



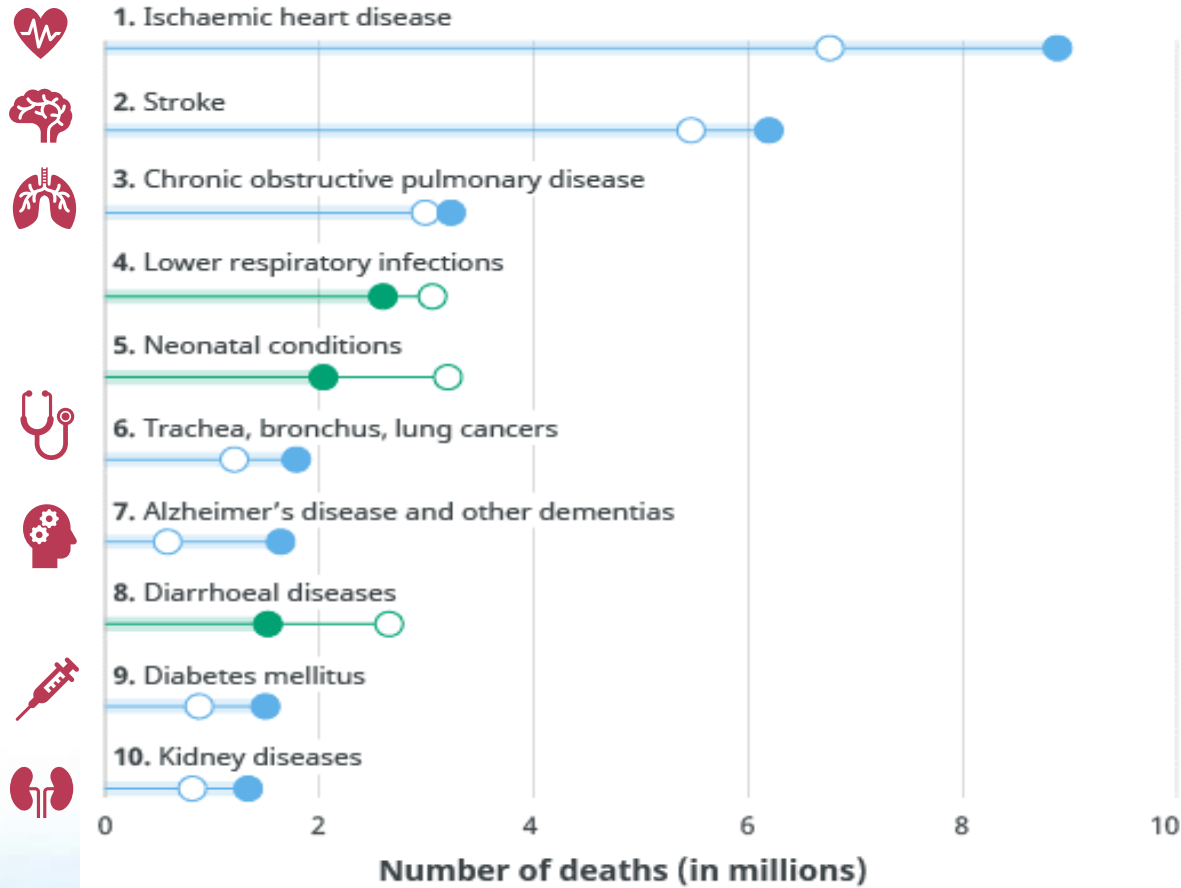
COVID-19 AND NCDs

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WHO

NCDs cause more deaths than any other disease group

Leading causes of death globally

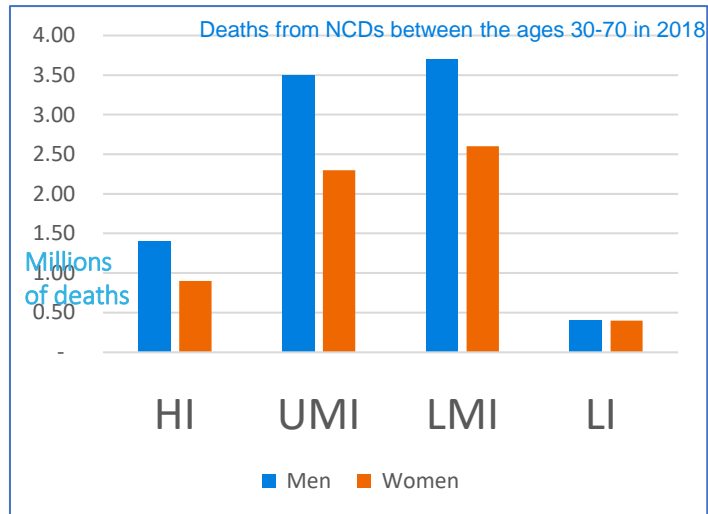
○ 2000 ● 2019 ● Noncommunicable ● Communicable ● Injuries



74%

Together, all NCDs accounted for 74% of deaths globally in 2019

150 million premature deaths (2011-2021) from NCDs largely underreported in the media, misunderstood