NCD Alliance Webinar

Special Update on COVID-19 and Health Systems

Wednesday 29 April, 2020

Speakers

- **Ms. Katie Dain** (Chair),
  Chief Executive Officer, NCD Alliance
- **Ms. Kwanele Asante,**
  Member of “Our Views, Our Voices” Advisory Committee and WHO CSWG on NCDs
- **Prof Vivekanand Jha,**
  Executive Director, The George Institute in India and President, International Society of Nephrology
- **Dr Andrew Schroeder,**
  Vice President of Research and Analysis, Direct Relief
- **Dr Dipti Itchhaporia,**
  Vice President, American College of Cardiology
- **Ms. Louisa Syrett,**
  Global Advocacy Advisor, The Fred Hollows Foundation
- **Dr Kaushik Ramaiya,**
  General Secretary, Tanzania NCD Alliance

NCD Alliance

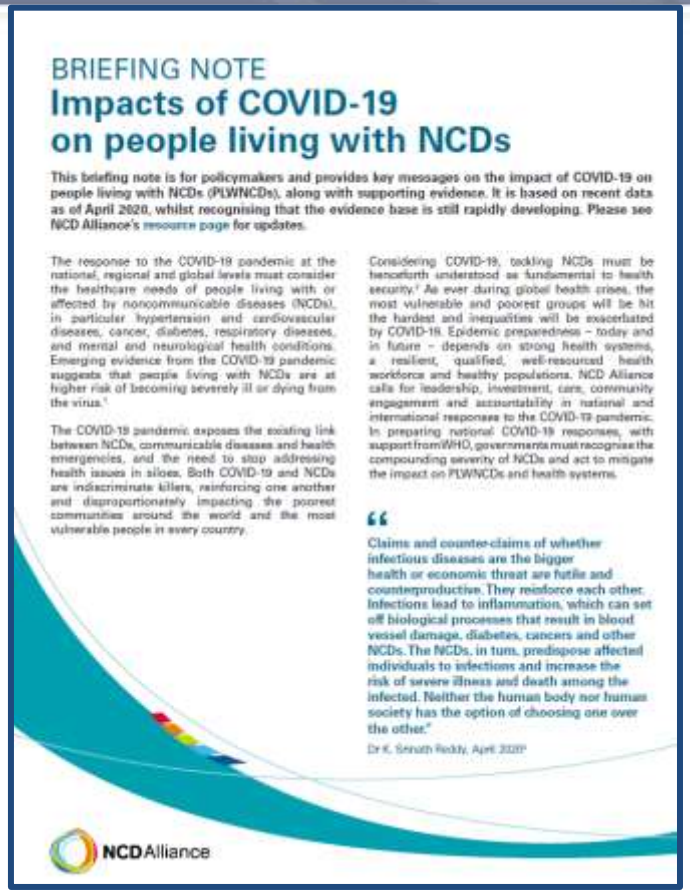
Agenda

- Opening Remarks (NCD Alliance)
- Health for all amidst the COVID-19 global pandemic
- NCD Services in India - the impact of COVID-19
- Direct Relief Responds to COVID-19
- Clinician Well-Being: In the time of the COVID-19 Pandemic
- The Fred Hollows Foundation Response to COVID-19
- COVID19 & NCDs: Clinical perspectives
- **Q&A session after each presentation**

NCD Alliance

WHA73 Resolution on COVID-19 - in negotiation

- EU-led proposal for a Resolution on the COVID-19 Response to be adopted by WHA73
- Zero draft lacked text on NCDs, but raised by several Member States in consultations and informal meetings
- NCD Alliance Briefing note published, highlights manifold impacts on people living with NCDs and importance of reflecting this in global, regional and national covid-19 responses
- Negotiations on Resolution to continue into May. NCD Alliance following-up with Member States
- Most contentious issues: Investigation into WHO and national responses and measures for equitable access to (potential) covid-19 vaccine and treatment


BRIEFING NOTE

Impacts of COVID-19 on people living with NCDs

This briefing note is for policymakers and provides key messages on the impact of COVID-19 on people living with NCDs (PLWNCDs), along with supporting evidence. It is based on recent data as of April 2020, whilst recognising that the evidence base is still rapidly developing. Please see NCD Alliance's resource page for updates.

