COVID-19 AND NCDs
PRELIMINARY RESULTS

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

WHO NCD DEPARTMENT
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

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

SDG 3.4

2019

2020

today

2030

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

SDG 3.4

BUILD BACK BETTER

COVID-19 RESPONSE
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.

- 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**.
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

- Rehabilitation services
- Hypertension Management
- Diabetes and Diabetic Complications Management
- Asthma services
- Palliative care services
- Urgent dental care
- Cancer Treatment
- Cardiovascular emergencies

% of countries

- Partially disrupted
- Completely disrupted
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.

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<thead>
<tr>
<th>Transmission phase</th>
<th>Sporadic</th>
<th>Clusters</th>
<th>Community</th>
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<tbody>
<tr>
<td>Hypertension services</td>
<td>Phase 2</td>
<td>Phase 3</td>
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<tr>
<td>Diabetes services</td>
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<tr>
<td>Cancer services</td>
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<td>Phase 4</td>
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<tr>
<td>Cardiovascular services</td>
<td>Phase 2</td>
<td>Phase 3</td>
<td>Phase 4</td>
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*Countries reporting unknown levels of disruption shown in lighter shade.*
Main causes of NCD service disruption: 77% of countries reporting disruptions

- Decrease in inpatient volume due to cancellation of elective care: 63%
- Closure of population-level screening programmes: 45%
- Government or public transport lockdowns hindering access to the health facilities: 43%
- NCD related clinical staff deployed to provide COVID-19 relief: 38%
- Closure of outpatient disease specific consultation clinics: 34%
- Insufficient PPE available for health care providers to provide services: 33%
- Insufficient staff to provide services: 30%
- Decrease in outpatient volume due to patients not presenting: 25%
- Inpatient services/hospital beds not available: 25%
- Closure of outpatient NCD services as per government directive: 25%
- Unavailability/Stock out of essential medicines, medical diagnostics, health products: 20%
- Other: 18% of countries

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.

- Low-income: 42%
- Lower-middle-income: 61%
- Upper-middle-income: 78%
- High-income: 72%
- Global: 66%

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

- Cardiovascular diseases (CVD)
- Diabetes services
- Cancer services
- Chronic respiratory diseases (CRD)
- Rehabilitation services
- Tobacco cessation services

Out of 102 countries which have included NCDs in national COVID-19 plans, the following percentages of countries prioritize these services:

- 80% prioritize CVD services
- 60% prioritize Diabetes services
- 70% prioritize Cancer services
- 45% prioritize CRD services
- 25% prioritize Rehabilitation services
- 10% prioritize Tobacco cessation services
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

Approaches used to overcome COVID-19-related disruptions:

- Low-income: 40% Telemedicine deployment, 30% Task shifting
- Lower-middle-income: 50% Telemedicine deployment, 20% Task shifting, 30% Novel supply chain
- Upper-middle-income: 60% Telemedicine deployment, 50% Task shifting, 40% Novel supply chain
- High-income: 70% Telemedicine deployment, 60% Task shifting, 50% Novel supply chain
- Global: 40% Telemedicine deployment, 30% Task shifting, 20% Novel supply chain
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 NCD 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 telemedicine?

**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.
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