

Webinar Brief

December 1, 2020

WEBi: PH-09 • 01122020

A new lens for NCDs in the context of COVID-19

Introduction

Noncommunicable diseases (NCDs), notably cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases, are the leading causes of death and disability globally, affecting more people each year than all other causes combined. NCDs are responsible for over 70% of all deaths and 60% of the DALYs worldwide, with nearly 80% of these deaths occurring in low- and middle-income countries. In addition, NCDs constitute approximately 80% of all years lived with disability globally. Due to their chronic and sometimes life-long nature, NCDs often require repeated interactions with the health system over long periods of time. Not receiving the care needed often has devastating consequences for persons living with NCDs. The unmet burden of NCDs can lead to both health and economic consequences at global, country, household, and individual levels, resulting in severe disability, premature deaths, and economic loss each year.

COVID-19 exacerbated the burden of NCDs, particularly among vulnerable groups and communities. It is estimated that a quarter of the global population have an underlying condition that increases their vulnerability to COVID-19, and most of these conditions are NCDs. People with underlying health conditions, such as NCDs, are being at a higher risk of severe COVID-19 disease, and more likely to die from COVID-19.

In addition, risk factors for NCDs can make people more vulnerable to becoming severely ill with COVID-19. For example, smokers may have reduced lung capacity which would greatly increase risk of serious illness. Similarly, people with lower socio-economic or refugee's status can be at a higher risk of COVID-19 because they are more exposed to overcrowding. This is also true about the disparities in access to mental health care among the poor that is aggravated by isolation, fear, and insecurity. On another hand, health systems in many EMR countries are already strained due to low expenditure on health, social and gender inequities, armed conflicts, human

rights violations, refugees, and displaced populations. COVID-19 exposed the cracks in health care delivery systems and inequities were revealed and widened in EMR. The ability of EMR countries to address and respond to NCDs has been impacted during COVID-19. The virus has caused broad disruptions to health services while at the same time drawing attention to countries' NCD burden.

About EMPHNET

EMPHNET is a regional network that was founded in 2009 with the focus on strengthening Public Health Systems in the Eastern Mediterranean Region (EMR). EMPHNET works in partnership with Ministries of Health, non-government organizations, international agencies, private sector, and other public health institutions in the region and globally to promote public health and applied epidemiology. In 2015, EMPHNET created Global Health Development (GHD) as a regional initiative to advance its work in the EMR and support countries strengthen their health systems to respond to public health challenges and threats.

Webinar Specifics

To build better health systems during and after COVID-19 pandemic crisis, governments need to commit and ensure that people living with NCDs do not experience disruptions to essential health services. Countries need to integrate the impact of NCDs in their national COVID-19 response and preparedness plans. To do so, countries need to start by gathering information about disruption of NCD related services and the extent of those disruptions and their correlates. Such information is important to understand how countries need to be supported during the response to COVID-19, plan how to build better health systems with integrated NCD services during and after the pandemic. Effective collaboration across sectors is needed to enhance the access to NCD affordable and quality treatment and prevention.

Webinar Objectives

This Webinar was conducted with the following focus:

- Bring experts together for exchanging knowledge, best practices, and provide answers to questions related to responding to NCDs during public health emergencies such as the COVID-19 pandemic.
- Gain in-depth knowledge from selected countries on the extent to which NCD programs and services have been affected during the COVID-19 pandemic.
- Explore applicable sustainable solutions for integrating NCD services as part of the COVID-19 response.
- Provide lessons learned and their utilization for building resilient health system.

Webinar Speakers

The Webinar hosted the following expert speakers:

- **Prof. Alaa Alwan**, MD, MBChB, Professor of Global Health, University of Washington. USA. A member of the Royal colleges of Physicians of the United Kingdom, and a Fellow of the Royal Colleges of Physicians of London and Glasgow.
- **Prof. Richter, Patricia**, Centre for Global Health- Principal Deputy Director of Division of Global Health Protection. Global Noncommunicable Diseases Branch.
- **Dr. Ibtihal Fadhil**, MD, MPH, PhD, Founder and Chairperson NCD Alliance, Eastern Mediterranean Region, Board member of the global NCD alliance.