by most development and public health policy leaders, and hidden from meaningful discussions on ODA and international financing mechanisms (e.g. The Global Fund) and instruments (e.g. taxation)



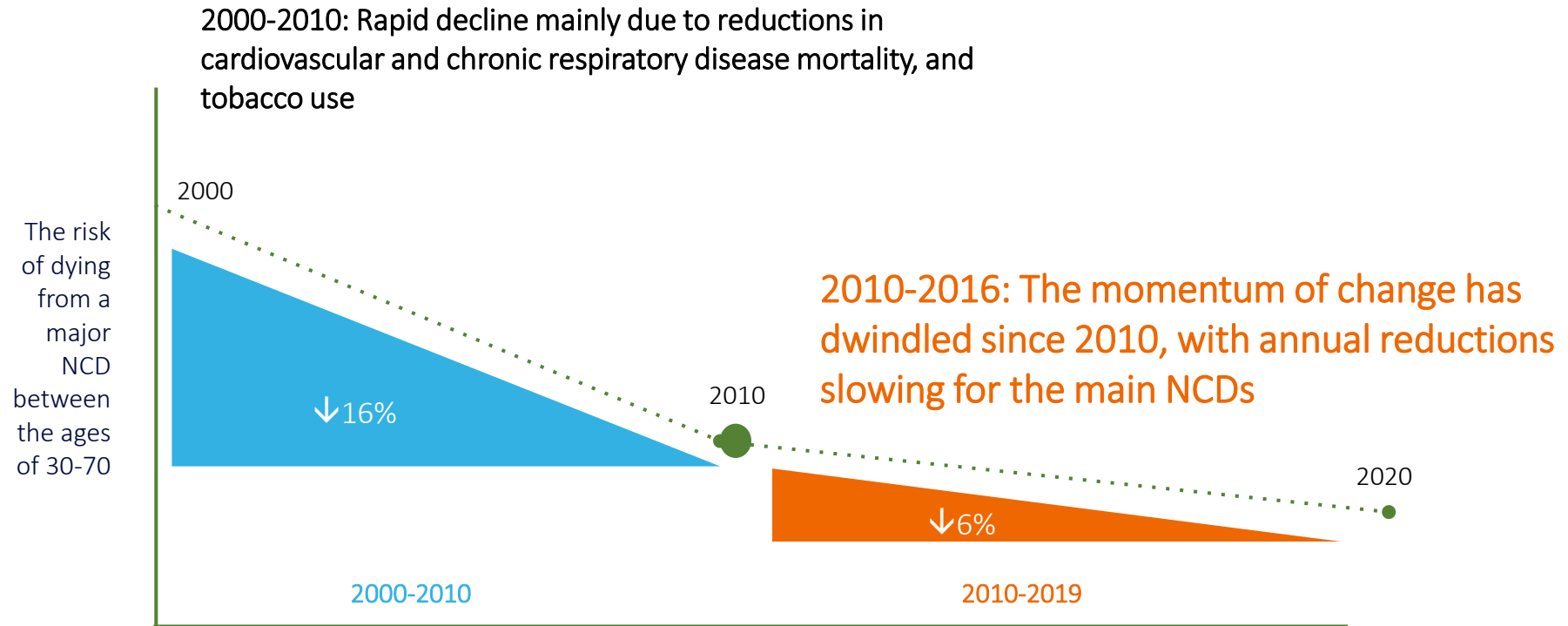
WB Income Group	Men	Women	Total
High-income countries	1.4 M	0.9 M	2.3 M
Upper-middle income countries	3.5 M	2.3 M	5.8 M
Lower-middle income countries	3.7 M	2.6 M	6.3 M
Low-income countries	0.4 M	0.4 M	0.8 M
Total	9.0 M	6.2 M	15.2 M

