



Maintaining Essential Services for People Living with **NONCOMMUNICABLE DISEASES** During COVID-19

The COVID-19 pandemic has had an extraordinary impact on people, economies, and health services.¹ For people living with noncommunicable diseases (NCDs), the impact has included disruptions in access to health services² at a critical time, given their higher risk for COVID-19 as well as need for continuous care to manage their condition. This guidance provides information for health administrators and providers on how to maintain essential health services for the care of individuals with non-communicable diseases in the time of COVID-19.



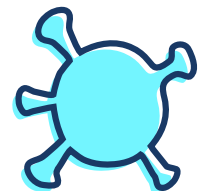
KEY CONSIDERATIONS

- » NCDs are the leading cause of morbidity and mortality, and disruption of services for NCDs can lead to worsening morbidity and mortality.
- » As a result of lock-down measures and social distancing during COVID-19, it has been challenging for many people to adhere to healthy lifestyle recommendations, which are critical especially for individuals with NCDs.
- » COVID-19 has disrupted medicine supplies in some countries, which may have affected access to essential medications for persons living with NCDs.
- » COVID-19 has resulted in an increased burden of mental health problems in healthy individuals, those with NCDs, as well as providers.
- » This guidance is based on PAHO/WHO recommendations on the continuation of essential health services, as well as existing information from international and civic society organizations focused on the care of individuals with NCDs.^{2,3,6-11}

Continuation of Essential Health Services for Individuals with Noncommunicable Diseases

Individuals with NCDs need access to health care services to prevent and manage disease exacerbations that could lead to significant morbidity and mortality.

When there is widespread community transmission of COVID-19, provision of services to individuals with NCDs must be weighed against the risk of their exposure to coronavirus. The prioritization of essential health services for individuals with NCDs depends on the level of COVID-19 local transmission.



LEVEL OF COVID-19 TRANSMISSION	COVID-19 DISEASE TREND	OUTPATIENT SERVICES FOR NCDs	EMERGENCY CARE SERVICES FOR NCDs
No community transmission [Phase 2: sporadic cases; and Phase 3: cluster transmission]	- Cases steadily declining - Deaths steadily declining	- Resumption of all primary health center functionalities using appropriate PPE and appropriate pre-visit screening - Telehealth services can be used to support in-person visits	- Emergency care access should remain open with isolated access for non-COVID patients with NCDs
Community transmission [Phase 4: community transmission]	- Number of cases plateaued or continuing to rise	- Maintain telehealth services and minimize in-person visits - Maintain dialysis and chemotherapy services	- Emergency care access should remain open with isolated access for non-COVID patients with NCDs



INFORMED AND EMPOWERED INDIVIDUALS LIVING WITH NCDs

It is important that efforts be made to disseminate relevant information to people living with NCDs. This should serve to ensure that people living with NCDs in the time of the COVID-19 pandemic are well informed about: proven self-management of chronic disease strategies that can prevent exacerbations of their chronic condition(s), the importance of uninterrupted access to their medication supply, their increased risk of severe disease from COVID-19, the signs and symptoms of an exacerbation of their chronic conditions, how to contact a provider for medical advice, and the importance of seeking emergency/urgent care when needed without fearing COVID-19.

Information should be disseminated using several different modalities to ensure adequate reach to individuals living with NCDs. Health promotion through mass media campaigns, social media, text messaging, WhatsApp, TV, radio, and email are some examples. Informing and empowering people living with NCDs to self-manage their conditions is critical.



ACCESS TO ESSENTIAL MEDICATIONS

The management of NCDs hinges on continued access to essential medications. In the time of COVID-19, this has proven difficult for several reasons: disruptions of manufacturing and supply chains have led to several drug shortages around the world, limited access to healthcare providers limited ability to obtain refills on medications, and people living with NCDs are reluctant to visit the pharmacy for fear of COVID-19. Ensuring continued access to medication depends on several factors: patient education on the importance of continued medication during the pandemic, safe access to medication via pharmacy visits or home delivery of medication, and government-level assurance of a secure supply chain of medication.



CONTINUATION OF PRIMARY CARE SERVICES

Primary care health centers provide the cornerstone of the management of NCDs. Primary care providers provide medical advice, information on self-management strategies, prescription medication, and management decisions to keep NCDs under optimal control. Continued access to primary care health services is therefore critical to ensure the adequate management of NCDs.

The level of continuation of these services will depend on the status of COVID-19 in the area. In all scenarios, the ability to communicate with a provider on the phone or via telehealth is critical to ensuring continued access to essential services for NCDs.