The webinar was facilitated by:

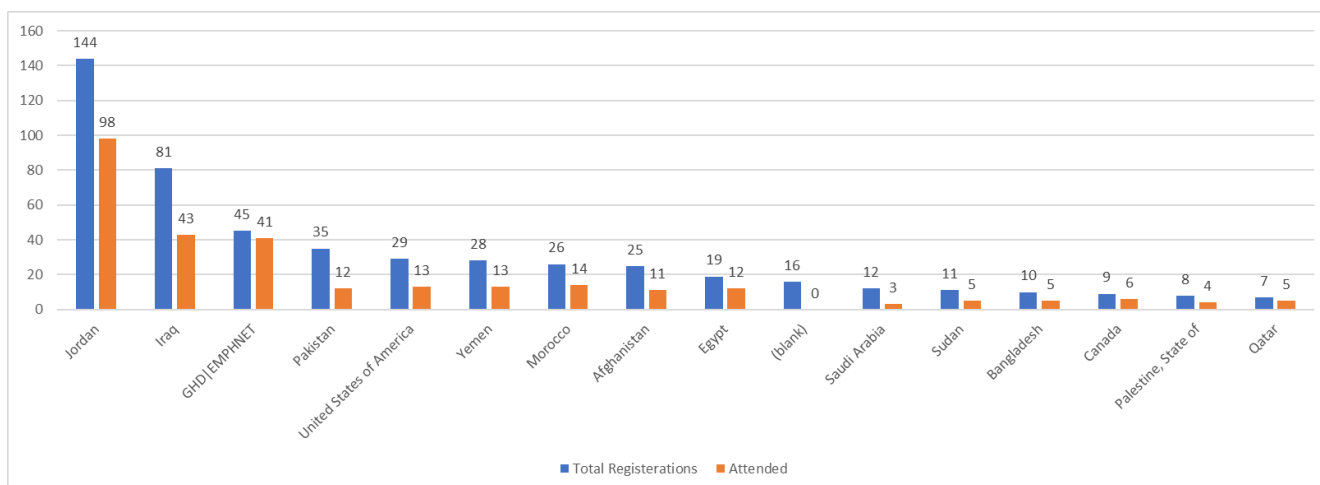
- **Dr. Mohannad Al Nsour**, MD, MPH, PhD, Executive Director, EMPHNET. A member of the Royal colleges of Physicians of the United Kingdom. Expert in field epidemiology, operational research, and public health systems.
- **Prof. Raeda Al Qutob**, MD, MPH, PhD, Senator Jordan Parliament and Professor of Public Health Sciences, School of Medicine at The University of Jordan.

Webinar Attendees

Registration was open one week prior to the webinar and was announced through EMPHNET's communication and networking channels. In total, 571 registered to attend the webinar, 56% (n= 317) attended the webinar. The following graph displays the distribution of registered and attendees by countries.

Overview of Presentations

The webinar was conducted in English and included three presentations (15 minutes each), on different aspects and issues related to impact of COVID-19 on NCDs health services. The presentations described the extent and root causes of the disruption of the NCDs services and its relation to UHC. It has also presented the global lessons learned from the implications of COVID-19 on NCDs and the bridging of the accountability gap for combating NCDs in the EMR at the COVID-19 era. A discussion session followed the presentations which centered around important and relevant questions received from the attendees. Following is a brief of these presentations in the order that they were presented. The webinar started and ended on scheduled time, with a duration of 1.5 hours.



Webinar Introduction

Dr. Mohannad Al Nsour

Dr. Mohannad started the webinar by welcoming the webinar audience then presenting brief bios of himself and the second facilitator, Prof. Raeda Al Qutab. He continued by mentioning the impact of the COVID-19 global crisis on the NCDs and the challenges the health systems are facing to provide the health services needed for NCDs during this crisis. After presenting the objectives of this webinar, Dr. Mohannad was briefly presenting the bio of each presenter before they start their presentation.

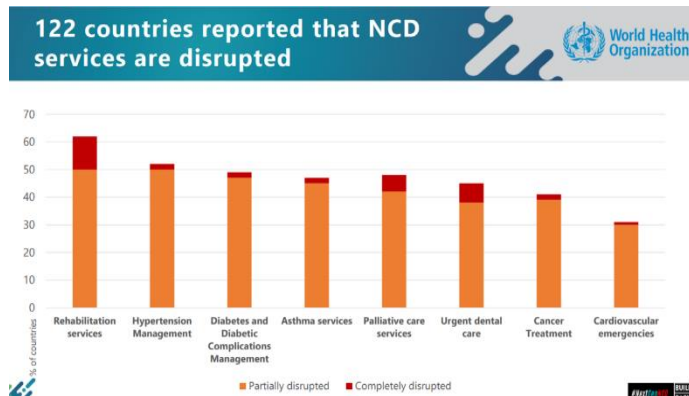
A new lens for NCDs in the context of COVID-19

