



COVID-19 AND NCDs



**BUILD
BACK
BETTER**

Snapshot on **18 May 2020**
across 155 countries
(Published on 29 May 2020 at 14:00)

PRELIMINARY RESULTS

**Rapid assessment of service delivery for
noncommunicable disease (NCDs)
during the COVID-19 pandemic**

WHO NCD DEPARTMENT



**COVID-19
RESPONSE**



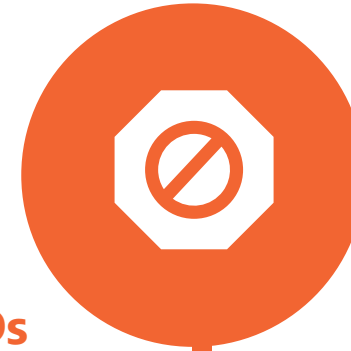
**World Health
Organization**

Business as unusual: How the COVID pandemic and the NCD epidemic have brought about a deadly interplay

Underinvestment in the prevention, early diagnosis, screening, treatment and rehabilitation for NCDs: Health systems unable to meet the health-care needs of people living with and affected by NCDs



Disruption of services for the prevention and treatment of NCDs: **Long-term upsurge in deaths from NCDs likely**



The world is at a critical juncture. The execution of a forward-looking strategy inclusive of NCDs is required to **build back better** and reach SDG 3.4 on NCDs.

2010

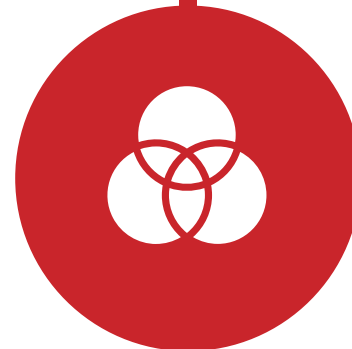
2019 2020

today

2030



The momentum of progress in curbing the NCD epidemic has **dwindled** since 2010



Since the outbreak, people with NCDs are more vulnerable to becoming severely ill or die from COVID-19

**BUILD
BACK
BETTER**





The momentum of progress in curbing the **NCD epidemic has dwindled** since 2010. The **COVID-19 pandemic has become an amplifier** for health systems to better respond to NCDs.

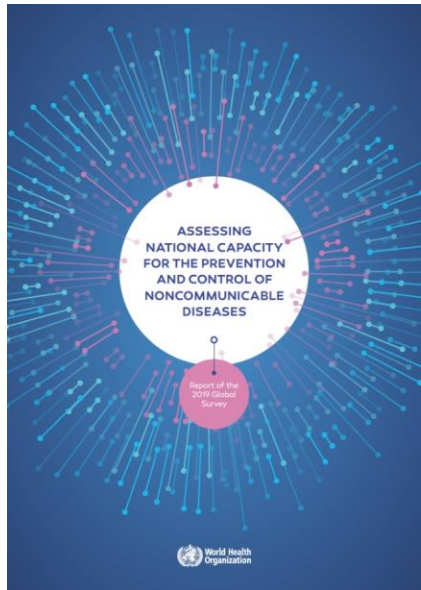
WORLD
HEALTH
STATISTICS

2020

MONITORING
HEALTH FOR THE
SDGs
SUSTAINABLE
DEVELOPMENT GOALS

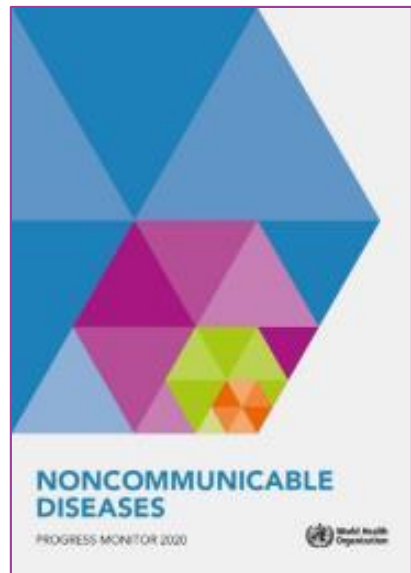


- Despite the considerable progress made in 2000-2010 in the prevention and treatment of NCDs, **the momentum of change has dwindled since 2010**. The annual decline of the risk of dying from a major NCD between the ages of 30 and 70 is **slowing**.
- SDG target 3.4 on NCDs is **off track**.
- **Diabetes** is showing a 5% increase in premature mortality.
- **Pre-COVID:** Substantial reductions in NCD mortality require a strengthened health system to deliver NCD services that **improve diagnosis, treatment, rehabilitation and palliation**, including hypertension control, and policies that drastically reduce risk factors for NCDs.



