COVID-19 and the disruption of noncommunicable disease services

Snapshot of survey results for the European Region
Abstract

In order to obtain objective information on the impact of COVID-19 on noncommunicable diseases (NCDs) both at the ministerial level as well as in the health sector, WHO conducted a rapid assessment survey of resources, pandemic preparedness and the delivery of services for NCDs during the COVID-19 pandemic among 194 health ministries during a three-week period in May 2020. Within the WHO European Region, 39 Member States responded. The results of the survey show the considerable impact of the COVID-19 pandemic on services for NCD prevention, treatment and rehabilitation in countries in the WHO European Region. It also provides an overview of the mitigation actions by health ministries to ensure the continuity of services.

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Background

In order to obtain objective information on the impact of COVID-19 on noncommunicable diseases (NCDs) both at the ministerial level as well as in the health sector, WHO conducted a rapid assessment survey of resources, pandemic preparedness and the delivery of services for NCDs during the COVID-19 pandemic among 194 health ministries during a three-week period in May 2020; 163 ministries responded (84%) (1). The questionnaire was completed by NCD focal points or designated colleagues within the ministry of health or national institute or agency responsible for NCDs in each country. In addition to responding to the questions, countries were asked to provide their national COVID-19 response plans. Details of the methodology are available from the global report of the survey (1). The survey confirmed that prevention and treatment services for NCDs had been severely disrupted since the COVID-19 pandemic began and it showed the need to find and invest in innovative solutions to ensure that essential services for NCDs continue during and beyond this COVID-19 pandemic.

Before COVID-19, noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases accounted for an estimated 89% of deaths and 84% of life-years lost due to disability in the WHO European Region. An estimated 23% of adults have raised blood pressure (2), 7% of adults have raised blood glucose (3), 59% are overweight or obese (4) and 12.9 million have cancer (5). Many of these people have increased susceptibility to COVID-19 and/or a higher risk of becoming severely ill or dying from COVID-19.

At the current rates of the outbreak of the COVID-19 pandemic many countries will probably not reach Sustainable Development Goal targets 3.4 on NCDs and 3.8.1 on universal health coverage.

At the time of the survey, 20 of the 39 countries in the WHO European Region responding were in the community transmission phase, and 12 were in the cluster phase. The survey results for the WHO European Region confirmed the disruption of services and echoed many of the global findings, although with a few notable exceptions.

Main findings

Three quarters of responding countries report some disruption to NCD services

Within the WHO European Region, none of the 39 countries responding had closed their outpatient services completely. However, 29 of the 39 respondents (74%) had outpatient services open with limited access and/or staff in alternate locations or with different modes.

More countries reported that inpatient services (16 of 39, 41%) were open without disruption than outpatient services (9 of 39, 23%). Only six countries (15%) reported that both outpatient and inpatient services were fully open; these were a mixture of middle- and high-income countries across the Region.
Disruptions affected various services to different extents (Fig. 1). Rehabilitation services were most disrupted (80% of the respondents) and most likely to be completely disrupted. Services to support the management of chronic conditions such as hypertension, asthma and diabetes were next likely to be disrupted to some extent.

Services for time-sensitive or specialist care were less likely to be disrupted than ambulatory care

Services for cardiovascular emergencies and specialist care such as cancer treatment were more likely to be spared (Fig. 2). No disruption of services ranged from 64% of countries (25 of 39 respondents) for cardiovascular emergencies to 10% of countries (4 of 39 respondents) for rehabilitation. This is especially concerning given the importance of rehabilitation in minimizing disability following acute intervention for stroke.
Service disruption was both planned and unplanned

Within the Region, as globally, the most common reason given as a cause of disruption was declining inpatient volume from cancellation of elective care (75% of the countries reporting disruptions). Other similar measures were the suspension of population screening services (56%) and closure of outpatient NCD services (34%). Nevertheless, some causes seemed unanticipated, such as lack of personal protective equipment for health-care providers (31%) and unavailability of medicines (16%), and 72% reported a decrease in outpatient volume because patients did not attend, possibly because they were afraid of visiting health-care centres. There were also staff shortages because of reassignments to support the COVID-19 response (38%).
Some countries reported that health ministry NCD activities planned for 2020 were postponed because of COVID-19. Within the European Region, the most commonly postponed activities were screening programmes (59% of countries).

### Alternative strategies for ensuring continuity of care

Countries reported several mitigation strategies to ensure the continuity of care for NCDs (Fig. 4). The most common approaches to overcome the service disruptions to managing and preventing NCDs in public sector health facilities were: telemedicine (technical assistance by telephone or digital media) to replace in-person consultations (81% of European Region countries reporting disruption) and triaging patients and setting priorities for care (72%). Other strategies were task shifting or role delegation (44%), redirecting patients to alternative health-care facilities (38%) and novel supply chain and/or dispensing approaches for NCD medicines (31%).