Prof. Alaa Alwan

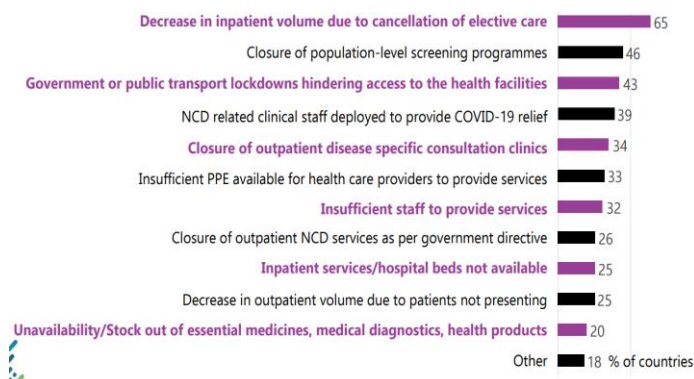
Prof. Alwan has started his presentation by stressing key messages regarding three “crises”, the NCDs, UHC, and COVID-19. He explained that these are crises because the world is falling behind to respond to these areas. He stressed that there are some root causes of the crisis shared between NCDs, UHC and COVID 19 such as the weak public health leadership, capacity and strategic vision, the weak health systems, and the lack of access to cost effective interventions. Before the COVID-19, the world was already at risk of missing the SDG 8.3 target, and the data during the pandemic indicate that there is considerable disruption on the essential services, including the NCDs services.

The crisis has exposed the major gaps in public health response. The lesson learned is the weak and fragmented response from high income countries. High-level commitment, health systems, public health capacity, funding of the health sector, multisectoral action, and multilateral system are key areas where gaps are impeding the global NCD vision and road map. Some other key lessons from the COVID 19 pandemic include: the world was not prepared for a pandemic or health emergency of similar level, current assessments on pandemic preparedness were not predictive and missed health systems capacity and access to essential health care, national response in many countries is siloed with no priority given to serious gaps in essential care specially NCDs, pandemic preparedness was not seen as a national security priority, public trust in governments and multilateral system is eroding in many countries.

Prof. Alwan has presented the following graphs that show the extent and the causes of NCDs services disruption, according to WHO survey, 2020:



Causes of the disruption:



In presenting the Strategic priorities for integrating essential health care, including NCDs, services in pandemic preparedness and response, Prof. Alwan has talked about the importance of strengthening the public health leadership (EPHF) and re-energizing the international NCD agenda and monitoring mechanisms. He also added about the importance of encouraging research and data collection on NCD services during pandemics, reviewing NCD medicines and technologies in emergency health kits, establishing and assessing innovative models for delivering essential care during large scale emergencies including digital technologies, encouraging initiatives to strengthen the role of the private sector in delivering NCD interventions, and promote the role of civil society in NCDs, UHC and pandemic response. Finally, Dr Always has briefly explained the IHR Monitoring & Evaluation Framework with the JEE as one of its components, then he recommended adding “the Essential health services to be secured” to the response element of the JEE.

Prevention and Control of Noncommunicable Diseases (NCDs) during the COVID-19 Pandemic

Prof. Patricia Richter

Dr. Richter started by presenting the global impact of COVID-19 on health services that included: overwhelming demands on health system, diverted resources and staff, disrupted supply chains, misinformation and fear affecting non-COVID-19 healthcare access. These impacts have led to partial or complete disruption to the NCDs services to many countries such as the HT, DM and cancer management. Prof. Richter has explained that 7 out of 10 deaths worldwide are due to NCDs with the main burden attributed to CVDs. 85% of premature NCD deaths occur in low- and middle-income countries. Factors related to NCDs such as obesity, smoking, alcohol, lack of physical activity, air pollution, DM, respiratory disease, HT and CVDs, and cancer are associated with severe course and progression of COVID-19. Prof. Richter has quoted many statements from international bodies such as WHO stressing the importance and the essentiality of continuing the management of cardiac disease during the pandemic. “It’s vital that countries find innovative ways to ensure that essential services for NCDs continue, even as they fight COVID-19.” Dr. Tedros Adhanom Ghebreyesus, WHO Director-General said.

