Highlights
WHO Eastern Mediterranean Region

Rapid assessment of service delivery for NCDs during the COVID-19 pandemic

Department of UHC/NCDs
**June 2020**

Overview

- Rapid assessment sent to all Ministry of Health focal points who responded to the NCD country capacity survey in 2019
- Web-based questionnaire with 12 questions designed to assess
  - NCD staffing and service disruptions during the COVID-19 pandemic
  - services included in national COVID-19 response plans
  - funding for NCDs in national COVID-19 response plans
  - level of service disruption for a set of tracer services
  - main causes of disruption
  - mitigation strategies, data collection on co-morbidity
  - suggestions for WHO technical guidance and tools
- 86 % response rate (19 out of 22 countries in the Eastern Mediterranean

Survey questions

1. Are the Ministry of Health (or equivalent institutes) staff with responsibility for NCDs and their risk factors being reassigned/deployed to help with the overall COVID-19 response?

2. How much of the government (or Ministry of Health) funds initially allocated for NCDs has been reassigned to non-NCD services due to COVID-19 response efforts?

3. Is ensuring continuity of NCD services included in the list of essential health services in your country's COVID-19 response plan?

4. Which NCD services are included in the list of essential health services of your country's COVID-19 response plan? (CVD, cancer, diabetes, CRD, chronic kidney disease and dialysis, dental, rehab, tobacco-cessation, other)

5. Is there additional funding allocated for NCDs in the government budget for the COVID-19 response?

6. Which of the following Ministry of Health NCD activities planned for this year have been postponed because of COVID-19? (NCD surveys, public screening programmes, WHO PEN, HEARTS, mass communication campaigns, other)

7. During the COVID-19 pandemic, what are the government policies for access to essential NCD services at primary, secondary and tertiary care levels? (options assess outpatient and inpatient services)

8. Which of the following NCD-related services have been disrupted due to COVID-19? (HTN management, cardio emergencies, cancer Rx, diabetes management, asthma, urgent dental care, rehabilitation, palliative care)

9. What are the main causes of this disruption(s)? (options provided)

10. What approaches are being used to overcome the service disruptions to NCD management and prevention in public sector health facilities? (telemedicine, task shifting, novel supply chain or dispensing for meds, triaging, redirection to alternate services, other)

