



Global Challenges of Managing Non-Communicable Diseases (NCDs) during COVID-19 Pandemic

Martin CS Wong MD, MPH

Professor, JC School of Public Health and Primary Care, Faculty of Medicine, Chinese University of Hong Kong

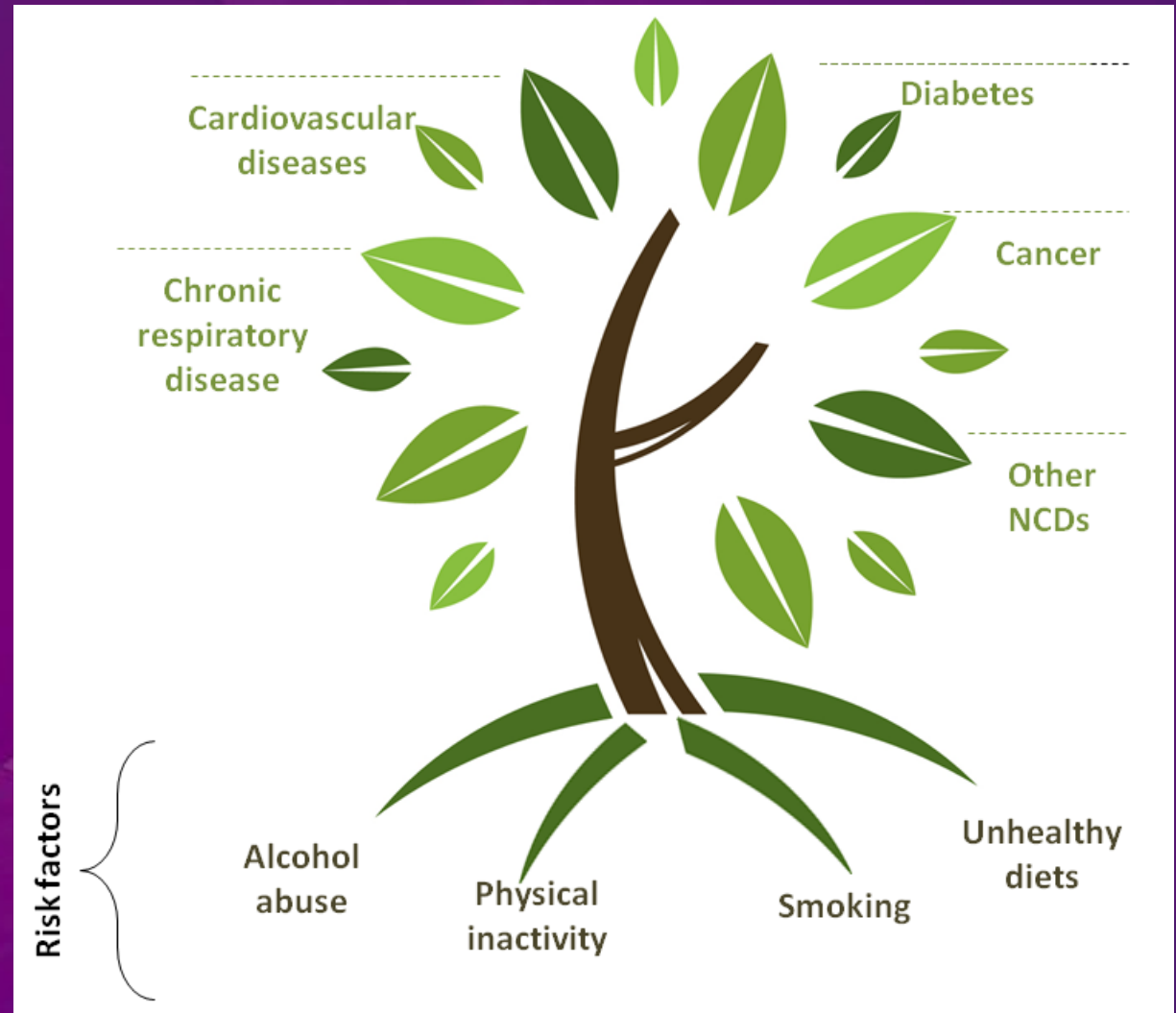
Adjunct Professor of Global Health, School of Public Health, Peking University

Adjunct Professor, School of Public Health, Peking Union Medical College

Co-Chair, The NCD stream, Association of Pacific Rim Universities

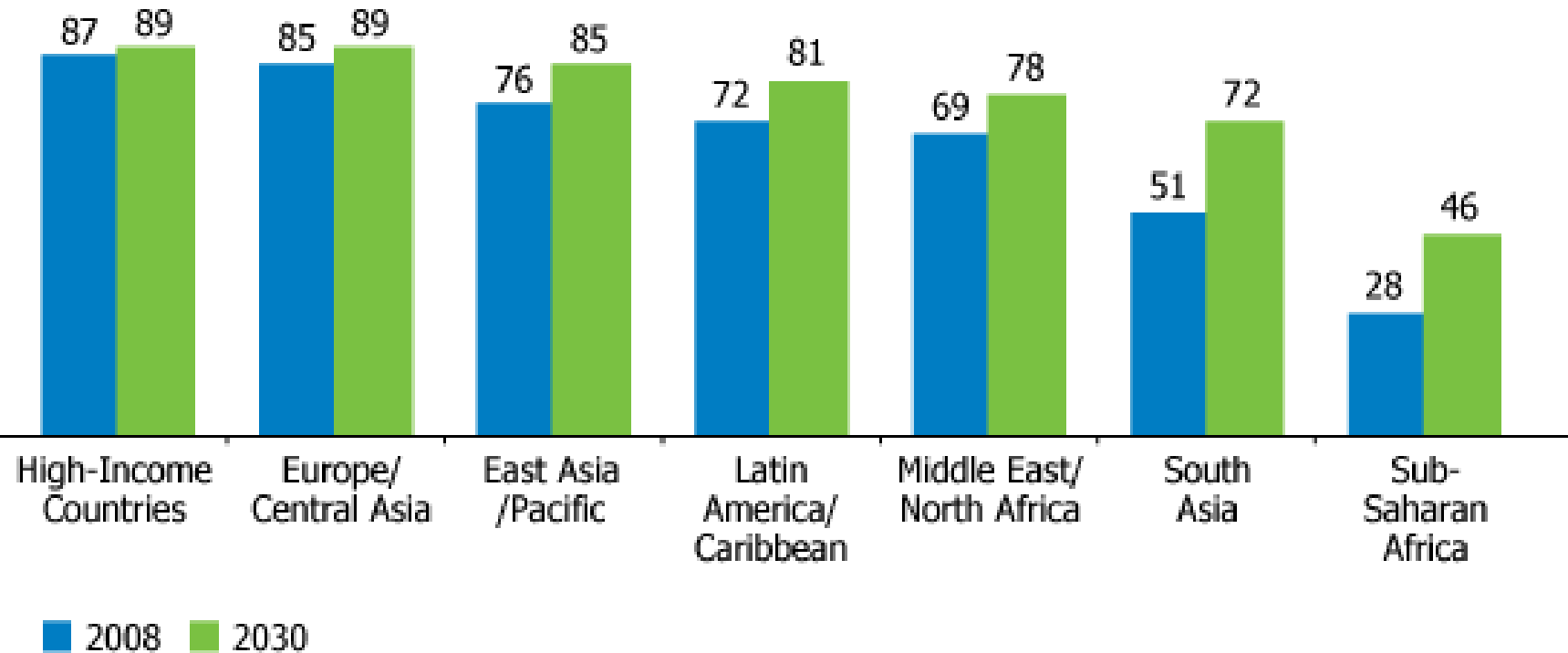
Non-Communicable Diseases (NCDs)