The response to the COVID-19 pandemic at the national, regional and global levels must consider the healthcare needs of people living with or affected by noncommunicable diseases (NCDs), in particular hypertension and cardiovascular diseases, cancer, diabetes, respiratory diseases, and mental and neurological health conditions. Emerging evidence from the COVID-19 pandemic suggests that people living with NCDs are at higher risk of becoming severely ill or dying from the virus.[1]

The COVID-19 pandemic exposes the existing link between NCDs, communicable diseases and health emergencies, and the need to stop addressing health issues in silos. Both COVID-19 and NCDs are indiscriminate killers, reinforcing one another and disproportionately impacting the poorest communities around the world and the most vulnerable people in every country.

Considering COVID-19, tackling NCDs must be henceforth understood as fundamental to health security.[2] As ever during global health crises, the most vulnerable and poorest groups will be hit the hardest and inequalities will be exacerbated by COVID-19. Epidemic preparedness – today and in future – depends on strong health systems, a resilient, qualified, well-resourced health workforce and healthy populations. NCD Alliance calls for leadership, investment, care, community engagement and accountability in national and international responses to the COVID-19 pandemic. In preparing national COVID-19 responses, with support from WHO, governments must recognise the compounding severity of NCDs and act to mitigate the impact on PLWNCDs and health systems.

"Claims and counter-claims of whether infectious diseases are the bigger health or economic threat are futile and counterproductive. They reinforce each other. Infections lead to inflammation, which can set off biological processes that result in blood vessel damage, diabetes, cancers and other NCDs. The NCDs, in turn, predispose affected individuals to infections and increase the risk of severe illness and death among the infected. Neither the human body nor human society has the option of choosing one over the other."

Dr K. Srinath Reddy, April 2020

NCD Alliance

Media briefing on COVID-19 & NCDs

- NCD Alliance hosted a media briefing today on lessons learnt from around the world on the linkages between COVID-19 and NCDs
- 40 journalists registered, covering all 6 WHO regions
- LMICs well represented
- Session covered FAQs on NCDs and COVID-19
- Preparedness actions to reduce the impact of COVID-19 on PLWNCDs and caregivers

NCD Alliance

Mini survey on COVID-19 and NCDs

To understand the priorities, needs and challenges faced and the impact of COVID-19 on our network.

The results will help NCDA identify current needs of the NCD community, and opportunities for action and support.

Access it here: https://www.surveymonkey.com/r/NCDA_COVID19

Deadline: Friday, 1 May

NCD Alliance

HEALTH FOR ALL AMIDST THE COVID-19 GLOBAL PANDEMIC

KWANELE ASANTE, LAWYER, BIOETHICIST, PERSON LIVING WITH NCDS

HEALTHCARE IN TIMES OF CORONAVIRUS

- RAPID AND CATASTROPHIC SPREAD GLOBALLY
- SLOW RESPONSES BY SOME GOVERNMENTS (POLITICS & DISEASE SKEPTICISM VS. SCIENCE)
- HEALTH SYSTEMS IN WESTERN COUNTRIES BUCKLING (ITALY & USA)
- RACISM IN HEALTHCARE: VIGILANCE ON RESEARCH ETHICS (AFRICA'S BURDEN OF DISEASE)

HEALTH FOR ALL AMIDST THE COVID-19 GLOBAL PANDEMIC

- CLEAR MINDED – **FAIR AND JUST** PREVENTION & CONTROL STRATEGIES

- **TIME TO BRING THE LANGUAGE OF HEALTH & HUMAN RIGHTS TO LIFE: UHC, HEALTH FOR ALL, ACCESS TO THE HIGHEST STANDARD OF HEALTH, MEANINGFUL ENGAGEMENT OF PLWNCDs, NON UNJUSTIFIED DISCRIMINATION**

- **PRIORITIZE COVID-19 BUT DON'T UNWITTINGLY CREATE COLLATERAL DAMAGE**

HEALTH FOR ALL: **DON'T LEAVE #PLWNCDS BEHIND**

- LANGUAGE MATTERS IN PUBLIC & GLOBAL HEALTH DISCOURSES

- NOVEL CORONAVIRUS VS. "PRE-EXISTING CONDITIONS" – PATIENTS ARE PEOPLE FIRST (RIGHT-TO-HEALTH BEARERS – **EQUITY & DIGNITY FOR ALL**)

- **MY NCD DISEASES ARE NO LESS IMPORTANT**: HEALTH LIMITING (DISABLING/ LIFE ALTERING), POTENTIALLY LIFE-THREATENING & INCREASED RISK OF COVID DEATH.