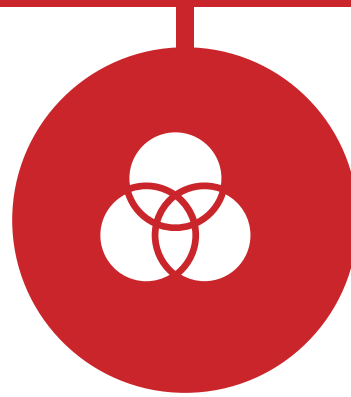
There has been a chronic **underinvestment** in the prevention, early diagnosis, screening, treatment and rehabilitation for NCDs.

In 2019, health systems were **unable to fully respond** in the majority of countries to the health-care needs of people living with or affected by NCDs.



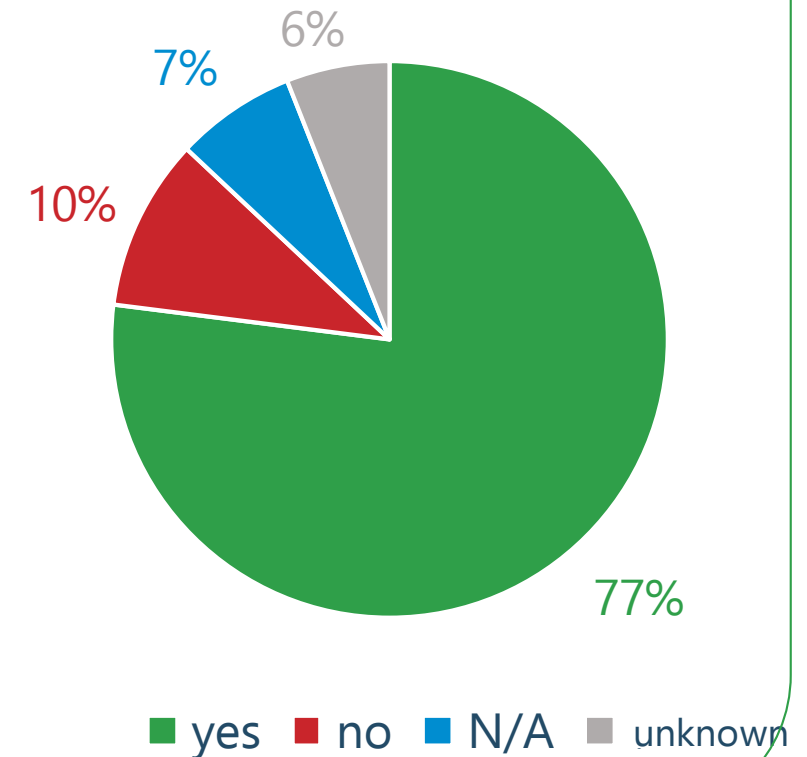
- Only 34% of countries provide drug therapy and counseling services to prevent and treat **heart attacks and strokes**
- Only 40% of countries have **palliative care** generally available
- Only 48% of countries have **guidelines** for the four major NCDs
- Only 62% of countries have early detection programmes for **cervical cancer**
- Only 62% of countries have **radiotherapy** services for cancer treatment

Since the COVID-19 outbreak, people living with NCDs are more vulnerable to becoming severely ill or dying from COVID-19



- **Italy:** Among those dying of COVID-19 in hospitals, 67% had **hypertension** and 31% had type 2 **diabetes**.
- **India:** 30% fewer **cardiac emergencies** reached health facilities in rural areas in March 2020 compared to the previous year.
- **Netherlands:** The number of people newly diagnosed with **cancer** dropped by 25% as a result of the lockdown.
- **Spain:** Among patients with severe COVID-19 disease, 43% had existing **cardiovascular diseases**.

77% of Ministries of Health have started to collect data on NCD-related co-morbidities for COVID





Disruption of services for the prevention and treatment of NCDs

What: WHO conducted a **rapid assessment survey of service delivery for NCDs during the COVID-19 pandemic** among 194 Ministries of Health. Responses were received from 155 Ministries (80%)

When: Between 1 May 2020 and 25 May 2020.

Why: To get a snapshot of the situation, following deepening concerns that many people living with NCS are no longer receiving appropriate treatment or access to medicines during the COVID-19 pandemic.

The findings are presented in the next slides.