Prof. Richter has explained ways to keep people with NCDs healthy. In the healthcare setting, for non-urgent care, reducing contact with health facilities where possible through: multi-month distribution of medicine, having medicine available for pickup outside health facility or at community pickup points, and using Telehealth (such as to screen patients, and maintain access to primary care providers and specialists). Prof. Richter concluded her presentation by presenting the lasting benefits of modified service delivery models such as the fewer in-person appointments, less transport time and costs, less wait time with fewer people in waiting areas, shorter visits, except as needed to address illness/symptoms, multi-month dispensing more convenient, and the less congested facilities.

Kindly, click

<https://www.youtube.com/watch?v=Uf22CrMSQLg>

to listen to the recorded webinar

Bridging the accountability gap for combating NCDs in the East Mediterranean Region at the COVID-19 era

Dr. Ibtihal Fadhil

Dr. Fadhil started her presentation by emphasizing that the region has seen a real surge in NCDs in recent years and that there are more than 100 million people are living with hypertension, 50 million people are living with diabetes, and 1.35 million people are living with cancer. 50% of countries are facing acute and chronic emergencies, political conflict and humanitarian crises that impact the health care services. She added that majority of the population are unprotected from NCD risk factors, undiagnosed & untreated, and uncovered by medical insurance. Similar to Prof. Alwan, Dr. Fadhil has briefly explained the extent and the causes of disrupted healthcare services to meet the NCDs needs during the COVID-19 pandemic.

Dr. Fadhil has emphasized that CSOs play a key role in four major areas of NCD prevention and control, namely: awareness, advocacy, access and accountability. Regarding accountability, dr. Fadhil explained that it entails tracking national and global actions of public and private sector against commitments and standards; and subsequent identification of what works and why, what needs improving, and where increased action is needed. Dr Fadhil has also Introduced the NCD Alliance Accountability Toolkit which offers practical guidance on how to conduct a benchmarking exercise and prepare a civil society status report on the national or regional NCD response. Dr. Fadhil said “We noted absence of PLWNCDs from Decision process in the region. Our mission as CSOs to advocate for the needs of PLWNCDs, give their stories a voice, empower them to be a change agent”. Dr. Fadhil concluded her presentation with key messages:

- NCDs continue to be the regional’s leading source of premature death, disease, and disability.
- Investment in NCD prevention and treatment is crucial now more than ever for health security and sustainable development in any country.
- COVID 19 pandemic is a massive wake-up call for building a strong resilient health system to act on NCDs.
- Inclusion of NCDs in all public health emergencies protocols to ensure service continuity and for planning for service disruptions arising from long lockdowns.

- Engaging PLWNCDs is critical for NCD management.
- Accountability as a key driver for NCD action; strengthen the role and involvement of regional CSOs to track NCD progress.

Closing remarks and key messages

Dr Mohannad Al Nsour

Dr. Mohannad thanked the esteemed speakers, facilitator and audience and wrapped up this webinar by the following key messages:

- The COVID-19 affected the NCDs services globally and there is estimated three quarters of the countries reported disruption in NCDs services. A finding that has been consistent across all regions and income groups. COVID-19 pandemic is a massive wake up call for building a strong resilient health system to act on NCDs
- Pandemic preparedness today and in the future depends on UHC, healthy population, and resilient qualified well-resourced workforce.

- Accountability is a key driver for NCDs action in EMR. This is essential for strengthening the role and involvement of regional CSOs in tracking the progress of preventing and controlling of NCDs
- Countries must act urgently to mitigate the impact of NCDs while recognizing and combating other diseases like COVID-19.
- Countries need to tackle the impact of NCDs in their national response plans and preparedness to develop stronger health systems with integrated NCDs services for future health emergencies.
- Quoting from Dr. Ibtihal “We were not in good shape before COVID-19”
- Quoting from Prof. Alwan “We have scientific evidence, from JEE and other tools, telling us that we were not ready for the pandemic”
- Quoting from Prof. Richter “alternative strategies like triaging and telemedicine has been adapted by many countries to address the disruption of essential NCDs services.”

Discussion

Prof. Al Qutob started the discussion by mentioning that it was really evident how the CSOs were not involved in the response to the COVID-19 crisis and this is something we can observe and tap on. Governments should involve the CSOs and NGOs to reach out to all people and have their voices heard. Prof. Al Qutob, then facilitated the question-and-answer session. Below are some selected questions that were answered by relevant speakers:

Q: How does the COVID-19 affected mental health and the relation to NCDs?