- NCD kill **40 million people** each year (**70% of all deaths** globally)
- The yearly number of deaths included >14 million people who died **between 30-70**
- Most of these premature deaths **could have been prevented or delayed**
- The total annual no. of **deaths from NCD will ↑ to 55 million by 2030** if 'business as unusual' continues (WHO projection)



% Deaths attributable to NCDs

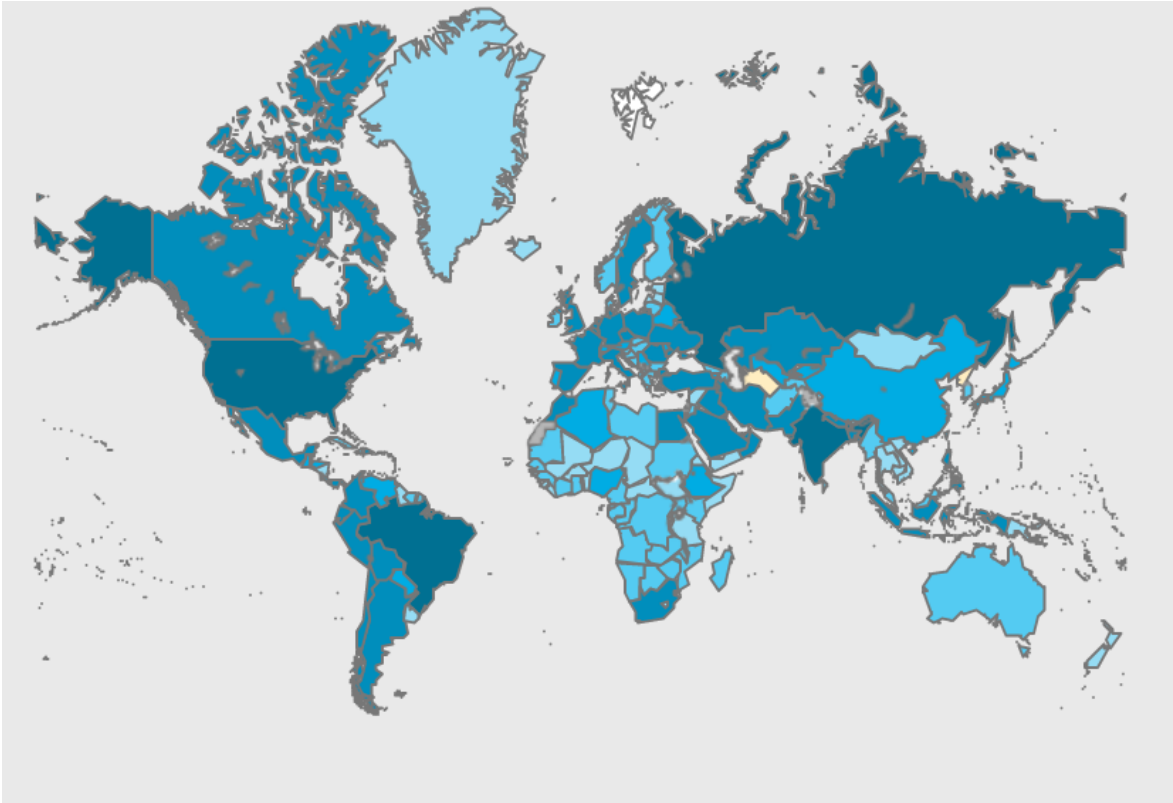
Percent of Total Deaths Attributed to NCDs, All Ages



- Population ageing
- rise in multimorbidity,
- longer life expectancies
- Increasing survival rates

