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A recent WHO survey shows that prevention and treatment services for noncommunicable diseases (NCDs) have been severely disrupted since the COVID-19 pandemic began. Health care systems are unable to meet the health care needs for NCDs including prevention, early diagnosis, screening, treatment, rehabilitation and palliation. The disruption of services for the prevention and treatment of NCDs is likely to cause an upsurge in deaths from NCDs in the long-term. The survey results reveal that this impact is global, and that low-income countries are the most affected.

In the Eastern Mediterranean Region, more than 150 million people are living with NCDs. This includes people with heart disease, diabetes, respiratory disease and cancer. The Region has seen a real surge in NCDs in recent years. Estimates show that:

more than 100 million people are living with hypertension [1].

50 million people are living with diabetes [2].

1.35 million people are living with cancer [3].

These are millions of people living with NCDs in the Eastern Mediterranean Region. Many of these people are at higher risk of becoming severely ill or dying from COVID-19 because they are no longer receiving appropriate treatment or access to medicines during the COVID-19 pandemic. The survey results show that there is a need to find and invest in innovative solutions to make sure that essential services for NCDs continue during and beyond this COVID-19 pandemic.

» Recommended action steps in the short-term» Recommended action steps in the long-term  
»Rapid assessment of service delivery for NCDs during COVID-19»Preliminary survey results»References      **Recommended action steps in the short-term**

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.

### **Recommended action steps in the long-term**

Build bridges between national humanitarian emergency plans and NCD responses.

Include the prevention, early diagnosis, screening and appropriate treatment of NCDs in essential primary health care services and universal health coverage 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.

## **Rapid assessment of service delivery for NCDs during COVID-19**

Between 1 and 25 May 2020, WHO conducted a rapid assessment survey of service delivery for NCDs during the COVID-19 pandemic among 194 Ministries of Health. In the Eastern Mediterranean Region, responses were received from 19 out of the 22 countries (86%).

The survey results provide important information on the extent of disruption of NCD services during this COVID-19 pandemic, and on the impact that this pandemic has had on people who need treatment for diseases like cancer, cardiovascular disease, diabetes chronic respiratory disease, and who have not been able to receive the health services and medicines they need. The survey results also highlight the need to find and invest in innovative solutions to ensure that essential services for NCDs continue during and beyond this COVID-19 pandemic.

### **Preliminary survey results**

In many countries in the Eastern Mediterranean, there are disruptions or reductions in delivery of NCD and rehabilitation services. There are shortages in staff because they are being reassigned to support the COVID-19 response, and in personal protective equipment. Outpatient NCD services are being shut down and clinical staff are being deployed to respond to the COVID-19 pandemic. Previously planned activities are being postponed such as public screening programmes, surveys, mass communication campaigns, dental health care services and trainings.

Some countries reported the inclusion of NCD services in their national COVID-19 preparedness and response plans, as well as mental health and counselling services. They also allocated additional funding in these plans to include the provision of NCD services. Additionally, many countries in the Eastern Mediterranean collected data on the number of COVID-19 patients with an NCD. Other encouraging findings of the survey include the establishment of alternative strategies to support the continuation of NCD care during this COVID-19 pandemic including triaging, use of novel supply chain or dispensing approaches for NCD treatments, redirection of patients to other health care facilities, telemedicine (advice by telephone or online means), and hotline support.

### **Partial or complete disruption of NCD services**

Health services have been partially or completely disrupted in many countries. More than half (53%) of the countries surveyed have partially or completely disrupted services for hypertension treatment and urgent dental care; 48% for palliative care services; 47% for asthma services; 42% for diabetes and cancer treatment; and 26% for cardiovascular emergencies. Rehabilitation services have also been disrupted in almost half (48%) of countries. Rehabilitation is key to a healthy recovery following severe illness from COVID-19.

### **Reassignment of ministry staff to the COVID-19 response**

In the majority (95%) of countries, Ministry of Health staff working in the area of NCDs were partially or fully reassigned to support the COVID-19 response.

### **Discontinuation or reduction of NCD services**

The most common reasons reported by countries for discontinuation or reduction of services were: closure of outpatient NCD services as per government directives and decrease in inpatient volume due to cancellation of elective care (47% of countries); insufficient staff to provide services or deployment of NCD clinical staff to provide COVID-19 relief (nearly two-thirds of countries); and lack of availability of personal protective equipment for health care providers to deliver services (21% of countries).

### **Postponement of planned NCD activities**

Nearly 80% of countries reported postponement of NCD activities planned for this year. Over 60% of countries in the Region reported postponement of public screening programmes, over one-third postponed implementation of NCD surveys, 42% postponed mass communication campaigns, 26% postponed dental health care services and other NCD programme activities, and 37% of countries postponed trainings on and implementation of the WHO Package of essential NCD interventions in primary health care.

### **Inclusion of NCD services in COVID-19 response plans**

Two-thirds of countries in the Region reported the inclusion of NCD services in their national COVID-19 preparedness and response plans. Services to address cardiovascular disease, cancer, diabetes and chronic respiratory disease were the most frequently included. However, dental services, rehabilitation and tobacco cessation services were the least reported to be as widely included in the response plans as the four main NCDs. Mental health was among other services included together with counselling.

### **Allocation of funding for NCD services in the COVID-19 response plan**

Some countries (11%) reported that they started to allocate additional funding from government budgets in their national COVID-19 preparedness and response plans to include the provision of NCD services.

### **Data collection on COVID-19 patients with NCDs**

More than 70% of countries reported collecting data on the number of COVID-19 patients who also have an NCD.

### **Establishment of alternative strategies for continuation of NCD care**

Most countries have established alternative strategies to support populations at highest risk to continue receiving treatment for NCDs. Nearly half of the countries in the Region are triaging to identify priorities, 42% use novel supply chains and/or dispensing approaches for NCD treatments, and one-third redirect patients with NCDs to alternate health care facilities. Furthermore, over one-quarter of the countries in the Region are now using telemedicine (advice by telephone or online means) to replace in-person consultations. Hotline support and dispensing approaches for palliative treatment to cancer patients were reported by 11% of countries.

## **References**

[1] Global Health Observatory data repository. Geneva: World Health Organization; 2016 (<http://apps.who.int/gho/data/view.main.NCDBPAREGv?lang=en>, accessed 29 March 2020).

[2] Global Health Observatory data repository. Geneva: World Health Organization; 2016 (<http://apps.who.int/gho/data/view.main.NCDRGLUCAv?lang=en>, accessed 30 March 2020).

[3] Global Cancer Observatory. Lyon: International Agency for Research on Cancer; 2018 (<https://gco.iarc.fr/>, accessed 19 March 2020).

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