

COVID-19

Rapid Assessment of service delivery for NCDs during the COVID-19 pandemic in the Americas

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PAHO



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INTRODUCTION

The COVID-19 pandemic has had a tremendous impact on people, health systems, public health programs, and economies around the world, and it is heavily affecting the Region of the Americas. While the priority is to prevent infection and reduce transmission and to provide adequate care and treatment to those with COVID-19, noncommunicable diseases (NCDs) continue to pose the greatest health burden. In the Americas, it is estimated that one in four (220 million) people live with at least one NCD, including cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, among others. This population requires access to essential NCD services to ensure the continuity of disease management. Furthermore, people with NCDs and older persons are at higher risk of severe COVID-19 disease, and face death, making this population highly vulnerable currently. Yet, the diversion of limited health resources towards the COVID-19 response has had a profound impact on continuity of care for people with NCDs. Even before this pandemic, large gaps in access to, and quality of, NCD services existed. These are now exacerbated by the COVID-19 situation and the expected economic impact.

This report presents a snapshot of the impact that the COVID-19 pandemic has had on NCD services in the Region of the Americas during a period of 4 weeks in May 2020, at a moment when the Region of the Americas was considered the epicentre of the global COVID-19 pandemic.

SURVEY METHODS

A standardized questionnaire was developed composed of 13 questions. The questionnaire aims to assess the impact of the COVID-19 pandemic on NCD services, available through the regional offices. For the Region of the Americas, on 1 May 2020, PAHO/WHO invited its 35 Member States¹, through the PAHO/WHO country office, to complete this survey. The persons responsible for the national NCD program from 28 (80%) Member States completed the survey, using the web-based questionnaire and/or reporting in Word version. The completion rate by subregion is as follows: North America 100% (2/2), Caribbean 92% (12/13), Mesoamerica 60% (6/10), Andean Area 60% (3/5), and South America 100% (5/5). Responses were received from 1 May to 1 June 2020, and results collated until 1 June 2020. Survey responses were treated confidentially, and only aggregated results is presented in this report.

¹ Results are presented by subregions, as follows: North America (Canada, United States of America); Non-Latin Caribbean (Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago); Mesoamerica (Belize, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama); Andean Area (Bolivia (Plurinational State of), Colombia, Ecuador, Peru, Venezuela (Bolivarian Republic of)); Southern Cone (Argentina, Brazil, Chile, Paraguay, Uruguay)

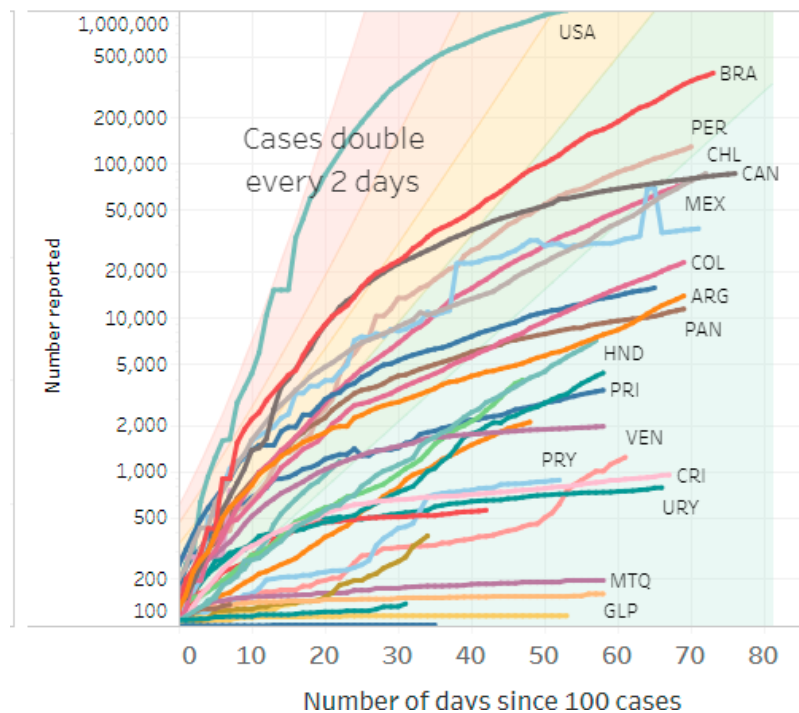
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COVID-19 SITUATION IN THE AMERICAS