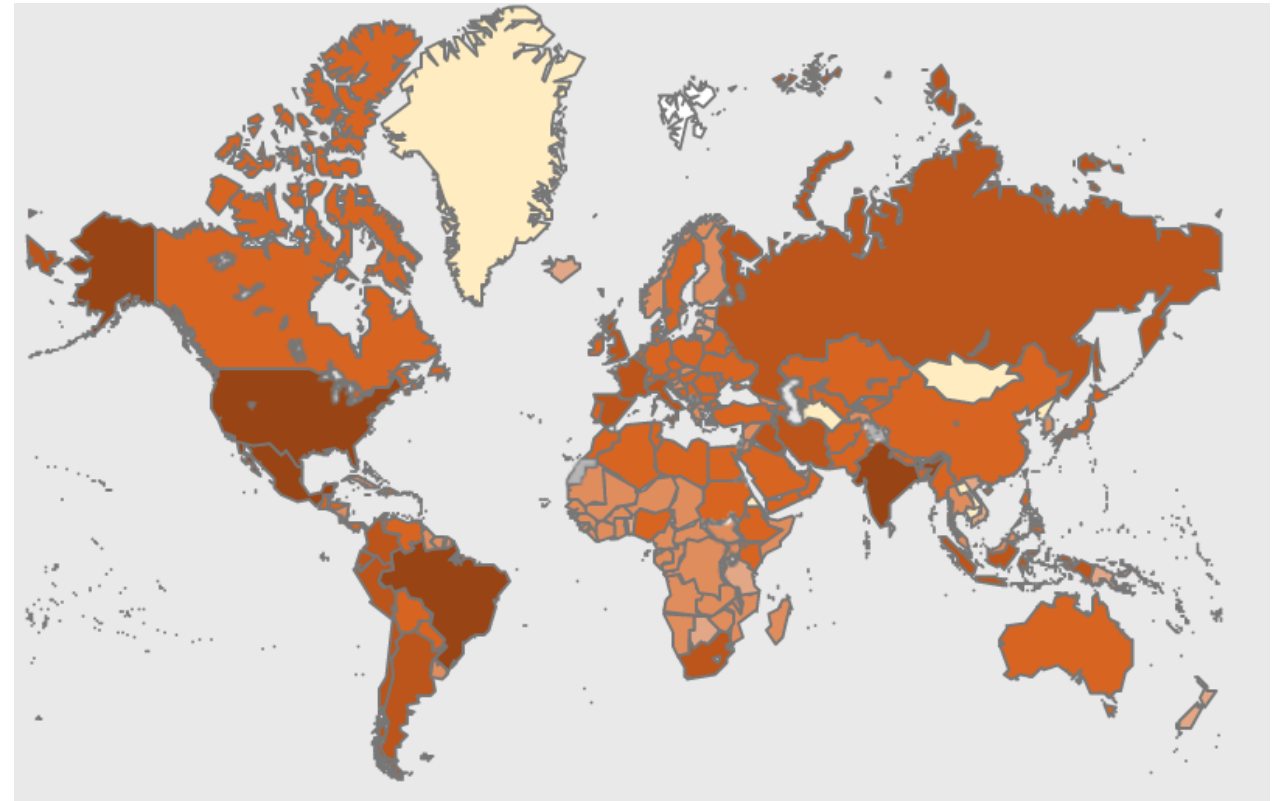
Global Burden of Coronavirus

Confirmed cases (world) until 15 Oct 2020, both sexes, all ages



15 October 2020, there have been **38,394,169 confirmed**
1,089,047 deaths, reported to WHO.

Confirmed deaths (world) until 7 Oct 2020, both sexes,
all ages



Incidence and mortality of COVID-19

Cumulative total of over **34.8 million** cases

- A rising trend in incidence and mortality

Even distribution of infections between women and men

- 47% versus 51%

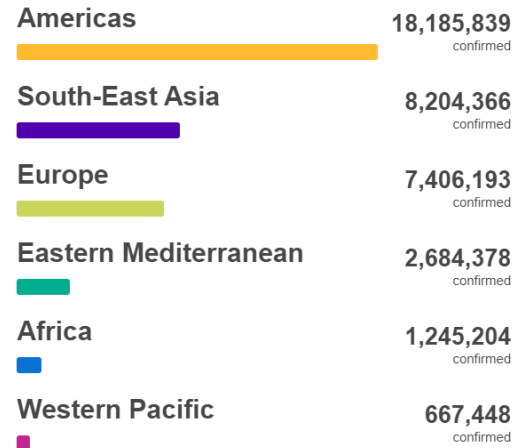
- **Highest % of cases in 25-39** age group

Crude mortality rate is ~ **3-4%**

- Rate **increases with age**

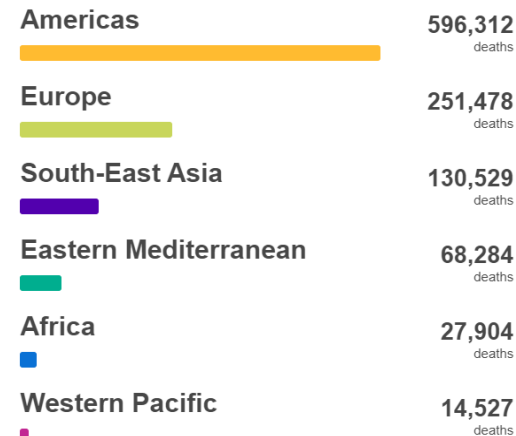
- Around **75% of deaths** from aged 65 or above group

Situation by WHO Region

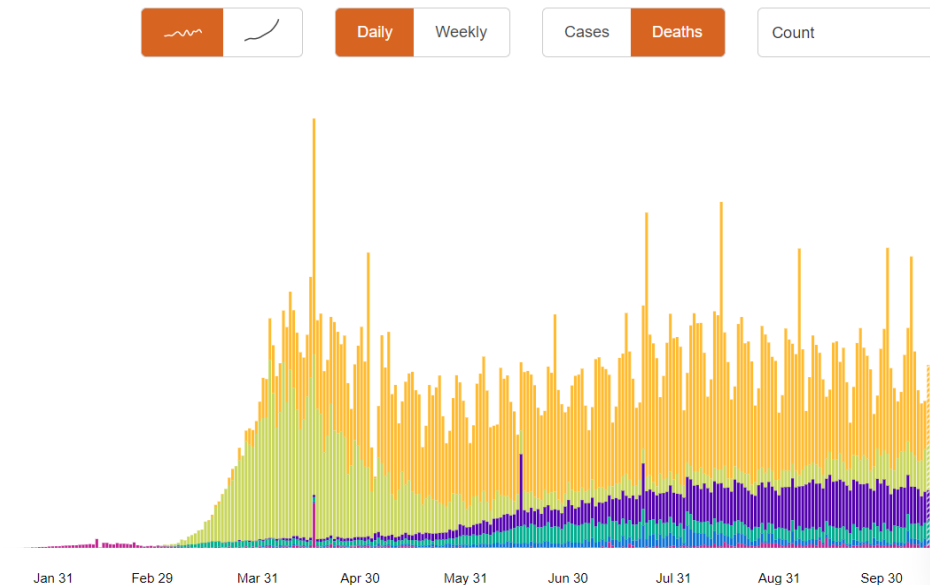
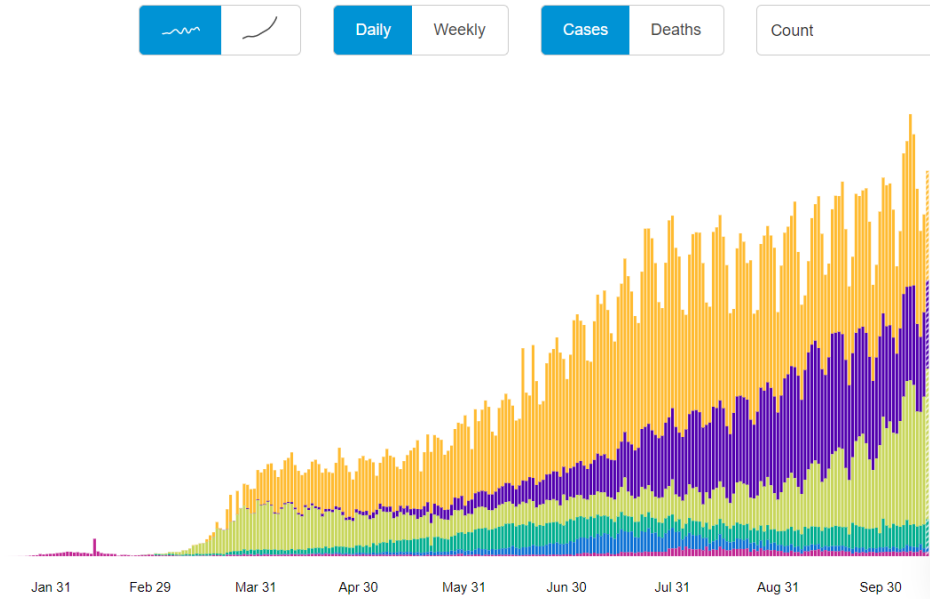


Source: World Health Organization
Data may be incomplete for the current day or week.