![Fig. 4. Mitigation strategies to ensure the continuity of care in the 32 countries that reported disruption in the WHO European Region](image)

### Other findings from the survey

#### Redeploying health ministry staff and funding for NCDs during the COVID-19 pandemic

The COVID-19 pandemic has required significant adjustments to health ministries in the countries in the Region. In 97% of the countries (38 of 39), all or some personnel of the health ministry (or equivalent institutes) responsible for NCDs and their risk factors were reassigned or deployed to fully or partly support the COVID-19 response. This was the same (94%) as the global findings.

In 21% of countries (8 of the 39 respondents), government (or health ministry) funds initially allocated for NCDs were reassigned to non-NCD services because of COVID-19 response efforts, although the most frequent response was that the respondent did not know. Six of 39 respondents (15%) allocated
additional funding for NCDs in the government budget for the COVID-19 response, the same as the global survey average.

National COVID-19 response plans

For the WHO European Region, almost three-quarters (74%) of countries (29 of 39) reported that ensuring the continuity of NCD services was included in the list of essential health services in their COVID-19 response plan: this was higher for high-income countries (83%) than for low- and middle-income countries (63%). Of those that said yes, services for the major diseases (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes) are included in the response plans of 72% of countries (28 of 39 respondents) and for chronic kidney diseases for 69% of countries (27 of 39 respondents). Less likely to be included were dental services (39%), rehabilitation services (41%) and tobacco-cessation services (23%).

Data collection

In 87% of countries, the health ministry collected or collated data on NCD-related comorbidities among people with COVID-19.

Conclusions

Results reflect the situation as of May 2020 and the information available at a given point in time. As a key informant survey, the survey responses reflect the views of the NCD focal point in the ministry of health (or equivalent office) and could not be validated in detail.

The results of the survey show the considerable impact of the COVID-19 pandemic on services for NCD prevention, treatment and rehabilitation in countries in the WHO European Region. It also provides an overview of the mitigation actions by health ministries to ensure the continuity of services. Overall, countries in the Region have patterns similar to those at the global level in disruption of services.

More countries in the WHO European Region than at the global level reported that the main causes of disruption were cancelled elective surgery, closed screening programmes and closed NCD clinics. Reducing facility-based encounters unless necessary during the community transmission phase is aligned with WHO operational guidance on maintaining essential health services during COVID-19 pandemic context (6). Countries in the Region did better than the global level in resourcing the services, such as fewer NCD-related clinical personnel deployed for COVID-19 relief, more personal protective equipment available for health-care providers, increased availability of personnel and essential medicines in public facilities and greater availability of beds. Although lockdowns hindered access to health facilities less than at the global level, people did not attend outpatient services in 72% of the countries that reported disruption (versus 25% at the global level). People refraining from using health services might have long-term effects in terms of later diagnosis, more rapid and more unfavourable disease progression, complications and increased disabilities.

The strategies to mitigate the disruption of services seem to follow a slightly different pattern than the rest of the world. Countries in the Region used telemedicine and task shifting or role delegation more often to ensure the continuity of services. This could be explained by greater access to the necessary technologies and the skill mix of the health-care workforce.

These findings provide an initial learning platform to leverage policy options and accelerate progress at scale and pace with the Sustainable Development Goals targets for 2030 among the countries in the Region.
Annex 1: List of survey respondents

1. Albania
2. Andorra
3. Armenia
4. Azerbaijan
5. Belarus
6. Bosnia and Herzegovina
7. Croatia
8. Cyprus
9. Czechia
10. Denmark
11. Estonia
12. Finland
13. France
14. Georgia
15. Germany
16. Greece
17. Iceland
18. Ireland
19. Israel
20. Italy
21. Kazakhstan
22. Kyrgyzstan
23. Lithuania
24. Malta
25. Netherlands
26. North Macedonia
27. Norway
28. Poland
29. Republic of Moldova
30. Romania
31. Russian Federation
32. Slovakia
33. Slovenia
34. Sweden
35. Switzerland
36. Turkey
37. Turkmenistan
38. Ukraine
39. Uzbekistan
References


5. Estimated number of prevalent cases in 2018, all cancers, both sexes, all ages. Global Cancer Observatory. Lyons: International Agency for Research in Cancer; 2020 (https://gco.iarc.fr/today/online-analysis-table?v=2018&mode=population&mode_population=who&population=900&populations=900&key=asr&sex=0&cancer=39&type=2&statistic=5&prevalence=1&population_group=0&ages_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&group_cancer=1&include_nmsc=1&include_nmsc_other=1, accessed 6 July 2020).

The WHO Regional Office for Europe

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