A: *Prof. Richter*: Mental health is linked to NCDs, and COVID-19 has affected not only patients but healthcare workers to a good extent, such as depression which has affected elderly due to social distancing and other mitigation measures.

Q: How could non-health sector companies cooperate with health sector to provide better healthcare services amidst COVID-19 crisis?

A: *Prof. Alwan*: The assessment of the countries that I know has shown that the private sector was missing during the COVID-19. Unfortunately, this role is also missed in the UHC. It should be activated in this issue irrespective of whom is financing the healthcare services.

Q: Could you elaborate on the novel health supply chain as this has disrupted during the pandemic and relied on local market which was already unprepared with scarce resources?

A: *Prof. Richter*: I think most of attention has been paid to medicine distribution, for example, in Sri Lanka we helped in an awareness survey the government was conducting in pharmacies and other points of distribution. A multi month distribution was another approach.

Q: Could you please give examples of where the revised NCDs alliance accountability toolkit has been used in the context of COVID-19? Any interesting results?

A: *Dr. Fadhi*: This kit has been launched past February in the NCDs alliance in Sharjah. There are many examples,

not from our region, like in the Caribbean region they have used the score card model to assess the contribution of the CSOs.

Q: What are your suggestions to ensure the NCDs needs of children and adolescents such as asthma and type 1 DM are met during the pandemic?

A: *Prof. Richter*: I think that the masks and other mitigation strategies are designed to protect all society. Masks, social distancing, and the use of telemedicine in some countries would protect our children just like other age groups. Its challenging.

Q: What is the intersection between UHC, NCDs care, and COVID-19? Do we need to renew the commitment toward the UHC for the world to build back better NCDs during and post COVID-19?

A: *Prof. Alwan*: By looking to SDGs, we can see that we are missing the related targets, and a very good example is to see how we have improperly managed to prepare for pandemics. In referring back to my slides the root causes that impedes moving forward are the same, mainly lack of leadership and political commitments.

Dr. Qutub adds: Also, most of the countries have spent their money inefficiently because of the rush to do that, because of the lack of emergency plans. And now, we are talking about buying vaccines which may add to the health financial mismanagement and more disruption of NCDs services.

Poll questions: 98 of the attendees answered a poll questionnaire, 92 of them indicated that the webinar met their expectations, 4 said that it exceeded their expectations and 100% of them agreed that the speakers' presentations were effective.



EMPHNET
The Eastern Mediterranean
Public Health Network

EMPHNET WEBi Series

A New Lens for NCDs in the Context of COVID-19

Tuesday, December 1, 2020
17:00 to 18:30, Jordan Local Time (UTC+2)

Speakers



Prof. Alaa Alwan
MD, MBChB, Professor of Global Health, University of Washington, USA. Member of the Royal Colleges of Physicians, UK.



Prof. Patricia Richter
MPH, PhD, Principal Deputy Director, Division of Global Health Protection, Center for Global Health. Chief of Noncommunicable Diseases Branch, Centers for Disease Control and Prevention | CDC, USA.



Dr. Ibtihal Fadhil
MD, MPH, PhD, Chairperson of the NCD Alliance, Eastern Mediterranean Region.

Facilitators



Prof. Raeda Al Qutob
MD, MPH, Dr.PH, Member of the Jordan House of Senates and Professor of Public Health Sciences, School of Medicine at the University of Jordan.



Dr. Mohannad Al Nsour
MD, MPH, PhD, Executive Director, GHD|EMPHNET.

The webinar will focus on

1. Bringing experts together for exchanging knowledge, best practices, and providing answers to questions related to responding to NCDs during public health emergencies such as the COVID-19 pandemic.
2. Gaining in-depth knowledge from selected countries on the extent to which NCD programs and services have been affected during the COVID-19 pandemic.
3. Exploring applicable sustainable solutions for integrating NCD services as part of the COVID-19 response.
4. Providing lessons learned and their utilization for building a resilient health system.



COVID-19 Response
▶ GHD|EMPHNET: with you against COVID-19

Biographies of Guest Speakers and Facilitator

Speaker: Prof. Alaa Alwan, MD, MBChB,

Professor of Global Health, University of Washington, USA. Member of the Royal Colleges of Physicians, UK.