Situation by WHO Region

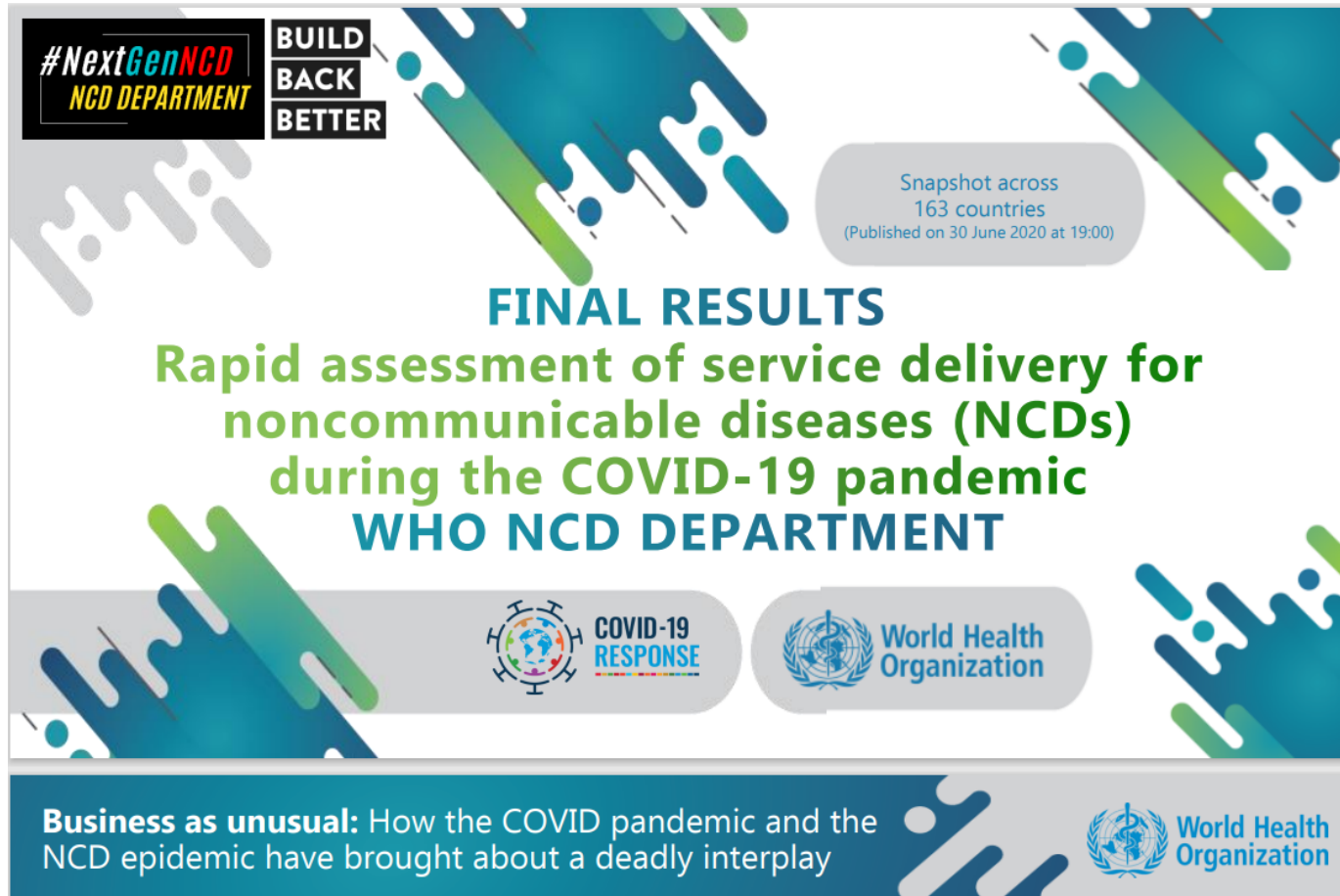


Source: World Health Organization
Data may be incomplete for the current day or week.



THE IMPACT OF THE COVID-19 PANDEMIC ON NONCOMMUNICABLE DISEASE RESOURCES AND SERVICES:

RESULTS OF A RAPID ASSESSMENT



#NextGenNCD
NCD DEPARTMENT


**BUILD
BACK
BETTER**


Snapshot across
163 countries
(Published on 30 June 2020 at 19:00)

FINAL RESULTS


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

WHO NCD DEPARTMENT

 COVID-19
RESPONSE

 World Health
Organization

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

 World Health
Organization

Adopted from: “Mikkelsen, B., Riley, L.,
Cowan, M. 2020. “COVID-19 and NCDs.”
Who #NextGenNC:5.”

<https://www.who.int/publications/i/item/ncds-covid-rapid-assessment>

Impact of COVID-19 on NCDs

- People living with NCDs are at higher risk from COVID-19
 - **Esp. over 60 years of ages and living with NCDs**
 - Higher risk of becoming severely ill or dying from the virus
 - Imposes challenges for those living alone
 - **Disruption of services for the prevention and treatment of NCDs**
 - Long-term upsurge in deaths from NCDs
 - Delay in prevention, screening, diagnosis and treatment



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

SDG 3.4

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

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

SDG 3.4

#NextGenNCD
NCD DEPARTMENT
BUILD BACK BETTER

Are we under-investing in NCDs services?



1. Underinvestment in prevention, early diagnosis, screening, treatment and rehabilitation

- **12 countries (43%)** postponed screening programs
- Decrease in the no. of people diagnosed with NCDs during this pandemic
- May result in **later stage of diagnoses** and place additional **pressure to the health system** later on
- In 2019, health systems were **unable to fully respond in most countries** to the healthcare needs of people with 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



The graphic features the WHO logo and name in the top left. On the right, an illustration shows a doctor in a white coat with a stethoscope examining a patient's arm. The patient is wearing a blue and yellow patterned shirt and yellow pants. In the background, another person is visible. The text on the left lists 'Access to health care such as' followed by three bullet points: 'early detection', 'screening', and 'effective treatment', each with a yellow checkmark. Below this, it states 'will delay or avoid deaths caused by cancer, diabetes, lung diseases, heart diseases, stroke.' The hashtag '#BeatNCDs' is at the bottom left of the graphic.