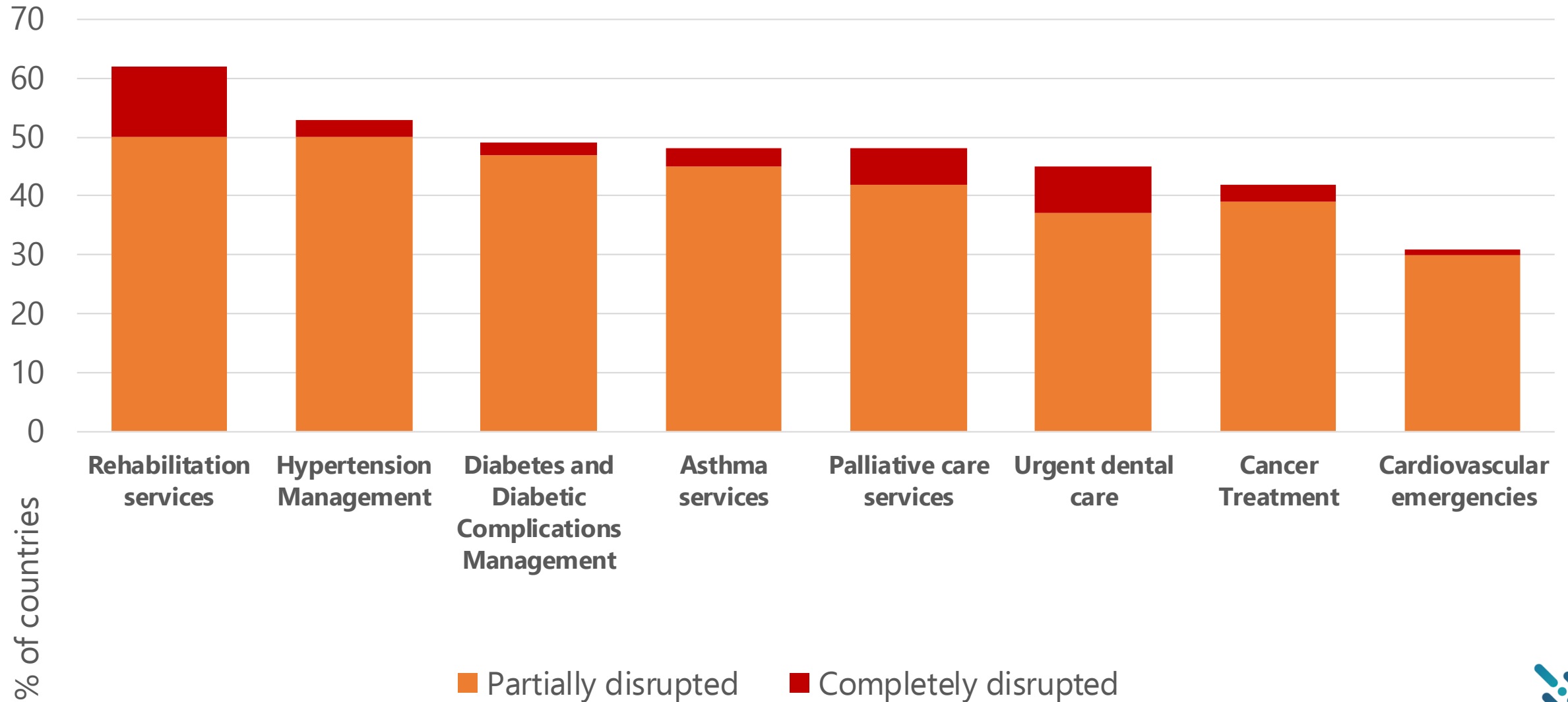
COVID-19 AND NCDs



120 countries reported that NCD services are disrupted



World Health Organization



The more severe the transmission phase of the COVID-19 pandemic, the more NCD services are disrupted



World Health Organization



PHASE 2: SPORADIC CASES

41% of countries disrupted services for **hypertension management**
35% of countries disrupted services to treat **diabetes** and complications
41% of countries disrupted services to treat **cancer**
24% of countries disrupted services to treat **cardiovascular emergencies**



PHASE 3: CLUSTER TRANSMISSION

55% of countries disrupted services for **hypertension management**
50% of countries disrupted services to treat **diabetes** and complications
43% of countries disrupted services to treat **cancer**
25% of countries disrupted services to treat **cardiovascular emergencies**