11. What are your country's plans to re-initiate any suspended NCD services?

12. Is the Ministry of Health collecting or collating data on NCD-related comorbidities in COVID-19 patients?

13. Are there any technical guidance or tools that you would suggest WHO to develop related to NCDs during the COVID-19 pandemic?
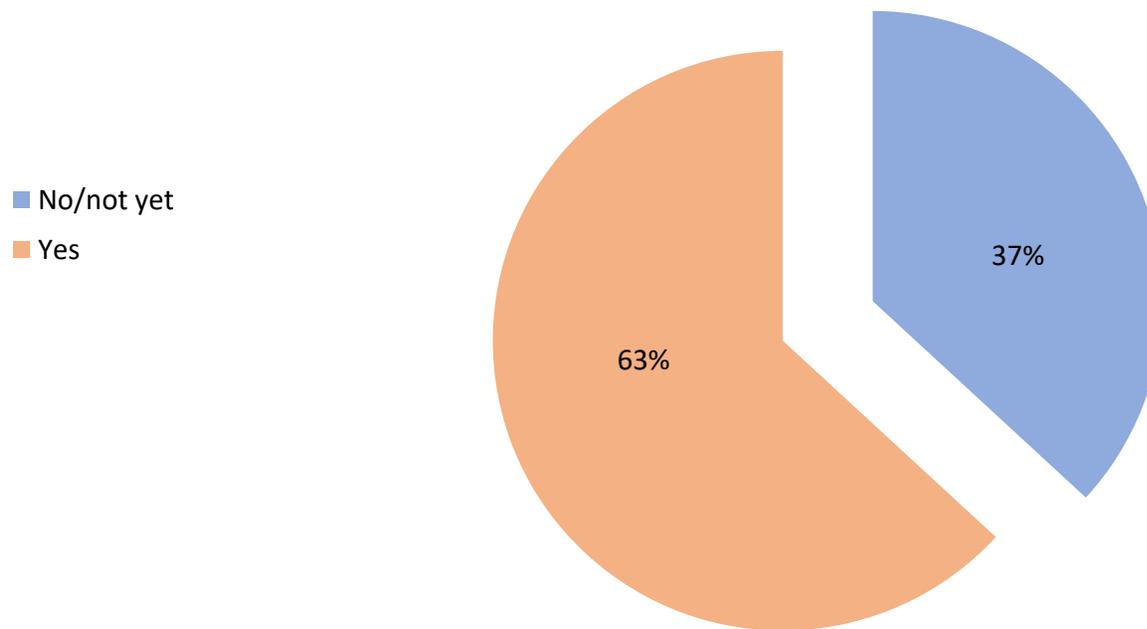
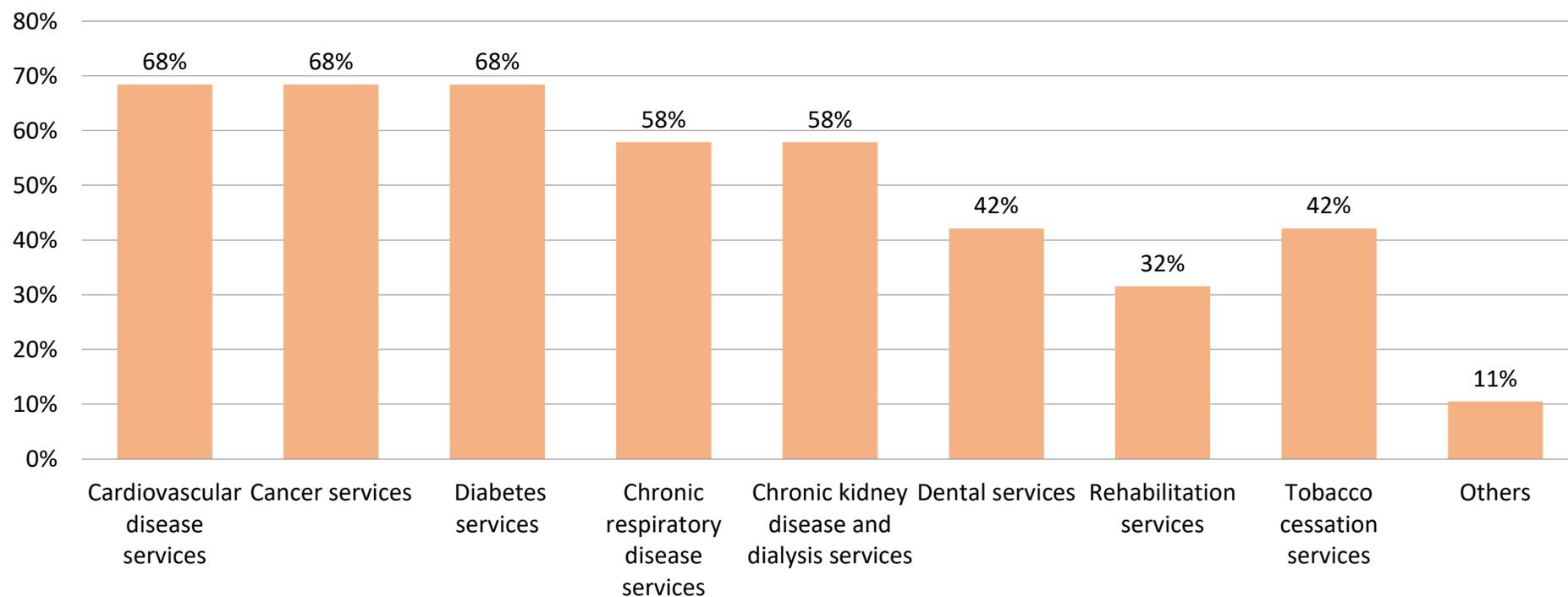# NCD staff reassigned/deployed to help with COVID-19 response