World Health Organization

Access to health care such as

- ✓ early detection
- ✓ screening
- ✓ effective treatment

will delay or avoid deaths caused by cancer, diabetes, lung diseases, heart diseases, stroke.

#BeatNCDs

<https://www.who.int/publications/i/item/ncds-covid-rapid-assessment>

NCD Staff and Budget

Figure 2: Countries with NCD staff reassigned to COVID-19 response

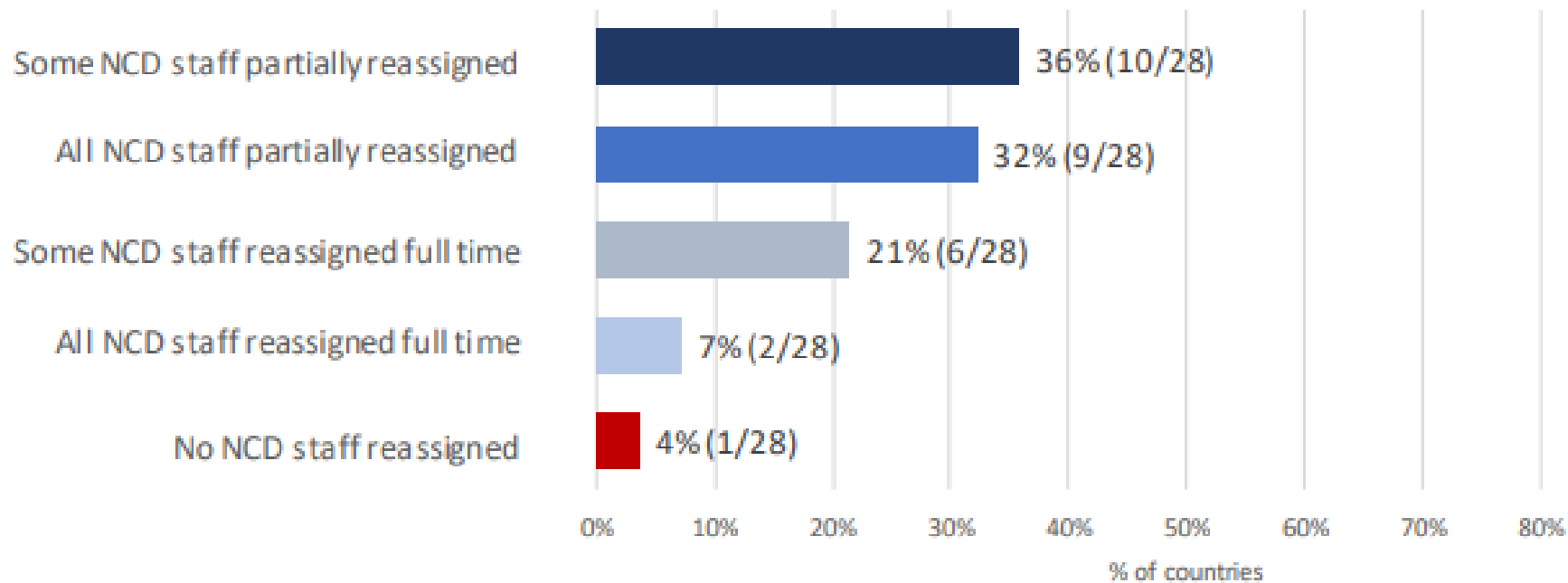
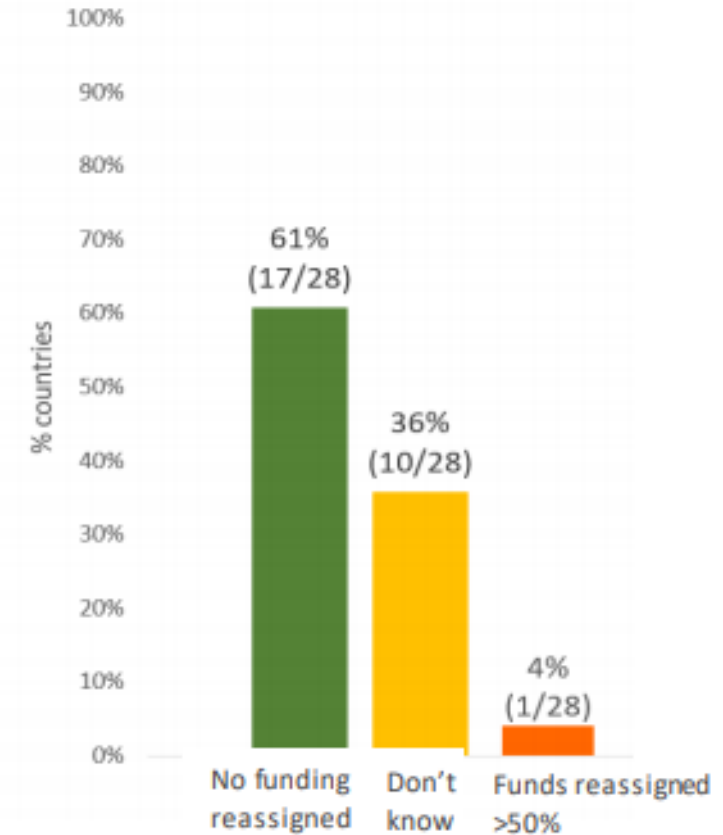


