STATEMENT BY RICHARD BLEWITT
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Interactive Hearing as part of the preparatory process toward the third High-Level Meeting of the General Assembly on NCDs
Panel 1
United Nations General Assembly
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Madam Chair,

Thank you for giving me the floor. I speak on behalf of the International Federation of Red Cross and Red Crescent Societies (IFRC), which represents 190 National Red Cross Red Crescent Societies with more than 12 million volunteers across the globe. As the largest humanitarian organization, our mission is to prevent and alleviate suffering in all its forms, without discrimination of any kind.

One of our four core areas of focus is the provision of health services and community care to the hardest to reach—those who are most often left behind. In that regard the IFRC welcomes the growing recognition that NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths—32 million—occur. This is where much of our efforts to prevent, control, manage and care for NCDs must focus.

At the same time, we are concerned with the lack of attention given to NCDs in disasters, emergencies and other fragile settings, where NCDs remain underprioritized and [NCD care] underfunded. Overall, more than 134 million people across the world are affected by humanitarian crises. The numbers of these crises and the people effected are growing, but we must also factor in the increased duration of these crises, which often lasts years—not to mention decades in the case of conflicts.

This causes untold stress on health systems, including the health workforce, as well as on communities and individuals’ access to these systems. NCD prevention, treatment and care must be integrated into the humanitarian response—and long-term, comprehensive health care should extend beyond the acute phase of an emergency.

Our question to the panel is this: With millions of people currently affected by conflicts and disasters worldwide, with people living with NCDs now constituting one of the most vulnerable groups during humanitarian crisis and with challenges related to NCDs in humanitarian crises largely been
unrecognized and inadequately addressed, if we are genuine in calls to provide Universal Health Coverage and to “leave no one behind”, NCDs in humanitarian crises simply cannot be ignored any longer. **How do we plan to** include and address NCDs prevention, control and management in humanitarian crises in the Political Declaration so that governments and donors of global health and development have strong indication that this is a health emergency, deserving much greater attention, funding and research?

Thank you