As of 3 June 2020, more than 3 million people in the Americas were diagnosed with COVID-19, and more than 168,000 died from this disease. The majority of cases and deaths are in the United States of America (1,823,220 cases, 61% and 106,051 deaths, 63%); however, Brazil, Peru, Chile, Canada, and Mexico are also hard-hit, with a large number of cases and rapid doubling times (Figure 1).

FIGURE 1:

**Doubling time for COVID-19 Cases in the Americas
Log Scale**



Source: PAHO COVID-19 situation in the region of the Americas. Available at: <https://ais.paho.org/phip/viz/COVID-19-Cases-Deaths.asp>

While countries developed their COVID-19 response, 19 countries (19/28, 68%) reported that NCD services were included in their national COVID-19 plans. It is also important to highlight that there are six countries that reported not (or not yet) having NCDs included in their country's COVID-19 response plan. The latter countries are from Mesoamerica (2), South America (1), and the Non-Latin Caribbean (3). Overall, countries in South America and the Non-Latin Caribbean were more likely to include NCD services in their COVID-19 response plans.

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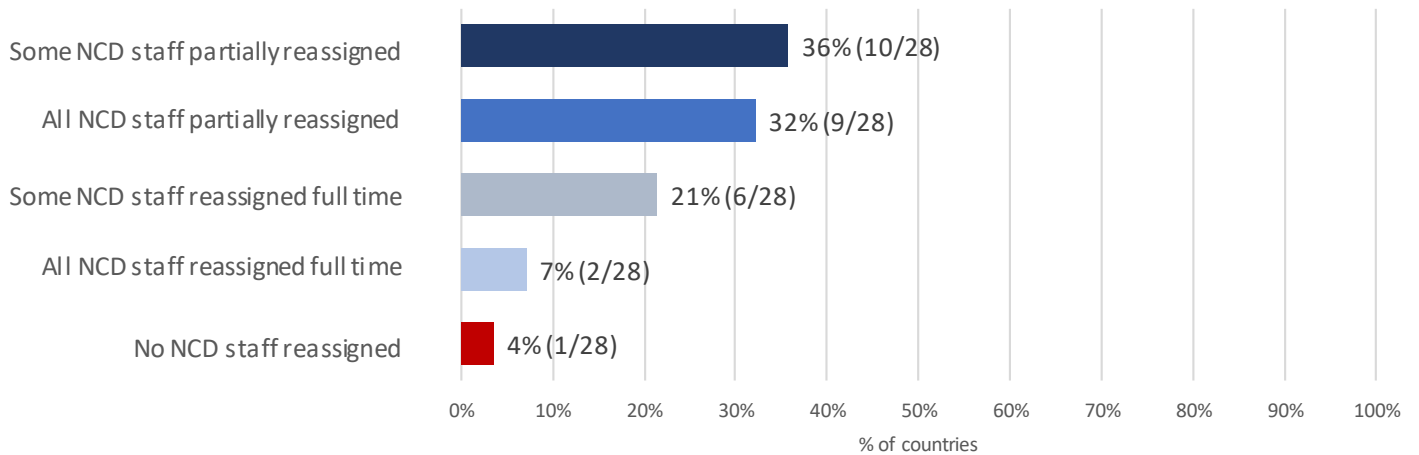
As part of COVID-19 monitoring efforts, most countries (89%, 24/27 countries) report collecting data on NCD comorbidities in people with COVID-19; only three countries report not collecting such data.

NCD STAFF

Ministry of health staff designated to work on NCD services have largely been redirected to work on the COVID-19 response, reducing personnel available to manage people with NCDs.