Figure 3: Countries with NCD budget reassigned to COVID-19 response efforts



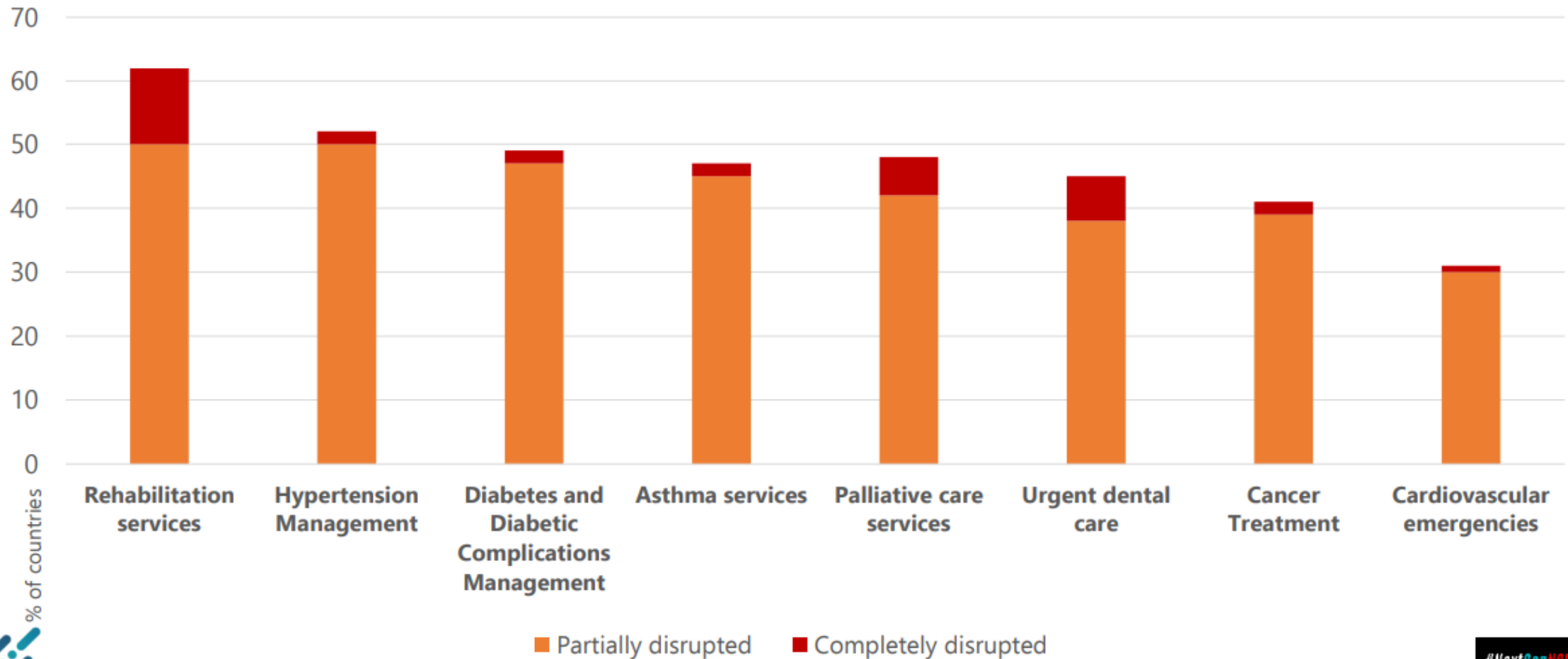


2. DISRUPTION OF SERVICES FOR THE PREVENTION AND TREATMENT OF NCDS

Q: Which of the following service for patients with non-communicable diseases (NCDs) was the most commonly disrupted service, according to an assessment of 163 member states of the WHO from 01-18 May 2020?

- A). Rehabilitation Services
- B). Hypertension management
- C). Cancer treatment
- D). Palliative care services
- E). Cardiovascular emergencies

Disruption of services on a global scale



Adopted from: “Mikkelsen, B., Riley, L., Cowan, M. 2020. “COVID-19 and NCDs.” *Who #NextGenNC:5.*”

Rehabilitation is the most commonly disrupted service

- Often **misinterpreted as non-essential** service
- **Key to a healthy recovery** following severe illness from COVID-19 and in NCD care e.g. rehabilitation following stroke
- **Consequences:**
 - Compromised health outcomes: **prolonged morbidity/ mortality**
 - **Future increased need** including longer inpatient stays
 - **Preventable hospital admissions** due to complications
 - Increase in healthcare **costs**



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.

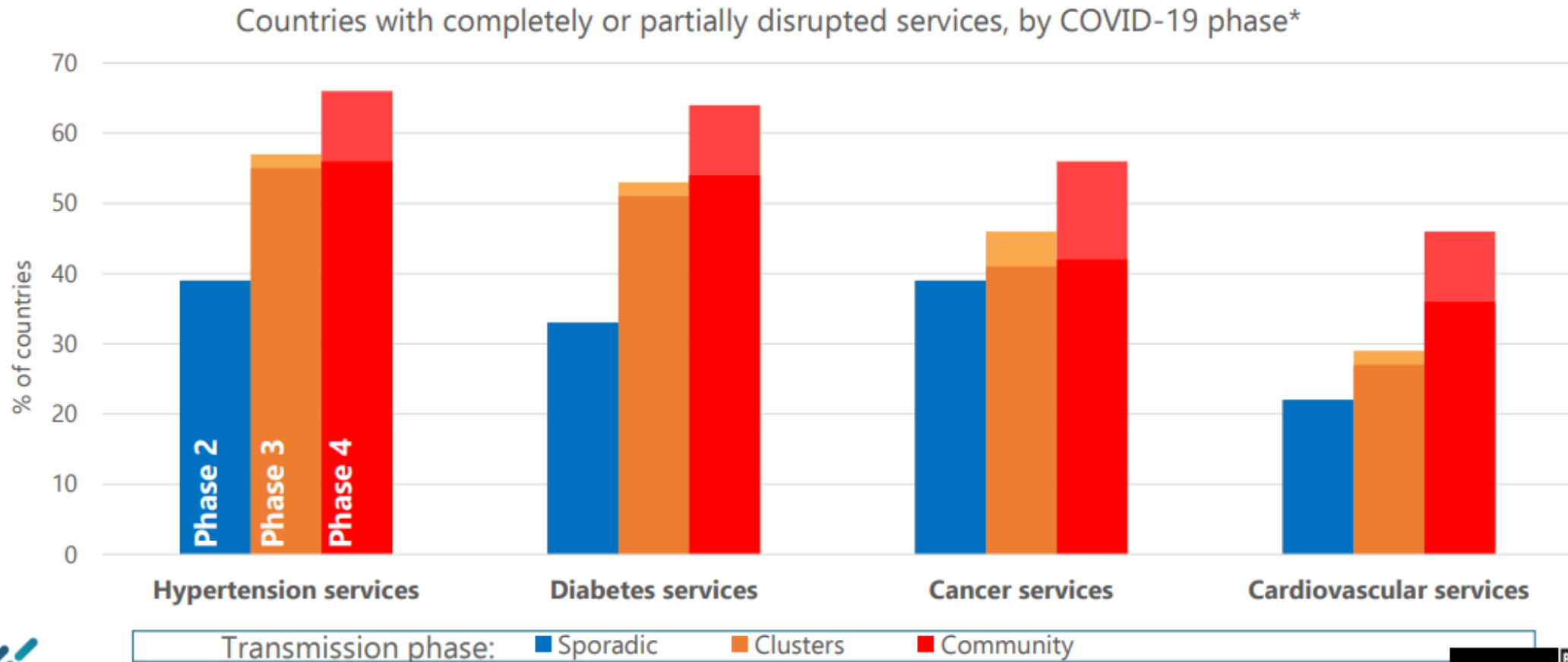
WHO's recommendations:

