

Taking critical action on NCDs during the COVID-19 response and beyond

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Emerging evidence from the global COVID-19 pandemic suggests that people living with noncommunicable diseases (NCDs), such as hypertension and cardiovascular disease, diabetes, respiratory diseases, cancer, as well as neurological health conditions and those with compromised immune systems, are at higher risk of severe complications or dying from COVID-19.

Studies of critically ill COVID-19 patients have identified high proportions with at least one NCD: 48% of hospitalized patients in Wuhan[i]; 71.9% of hospitalized patients in New York City[ii]; and 98.9% of deceased patients in Italy[iii] had at least one NCD. Of those with NCDs, hypertension and cardiovascular disease were found to be the most prevalent, followed by diabetes.

In addition to their increased vulnerability to the virus, NCD leads and department heads at ministries of health, our Coalition membership, and people living with NCDs (PLWNCDs) themselves have expressed concerns that PLWNCDs are facing devastating barriers when trying to access the medical care, life sustaining medications, and health products, such as insulin syringes, blood glucose monitors, and test strips to manage their chronic condition.

“With public transport being stopped, people living with NCDs struggle to access the health facilities for their medical review and medications. However, even if they are able to make it to a health facility, we see health facilities having stockouts of key NCD medicines.” — Dr. Gerald Mutungi, NCD Lead, Ministry of Health, Uganda

In communities around the world, PLWNCDs are afraid to seek routine care for their chronic condition for fear of acquiring the virus while at the clinic/hospital[iv][v]. Short prescription cycles mean that individuals must make a choice between staying home to protect themselves from infection and regularly accessing their medication. As a result of new local laws, many pharmacies are closed or have altered hours, thus impacting people's ability to access their medications. Many individuals who have traveled from urban areas back to rural areas to be with their families are likely to be unable to access care. Experience tells us that stockouts of NCD medicines and products will be an

increased challenge if supply chains are disrupted and as resources within a facility/country are being redirected to the COVID-19 response.

Many of these challenges are not new. But the COVID-19 crisis dramatically shines a spotlight on and exacerbates the pre-existing access challenges that face those living with NCDs around the world and exposes the reality that many health systems are not optimally responsive to the needs of PLWNCs. It was these issues that inspired a group of government agencies, private-sector entities, nongovernmental organizations, philanthropic foundations, and academic institutions to join PATH in launching the Coalition for Access to NCD Medicines and Products in 2017. This global, multisectoral coalition has dedicated itself to increasing access to and availability of medicines and health products for NCDs.

Through technical support, advocacy, and resource mobilization at the global, regional, and national level, the Coalition works in partnership with global leaders and national Ministries of Health to 1) strengthen supply chain and health systems as needed to increase access to safe, affordable, essential quality-assured NCD medicines and products in low- and middle-income countries (LMICs); 2) influence policy change at global and national levels to establish an enabling environment for NCD supply security; and; 3) foster cross-sectoral collaboration to improve access to affordable NCD medicines and products.

The Coalition is helping to ensure that the needs of people living with NCDs are met during this COVID-19 crisis and strives to support health system strengthening to prevent future challenges to access when systems are strained against other unforeseen stressors. One of the key elements of Universal Health Coverage (UHC) is the commitment that no one will be left behind — especially those that are vulnerable, older, or those living with underlying health conditions such as NCDs. The inequities in the system, and the inability to deliver on this promise of health for all is particularly apparent now when the system is highly stressed.

We call on global and national leaders to ensure the voices of people living with NCDs are heard during this crisis, their risk of exposure to COVID-19 is reduced, and their health needs such as access to medications and health products are met.

Throughout the months of May and June, the Coalition will be authoring a blog series which will highlight how the COVID-19 crisis is affecting access to NCD medicines and products. We will highlight exciting and impactful innovations; the importance of advocacy taking place at the national, regional, and global levels to ensure the voices and needs of those living with NCDs are heard; how the work of the Coalition is contributing to long-term health system strengthening and resilience, and where there are opportunities for bold new partnerships and collaborations as we look to ensure people living with NCDs have access to the medicines and products they need. These issues will also be discussed during Coalition-led webinars starting in late May.

To learn more about the Coalition, to join us in this important work, or to tell us about the work that you are doing to improve global access to NCD medicines and products, go to www.coalition4ncds.org. [1]

About the Authors

Molly Guy is a Senior Program Officer with PATH's NCD Team and supports the work of the Coalition for Access to NCD Medicines and Products, where PATH is the Secretariat. Particular thanks to the Coalition membership whose feedback has been invaluable in contributing to this blog and shaping the upcoming blog series.

This blog first appeared online [here](#) [2]. The NCD Alliance thanks to the Coalition for Access to NCD Medicines and Products for permitting us to publish it here.

[i] Zou F, Yu T, Du R, Fan G, Liu Y, Liu Z, Xiang J, Wang Y, Song B, Gu X, Guan L, Wei Y, Li H, Wu X, Xu J, Tu S, Zhang Y, Chen H, Cao B: Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study, *Lancet*. 2020;395(10229):1054. Epub 2020 Mar 11.

[ii] Horwitz, L et al, Factors associated with hospitalization and critical illness among 4,103 patients with Covid-19 disease in New York City, <https://doi.org/10.1101/2020.04.08.20057794>. [3] (n.b. Pre-print, not peer-reviewed)

[iii] Istituto Superiore di Sanita, Covid-19 surveillance group, March 2020:
https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf [4]

[iv]
https://www.washingtonpost.com/health/patients-with-heart-attacks-strokes-and-even-appendicitis-vanish-from-hospitals/2020/04/19/9ca3ef24-7eb4-11ea-9040-68981f488eed_story.html [5]

[v]
<https://www.healio.com/endocrinology/diabetes/news/online/%7B19b3e970-b54c-499b-8cfa-01591e7bcd6b%7D/extra-insulin-supplies-medications-advised-for-people-with-diabetes-in-wake-of-covid-19> [6]

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[3] <https://doi.org/10.1101/2020.04.08.20057794>.

[4] https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf

[5] https://www.washingtonpost.com/health/patients-with-heart-attacks-strokes-and-even-appendicitis-vanish-from-hospitals/2020/04/19/9ca3ef24-7eb4-11ea-9040-68981f488eed_story.html

[6] <https://www.healio.com/endocrinology/diabetes/news/online/%7B19b3e970-b54c-499b-8cfa-01591e7bcd6b%7D/extra-insulin-supplies-medications-advised-for-people-with-diabetes-in-wake-of-covid-19>

[7] <https://ncdalliance.org/taxonomy/term/41>

[8] <https://ncdalliance.org/category/tags/ncds>

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