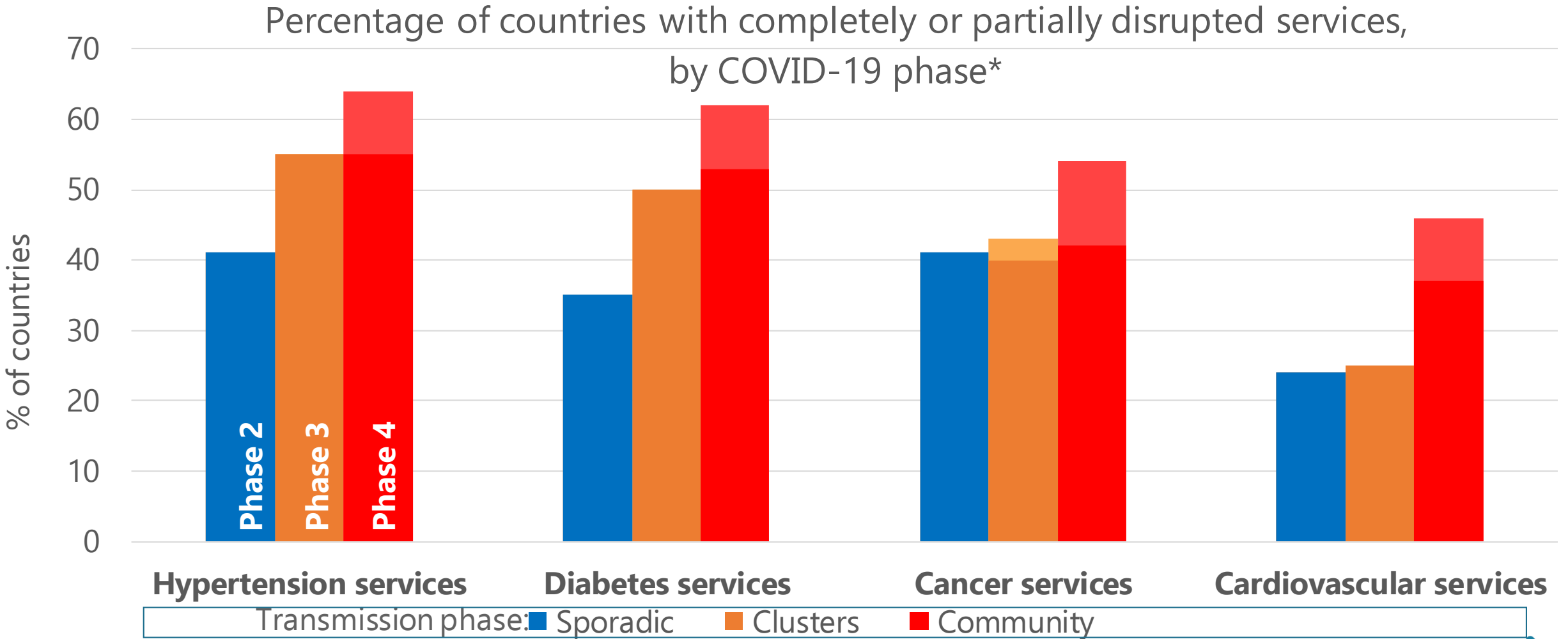
PHASE 4: COMMUNITY TRANSMISSION

64% of countries disrupted services for **hypertension management**
62% of countries disrupted services to treat **diabetes** and complications
54% of countries disrupted services to treat **cancer**
46% of countries disrupted services to treat **cardiovascular emergencies**

Includes services that are fully disrupted, partially disrupted or have an unknown level of disruption



The more severe the transmission phase of the COVID-19 pandemic, the more NCDs services are disrupted



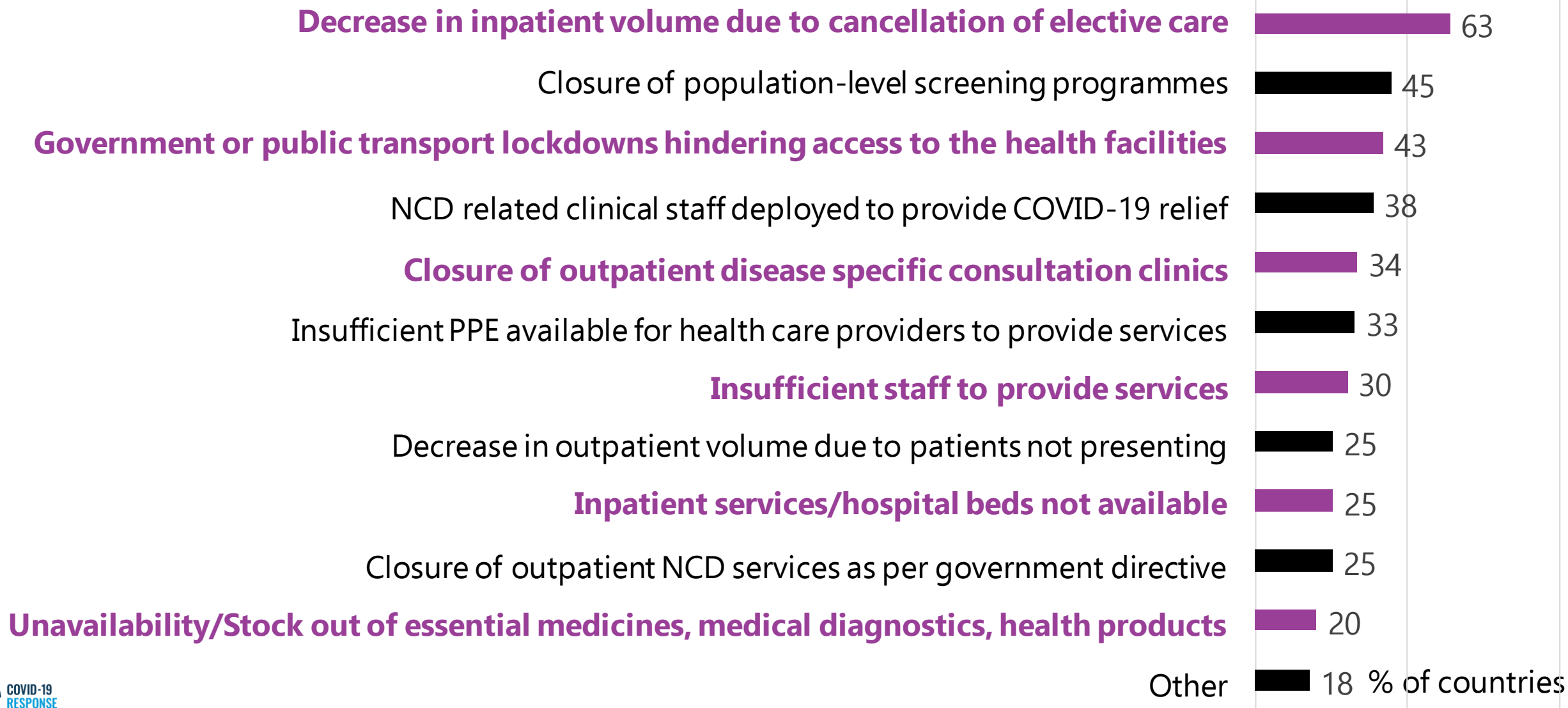
*Countries reporting unknown levels of disruption shown in lighter shade