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.**

NCD Service Delivery

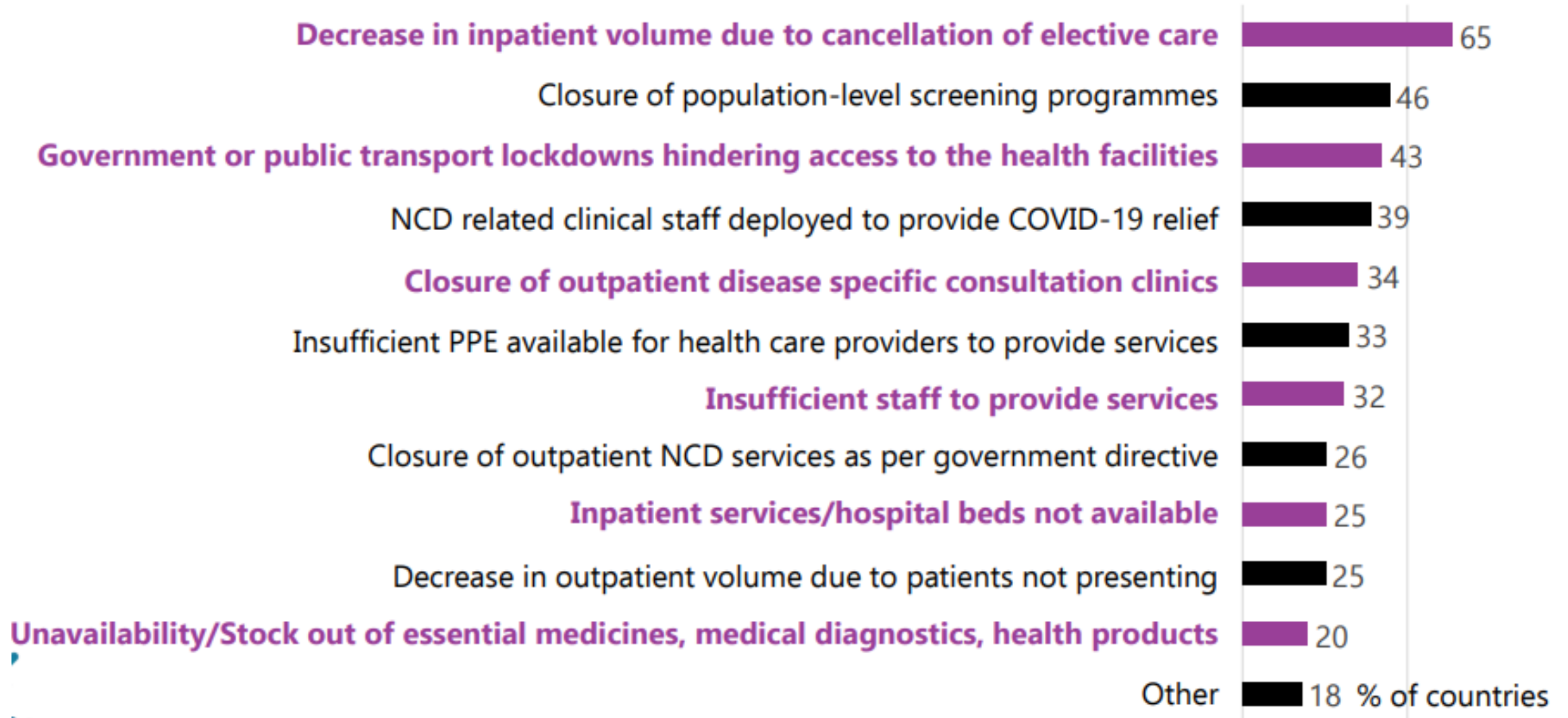
- The **more severe the transmission phase** of the COVID-19 pandemic, the more NCD services are disrupted