- **VULNERABLE POPULATIONS** – METASTATIC CANCER, REFUGEES, THE CHRONICALLY POOR, HOMELESS, INDIGENOUS POPULATIONS, DEVELOPING WORLD POPULATIONS (SSA)

Q&A

NCD Alliance

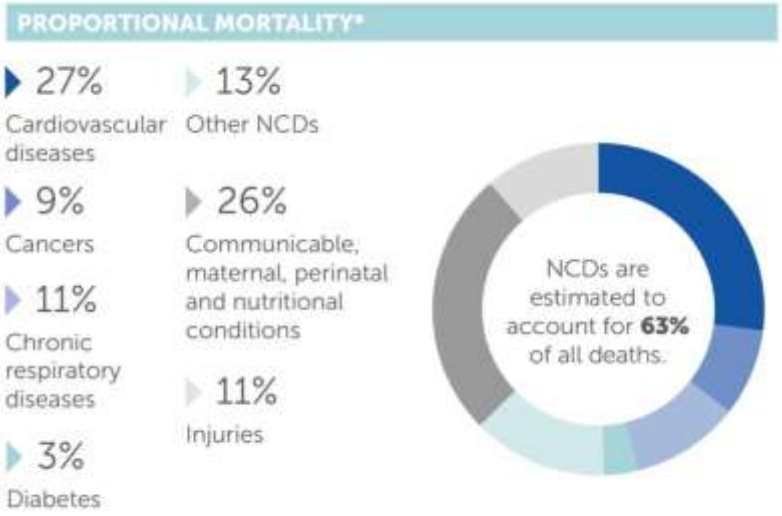
NCD services in India – the impact of COVID-19

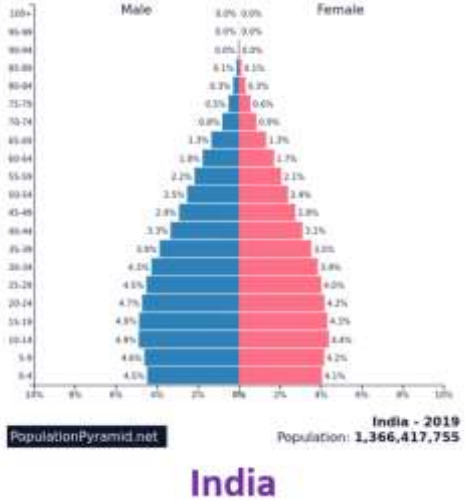
The George Institute for Global Health

Professor Vivekanand Jha

- Executive Director, The George Institute for Global Health India
- Professor of Nephrology and James Martin Fellow, University of Oxford
- President, International Society of Nephrology

The NCD burden in India



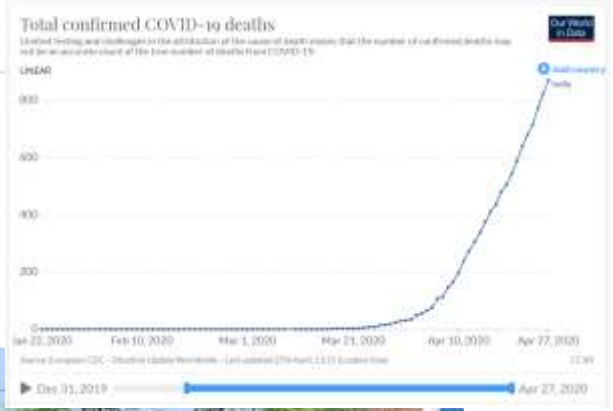


World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

In 2016, about 62.5 million years of lives were lost prematurely in India due to cardiovascular diseases*

*Prabhakaran et al JACC 2018

COVID-19 in India



Impact of COVID-19 on dialysis patients

- Patients with end-stage kidney failure need to receive dialysis treatment at dialysis centres every 2-3 days
- But - lack of transport, closure of dialysis units and staff absenteeism is affecting ability to access treatment
- Regular travel and interaction with dialysis staff, other patients and caregivers increases the risk of transmission
- Indian COVID-19 Kidney Health Action Group has developed a Haemodialysis Unit Preparedness Checklist (https://tinyurl.com/y9cbr7wr)
- ISN has developed guidelines on managing dialysis patients

Impact (ents (cont.)

Ensuring optimal care for people with kidney diseases during the COVID-19 pandemic

The COVID-19 pandemic presents numerous challenges to health care systems around the world. Many initiatives focused on containing virus transmission may affect ongoing care of people with pre-existing health conditions, especially in resource-constrained settings.

