



REVIEW

TACKLING NCDs AMONG UKRAINIAN REFUGEES IN MOLDOVA

Between June and December 2022, CUAMM assisted Ukrainian refugees in Moldova, working in two refugee centers in the city of Chişinău. It helped over 1,000 patients in this period, most of whom came with health needs due to chronic non-communicable diseases, such as cardiovascular and neoplastic diseases.

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A MISSION TO ASSIST REFUGEES

The escalation of the armed conflict in Ukraine began by Russia's military invasion in February 2022 has forced millions of refugees to cross the borders to neighboring countries such as Poland, the Czech Republic, Romania, and Moldova. These countries' fragile health infrastructure, the absence of dedicated medical staff, and the shortage of adequate medical supplies have not only made it difficult for the population to access essential health services but have also led to the interruption of prevention, diagnosis, and services for the treatment of non-communicable diseases (NCDs) such as cardiovascular diseases, chronic respiratory diseases, diabetes, and cancer.

In May 2022, the Ministry of Health of Moldova, in agreement with the World Health Organization (WHO), requested the intervention of Doctors with Africa CUAMM to support the country's health and assist the population of Ukrainian refugees temporarily settled in Moldova. CUAMM accepted the request, managing a daytime outpatient activity as an Emergency Medical

Team (EMT) type 1 (**Table 1**) in the two refugee centers "Mold-expo" and "Testemitanu" in the capital city, Chişinău.

The health services were provided by a team of a CUAMM volunteer doctor and two local nurses, who were essential, both for covering shifts to support the doctor in the clinic and as full-fledged mediators in the doctor-patient relationship. The CUAMM volunteer doctor was asked to stay for a minimum of about 2 weeks to ensure continuity in patient visits and a smooth handover to the next doctor.

NCD MANAGEMENT IN EMERGENCY CONTEXTS

In the period between June and December 2022, the CUAMM Emergency Medical Team treated a total of 1,173 patients, the majority of whom were adults (70.8%) with an average age of 51.9 years. Of these, 569 (68.5%) were female and 258 (31%) were male.

Most of the people assisted (88.7%, n=1040) had health problems not directly related to the conflict: the most frequent diag-

TABLE 1 / CLASSIFICATION OF EMERGENCY MEDICAL TEAMS ACCORDING TO THE WORLD HEALTH ORGANIZATION.

EMERGENCY MEDICAL TEAMS (EMTs)

Definition	Groups of health professionals, including doctors, nurses, paramedics, support workers, logisticians, who treat patients affected by an emergency or disaster
Type 1 mobile	Outpatient initial care and referral for further investigation using mobile medical teams in multiple locations and serve hard to reach populations according to the context of the emergency
Type 1 fixed	Outpatient initial care of injuries and other health-care needs and referrals for ongoing investigation or care and community based primary care from a fixed location
Type 2	Inpatient acute care for medical conditions (communicable and noncommunicable diseases), general and obstetric surgery for trauma and other major conditions and can receive, screen and triage new and referred patients in an outpatient and emergency department type setting
Type 3	Complex referral-level inpatient care for medical and surgical conditions and intensive care capacity in a temporary facility of tents, prefabricated buildings or vehicles

noses are attributable to cardiovascular (23.4%, n=177), gastrointestinal (7.4%, n=56), musculoskeletal (6.1%, n=46) and neoplastic diseases (4.7%, n=36).

The data collected during the outpatient treatments offer significant points of consideration. Firstly, non-communicable diseases were a major health problem for the assisted population, confirming that these conditions are also a significant problem in humanitarian emergency contexts. Yet, on the patient evaluation sheets that the WHO made available for type 1 TMS, non-communicable diseases are still classified indistinctly under code 29 - "other diseases, not specified above," a generalized category that does not allow a precise classification of the diseases, to the detriment of the timely treatment of the patient and a complete understanding of the health needs of the affected population.

Secondly, the choice to support CUAMM doctors with the experience of local nurses made it possible to provide effective health

care for Ukrainian refugees, overcoming language barriers as well as promoting hygienic-sanitary measures in the population and planning management strategies to ensure the follow-up of chronic patients.

EMERGENCY-URGENCY VS CONTINUITY

When health resources are strictly limited, priority is given to urgent and emergency diseases, to the detriment of evaluating and treating non-communicable diseases that require continuity of care and constant monitoring over time. Handling NCDs during humanitarian crises is a growing global challenge, which requires a multidisciplinary health approach integrated with local health systems to implement diagnosis, treatment, and follow-up for patients who are victims of humanitarian disasters.