Key considerations for the provision of services for people with hypertension, cardiovascular disease, asthma, diabetes, and renal failure include: pre-screening, social distancing, appropriate personal protective equipment, and separation of COVID and non-COVID cases. Oversight, monitoring, and reporting of adherence to reopening guidelines is essential to ensure the safe delivery of quality services that do not endanger the lives of people living with NCDs by increasing exposure risk.



CONTINUATION OF SPECIALIZED CARE FOR PEOPLE WITH NCDs

» *Continuation of dialysis services*

Individuals with end-stage renal disease need access to regular dialysis treatment for survival. Disruption of dialysis services would be life-threatening. Governments are urged to deem dialysis centers essential services and ensure the continued provision of dialysis care, adhering to infection prevention recommendations and adequate personal protective equipment.

» *Maintaining services for the care of individuals with cancer*

Chemotherapy, radiotherapy and surgery are life-saving treatments for individuals with cancer and disruption of treatment can be detrimental. Cancer treatment during the COVID-19 pandemic should be prioritized according to the capacity of health services, the context of local transmission, and the cancer type¹².

» *Access to emergency care for people with NCDs*

People living with NCDs will continue to have a need for access to emergency care services for NCD-related exacerbations or complications. Unfortunately, this need may increase during the COVID-19 pandemic because of the multiple challenges that affect the adequate and appropriate management of NCDs. Therefore, health systems must ensure the continued provision of emergency health services for non-COVID-19-related emergencies.

To implement this safely and successfully, health systems must determine the best approach to provide emergency health services that are adequately separated from the care of individuals with COVID-19. This can be done within the same health care facility if distinct enough spaces without shared ventilatory systems can be provided. A health system can also choose to designate a hospital or emergency care facility for the treatment of COVID-19 (or non-COVID-19) patients, as an additional means of reducing the risk of infection for those who are COVID-19 free but in need of care for alternate reasons.



ESTABLISHING, MAINTAINING, AND MONITORING QUALITY TELEHEALTH SERVICES

Telehealth services can enable uninterrupted communication between patient and provider. This allows for real-time communication to manage mild exacerbations and thereby avoid the need for in-person consultation or hospitalization. It does, however, require sufficient stable connectivity and communication infrastructure, and some patient and provider education to facilitate use of information/communication technologies. While camera or video-based telehealth services may not be feasible at all locations, audio-based consultation should be considered given the ubiquitous use of cellular phones.

These telehealth services can be centralized by governments for individuals who access public health clinics or decentralized for private healthcare entities. The training of providers on the ethical and quality provision of care via telehealth is essential.

» *Ensuring equitable access to care*

Times of stress have the greatest impact on the most vulnerable individuals in a population. The COVID-19 pandemic is no exception to this with the disease severely affecting individuals with chronic disease who encompass the elderly and a disproportionate number of individuals of lower socioeconomic status. As systems rearrange to provide continued access to essential NCD services, it is critical that they do so while actively ensuring that vulnerable populations have equitable access to care.

» *Optimizing health workforce capacity*

The COVID-19 pandemic has put immense strain on healthcare systems including the healthcare workforce. As systems rearrange to care for a surge in COVID-19 patients, the healthcare workforce is similarly strained and pushed to its limits. To establish the continuation of health services for people living with NCDs, health workforce capacity must be addressed. Governments should find ways of optimizing health workforce capacity through task shifting to nurses and community healthcare workers when possible. In addition, thinking creatively about how to repurpose employees who are in nonessential government divisions to specific healthcare positions that require minimal training can be considered. Leveraging the health workforce capacity of local NGOs and coordinating their efforts with that of the national health system can help delivery of NCD-related services.

» *The health and wellbeing of providers*

For providers to continue to provide quality care for their patients with NCDs, their wellbeing must be protected. Providers need adequate personal protective equipment, mental health support, and adequate staffing resources.



STRENGTHENING NCD PROGRAMS

The provision of these essential NCD-related services during the COVID-19 pandemic, also presents an opportunity to strengthen NCD programs, especially with advocacy, investment in surveillance and research and development, disaster response plans, and prevention efforts.^{10,12}

Addressing NCDs must be part of disasters and health emergency response, as well as recovery efforts. Advocate for provision of resources (financial, training, and staff) to support the continuation of essential NCD services. Disseminate accurate information on NCDs and COVID-19 through educational campaigns at all levels. This should also seek to dispel myths and misinformation. Work closely with civic society organizations to engage communities in advocacy-related issues to ensure access to NCDs services.

Accurate information on the prevalence of NCDs and NCD-related complications is essential to accurately inform response planning. Establishing efficient and sustainable surveillance systems will serve governments during this COVID-19 pandemic and in the future. Investment in research and development to promote implementation of evidence-based practices, development of digital health solutions, and evaluation of system response are critical to improve the NCD situation.

Promote the integration of NCDs management plans into all disaster preparedness and response initiatives.

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