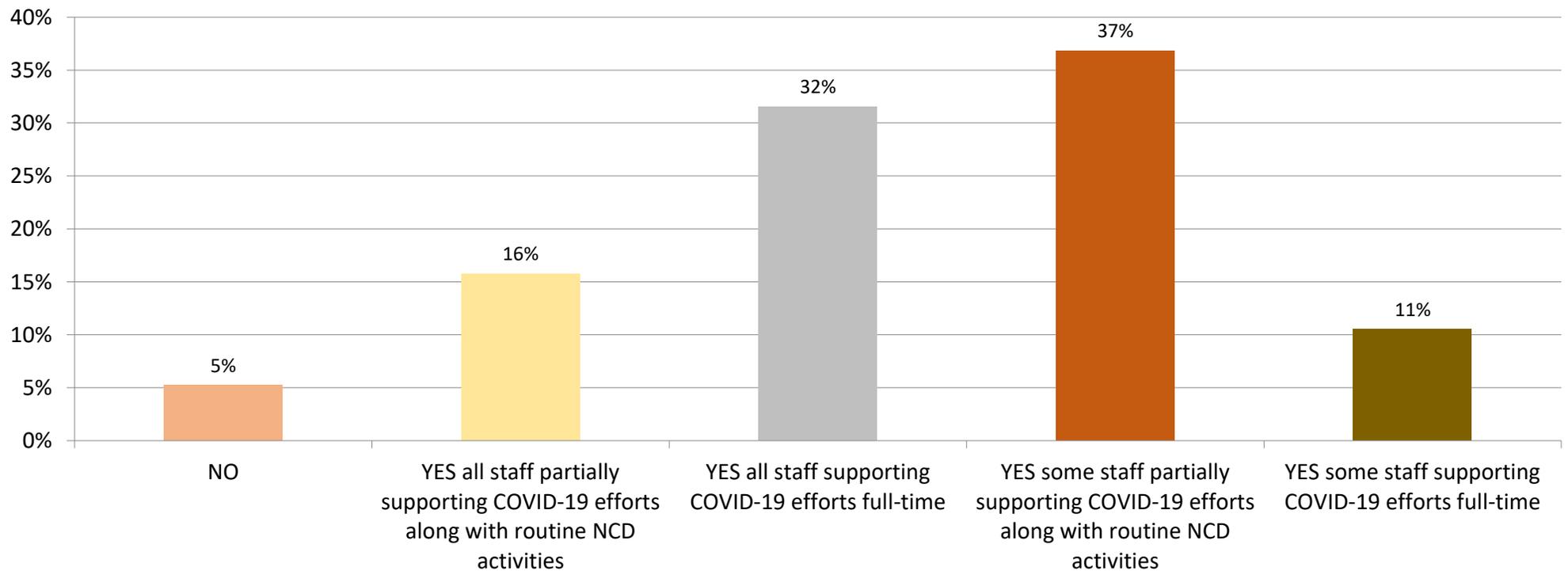
Funds for NCDs reassigned to non-NCD services due to COVID-19
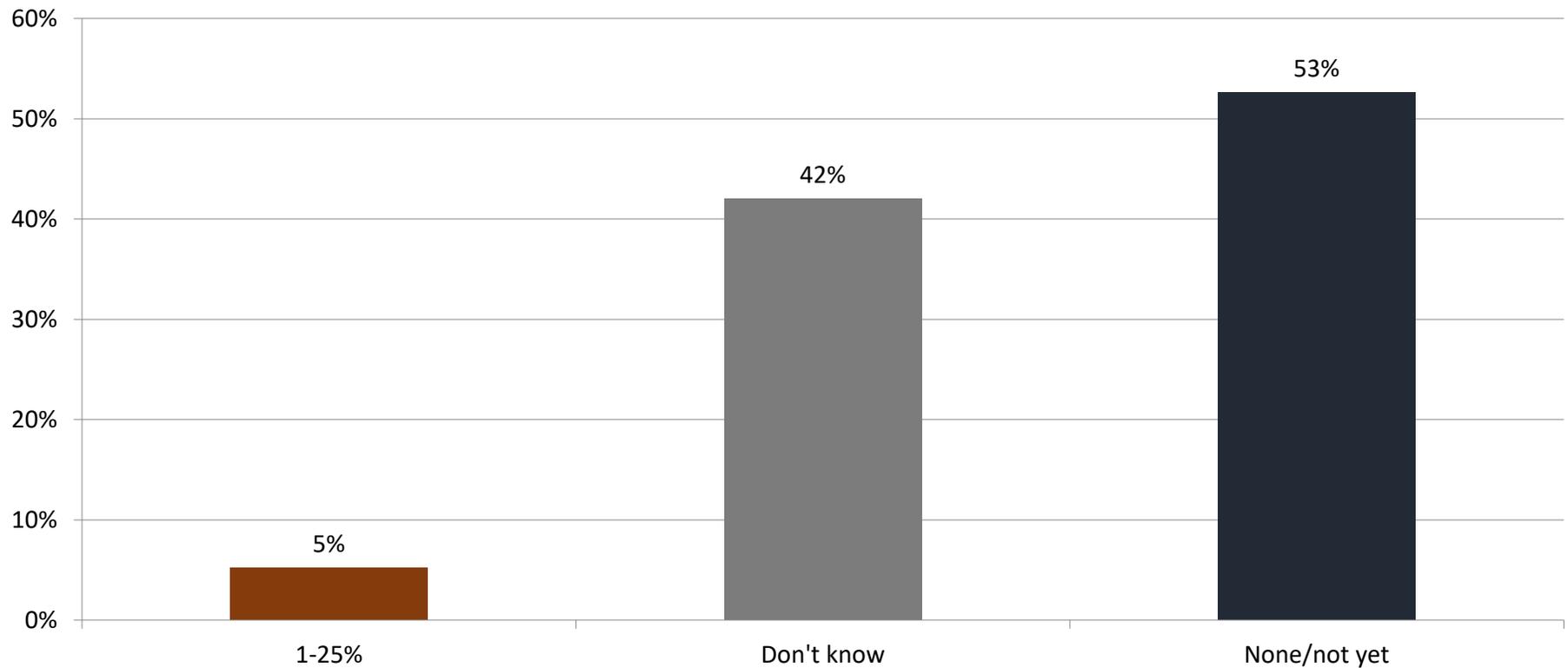
Continuity of NCD services included in essential services list in COVID-19 plan