Almost all countries (89%, 25/28 countries) reported that some or all NCD staff are supporting COVID-19 efforts either full time or part time. Only one country reported that there was no reassignment of NCD staff to COVID-19 (Figure 2).

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



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NCD BUDGET

COVID-19 was an unexpected health emergency that has strained health budgets. Nonetheless, government budgets for NCDs have largely been preserved. NCD funds have been reallocated in only one country, with more than 50% of these funds redirected to COVID-19. Respondents from 10 countries (36%) reported that they do not know whether NCD funds were reallocated to COVID-19 (Figure 3).

NCD SERVICES

Although health service disruption, especially at primary care level is expected during this pandemic with lock-down measures in place, only two countries reported that outpatient services are closed. NCD outpatient services continue to be maintained, but with limited access in 18 countries (64%), and completely open in 7 countries (25%). The disruption in NCD services, either partially or completely, affected all types of care for people with NCDs, but more so for diabetes, dental care, and rehabilitation services (Figure 4).

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

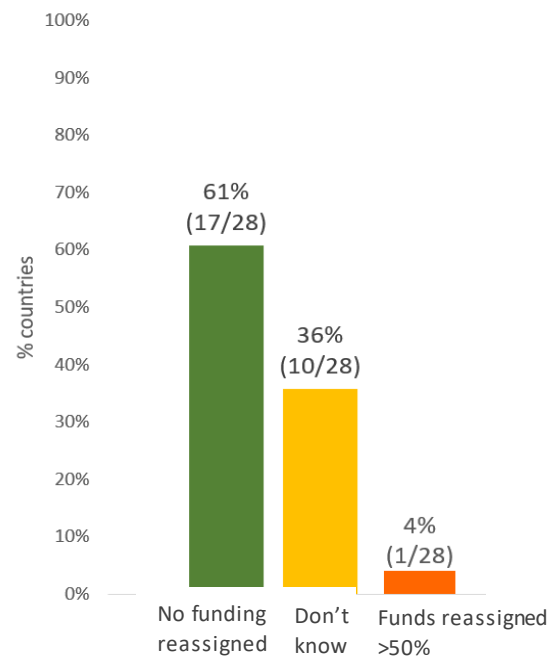
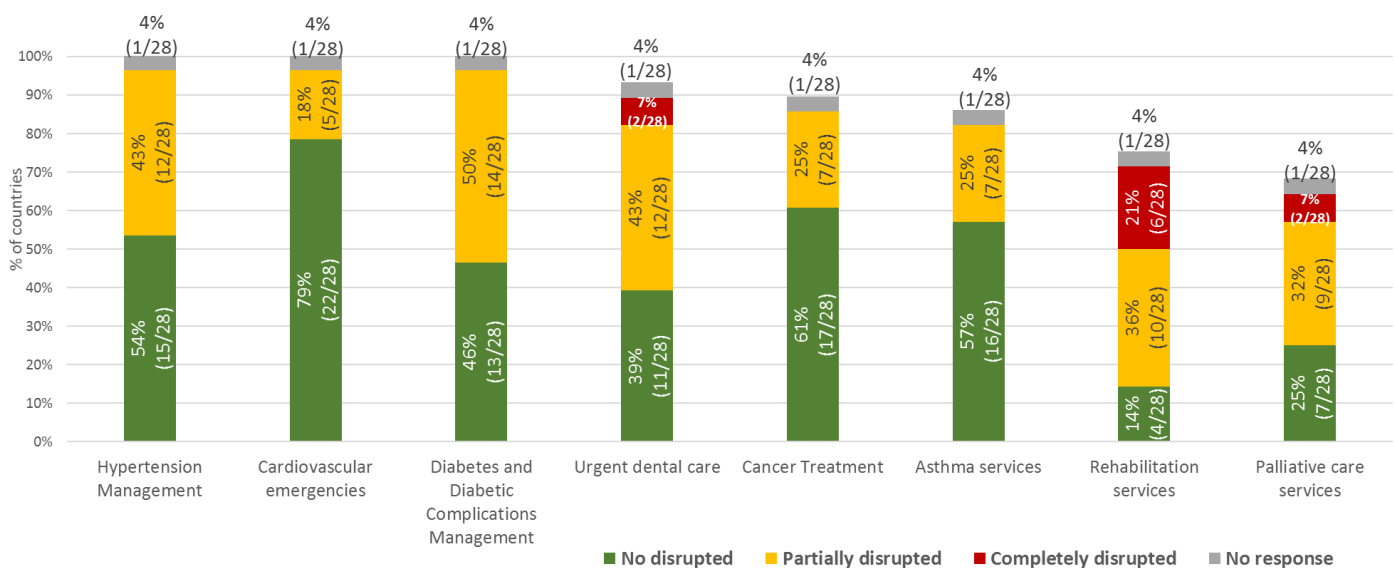