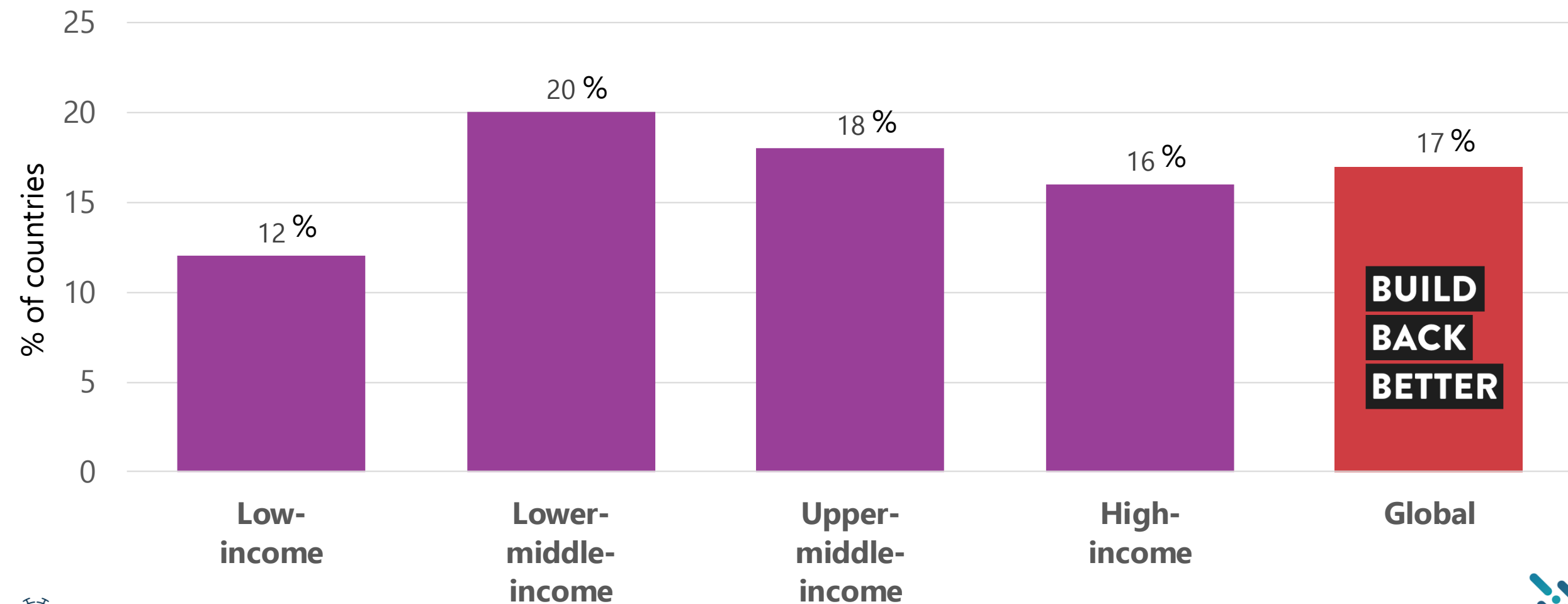
Main causes of NCD service disruption: 77% of countries reporting disruptions