- No/not yet
- Yes

37%

63%

NCD services included in essential services list in COVID-19 plan

Bar chart showing percentages of NCD services included in essential services list in COVID-19 plan:

Service	Percentage
Cardiovascular disease services	68%
Cancer services	68%
Diabetes services	68%
Chronic respiratory disease services	58%
Chronic kidney disease and dialysis services	58%
Dental services	42%
Rehabilitation services	32%
Tobacco cessation services	42%
Others	11%

Ministry of Health NCD planned activities postponed
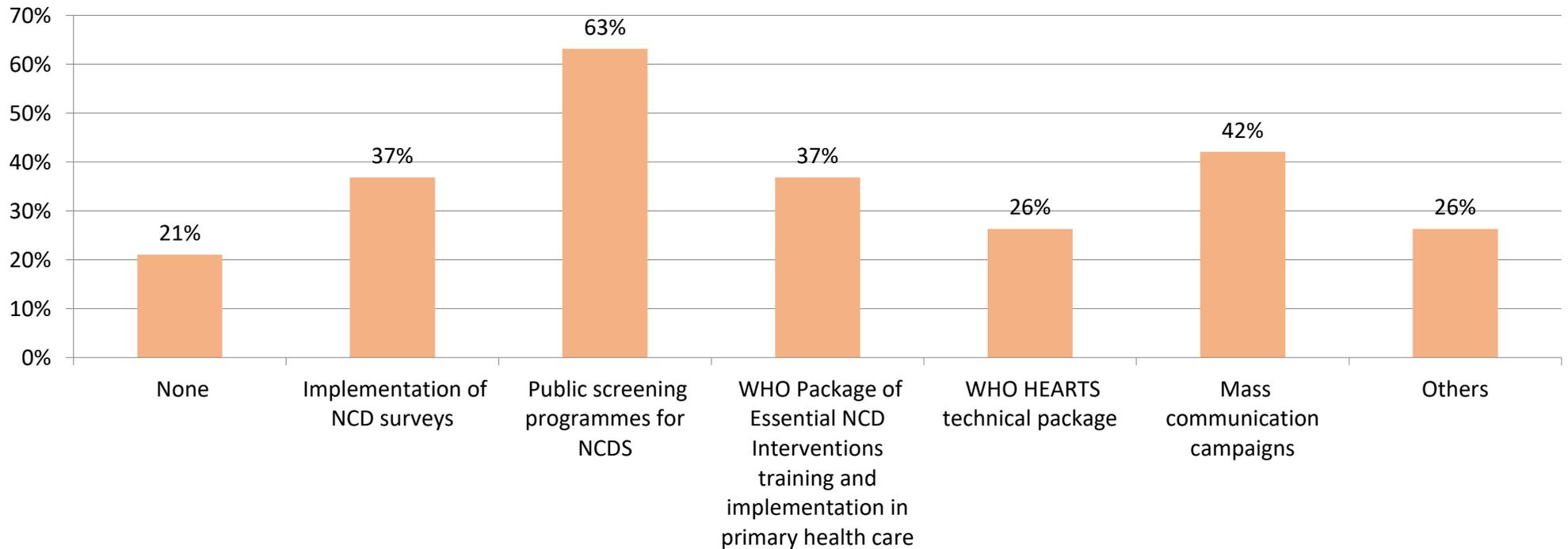
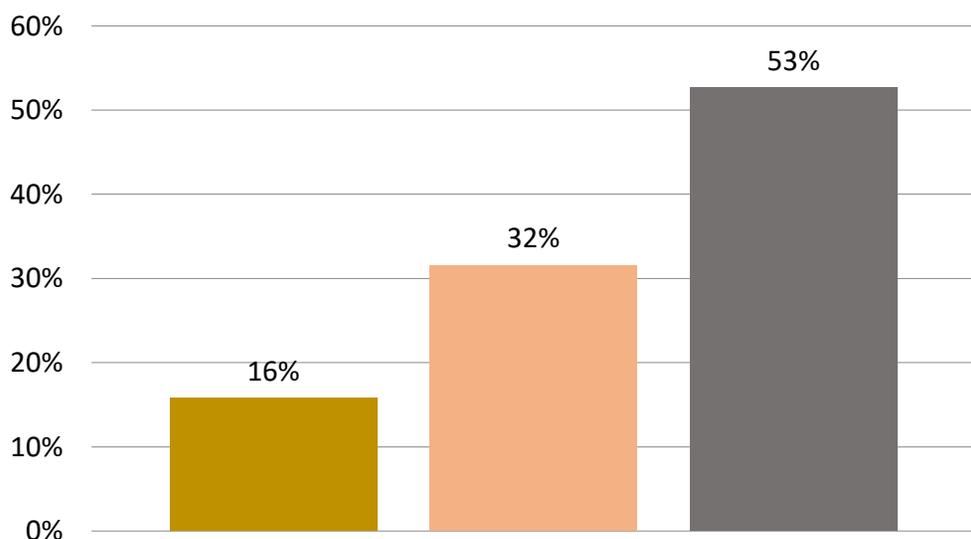# Access to essential NCD services at primary, secondary and tertiary levels
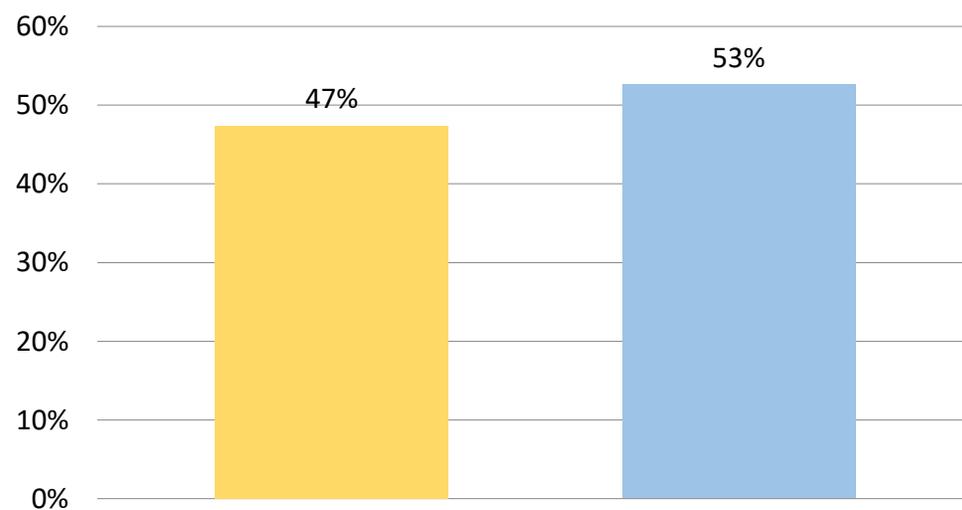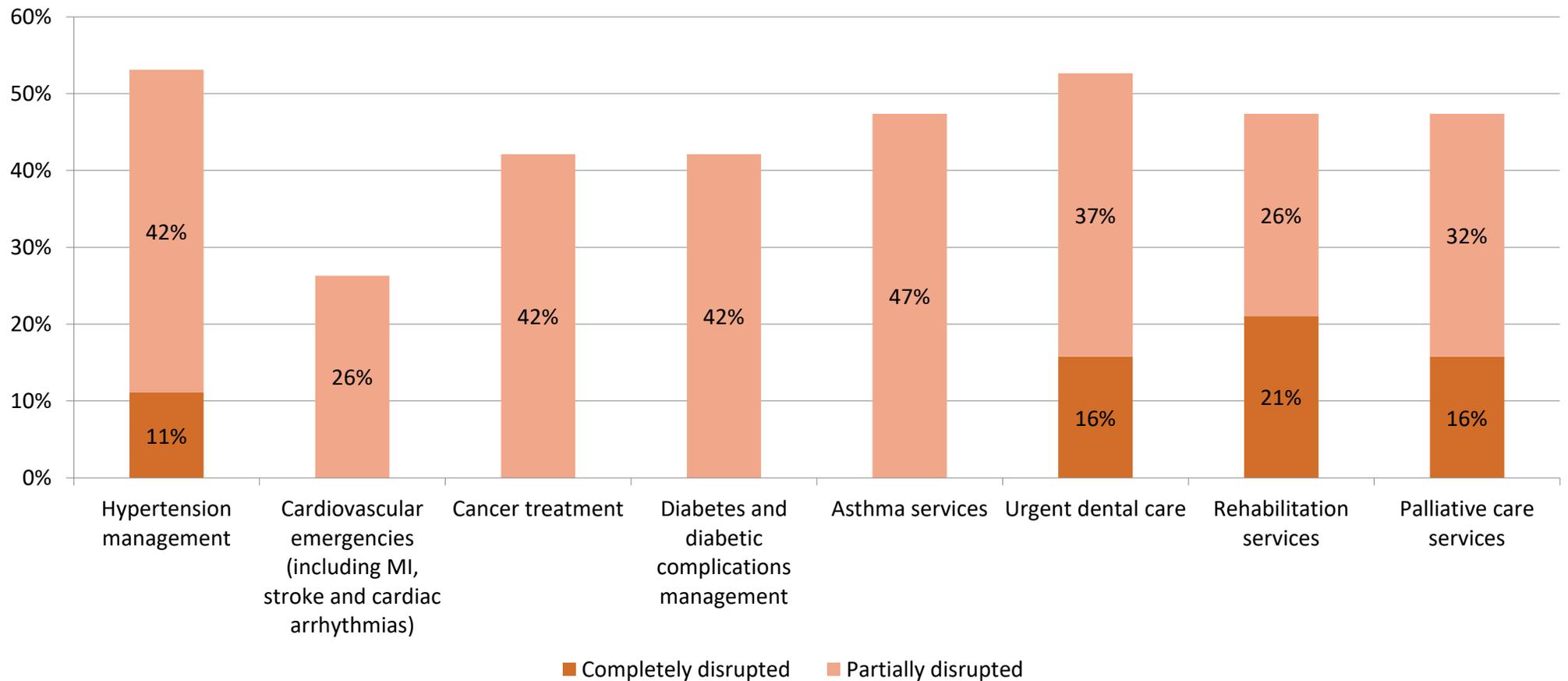
Outpatient services

