

ISSUE #1:

Noncommunicable Diseases in the Era of COVID-19 and Building Back Stronger NCD Programs

Key Messages

- ▶ Noncommunicable diseases (NCDs) are the leading causes of death worldwide.
- ▶ Only a few countries in the Americas are on track to meet the global target to reduce premature mortality from NCDs by one-third by 2030.
- ▶ The disproportionate impact of the COVID-19 pandemic on people living with NCDs has hindered progress and disrupted health service provision.
- ▶ Integrating NCDs into universal health coverage and access is critical for creating resilient health systems.
- ▶ The focus should be on ensuring affordable, quality care for NCD prevention and treatment as part of primary care and empowering people living with NCDs to manage their conditions.
- ▶ NCD prevention policies, particularly those addressing tobacco and alcohol use, unhealthy diets, and physical inactivity, require strengthening and enforcement.
- ▶ NCDs should be considered as part of national disaster preparedness plans to ensure continuity of essential NCD services, even during health emergencies and natural disasters.

Introduction

Noncommunicable diseases (NCDs) are the leading causes of death and disability in the Americas, responsible for approximately 5.8 million deaths each year, or 81% of all deaths (1). COVID-19, with over 2.2 million deaths in the Americas by the end of September 2021 (2), has not only added to this tremendous

disease burden but has also further increased the risk of death in the approximately 250 million people in the Americas living with NCDs, given their higher risk for severe illness and death from COVID-19.

The Region of the Americas adopted a regional NCD Plan of Action to

put countries on the path toward reaching the global target of one-third reduction in NCD premature mortality by 2030, as Target 3.4 of the Sustainable Development Goals. However, this ambitious target is now in jeopardy because of recent setbacks resulting from the COVID-19 pandemic.

Access to healthy foods has been hampered by the impact of COVID-19, and the effects of food insecurity have been magnified.

Impact of COVID-19 on NCDs

Comorbidities that most increase the risk of COVID-19 severe illness and hospitalization are diabetes, hypertension, obesity, and chronic kidney disease (3–5).

A survey conducted in 28 countries of the Americas found disruption of health services during the COVID-19 pandemic. Ten countries reported that NCD staff were partially reassigned, while in 9 countries (32%) all staff were partially reassigned. Outpatient services were open with limited access in 18 countries, inpatient services were open in 15 countries, while 10 countries had only emergency inpatient services (6). In Chile, for example, services were extensively disrupted to the point where more than 127,000 mammographies, 100,000 endoscopies, 98,000 PAP smears, and 33,000 colonoscopies were not performed

during this period (7). In Brazil, people with diabetes faced barriers during the pandemic, such as reduced frequency of going outside of their homes (95.1%); among those who monitored blood glucose at home during the pandemic (91.5%), the majority (59.4%) experienced an increased variability in glucose levels; 38.4% postponed their medical appointments and/or routine examinations; and 59.5% reduced their physical activity (8). While the consequences remain unclear, increased NCD mortality can be expected, as even a four-week delay of cancer treatment has been associated with increased cancer mortality (9).

Access to healthy foods has been hampered by the impact of COVID-19, and the effects of food insecurity have been magnified, while consumption of

cheaper, less nutrient-dense foods has increased. Access to nutritious foods has been reduced for a significant number of children who depend on school meals, and physical inactivity has increased due to the restrictions (10).

A set of evidence-based, cost-effective NCD interventions to address the four common risk factors for NCDs (tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity) as well as the interventions needed for the four main NCDs (cardiovascular disease, diabetes, cancer, and chronic respiratory disease) has been recommended by the World Health Organization (WHO) (11). These interventions continue to be relevant, and urgent scale-up is required across the Americas.

Situation analysis

Having a national NCD plan of action is recommended to define how NCDs will be addressed as part of the health system. In the Region of the Americas, as of December 2019, only 19 countries reported having an operational, multisectoral national NCD plan of action covering the four main diseases and four main risk factors (12). Only 3 countries in the Americas have fully implemented 12 or more out of 18 key interventions, where the majority of countries (16/35) have fully implemented only 5 or fewer of the progress indicators. Those most implemented are: timebound national targets, national NCD plans, smoke-free environments and health warnings on tobacco products, and physical activity public awareness and communication campaigns (12). Lagging behind are indicators related to alcohol reduction and to NCD treatment, notably guidelines and the provision of essential NCD medicines.

Tobacco control in the Americas has advanced somewhat with improvements in implementation of cost-effective tobacco control policies in line with the WHO Framework Convention on Tobacco Control: 14 countries have approved legislation banning indoor smoking in public places and workplaces, 15 countries have introduced mandatory large health warnings, and 6 countries have introduced legislation to ban tobacco advertising, promotion, and sponsorship. In addition, 4 countries impose a tobacco tax that accounts for at least 75% of the retail sale price (12, 13). South America is now the first subregion to be smoke-free, a notable achievement, reached in December 2020.