Figure 4: Types of NCD services disrupted during COVID-19

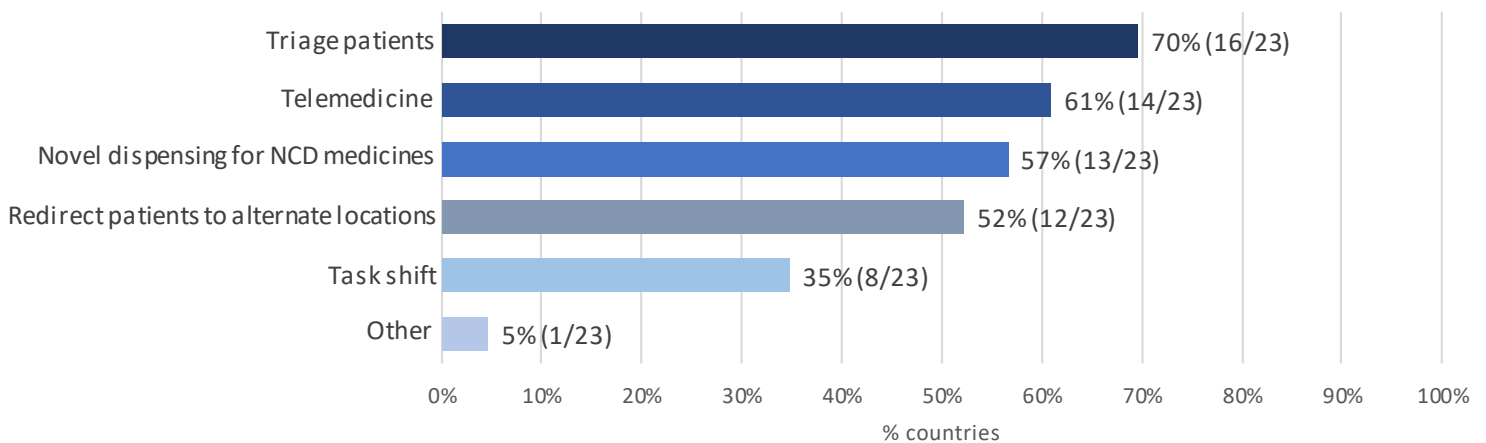


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The main reasons cited for disruption of NCD services include cancellation of elective care services (58%, 14/24), clinical staff being re-allocated to COVID response (50%, 12/24), and patients not presenting (50%, 12/24).

The main strategies cited to minimize the disruption in NCD services are to triage patients and prioritize care based on severity of condition, as well as telemedicine to replace in person consultations, and novel dispensing for NCD medicines (Figure 5).