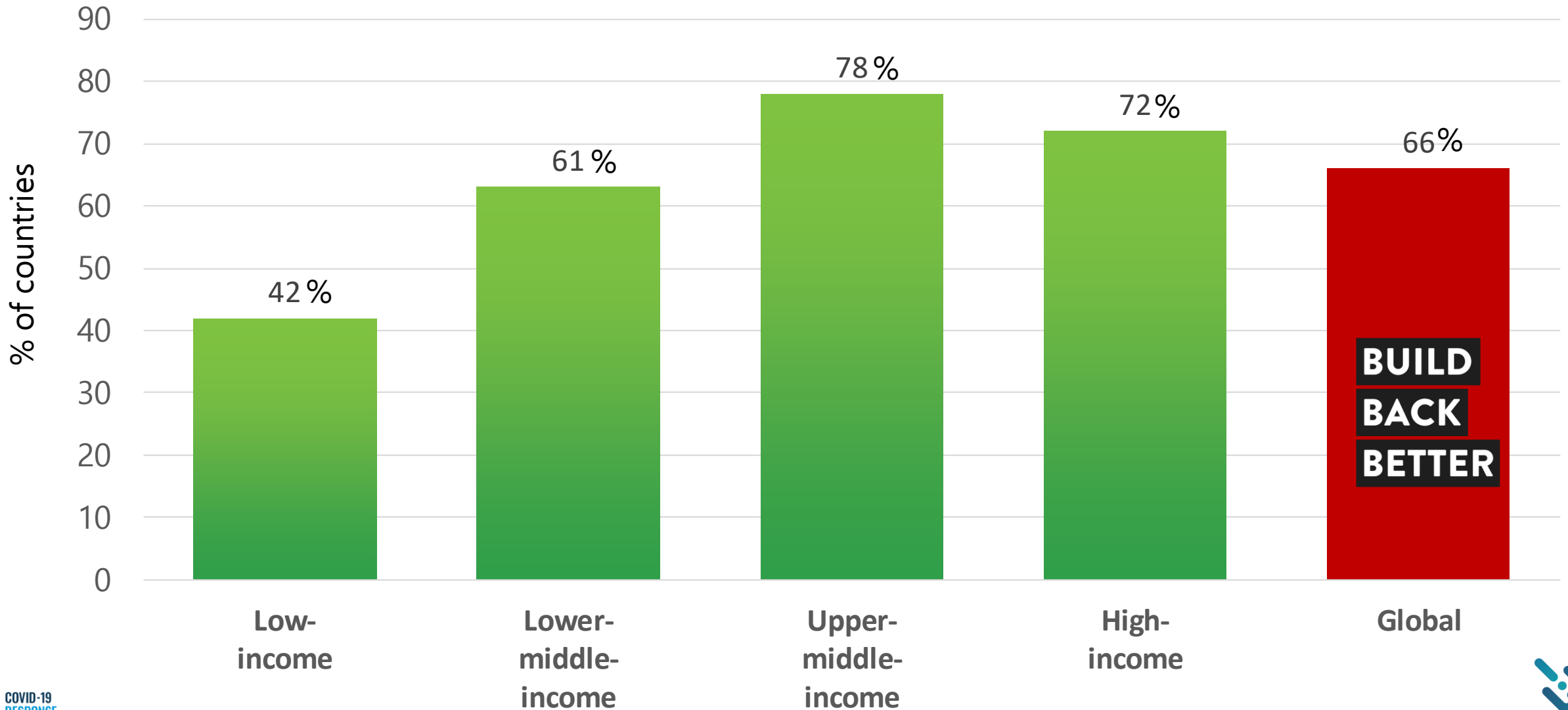
Out of 120 countries reporting disruptions



17% of countries allocated additional funding from government budgets to include the provision of NCD services into the national COVID-19 plan



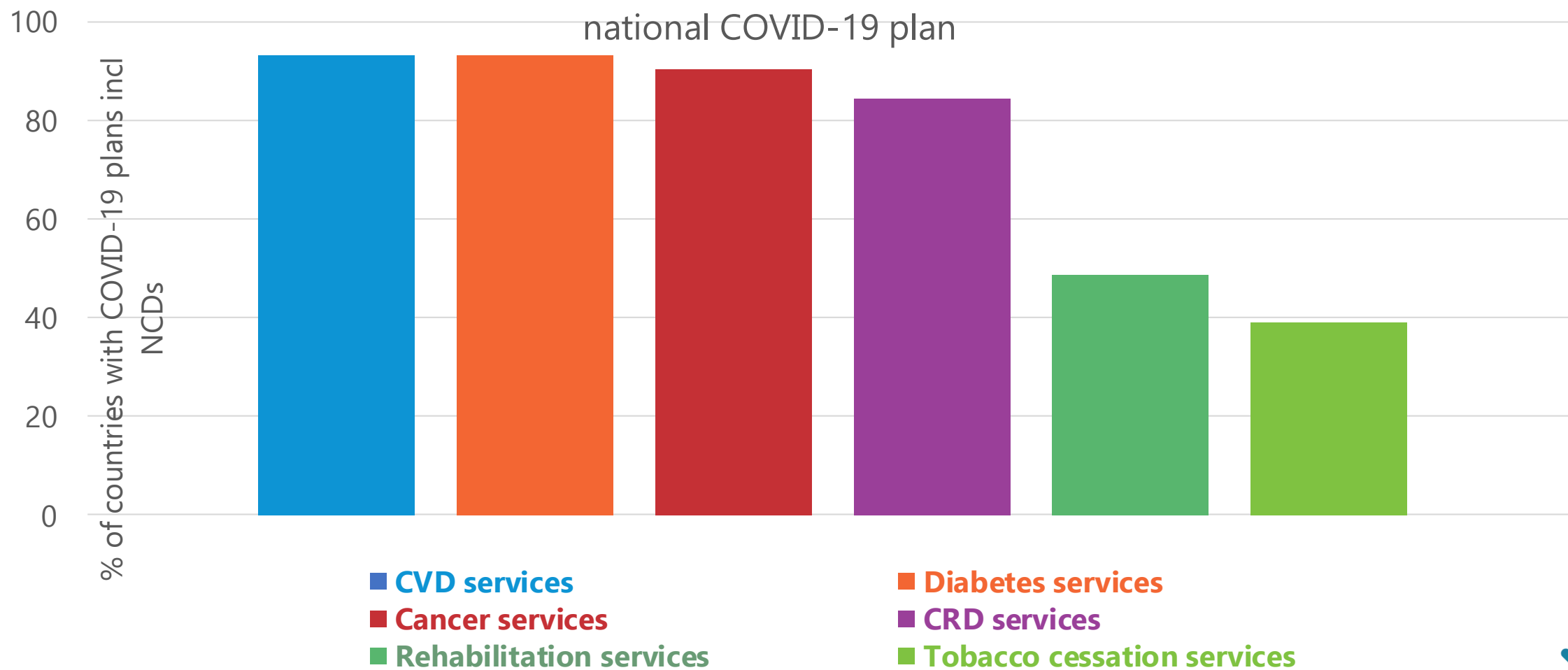
66% of countries have included the continuity of NCD services in national COVID-19 plans