Prof. Alaa Alwan is a professor of Global Health at the University of Washington, USA. He held several leading positions at the World Health Organization including Assistant Director-General for noncommunicable diseases and mental health, Representative of the Director-General for emergencies and health action in crises, and Regional Director for the WHO Eastern Mediterranean Region. Before joining WHO, he was a professor of Medicine and Dean of Mustansiriyah Medical School in Iraq. Prof. Alwan was also the Minister of Health and Minister of Education between 2003 and 2005. Prof. Alwan is also an Honorary Professor of Public Health at Imperial College, London, and Honorary Professor of Global Health at Oxford University.

Speaker: Prof. Patricia Richter, MPH, PhD,

Principal Deputy Director, Division of Global Health Protection, Center for Global Health. Chief of Noncommunicable Diseases Branch, Centers for Disease Control and Prevention | CDC, USA. Dr. Richter is the Chief of the Global Noncommunicable Diseases Branch in the Division of Global Health Protection, Division of Global Health Protection (DGHP), Center for Global Health, CDC. Before joining DGHP, Dr. Richter has served in senior scientific and leadership positions in ATSDR, CDC, and the U.S. FDA. In the Office on Smoking and Health (OSH), National Center for Chronic Disease Prevention and Health Promotion, she served in several roles, including team lead, strategic coordinator and principal advisor to leadership on goals and strategic oversight on tobacco research activities across three branches and a policy office, and acting deputy branch chief. Dr. Richter most recently served as the deputy chief of the Tobacco and Volatiles Branch, DLS, NCEH and has worked extensively with the World Health Organization to further global tobacco control efforts through the multi-country Tobacco Laboratory Network.

Speaker: Dr. Ibtihal Fadhil, MD, MPH, PhD,

Chairperson of the NCD Alliance, Eastern Mediterranean Region. Dr. Ibtihal Fadhil is the founder and chairperson of the Eastern Mediterranean NCD Alliance. She is a medical doctor with a MSc and a PhD in Public Health and has worked on NCD control at government and CSOs levels. As the WHO Regional Adviser for non-communicable diseases, she has worked with most of the regional CSO for more than eight years and developed the core regional network of CSOs working against NCD. Dr. Fadhil's main focus of work has been to establish the regional platform to facilitate the engagement of local NGOs in NCD advocacy activities and be part of the local decision-making process. Dr. Fadhil is a board member of the global NCD Alliance and a member of various regional societies for NCD prevention and control.

Facilitator: Prof. Raeda Al Qutob, MD, MPH,

Dr. PH, Member of the Jordan House of Senates and Professor of Public Health Sciences, School of Medicine at The University of Jordan. Prof. Raeda Al Qutob is a professor of Public Health with a wealth of experience in social development, program development, implementation, management, policy, and advocacy. Throughout over 33 years of work, she developed a strong consolidated experience. This experience has been enriched by academic involvement, the conduct of scientific research, and working with international organizations (UNICEF, UNFPA, and WHO). She also assumed civil society top-level management and leadership posts. She founded and directed the National Council for Family Affairs (NCF) in Jordan. Prof. Al Qutob is the first female Dean of the School of Medicine at the University of Jordan since its establishment. She is a founder and former board member of the Jordan Health Care Accreditation Council (HCAC) established in 2007. She is also a member of the Jordan House of Senates.

Facilitator: Dr. Mohannad Al-Nsour MD, MPH, PhD – Executive Director GHD/EMPHNET

Dr. Al-Nsour is an internationally recognized expert in field epidemiology, research and public health systems. Dr. Al-Nsour has a PhD from the Glasgow University, Scotland, U.K., where he was a fellow with the International Agency for Research on Cancer (IARC). Dr. Mohannad Al-Nsour holds a Medical Degree from Ukraine and an MSc in Epidemiology from the American University of Beirut (AUB). Since 1999, Dr. Al-Nsour assumed several positions as a researcher, advisor, and director in Jordan. He also served as a consultant on several assignments with the US Centers for Disease Control and Prevention (CDC), the World Health Organization and the AUB. Before becoming EMPHNET's Executive Director, Dr. Al-Nsour was the Director of the Field Epidemiology Training Program (FETP) in Jordan (2006 -2009) and the Head of Surveillance Department of Balqa Health Directorate – Jordan. Dr. Al-Nsour also served as a CDC consultant for FETPs in the Eastern Mediterranean Region.