Most people with kidney failure need to receive treatment at dialysis centers every 2-3 days. (Others dialyze at home.) Strict lockdowns impose limits on public and private transport that normally support travel for people who often live at significant distances from treatment centers.

In addition, interruptions in supply chains, and increased demand, have led to shortages of personal protective equipment for dialysis center staff, placing these health care workers at undue risk. Shortages of drugs and consumables necessary for dialysis treatment also create obstacles to care for people with kidney failure.

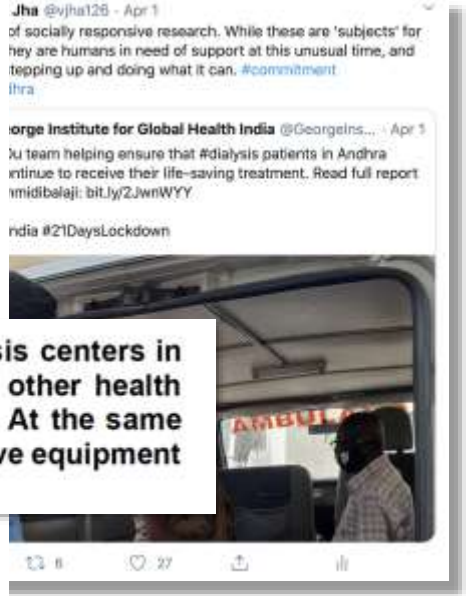
Staff placed in quarantine when a patient or healthcare worker has the infection may limit the ability of some centers to provide dialysis. Many facilities are struggling to provide an adequate health workforce, and the burden of finding an alternative facility often falls on patients.

Preliminary data have shown that about 20-30% of patients hospitalized with COVID-19 develop kidney failure, leading to a surge in requirement for dialysis. Yet regular dialysis services have been interrupted to prepare hospitals to provide care to COVID-19 patients.

"Hospitals need to be prepared to augment dialysis capacity in order to provide effective care to patients with COVID-19 and stringent measures should be adopted to protect the frail dialysis population from COVID-19 infection," said Professor Carmine Zoccali, President of the European Renal Association-European Dialysis and Transplant Association.

"Interruption of this life-saving treatment is a certain death sentence for patients on maintenance dialysis. Making them collateral damage to this pandemic would be a tragedy," observed Professor Anupam Agarwal, President of the American Society of Nephrology.

"The COVID-19 pandemic is exposing the deficiencies in care delivery, especially in countries with weak



On behalf of our three societies, we ask that government agencies overseeing dialysis centers in the developing world ensure that they provide support to staff, nephrologists, and other health professionals delivering life-saving dialysis treatments to these vulnerable patients. At the same time, government agencies must make rapid testing capabilities and personal protective equipment an utmost priority.

Prof. Anupam Agarwal
ASN President

Prof. Carmine Zoccali
ERA-EDTA President

Prof. Vivekanand Jha
ISN President

The George Institute for Global Health

stems

Impact of COVID-19 on people in informal settlements

- Fake news and information is rife among urban slum communities, causing fear and panic
- Lack of accurate information means communities are unaware of preventive and protective actions to tackle the disease
- TGI India has been working to improve health outreach services in the slums for past two years
- Field staff living in the slums are using comics, posters and illustrations to raise awareness around handwashing, physical distancing, masks etc.

Vijayawada, Andhra Pradesh

Impact of COVID-19 on informal settlements (cont.)

- Through the Accountability for Informal Urban Equity (ARISE) programme, TGI is also working with waste-picking communities, who depend on daily wages and have no safety net
- Tailored IEC materials are shared via a WhatsApp group
- ARISE partners have set up a mental health tele-counselling system in Bengaluru which offers community members one-on-one appointments with a trained counsellor

Vijayawada, Andhra Pradesh

Impact of COVID-19 on older people

Social issues:

- Loneliness
- Elder abuse
- Neglect
- Lack of income security
- Poor access to healthcare

Lack of policies:

- Advanced directive
- Palliative care
- End-of-life care

Response

- National Policy on Senior Citizens
- NGOs
- Palliative care units - Kerala

The George Institute for Global Health

Thank you

Q&A

NCD Alliance

Direct Relief Responds to Covid-19

PPE | Medications | Grants | Data

Direct Relief

3,339,958

MASKS

2,836,400

GLOVES

105,648

GOWN & COVERALLS

531,395

OTHER PERSONAL PROTECTIVE EQUIPMENT

1,227

INSTITUTIONS RECEIVING PROTECTIVE EQUIPMENT FOR HEALTHCARE WORKERS

1,344

DELIVERIES

511

OXYGEN CONCENTRATORS

48

TENTS

33

COUNTRIES

230,590

POUNDS (115 TONS) OF MEDICAL AID

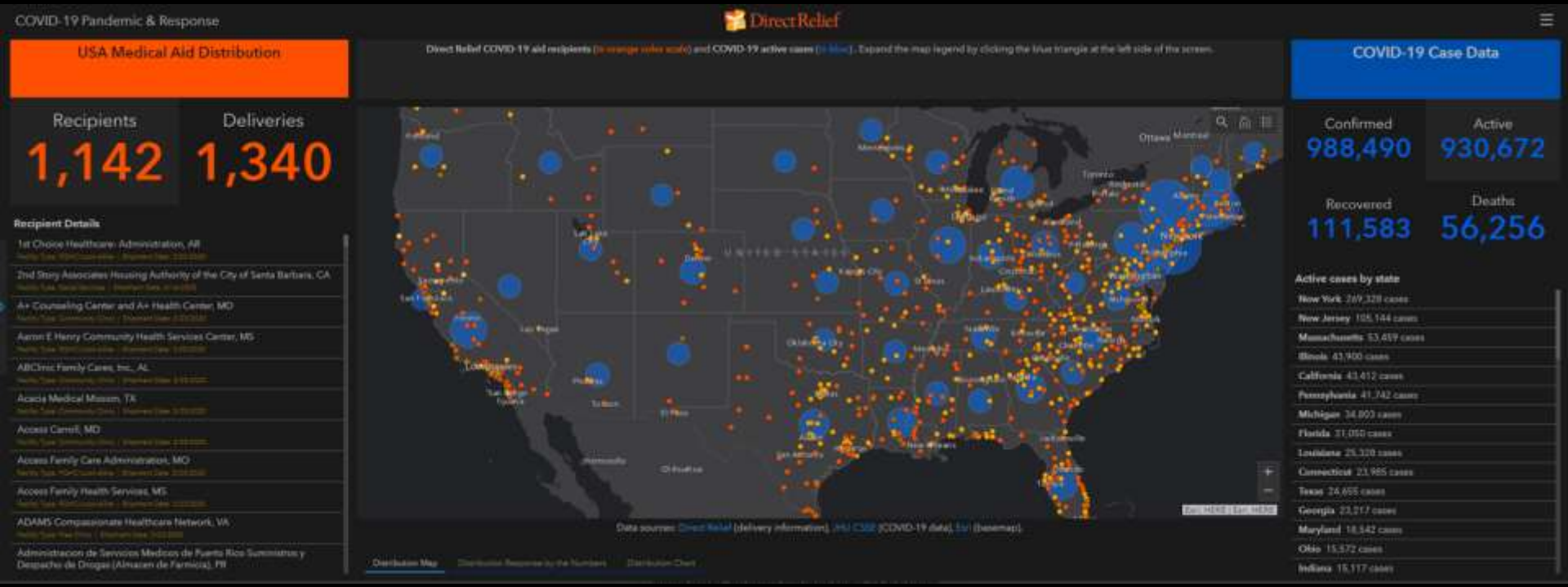
Material delivered since Jan. 27, 2020
Updated April 22, 2020, 11:30 AM PST

Phase 1: Mainland China

- Wuhan closed on Jan 23rd.
- First Direct Relief shipment of PPE for front line health workers on Jan 27th.
- 50 health care institutions supported in 5 cities

Phase 2: United States

- First confirmed Covid-19 case in the US on **Jan 20th**.
- First Direct Relief shipment of PPE for front line health workers in Washington on **Jan 24th**.
- **1142** health care institutions supported in all **50 states plus DC and Puerto Rico**


