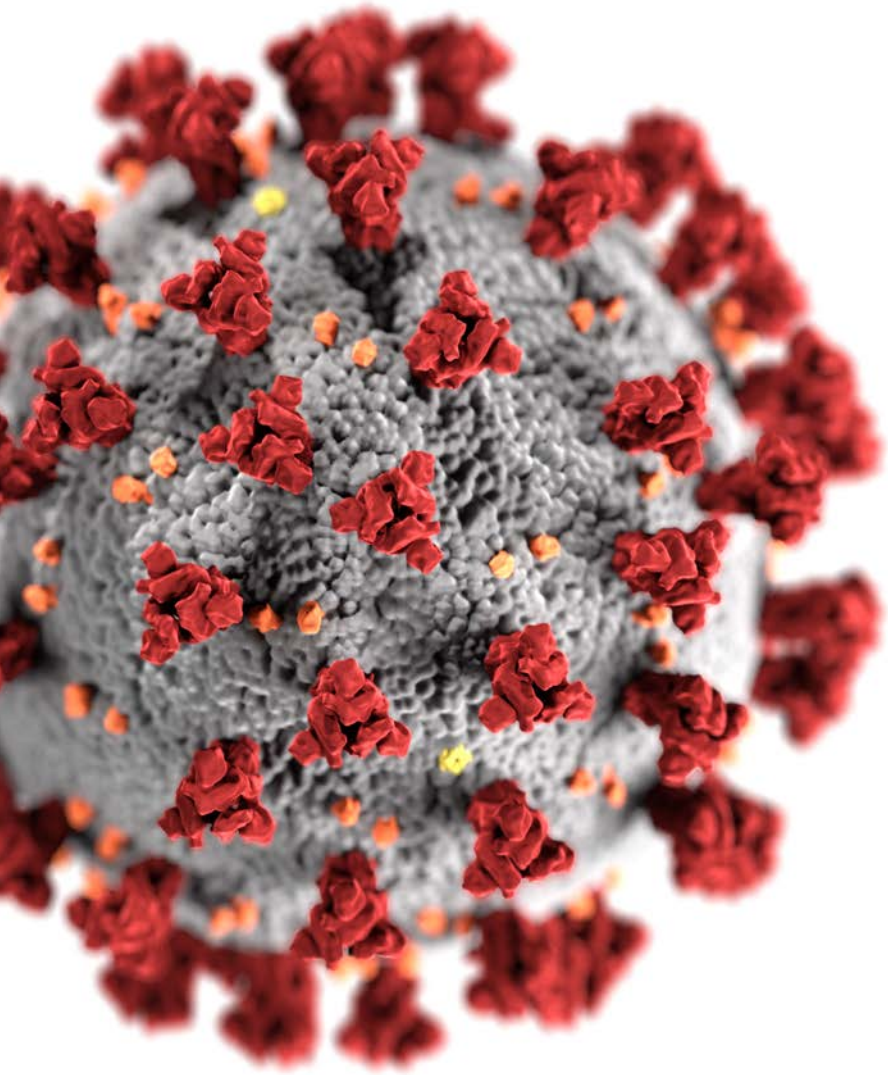
Responding to non-communicable diseases during and beyond the COVID-19 pandemic



UN INTERAGENCY TASK FORCE ON NCDs
#beatNCDs
@un_ncd

World Health Organization

UNDP

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1 Audience and scope

This position paper was written for governments, policy-makers, United Nations agencies and development partners that are addressing the COVID-19 pandemic and non-communicable diseases (NCDs).[1] It describes why strong action on NCDs must be an integral part of the COVID-19 response, recovery and "building back better" and suggests steps that should be taken immediately and in the longer term. The brief was prepared by the Task Force.

2 The issue

Countries and localities are at various stages of the COVID-19 pandemic. In most settings, however, COVID-19 is interacting with NCDs and inequalities to form "the perfect storm" *(2)* of avoidable death and suffering, contributing to overrun health systems, economic contraction and wider sustainable development setbacks, particularly for people who are already vulnerable.

Almost one fourth (22%) of the world's population is estimated to have an underlying condition that increases their vulnerability to COVID-19; most of these conditions are NCDs *(3)*.

NCDs are now the leading causes of death, disease and disability in most countries. They kill 41 million people each year, accounting for 71% of deaths globally, including 15 million people who die prematurely from cardiovascular disease, diabetes, cancer or chronic respiratory disease between the ages of 30 and 69. Over 85% of premature deaths from NCDs occur in low- and middle-income countries *(11)*.

