

Building back better on Noncommunicable Diseases and COVID-19

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In this blog, adjunct Professor Trevor Shilton, Director of Active Living at the National Heart Foundation of Australia, reflects on the recently published WHO Civil Society Working group on noncommunicable diseases (NCDs) position statement and the need to strengthen health and other systems for the prevention and control of NCDs in the context of Covid-19.

The COVID-19 pandemic has demonstrated more than ever the need for global and national leadership in supporting resilient health and other systems. It has exposed the reality that health, the economy and better societies are inextricably linked. That choosing between health or the economy is a false dichotomy.

The pandemic cruelly exposed just how costly the ongoing failure to adequately fund and sustain an effective global response to noncommunicable diseases (NCDs) was: people living with NCDs such as diabetes and hypertension were at a considerably higher risk of becoming severely ill and of dying from the novel coronavirus. Many of these people wore the additional burden of being unemployed or part of the working poor, working in essential services or in the black-market economy.

The decision by the Oaxaca State government in Mexico to ban the sale of junk food and sugary drinks to unaccompanied minors has now become emblematic of this perfect storm: authorities were rightly horrified at the numbers of young people with diabetes or living with obesity who were being hospitalized or dying from COVID-19.

“It’s clear that we need to fix what’s broken but fix it more sturdily. Building back better will mean investing in robust health systems, recognising that NCD prevention and pandemic preparedness are two sides of the same coin.”

Strengthening high-level political commitment and leadership may sound like a well-worn catchphrase but it has never been a more desirable ask.

Governmental leadership on supporting resilient health systems won't be enough. We'll need to see a new level of proactive mobilization of non-health interventions that engage with actors at all levels - in finance, logistics, public communication, the private sector and civil society. COVID-19 has revealed that transport links and storage capacity are as vital as medicines.

This change in mindset and priorities needs however to be backed up by policies, which are transparent, coordinated but most importantly, that have teeth.

National Action Plans for the integrated prevention and control of NCDs and COVID-19 are a starting point. It's no less than the resolutions (NCD prevention and control, Universal Health Coverage (UHC) and COVID-19) Member States have committed to at various forums in recent years.

To effectively respond to COVID-19 and future outbreaks and emergencies, those Actions Plans need to be reinforced by robust, system approaches. The 2021 74th World Health Assembly agreed Resolution 74.7, which calls for Member States to work towards achieving strong and resilient health systems and UHC as an essential foundation for effective preparedness and response to public health emergencies.

We already have the tools at our disposal to do this.

Evidence-based and cost-effective interventions for NCDs that complement National Action Plans include a range of WHO Global Strategies such as the WHO Best Buys and Other Recommended Interventions for NCDs, the WHO Global Action Plan on NCDs, and related strategies such as the Framework Convention on Tobacco Control and the Global Action Plan on Physical Activity.

But as we've seen during COVID-19, all the good intentions in the world mean little if we can't minimise disruption to existing health services during pandemics or large-scale emergencies.

Services such as emergency and intensive care have at various times been overwhelmed during COVID-19, while other services such as surgery and rehabilitation have been postponed or cancelled to 'free up' hospital resources. This has led to delays in diagnosis and treatment, including essential surgeries, and limited access to rehabilitation and palliative care services for people living with NCDs. Specific and practical guidance is required to ensure access to and continuity of essential health and community services for NCDs.

So, policies in place, how do we actually transition into this new bold new world order of public health?

Let's start with funding.

It will be important to identify and allocate sustainable financing that at the same time is innovative. New international funding models, including the Multi-Partner Trust Fund that catalyses in-country action for NCDs, and multi-lateral agreements that help ensure support and engagement from UNDP and UNICEF, are good examples.

Enacting national legislation that quarantines recurrent funding for NCD prevention and control as part of contingency funding for infectious disease outbreaks is another option.

And we'll undoubtedly be seeing far more levies and removal of subsidies on products that cause harm (tobacco, sugary drinks, alcohol, junk foods, and fossil fuels). These taxes are not just about economics: they're a statement of intent. But their strength also lies in their collected revenues being allocated specifically for the prevention and control of NCDs and COVID-19 programmes.