COVID-19 Pandemic & Response
DirectRelief
USA Medical Aid Distribution
Direct Relief COVID-19 aid recipients (in orange color scale) and COVID-19 active cases (in blue). Expand the map legend by clicking the blue triangle at the left side of the screen.
COVID-19 Case Data
Recipients
1,142
Deliveries
1,340
Confirmed
988,490
Active
930,672
Recovered
111,583
Deaths
56,256
Recipient Details
1st Choice Healthcare Administration, AR
2nd Story Associates Housing Authority of the City of Santa Barbara, CA
A+ Counseling Center and A+ Health Center, MO
Aaron E Henry Community Health Services Center, MS
ABCInc Family Cares, Inc., AL
Acacia Medical Mission, TX
Access Carroll, MO
Access Family Care Administration, MO
Access Family Health Services, MS
ADAMS Compassionate Healthcare Network, VA
Administracion de Servicios Medicos de Puerto Rico Suministros y Despacho de Drogas (Almacen de Farmicia), PR
Active cases by state
New York 269,328 cases
New Jersey 105,144 cases
Massachusetts 53,459 cases
Illinois 43,900 cases
California 43,412 cases
Pennsylvania 41,742 cases
Michigan 34,803 cases
Florida 31,050 cases
Louisiana 25,328 cases
Connecticut 23,985 cases
Texas 24,655 cases
Georgia 23,217 cases
Maryland 18,542 cases
Ohio 15,572 cases
Indiana 15,117 cases
Data sources: Direct Relief (delivery information), JHU CSSE (COVID-19 data), Esri (basemap).
Distribution Map
Distribution Response by the Numbers
Distribution Chart

Where can Columbia's uninsured find health care? Free clinic open amid COVID-19 crisis

BY MICHAEL LANANNA

APRIL 20, 2020 05:00 AM, UPDATED APRIL 24, 2020 03:08 PM

The COVID-19 coronavirus first surfaced in South Carolina on March 7, 2020. The virus only continued to spread since then, bringing drastic changes to Myrtle Beach and the state of South Carolina. BY JOSH BELL

Priorities:

- Protect frontline health workers
- Keep the health care safety net functioning
- Expand access to testing, medications for ICUs and basic health care supplies
- Monitor and improve social distancing efforts

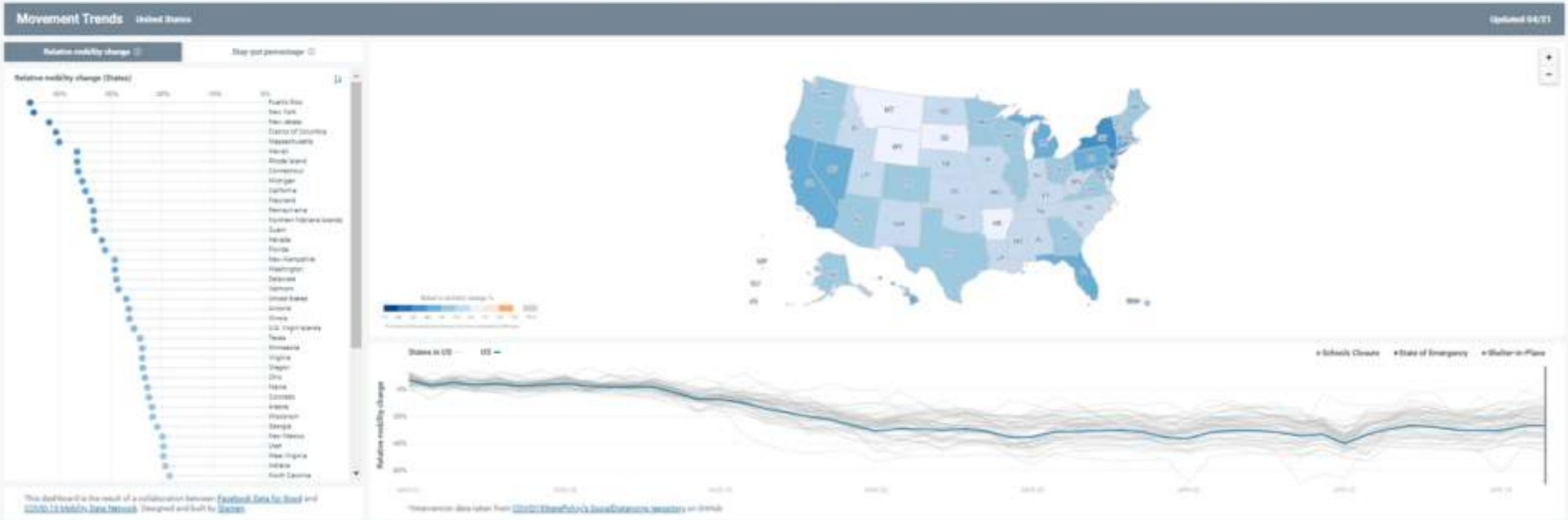
Direct Relief Creates $25 Million Covid-19 Response Fund for Community Health

With health providers working overtime to keep patients safe, fund aims to support staff and operations.