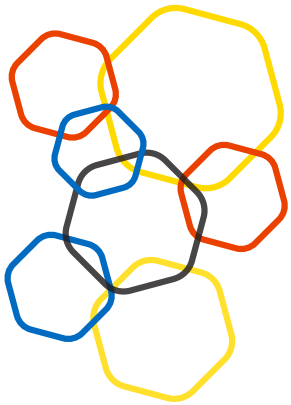
Before COVID-19, the world was already off track to achieve many of the targets in the United Nation's Sustainable Development Goals (SDGs), including that to reduce premature mortality from NCDs. The pandemic is making achievement of the SDGs even more challenging *(4)*. COVID-19 is expected to trigger the greatest global recession since the Second World War *(5)*, huge losses of jobs and income *(6)*, food crises *(7)* and mass impoverishment *(8)*. Global human development – a combined measure of health, education and income – is projected to reverse for the first time in 30 years *(9)*. As NCDs worsen the pandemic and its wide-ranging impacts, they must be considered a major issue in the response, recovery and building back better to restore and drive progress in achieving the SDGs. The 2030 Agenda for Sustainable Development Agenda and the pledge to leave no one behind must continue to be the overarching approach for integrated action on NCDs *(10)*.

1 In this paper, "NCDs" refer to cardiovascular disease, diabetes, cancer and chronic respiratory disease, in line with WHO and United Nations resolutions and declarations. In the 2018 political declaration of the third high-level United Nations meeting on NCDs, the term was extended to include mental health. As a United Nations policy brief on mental health has been published *(1)*, this paper addresses only the four diseases listed above and their risk factors (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution).

Emerging evidence demonstrates the ways in which COVID-19 and NCDs interact *(12)*.

- NCDs and their metabolic, behavioural and environmental risk factors are associated with greater susceptibility to COVID-19 infection and increased risks of severe disease and death from COVID-19 *(13–15)*.
- The pandemic has severely disrupted diagnostic, treatment, rehabilitation and palliation services for people living with NCDs (**Box 1**).
- The pandemic and measures taken in response (e.g. lockdowns) are, for some people, increasing certain behavioural risk factors for NCDs, such as physical inactivity, an unhealthy diet and harmful use of alcohol *(16)*.[2]
- Pressure on health services is likely to increase in the long term once they are restored and because of possible increases in cardiovascular and respiratory complications among COVID-19 survivors *(19)*.
- The public and political attention paid to the pandemic has, in some places, resulted in difficulty in maintaining population preventive interventions for tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity *(20)*.

Further information on the links between COVID-19 and NCDs is available in the complementary paper, *State of the evidence on COVID-19 and NCDs: a rapid review.*

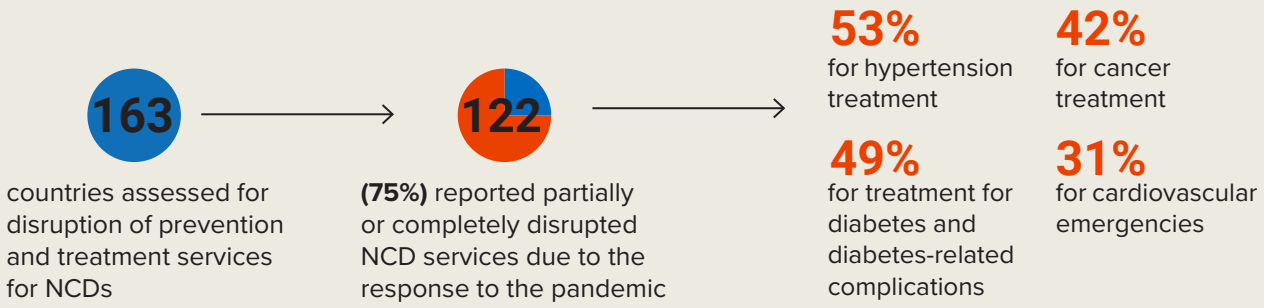


Almost one fourth (22%) of the world's population is estimated to have an underlying condition that increases their vulnerability to COVID-19; most of these conditions are NCDs.

2 In some settings, domestic violence has increased during COVID-19 *(17)*, sometimes exacerbated by harmful use of alcohol *(18)*.