Obesity prevention is a high priority in the Region, with 23 countries having school feeding programs, and 19 countries report having norms or regulations for the sale of foods and beverages in schools (14). Front-of-package labeling and efforts to reduce salt/sodium and eliminate industrially produced trans-fatty acids from the food supply are taking place across the Region, along with taxation of sugar-sweetened beverages (14).

Providing diagnosis, treatment, and continuous care is at the core of ensuring people with NCD have the necessary care to control their condition, prevent complications, and prevent untimely death. Nonetheless, one of the greatest barriers to access such care is the cost to patients, where out-of-pocket payments

for health services are higher for people with an NCD, with expenditures on medicines accounting for the greatest cost. For example, in Colombia, Nicaragua, and Peru persons with a chronic condition spend more than twice as much on medicines as persons without such a condition (15).

However, the pandemic response has led health services in the Region to develop strategies to overcome NCD service disruptions, including triaging to identify priorities, telemedicine deployment to replace in-person consults, novel supply chain and/or dispensing approaches for NCD medicines, redirection of patients with NCDs to alternate health care facilities, mobile services, and task-shifting/role delegation (16), all which are still to be evaluated and sustained over the long term.

The pandemic response has led health services in the Region to develop strategies to overcome NCD service disruptions



Example from Costa Rica: Telehealth to ensure continuity of care for people with NCDs during the pandemic¹

Existing modalities of telehealth were expanded during the pandemic, providing alternatives to face-to-face health care. Communication technologies have been used to meet the requirements for continuity, proximity, and efficiency of health services, including services for people living with NCDs. With support from the Pan American Health Organization (PAHO), Costa Rica has implemented a telehealth service to provide continuous care. Dr. Ana Cristina Chaves recounts the experience of managing people who have been told not to go to health centers but rather to stay at home to receive cardiac rehabilitation. “The fact that the service—the therapy—is provided in your home is a very moving experience.” Patient satisfaction can be summed up as follows: “The Social Security doctor himself called me ... he was the one who contacted me.”

Current telehealth programs in the Region of the Americas

- ▶ **Tele-orientation in health:** providing users with information, counseling, and advice via telephone or video call, allowing for problem-solving, follow-up medication prescriptions, requesting laboratory tests and medical and clinical imaging, scheduling of face-to-face consultations, referrals to emergency departments, and rerouting users to support services.
- ▶ **Tele-consultation:** remote patient care with a physician and a specialist, in real time or asynchronously.
- ▶ **Tele-care:** remote collection of medical data, such as vital signs, blood pressure, etc., from patients located in one place, in order to provide information for health providers physically located elsewhere.



Teleconsultation given by health professionals, at the INVU Las Cañas, Alajuela, 2020.

- ▶ **Therapeutic session:** allowing individual or group work with patients who need guidance to manage their condition, and providing services such as physiatry, physical therapy, and cardiac rehabilitation.
- ▶ **Tele-education in health:** educational activities provided by health professionals and/or technicians.

¹ Interview with Dr. Ana Cristina Chaves Hidalgo, Telehealth Coordinator, Costa Rican Social Security Fund, June 2020. Source: <https://www.paho.org/en/stories/ensuring-continuity-treatment-chronic-patients-during-pandemic-telehealth-costa-rica>

Policy guidance and priority actions

Although the long-term effects of COVID-19 on the regional NCD disease burden are not yet known, NCD policies, programs, and services need to be strengthened to prevent worsening outcomes for people living with NCDs.

Strategic priorities for action include the following:

1. Implement the NCD best buys, focusing on primary care services.

The core of an effective NCD response is strengthening primary care, empowering and engaging populations to improve their health, and managing health system reforms to achieve integrated care. This process includes raising population awareness about the links between COVID-19 and NCDs, identifying opportunities to reduce NCD risk factors at population level, and ensuring that universal health coverage benefit packages include NCDs and that people with NCDs are not exposed to financial hardship when receiving care. People living with NCDs should be involved in policy development and program implementation, particularly at the first level of care, to ensure a patient-centered approach.

Telemedicine and digital technologies used during the pandemic can be adopted to

support better prevention and control of NCDs. Although evaluations are pending, it appears that users find these approaches acceptable and can adapt to these new ways of care, although limitations in access to technology persist (17).

Supply and delivery of essential medicines for people with NCDs is key, as disruption in access to treatments for hypertension, diabetes, heart disease, cancer, and asthma may result in severe disease exacerbation, complications, and death. Some countries are providing medicines for longer periods, issuing electronic prescriptions for refills, and expanding distribution options through mobile pharmacies or home delivery. These initiatives need to be evaluated for sustainability, along with the capacity of health centers to manage them.