*Countries reporting unknown levels of disruption shown in lighter shade

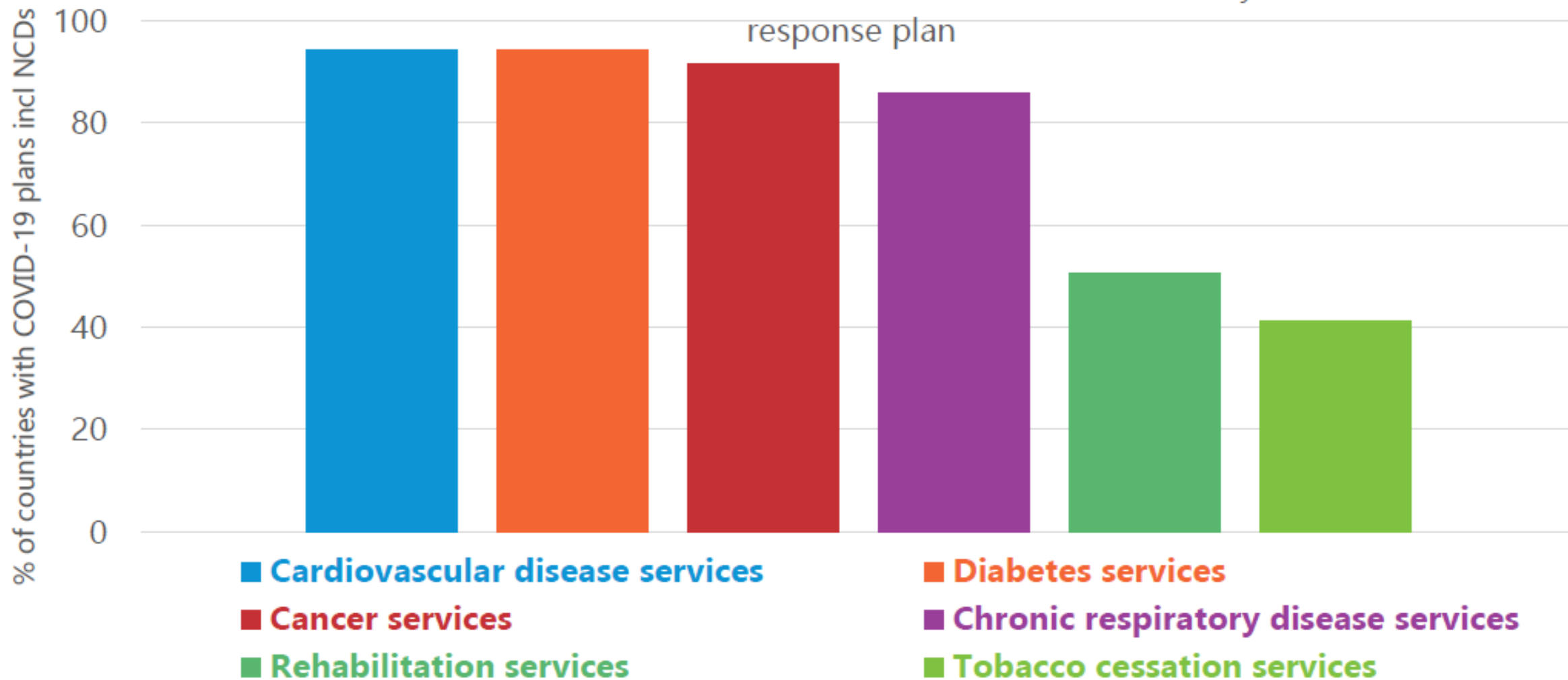


Cause of Disruption

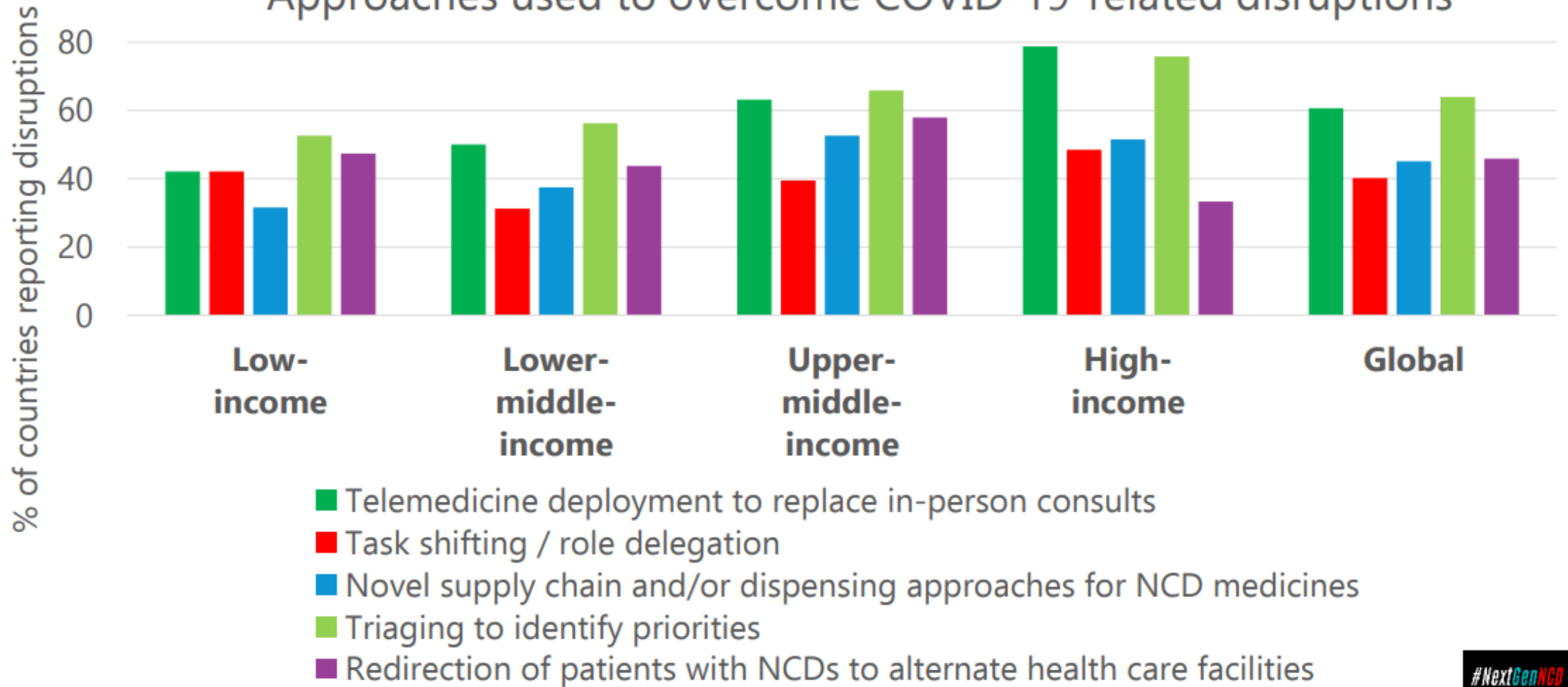


Adopted from: “Mikkelsen, B., Riley, L., Cowan, M. 2020. “COVID-19 and NCDs.” *Who #NextGenNC:5.*”

NCD services included in list of essential health services of country's COVID-19 response plan



Approaches used to overcome COVID-19-related disruptions



Adopted from: “Mikkelsen, B., Riley, L., Cowan, M. 2020. “COVID-19 and NCDs.” *Who* #NextGenNC:5.”

3. People living with NCDs are at higher risk from COVID-19

- Studies showed:
 - **71.9%** of hospitalised patients had \geq one chronic disease
 - particularly strong associations of older age, obesity, heart failure and chronic kidney disease with hospitalisation risk

Table 1. Most common comorbidities observed in COVID-19 positive deceased patients

Diseases	N	%
ischemic heart disease	145	30.1
Atrial Fibrillation	106	22.0
Stroke	54	11.2
Hypertension	355	73.8
Diabetes	163	33.9
Dementia	57	11.9
COPD	66	13.7
Active cancer in the past 5 years	94	19.5
Chronic liver disease	18	3.7
Chronic renal failure	97	20.2
Number of comorbidities		
0 comorbidities	6	1.2
1 comorbidity	113	23.5
2 comorbidities	128	26.6
3 comorbidities and over	234	48.6

Reference: Istituto Superiore di Sanita, COVID-19 surveillance group, March 2020

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, 68% had **hypertension** and 31% had type 2 **diabetes**.
- **India:** 30% fewer **acute 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**.

What next? [A discussion item]

- **Government**

- **More emphasis NCD services** in national COVID-19 preparedness and response plan
- Governmental **commitment** to relieving NCD burdens
- **Mitigate the impact of NCDs**
 - Their own
 - Compounding severity of other disease like COVID-19
- **NCD Alliances Principles:**
 - Leadership
 - Community engagement
 - Accountability
 - Care
 - Investment in health



THANK YOU!

HEALTHY DIET

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ALCOHOL AND HEALTH

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TOBACCO AND HEALTH

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INJURY PREVENTION

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TARGETS BY 2025

Together, we will work to achieve the following 9 targets by 2025¹:-



Target 1

A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases



Target 2

At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth



Target 3

A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults



Target 4

A 30% relative reduction in mean population daily intake of salt/sodium



Target 5

A 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years



Target 6

Contain the prevalence of raised blood pressure



Target 7

Halt the rise in diabetes and obesity



Target 8

Prevent heart attacks and strokes through drug therapy and counselling



Target 9

Improve availability of affordable basic technologies and essential medicines to treat major NCD



香港中文大學
The Chinese University of Hong Kong