



COVID-19 AND NCDs





Snapshot across 194 countries (Published October 2021)

PRELIMINARY RESULTS Assessment of noncommunicable diseases (NCDs) service disruption during the COVID-19 pandemic WHO NCD DEPARTMENT







Underinvestment in the The world is at a critical **Disruption of** prevention, early diagnosis, services for the juncture. The execution screening, treatment and prevention and of a forward-looking rehabilitation for NCDs: strategy inclusive of NCDs treatment of NCDs: Health systems unable to is required to Long-term upsurge in deaths from NCDs build back better and meet the health-care needs of people living with and reach SDG 3.4 on NCDs. likely affected by NCDs 2010 today 2030 2019 2020 The momentum of Since the outbreak, people progress in curbing with NCDs are more vulnerable to becoming the NCD epidemic has **stagnated** since severely ill or dying from **SDG 3.4 SDG 3.4** COVID-19 2010 World Health

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



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

WORLD HEALTH STATISTICS

SDG 3.4

MONITORING HEALTH FOR THE SDGS

> World Health Organization

- Despite the considerable progress made in 2000-2010 in the prevention and treatment of NCDs, the momentum of change has stagnated 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**. Currently only 14 countries on track to reach the NCD mortality target by 2030
- 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.



ASSESSING NATIONAL CAPACITY POT THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES



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

In 2021, health systems were **unable to fully respond** in the majority of countries to the healthcare 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 vulnerable to becoming severely ill or dying from COVID-19



- Belgium: COVID-19 patients with solid cancer had 34% higher risk of 30-day in-hospital mortality than those without cancer.
- India: 30% fewer acute cardiac emergencies reached health facilities in rural areas in March 2020 compared to the previous year.
- Iran: The risk of dying among hospitalized COVID-19 patients with **diabetes** was roughly four times higher than those without diabetes.
- Italy: Among those dying of COVID-19 in hospitals, 68% had hypertension and 31% had type 2 diabetes.
- Mexico: COVID-19 patients with chronic kidney disease were 2.31 times more likely to die compared to patients without. Those with diabetes, hypertension and COPD had 69%, 24% and 20% higher risk of death.
- Netherlands: The number of people newly diagnosed with **cancer** dropped by 25% as a result of the lockdown.
- Scotland:COVID-19 caused 78.4% of the 1228 excess deaths among people with diabetes during the first wave of the pandemic (1 March – 31 July 2020), compared to average deaths in the same period in 2015-2019.
- Spain: Among patients with severe COVID-19 disease, 43% had existing cardiovascular
 diseases.

75% of Ministries of Health have started to collect data on NCD-related co-morbidities for COVID-19





Disruption of services for the prevention and treatment of NCDs



What: WHO conducted the bi-annual NCD Country Capacity Assessment, including a module on **assessment of service delivery for NCDs during the COVID-19 pandemic** among 194 Ministries of Health. The response rate was 100%.

When: Between 1 June 2021and 5 October 2021.

Why: To get a snapshot of the most recent situation (within past three months), following deepening concerns that many people living with NCDs are no longer receiving appropriate treatment or access to medicines during the COVID-19 pandemic.

The findings are presented in the next slides.







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136 countries reported that NCD services were disrupted



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Main causes of NCD service disruption: 70% of countries reporting disruptions



	Community rear/mistrust in seeking health care		68
	Related clinical staff deployed to provide COVID-19 relief		67
	Decrease in outpatient volume due to patients not presenting		66
	Decrease in inpatient volume due to cancellation of elective care		57
	Insufficient staff to provide services		49
	Travel restrictions hindering access to the health facilities	Ĺ	17
	Financial difficulties during outbreak/lock down	4	6
	Changes in treatment policies for care-seeking behaviour	37	
	Closure of population level screening programmes	33	
	Inpatient services/hospital beds not available	29	
	Unavailability/Stock out of essential meds, med diagnostics or other health products	29	
	Closure of outpatient disease specific consultation clinics	21	
	Insufficient PPE avail for health care providers	20	
	Other supply-side factors	17	
World Heal Organizatio	Closure of outpatient services as per government directive	16	
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% of countries

20% of countries allocated additional funding from government budgets for NCDs for the COVID-19 response







55% of countries have included the continuity of NCD services in national COVID-19 plans



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







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

Community communications		69
Triaging to identify priorities		65
Redirect patients to alternative care sites/reorient referral paths		61
Recruitment of additional staff		57
Telemedicine deployment to replace in-person consults		55
Self-care interventions where appropriate		50
Provision of home-based care where appropriate		49
Novel prescribing approaches		49
Novel dispensing approaches for medicines		48
Task shifting / role delegation	40	
Integration of several services into single visit	32	
Novel supply chain management and logistics approaches	32	
Catch-up campaigns for missed appointments	29	
Expanding facility hours	19	
Government removal of user fees	8	% of countries
Others	7	World Health Organization

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?
- Technical, including digital, tools to promote self-care for those with NCDs who can't access services.
- How to prioritize which services to restart and when?
- Updated guidance on management of NCDs reflecting the stage of the pandemic.







Ask 2: Guidance on managing COVID and NCDs comorbidity:

- Guidelines on COVID vaccination protocols for those with NCD comorbidities
- How to provide appropriate treatment for COVID patients with NCD comorbidities?
- How to protect people living with NCDs? (e.g. clinical guidelines, drug interactions)?
- Algorithms for managing patients with chronic NCDs in a pandemic and limited access to medical care
- Guidance on how to prioritize NCDs after the COVID pandemic has been managed.





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Ask 3: Better data

- How to collect and report 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?
- Development of digital tools to record patient management and enable remote service provision
- Development of tools to calculate YLL and YLD related to NCDs during COVID pandemic.





Ask 4: Country support

- Provide training (especially online 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 to include NCDs into national COVID-19 plans
- Provide technical assistance to adapt HEARTS and WHO-PEN packages to the COVID-19 context
- Provide clinical definitions and indicators for COVID and NCD comorbidity









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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 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









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