- ■ Outpatient NCD services are closed
- ■ Outpatient NCD services are open
- ■ Outpatient NCD services are open with limited access and/or staff or in alternate locations or with different modes

Inpatient services

- ■ Inpatient NCD management services are open
- ■ Inpatient NCD management services are open for emergencies only

NCD-related services disrupted due to COVID-19

Chart showing percentage of NCD-related services disrupted:

- Hypertension management: Completely disrupted 11%, Partially disrupted 42%
- Cardiovascular emergencies (including MI, stroke and cardiac arrhythmias): Partially disrupted 26%
- Cancer treatment: Partially disrupted 42%
- Diabetes and diabetic complications management: Partially disrupted 42%
- Asthma services: Partially disrupted 47%
- Urgent dental care: Completely disrupted 16%, Partially disrupted 37%
- Rehabilitation services: Completely disrupted 21%, Partially disrupted 26%
- Palliative care services: Completely disrupted 16%, Partially disrupted 32%

Legend: ■ Completely disrupted ■ Partially disrupted

Main causes of NCD service disruption

Cause	Percentage
Closure of outpatient NCD services as per government directive	21%
Closure of outpatient disease-specific consultation clinics	47%
Closure of population-level screening programmes	16%
Decrease in outpatient volume due to patients not presenting	32%
Decrease in inpatient volume due to cancellation of elective care	47%
Insufficient staff to provide services	26%
NCD-related clinical staff deployed to provide COVID-19 relief	32%
Insufficient personal protective equipment available for health care…	21%
Unavailability/stock out of essential medicines or other health…	11%
Government or public transport lockdowns hindering access to the…	32%
Others	16%