In their memory, we must continue pushing forward to ensure that everyone, everywhere can access urgently needed vaccines & treatments. Only together, in solidarity, will we overcome the NCD epidemic.

Most of the 15 million annual deaths from NCDs in the age group 30-70 can be avoided or delayed by governments taking action.



SDG 3.4: 14 countries on track



6% of MS

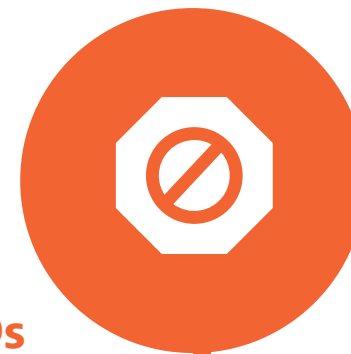
Only 14 countries are on track today to meet SDG target 3.4 on NCDs

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

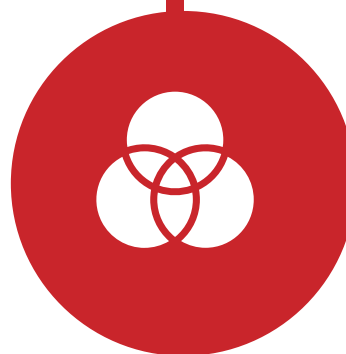
2019 2020

today

2030



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

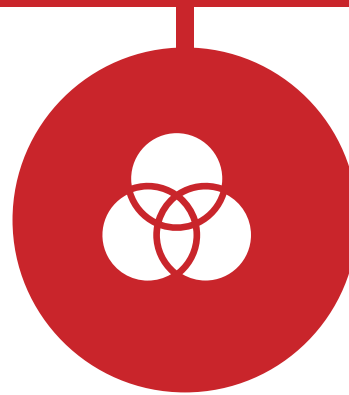


Since the outbreak, people with NCDs are more vulnerable to becoming severely ill or dying from COVID-19

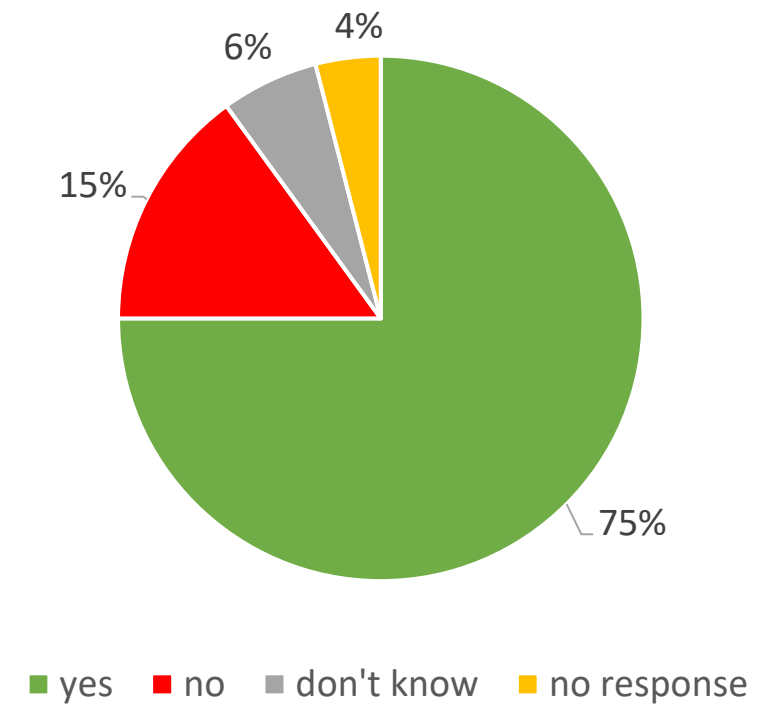


Since the COVID-19 outbreak, people living with NCDs are vulnerable to becoming severely ill or dying from COVID-19