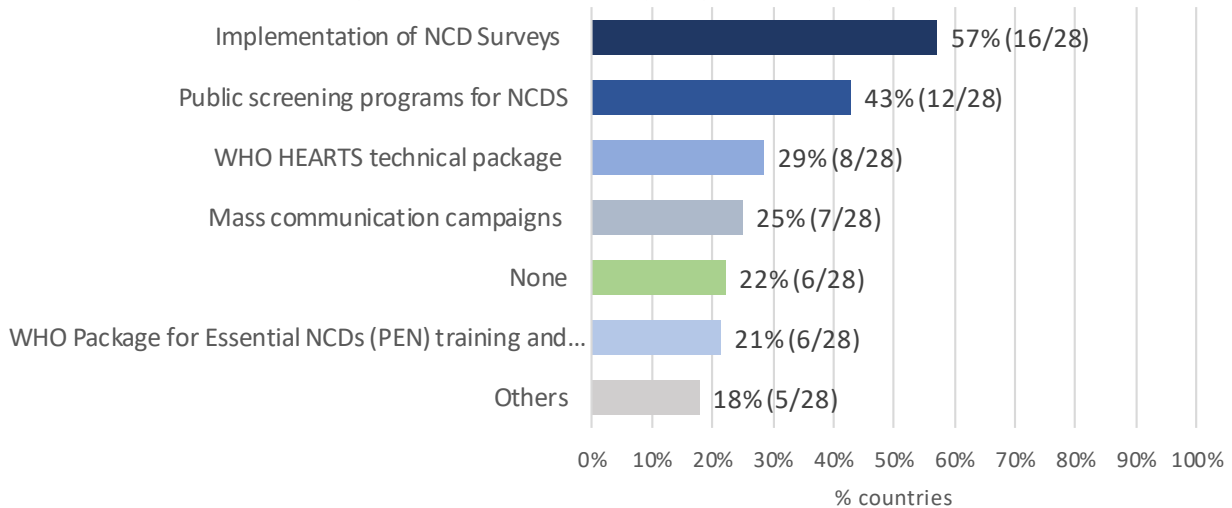
Figure 5: Strategies used to maintain essential NCD services during COVID-19



Beyond service disruption, planned NCD activities have been suspended or postponed due to the COVID-19 pandemic. The activities most frequently reported as suspended were the implementation of NCD surveys, where 16 countries (57%) postponed surveys. Screening people for cancer, diabetes, and other NCDs were also commonly reported as postponed in 12 countries (43%), while the HEARTS project was suspended in 8 countries (Figure 6).

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Figure 6: NCD activities postponed during COVID-19



REQUESTS FROM MEMBER STATES

National NCD program managers appealed to PAHO/WHO to provide information, technical guidance and communication materials, to understand the situation of COVID-19 in people with NCDs, to raise awareness of the associated risks, adapt services and better respond to the needs of people living with NCDs. The expressed needs by NCD program managers are summarized as follows:

Communication materials

- public education and communication messages on COVID-19, associations with NCDs and risk factors
- social media messages and promotion of healthy eating, and healthy lifestyles during confinement

Data and information

- modelling on underlying conditions and projections of the impact of COVID-19 on NCDs, risk factors, and NCD mortality
- guidance on how to collect data on NCD-related comorbidities in COVID-19 patients
- how to register and report underlying conditions for those who die from COVID-19

Technical guidance

- guide and protocol on how to manage people with NCDs and COVID-19

Capacity building

- build capacity for telemedicine and virtual consultations
- training/virtual meetings on how to manage COVID-19 patients with underlying NCDs
- continue capacity building in the area of mental health with a special focus on the prevention and recognition and depression due to the situation

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CONCLUSIONS

This rapid assessment presents a snapshot of how NCD services in the Americas have been affected during COVID-19. While all countries continue to adapt and preserve their health services to provide continuous care for persons living with NCDs, these disruptions will likely have an impact on outcomes for this vulnerable population. It is clear that more effort is needed to ensure that NCDs are included in the national COVID-19 response plan; that surveillance systems include data collection on NCD-related comorbidities in COVID-19 patients; and that infrastructure and methods for telemedicine, virtual consultations, and other strategies be put in place to continue NCD service delivery during outbreaks and other health emergencies. This brief survey also provided valuable information on the technical and information needs of health program managers during this pandemic, which will be the basis for future technical cooperation activities of PAHO's NCD program with Member States.

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