Staff at Ubi Caritas Free Clinic in Beaumont, Texas, with Direct Relief donated protective gear. Safety-net health providers across the United States are working overtime during the Covid-19 pandemic to provide patient care to the most vulnerable, and new stream of funding will support their essential work. (Courtesy photo)

Facebook Data for Good Mobility Dashboard

This map is based on insights developed by the Covid-19 Mobility Data Network, coordinated by Direct Relief and researchers from the Harvard T.H. Chan School of Public Health, using aggregated population movement data from Facebook's Data for Good program.

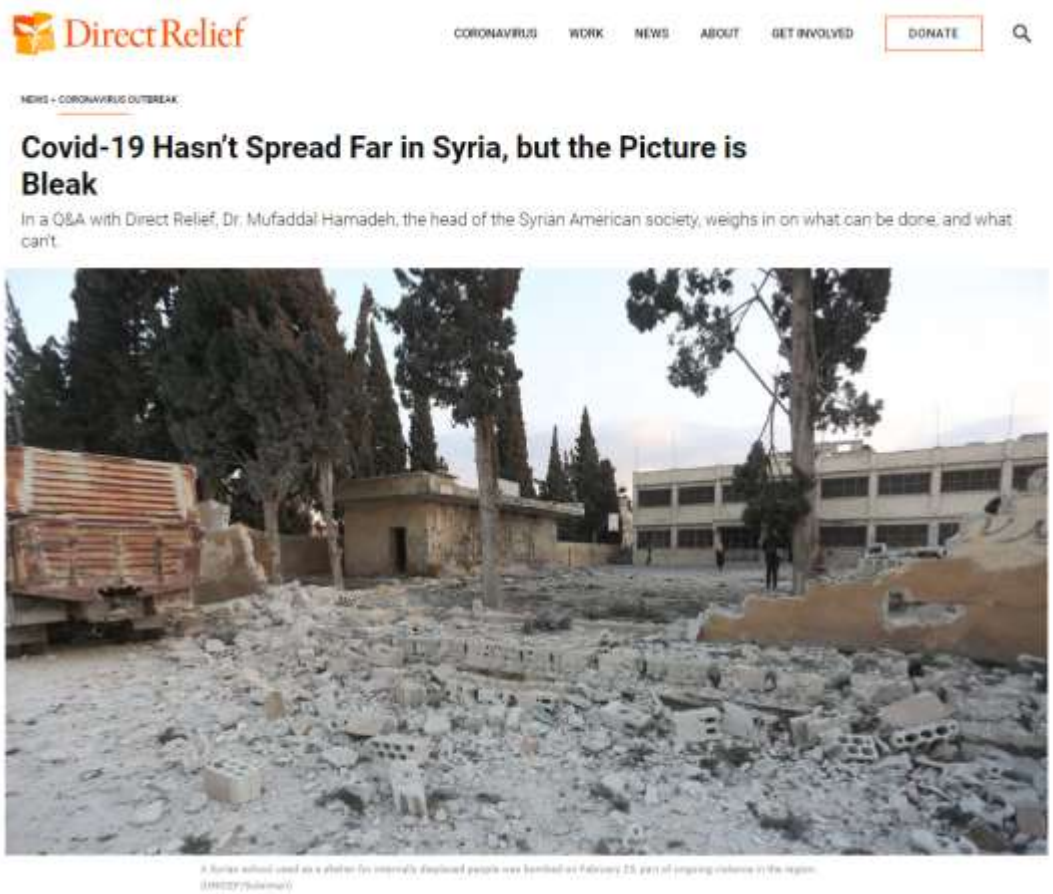


Coordination Team

This effort is led by:

- Andrew Schroeder at Direct Relief
- Caroline Buckee at the Center for Communicable Disease Dynamics at Harvard Chan
- Satchit Balsari at Harvard Medical School and Harvard T.H. Chan School of Public Health

Phase 3: Global Support for Vulnerable Populations



Priorities:

- Protect front line health workers
- Keep health care institutions and outreach functioning amid lockdowns
- Respond to secondary effects including nutrition and primary care
- Protect immunocompromised patients with NCDs
- Monitor and improve social distancing efforts

Q&A

NCD Alliance

Clinician Well-Being: In the time of the COVID-19 Pandemic

Dipti Itchhaporia, MD, FACC, FESC
Vice-President Elect, American College of Cardiology
Co-Chair, ACC International Conference, Middle East
Eric and Sheila Endowed Chair in Cardiovascular Health
Director of Disease Management, Hoag Hospital
Associate Professor, University of California, Irvine