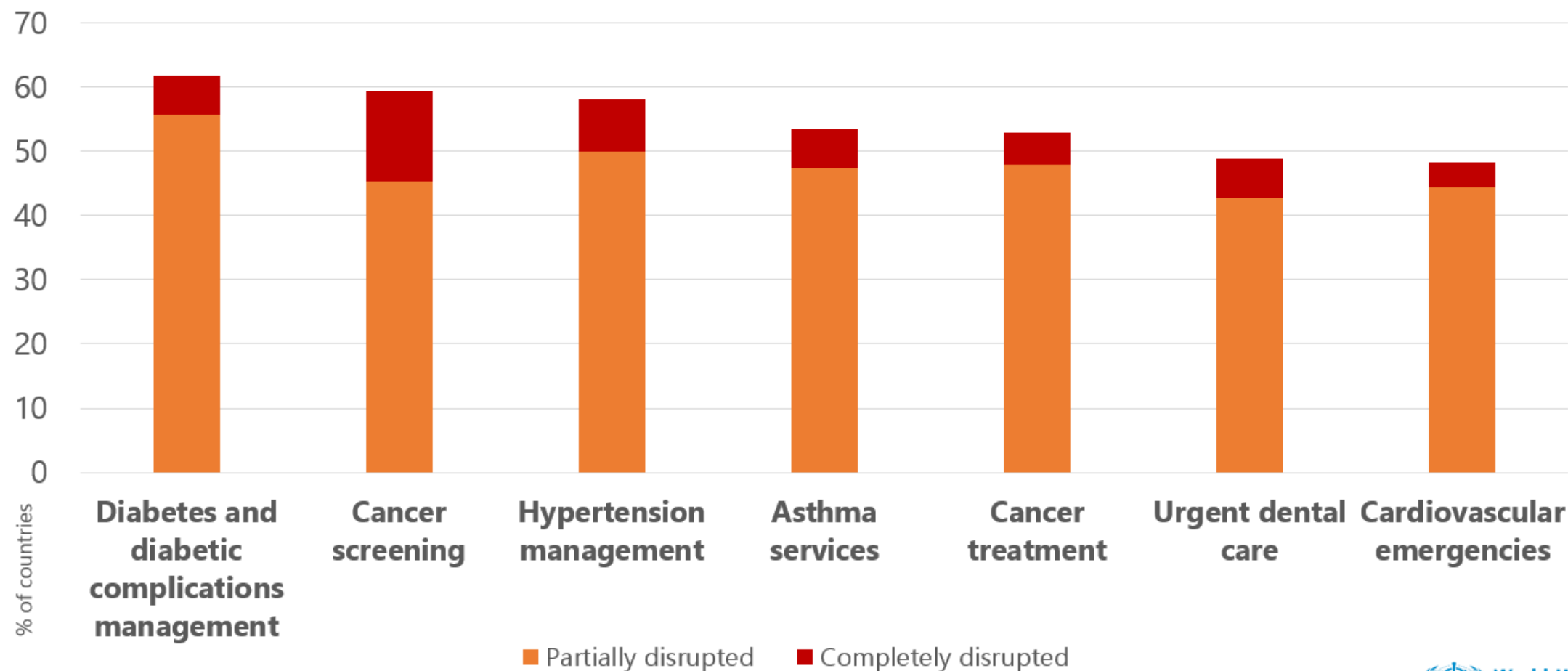
- **Belgium:** COVID-19 patients with solid cancer had 34% higher risk of 30-day in-hospital mortality than those without cancer.
- **India:** 30% fewer **acute cardiac emergencies** reached health facilities in rural areas in March 2020 compared to the previous year.
- **Iran:** The risk of dying among 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



