projects include diabetes, hypertension and cardiovascular disease, epilepsy, asthma and COPD, and cervical cancer. Many more projects provide mental health care in humanitarian settings.

MSF welcomes increased global attention on the prevention and control of NCDS and within the 3rd United Nations High-Level Meeting on NCDS. MSF witnesses the need for addressing access to medicines and diagnostics through an evidence-based public health approach and to challenge the regulatory and Intellectual Property barriers that currently restrict access to diagnostics, medicines and devices. It is imperative that the challenges our patients face are reflected in the negotiations and final political declaration. To this end we recommend:

- Addition of language to the zero draft document, recognizing the rights of Member States to make use of public health safeguards within the TRIPS agreement;

- Recognition of the need for alternative R&D models for NCD care that promote affordability and allow for products to be adapted to humanitarian settings;

- Adaptation of diagnostics and medicines, to support simplification of NCD service delivery in humanitarian settings from both the health system and patient perspective, enabling access to NCD care.

- Development of national clinical and operational guidelines based on robust, public health evidence, that rely on the normative role of the WHO, and are not impacted unduly by conflicts
Taking an evidence based, public health approach, guidelines should support simplification of NCD care to enable task-sharing and decentralisation to primary care and community settings where needed.