Most counties which have included NCD services in national COVID-19 plan, have prioritized services for the four major NCDs

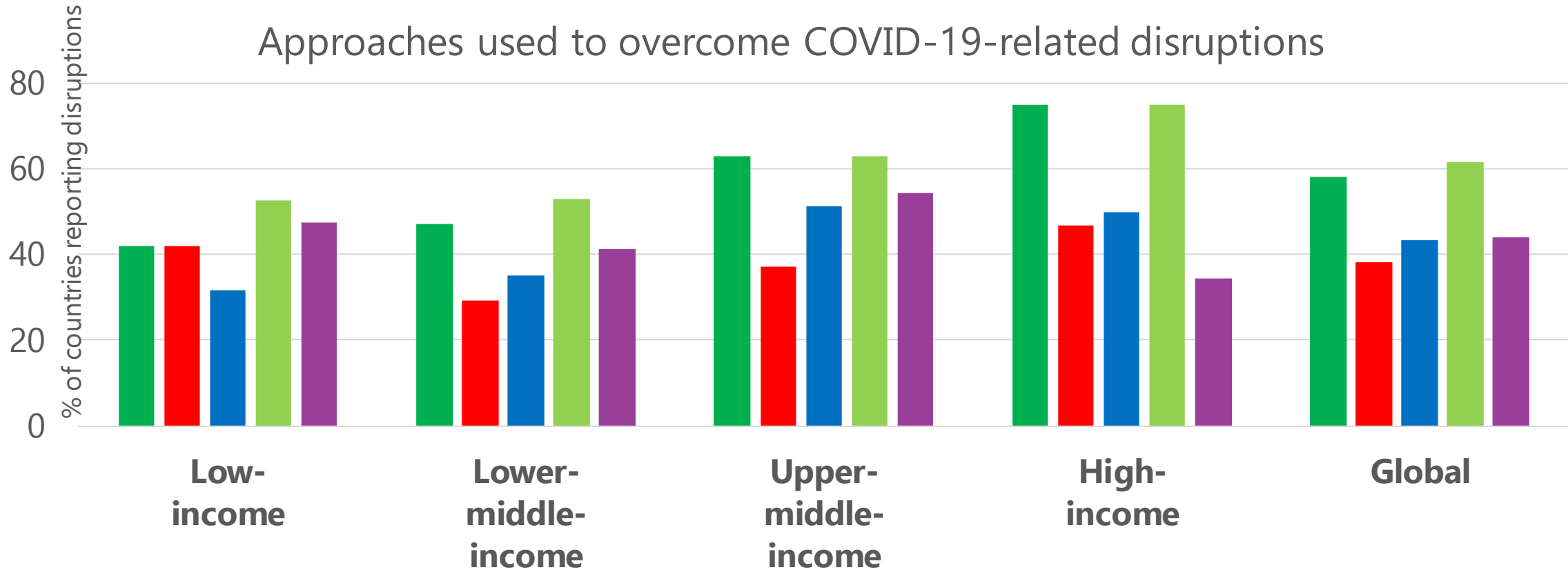
Out of 102 countries which have included NCDs in national COVID-19 plans

NCD services included in list of essential health services of the national COVID-19 plan



Telemedicine and triaging are the mitigation strategies most often used to overcome disruptions