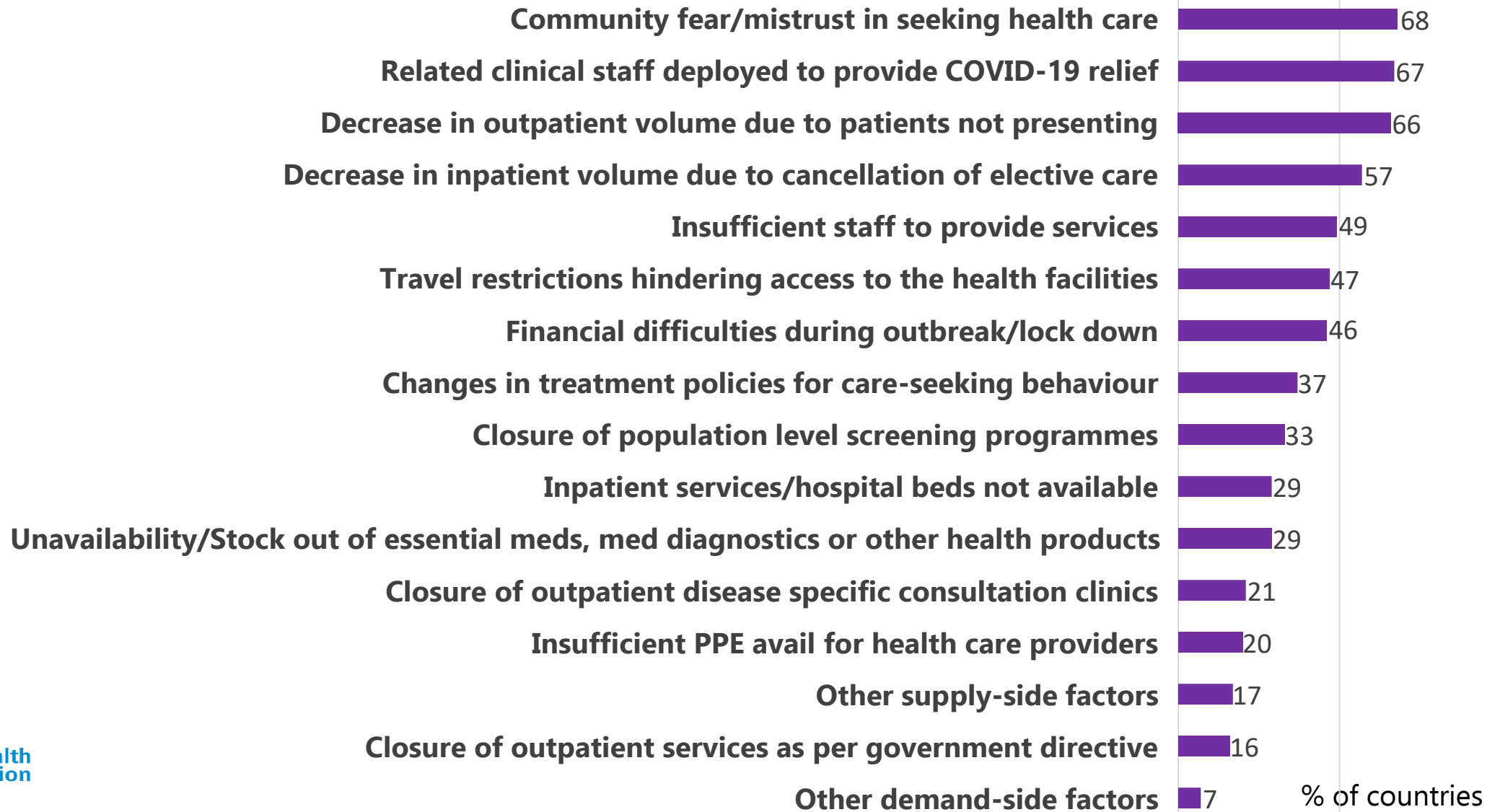
136 countries report that NCD services are disrupted