Approaches to overcome service disruptions

Data on NCD-related comorbidities in COVID-19 patients

Yes No

21%

79%
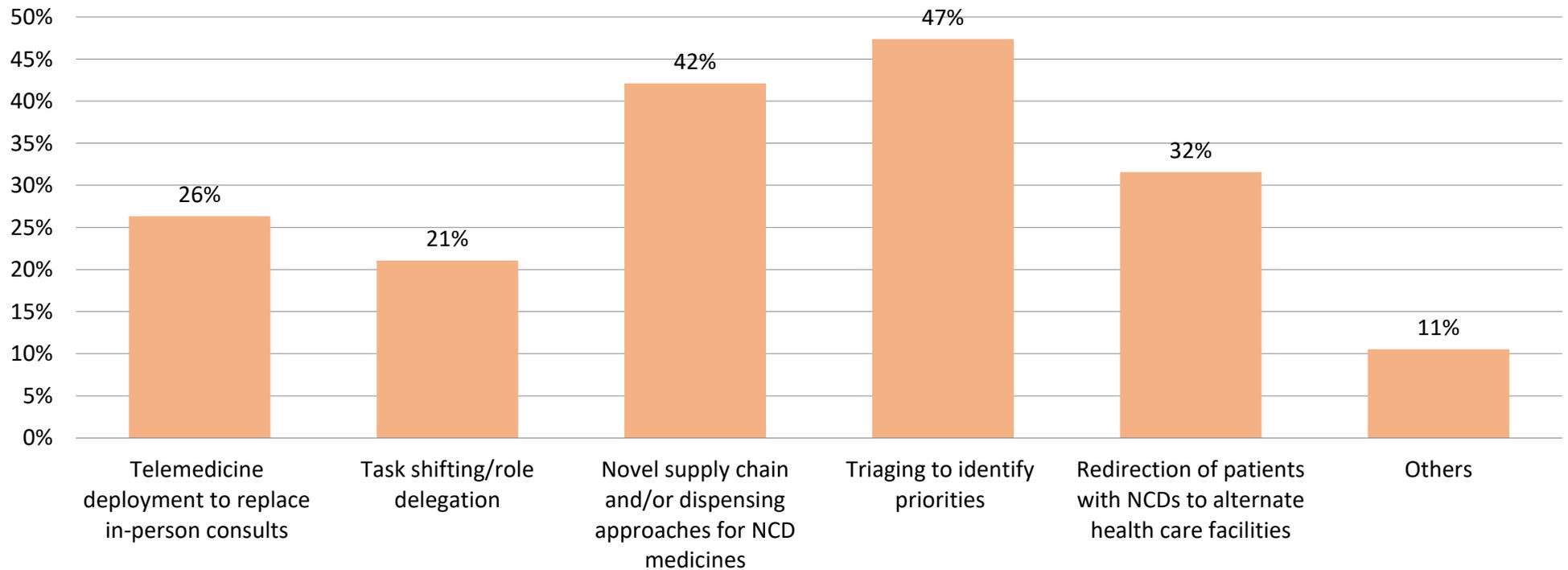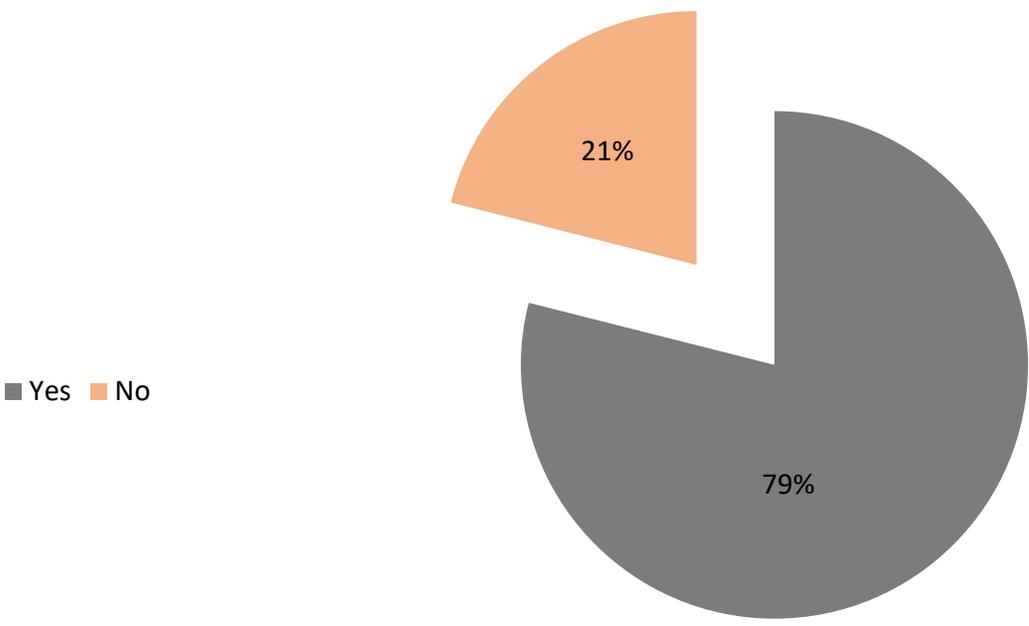
Suggested guidance or tools for WHO to develop on NCDs during COVID-19

- Inclusion of NCDs in all public health emergency protocols to ensure service continuity and to plan for service disruptions arising from long-term lockdowns

- Comprehensive toolkits for NCDs in emergencies (providers, patients, awareness, triage, tracing, linkages, referrals)

- Technical guidance on provision of ambulatory essential NCD services in case of lockdowns, without jeopardizing safety of patients or health care providers

- Health technology assessment of available digital solutions in order to use the current systems as far as possible in the event of an epidemic or lockdown

- Guidelines on provision of medical care to patients with NCDs through telemedicine technologies or alternate means such as ambulatory services or mHealth