COVID-19 AND NCDS Dr Bente Mikkelsen Director, NCD Department WHO



#### NCDs cause more deaths than any other disease group

#### Leading causes of death globally



74%

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



https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death



**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)



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





**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: treatment of NCDs: strategy inclusive of NCDs Health systems unable to is required to Long-term upsurge meet the health-care needs in deaths from NCDs build back better and 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



#### 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







#### World Health Organization 136 countries report that NCD services are disrupted



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

disruptions

countries reporting

0 m

Out of



	5	
Related clinical staff deployed to provide COVID-19 relie	f	67
Decrease in outpatient volume due to patients not presenting	g	66
Decrease in inpatient volume due to cancellation of elective car	e	57
Insufficient staff to provide service	S S	49
Travel restrictions hindering access to the health facilitie	<b>s</b> 4	7
Financial difficulties during outbreak/lock dow	n 4	6
Changes in treatment policies for care-seeking behaviou	r 37	
Closure of population level screening programme	<b>s</b> 33	
Inpatient services/hospital beds not available	<b>e</b> 29	
Unavailability/Stock out of essential meds, med diagnostics or other health product	. <b>s</b> 29	
Closure of outpatient disease specific consultation clinic	<b>s</b> 21	
Insufficient PPE avail for health care provider	<b>s</b> 20	
Other supply-side factor	<b>s</b> 17	
World Health Organization Closure of outpatient services as per government directive	<b>e</b> 16	

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



**Triaging to identify priorities Redirect patients to alternative care sites/reorient referral paths Recruitment of additional staff Telemedicine deployment to replace in-person consults** Self-care interventions where appropriate Provision of home-based care where appropriate Novel prescribing approaches Novel dispensing approaches for medicines Task shifting / role delegation Integration of several services into single visit Novel supply chain management and logistics approaches **Catch-up campaigns for missed appointments Expanding facility hours** Government removal of user fees



## NCD services are lagging behind

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







# Thank you!

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