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



Out of 136 countries reporting disruptions

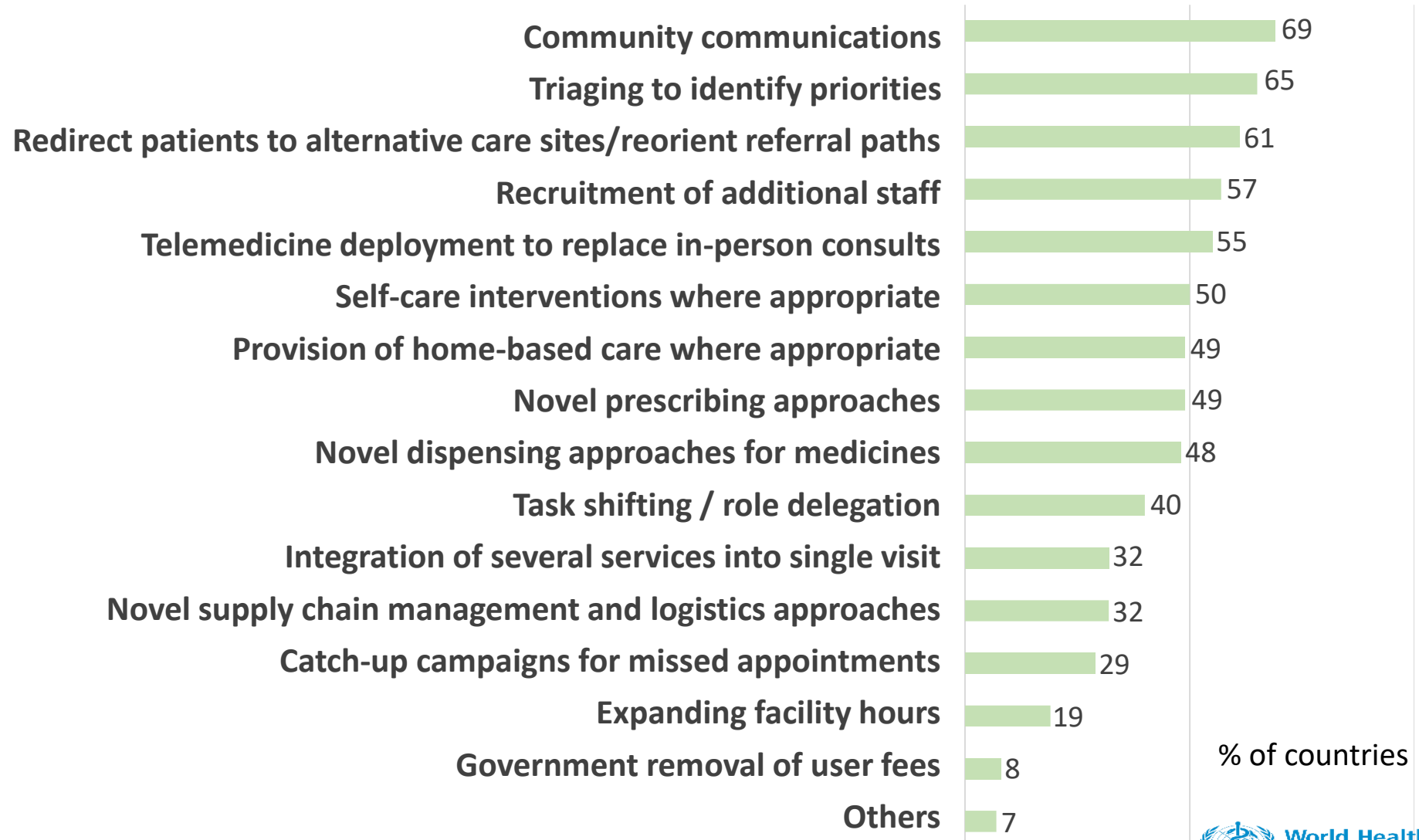


Community communications, triaging and telemedicine are the mitigation strategies most often used to overcome disruptions