PAHO/WHO NCD TECHNICAL RESOURCES AND PACKAGES

For strengthening NCD prevention and control in primary care: World Health Organization. Package of essential noncommunicable (PEN) disease interventions for primary health care. Geneva: WHO; 2020. [https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care)

For hypertension control in primary care: World Health Organization. [HEARTS technical package. Geneva: WHO; 2018. <https://www.paho.org/en/heart Americas/heart Americas-technical-package>

For diabetes prevention and control of diabetes: World Health Organization. HEARTS D: diagnosis and management of type 2 diabetes. Geneva: WHO; 2020. <https://www.who.int/publications/i/item/who-ucn-ncd-20.1>

For cervical cancer screening: World Health Organization. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention. Geneva: WHO; 2021. <https://www.who.int/publications/i/item/9789240030824>

For childhood and adolescence cancer prevention: World Health Organization. CureAll Framework: WHO Global Initiative for Childhood Cancer. Geneva: WHO; 2021. http://cdn.who.int/media/docs/default-source/documents/health-topics/cancer/cureall-framework-who-global-initiative-for-childhood-cancer-pamphlet.pdf?sfvrsn=6e9c5b1b_8



2. Improve tobacco and alcohol control policies and promote physical activity.

The WHO Framework Convention on Tobacco Control (FCTC) establishes a comprehensive set of mandates to be implemented by Parties at national, regional, and international levels, in order to reduce the prevalence of tobacco use and exposure to tobacco smoke. These actions include smoking bans in all indoor public places and workplaces; bans on all forms of advertising, promotion, and sponsorship; enforcement of plain packaging for tobacco products;

increase tobacco taxation; protecting policy decisions from influence by the tobacco industry; and strengthened regulation for new tobacco and nicotine products (18).

The WHO strategy for reducing harmful use of alcohol promotes reducing availability, controlling marketing, increasing taxes and prices, expanding screening and conducting brief interventions in health services, and enforcing drink-driving countermeasures.

PAHO/WHO NCD RISK FACTOR TECHNICAL RESOURCES AND PACKAGES

For tobacco control: World Health Organization. MPOWER brochures and other resources. Geneva: WHO; 2018. <https://www.who.int/initiatives/mpower>

For alcohol reduction: World Health Organization. The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: WHO; 2019. <https://apps.who.int/iris/handle/10665/330053>

For physical activity promotion: World Health Organization. WHO guidelines on physical activity and sedentary behaviour: at a glance. Geneva: WHO; 2020. <https://apps.who.int/iris/bitstream/handle/10665/337001/9789240014886-eng.pdf>



3. Tackle malnutrition in all its forms.

Cost-effective nutrition policies involving legislative or regulatory measures can ensure adequate nutrition at a population level. Recommended interventions include elimination of industrially produced trans fats, reduction of sodium in the food supply, and regulations that reduce demand for and supply of ultra-processed products. Front-of-package warning labels, taxation of sugar-sweetened beverages, and regulations for marketing and the

school environment have all been shown to be effective. COVID-19-linked disruptions to food availability and affordability pose a risk not only for NCD prevention but also for malnutrition and hunger. A whole of society/whole of government approach is needed to tackle this global crisis, along with the support of international organizations.

PAHO/WHO NUTRITION TECHNICAL RESOURCES AND PACKAGES

For identification of industrially produced trans fats, excess sodium, and products subject to front of package labeling:

Pan American Health Organization. Nutrient Profile Model. Washington, DC: PAHO; 2016. https://iris.paho.org/bitstream/handle/10665.2/18621/9789275118733_eng.pdf

World Health Organization. Replace Trans Fat: an action package to replace industrially produced trans fatty acids. Geneva: WHO; 2019. <https://www.who.int/docs/default-source/replace-transfat/1-replace-framework-updated-june-2019-ke.pdf>

World Health Organization. The SHAKE Technical Package for Salt Reduction. Geneva: WHO; 2016. <https://apps.who.int/iris/bitstream/handle/10665/250135/9789241511346-eng.pdf>



4. Scale-up surveillance and monitoring for NCDs.

Improving NCD surveillance and monitoring remains a top priority to provide strategic information for policy-making, service provision, and accountability. This goal can be achieved by integrating the WHO-recommended core NCD indicators into national health information systems; periodically conducting population-based NCD surveys; better measuring the implementation of NCD best buys

policies and interventions at the population level; and applying tools to better plan for service needs among the population with underlying conditions at risk of COVID-19. Innovative strategies and technologies such as mobile phone surveys can be used to track and assess progress in a timely manner.

Conclusion

By having governments, civil society, and international organizations working together and focusing on these four priority actions, a more impactful response for NCD prevention and control can be achieved.

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