Box 1. COVID-19 has severely disrupted health services for people living with NCDs

According to a WHO survey in May 2020 *(20)*, prevention and treatment services for NCDs have been severely disrupted since the COVID-19 pandemic began, so that many people have no access to treatment for hypertension, heart attacks, strokes, cancer or diabetes. **Of 163 countries assessed, 122 (75%) reported disruptions in NCD services due to the response to the pandemic.** More than half (53%) of the countries surveyed had partially or completely disrupted services for hypertension treatment, 49% for treatment for diabetes and diabetes-related complications, 42% for cancer treatment and 31% for cardiovascular emergencies. The degree of disruption was linked to the level of COVID-19 transmission. More details are available in ***State of the evidence on COVID-19 and NCDs: a rapid review.***



The COVID-19 pandemic is also exacerbating inequality, including in NCDs.[3] In many disadvantaged communities, COVID-19 and NCDs are experienced as a "syndemic", a co-occurring, synergistic pandemic that is interacting with and increasing social and economic inequalities *(22, 23)*. Poverty, discrimination, and gender and cultural norms shape health-seeking behaviour for both NCDs and COVID-19 and also access to health and other basic services, health decision-making, exposure to risks and caretaking burdens *(21, 22, 24)*.

The pandemic poses a particular threat for migrants and people in fragile and humanitarian settings with chronically weak health systems, disrupted supply chains for medicines and basic supplies for COVID-19 and/or NCDs, overcrowded space and shelter and insufficient hygiene and sanitation facilities *(25)*. People with disability are more susceptible to NCDs and are thus more vulnerable to the impact of the pandemic *(26)*.

For many years, the global community has not adequately protected the world from NCDs and their risk factors (see **Box 2** on the next page), even though the requisite policies, strategies and plans have long been available (see **Box 3** on the next page), as have reports of the economic impact of NCDs and the significant return on investment in their prevention and control.[4, 5]

3 For example, a systematic review of COVID-19 inequalities *(21)* concluded that minority ethnic groups have higher risks of infection, hospitalization and mortality.

4 The economic impact of NCDs between 2011 and 2025 was estimated to be more than US$ 7 trillion. See reference 27.

5 A WHO report *(28)* sets out the health and economic benefits of implementing the most cost-effective, feasible interventions to prevent and control NCDs (WHO "best buys") in low- and lower–middle-income countries, demonstrating that, if these countries put in place the most cost–effective interventions, they would save 10 million lives by 2025 and prevent 17 million strokes and heart attacks by 2030, with a return of US$ 7 per person for every US$ 1 invested.

Box 2. Lack of progress in responding to NCDs

Despite the rapid progress made in addressing NCDs in the first decade of the 21st century, the momentum has dwindled since 2010, with annual reductions in age-standardized rates of premature mortality slowing for the main NCDs *(29)*. Of 10 sets of indicators, used by WHO in 2020 to review progress in reducing NCDs in 194 countries, none were being fully met by all Member States, and only 3 of the 10 were fully met by a majority (52–57%) of Member States *(30)*. The current rate of reduction is insufficient to meet SDG target 3.4 (reduce premature mortality from NCDs by one third) by 2030.

In 2017, the United Nations Secretary-General summarized the lack of progress in responding to NCDs *(31)*:

- Action to realize the commitments made in 2011 and 2014 is inadequate.
- Current level of progress is insufficient to meet target 3.4 of SDGs on NCDs.
- The world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from NCDs through prevention and treatment.
- Initiatives to improve access to good-quality essential health-care services and to safe, effective, good-quality and affordable essential medicines and vaccines for the prevention and control of NCDs have not been scaled up in the majority of developing countries.
- Political commitments have often not been translated into concrete action.
- Serious constraints driven by economic and trade promotion interests are impeding the implementation by many Governments of some of the “best buys” and other recommended interventions for the prevention and control of NCDs, including the taxation of tobacco, alcohol and sugar-sweetened beverages and policies to reduce the impact on children of the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt.
- There is a visible gap in respect of each country’s policy space and leadership to establish and implement policies for the prevention and control of NCDs.
- Despite the modest financing requirements and the cost-effectiveness of interventions, funding for national programmes from domestic resources and international finance is still grossly insufficient in developing countries. The level of official development assistance to catalyse additional resource mobilization from other sources has remained close to zero since 2011.