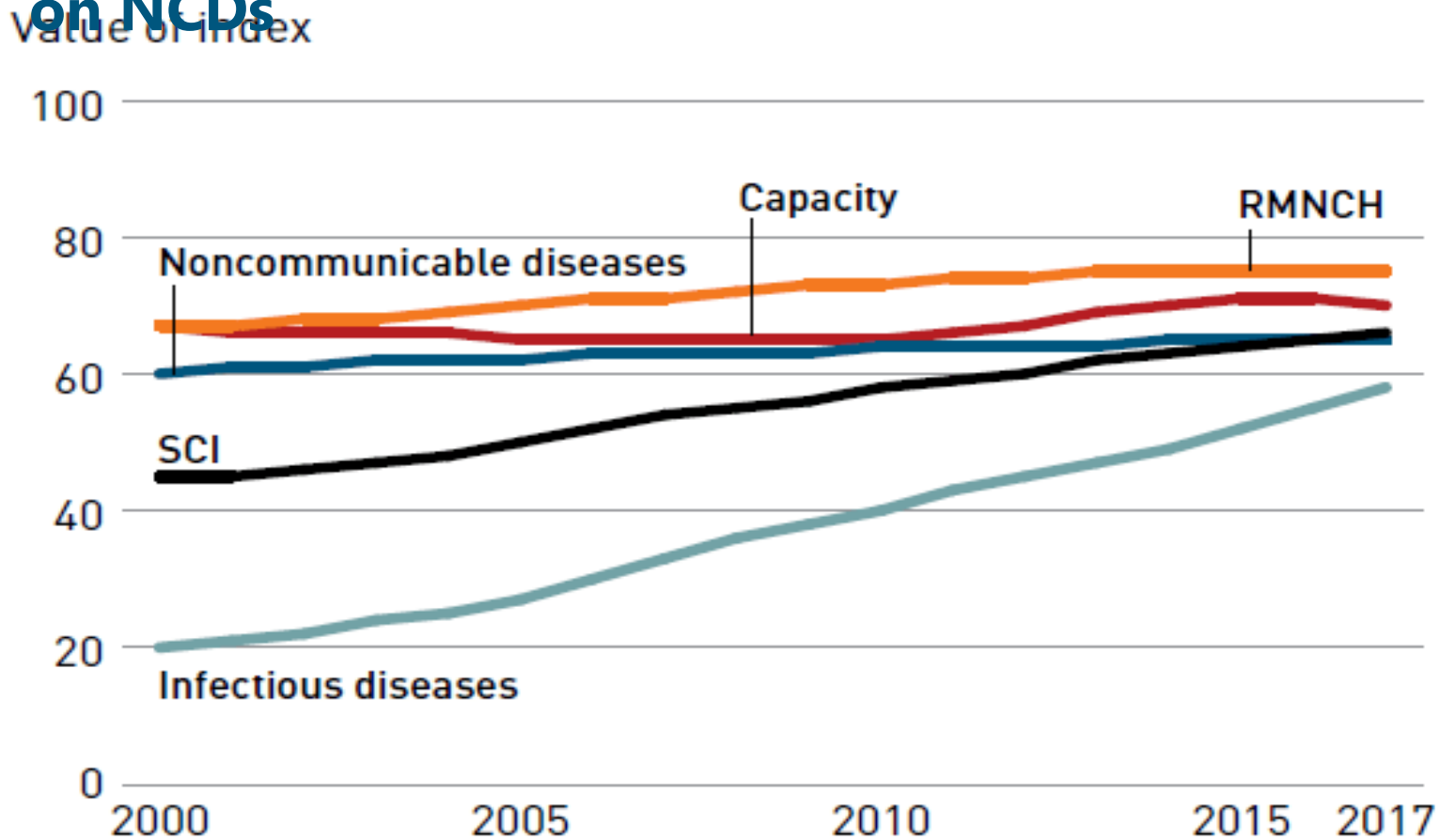
World Health Organization

Out of 136 countries reporting disruptions



NCD services are lagging behind

Rapid improvements in coverage of infectious disease in UHC packages since 2000, vs relatively little change on NCDs



Building back the NCD agenda





Thank
you!

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