A glance at those countries who were best able to engage and communicate with the public on COVID-19 reveals that they were unanimously guided and in many cases led by respected scientific and public health institutions, such as centres for disease control, or primary care agencies.

These institutions need to be strengthened in countries where they exist and established where they do not exist. But to function and be credible in the eyes of the public, they must be free from politicisation and led by high-level public health professionals.

“Public trust is everything in public health.”

The COVID-19 pandemic has highlighted the enormous burden taken on by health workers at the front line. It is vital that healthcare and prevention workers are well-resourced to do their job effectively and are also protected from the risk of infection and from violence against them.

Health workers also need to have secure employment, career pathways, and adequate remuneration. In addition, initiatives must be implemented to ensure health workers are supported in their own health, well-being, and mental health.

To attract and retain urgently needed health workers, there needs to be a positive practice environment that supports excellence, provides decent work conditions, enables quality patient care and strengthens the health sector as a whole.

“We cannot afford to repeat the kind of burnout and death rates amongst healthcare staff that we've seen during the pandemic.”

Nor can we afford to see affected populations so sidelined as they were during this pandemic.

WHO's Director-General Dr Tedros made the point recently that the lack of sharing information between countries in these most interconnected of times had come to be the greatest symbol of COVID-19. The lack of a community voice and presence was a close second.

WHO has supported strong engagement with civil society through its NCD Global Coordinating Mechanism and the WHO Civil Society Working Group on NCDs. Successful implementation of NCD policy and COVID-19 responses will require the mobilisation of strong community engagement and partnerships, including the participation of major NCD non-governmental agencies. It is equally important to value and facilitate the participation of individuals, households, communities (urban and rural) and people living with NCDs in the development and delivery of initiatives.

Going forward we also need to set rules of engagement of another kind.

The private sector plays an important role in promoting and supporting health and wellbeing through the delivery of services, funding research and the development and implementation of health policies and programmes in the workplace. From a productivity and profitability standpoint, the private sector will benefit from measures to ensure a healthier workforce.

“However, it is important to differentiate those industries that cause harm and explicitly exclude them from dialogue, funding and opportunities to influence public health policy, direction or delivery.”

A robust approach to the prevention and control of NCDs and COVID-19 must include tackling the commercial determinants of health and holding to account companies that cause harm. The tactics of industries that profit from unhealthy commodities, including tobacco, alcohol, ultra-processed food, sugar-sweetened beverages, breast milk substitutes and fossil fuels, are directly at odds with the fundamental right of every human being to enjoy the highest attainable standard of health.

The voices calling for governments to cease inappropriate partnerships with industry have increased during the COVID-19 pandemic, and there is growing demand from national governments for WHO guidance in this regard.

Finally, if we are to hold the private sector accountable then we also need to get our own house in order.

We need better data. Without it, we're driving blind.

COVID-19 has revealed so many cracks in public health 101: the lack of registration systems, leaky contact tracing

and poor data capture have seriously hampered COVID-19 responses in many LMICs.

Without data, we don't have all the evidence we need to improve guidelines, assess costs and establish targets.

But above all, it means we cannot hold governments accountable for their performance.

From the devastation of COVID-19 comes a moment when leaders can choose to build a healthier, more productive and sustainable future for the world. Success in addressing NCDs and in building back better from COVID-19 is a prerequisite to achieving the vision of the 2030 Sustainable Development Goals, for a fairer world.

This article is based on findings from the recently published WHO Civil Society Working Group on NCDs [position statement](#) [1] titled 'Resilient Systems for Building Back Better'.

About the author:

Adjunct Professor Trevor Shilton is Director of Active Living at the [National Heart Foundation of Australia](#) [2]. Trevor is Global Vice President for Advocacy with the International Union for Health Promotion and Education (IUHPE). He is a member of the World Heart Federation's Advocacy Committee and is a member of the WHO Civil Society Working Group on NCDs. Trevor is an Adjunct Professor in the School of Public Health at Curtin University, and an Adjunct Associate Professor in Population Health at the University of Western Australia. Trevor has extensive experience in community-wide health promotion practice, research, policy and advocacy. His principal interests are in NCD prevention, policy and programs relating to physical activity and obesity, workforce development, Aboriginal health and social marketing. His first passion is advocacy.

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