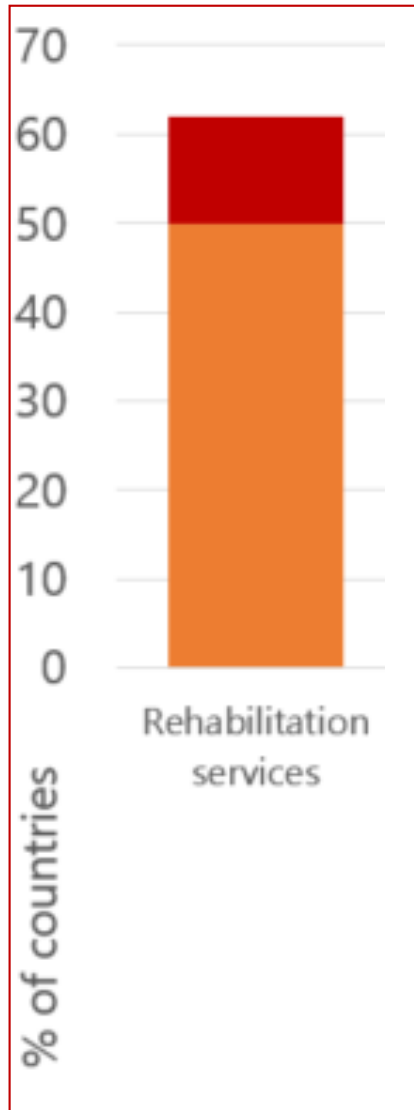
Out of 120 countries reporting disruptions



- Telemedicine deployment to replace in-person consults
- Task shifting / role delegation
- Novel supply chain and/or dispensing approaches for NCD medicines
- Triaging to identify priorities
- Redirection of patients with NCDs to alternate health care facilities



Rehabilitation is the most commonly disrupted service



Why: Rehabilitation continues being wrongly perceived as a non-essential health service for all patients when for many patients it is essential.

What services are disrupted: Acute rehabilitation (premature discharge after COVID-19 but also e.g. after heart disease, stroke and surgery), post-acute rehabilitation (e.g. cardiovascular disease and amputations) and outpatient rehabilitation (e.g. people in need of physiotherapy).

Consequences: Compromised health outcomes, future increased need including longer inpatient stays, and preventable hospital admissions due to complications.

WHO's recommendations:

When rehabilitation services are temporarily ceased, decreased or diverted, clear guidance needs to be adopted to **identify priority patients who should continue rehabilitation** (e.g. surgery, stroke, cardiovascular emergencies and NCDs multimorbidity).

Wherever appropriate and feasible, **tele-rehabilitation services should be used.**

Countries are asking for urgent guidance and support from WHO

Ask 1: Guidance on how to provide continuity for NCD programmes:

- How to include NCDs in public health emergencies protocols?
- How to develop national NCDs tool kits for use in emergencies?
- How to provide ambulatory essential NCD services during lockdown?
- How to provide medical care for NCDs through telemedicine and digital solutions?
- How to protect people living with NCDs? (e.g. clinical guidelines, drug interactions)

Ask 2: Communication materials

- Campaigns about the educate the public about the harms of NCD risk factors
- Risk communication campaigns targeting people living with or affected by NCDs
- Campaigns targeting healthcare workers on how to provide NCD care in emergencies

Countries are asking for urgent guidance and support from WHO

Ask 3: Better data

- How to collect comparable data on comorbidities?
- How to develop projection models to make the impact of the COVID-19 pandemic on NCDs visible?
- How to assess rehabilitation and palliative care services during COVID-19 response?
- How to use digital tools to record patient management regime and enable remote management in emergencies through tele-medicine?

Ask 4: Country support

- Provide training for policy makers on how to include NCDs into national COVID-19 plans
- Provide training for WHO Country Offices and UN Country Teams on how. Include NCDs into national COVID-19 plans
- Provide technical assistance to adapt HEARTS and WHO-PEN packages to the COVID-19 context



COVID-19 AND NCDs



The world is at a critical juncture.

The execution of a forward-looking strategy inclusive of NCDs is required to **build back better**.



Today:

- Strengthen national governance to **include NCDs** in national COVID-19 plans.
- Issue specific and practical guidance on the **continuity of essential health and community services** for NCDs
- Monitor the access to and **continuity of essential health services for NCDs**
- Provide national guidance for the development and use for **digital health solutions** for NCD self-care and the provision of medical care at home

Build back better tomorrow:

- Build **bridges** between national humanitarian emergency plans and NCDs responses
- Include the prevention, early diagnosis, screening and appropriate treatment of NCDs in essential **PHC services and UHC benefit packages**
- Address the historic underinvestment in NCDs, **call for new international funding patterns**, a reset of global initiatives, and build new partnerships for NCDs.
- Implement **WHO guidance on resuming health services** and activities for health and wellbeing
- Develop systematic approaches to **digital health care solutions for NCDs**

THANK YOU
mikkelsenb@who.int
rileyl@who.int



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