Over 15,000 Members Outside the US
42 International Chapters
Members in 139 Countries
JACC Journals Available in 4 Languages
Hosted 3 International Conferences in Asia, Latin America and the Middle East
28 Institutions from 12 Countries Participating in 48 NCDR Registries
Attended and Hosted over 100 Educational Programs in 40 Countries this Year
Countries with ACC Chapters
Countries with ACC Members
ACC.org/International

AMERICAN COLLEGE of CARDIOLOGY

ACC Coronavirus COVID-19 Response

Webinars

COVID-19 Hub

Nearly 70K have visited the ACC's COVID-19hub

617K sessions on COVID-19 content

More than 7K downloads of our Clinical Bulletin

181.2K pageviews of our *Cardiology* magazine COVID/Flu feature

90.2K pageviews of the HFSA/AHA/ACC Statement

53K pageviews of news article on insights from China

Clinician Wellness

Practice Made Perfect: Telehealth: Ensuring Quality Cardiovascular Care During Uncertain Times

Practice Made Perfect: Self-Care

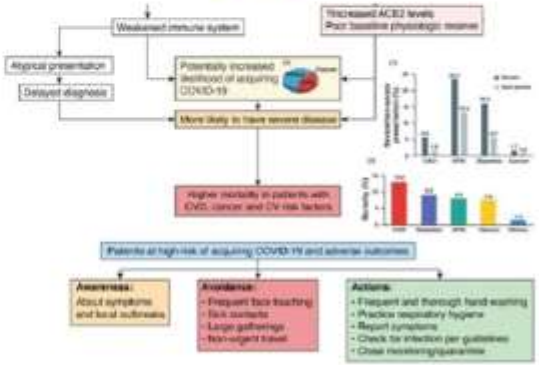
Crisis Communications

Eight Questions to Build Resilience

Coping

Stress Management

JACC



Crisis Communication for the CV

Professional

Initiate with **empathy** and compassion.

Focus on what you **communicate first and last**, with a repetitive statement regarding most critical information.

Adhere to the "**primacy/recency" principle** (*information presented at beginning and
end of communication tends to be retained more effectively than the information presented in the middle).

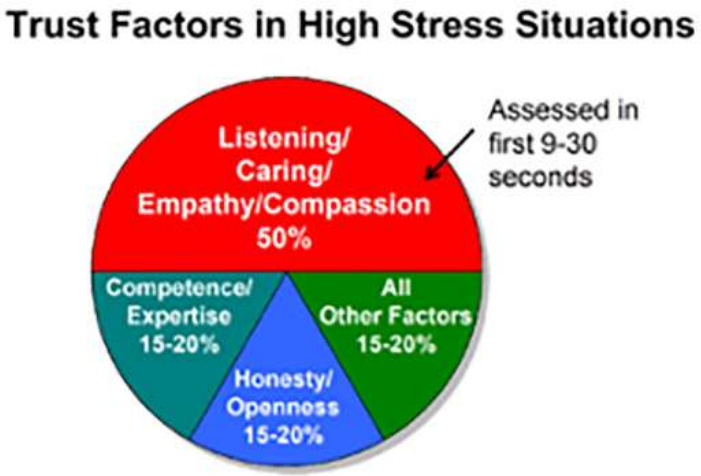
Limit number of **key messages** to maximum of 3-5, using as few words as possible.

Construct messaging that may be **easily digested**. Reminder that graphics, visual aids, analogies and narratives increase messaging recollection.

Be sure to **cite sources** to ensure consistency and validity of messaging.

Reiterate key topic(s) to drive point home.

Solicit input and/or concerns in order to **grow trust** and ensure open communication beyond the messaging.



Reference
Dr. V. Covello, Center for Risk Communication

Resilience Building In Times of Crisis

Six domains of Resilience:

- Vision/Clarity/Congruence
- Composure
- Reasoning
- Tenacity
- Collaboration
- Health

Stress Management

Recognize your stress
Steady yourself
Seek Help
Relaxation techniques

Tips to Cope with COVID-19 Stress

- **REMEMBER SELF-CARE-** Your body matters
- **STAY UPDATED-** Establish realistic expectations
- **LIMIT MEDIA EXPOSURE-** Unplug from the noise
- **SELF CHECK-INS-** Give yourself brain breaks
- **HONOR YOUR SERVICE**
- **PRACTICE COMPASSION**- pay it forward
- **STAY CONNECTED-** Find your tribe

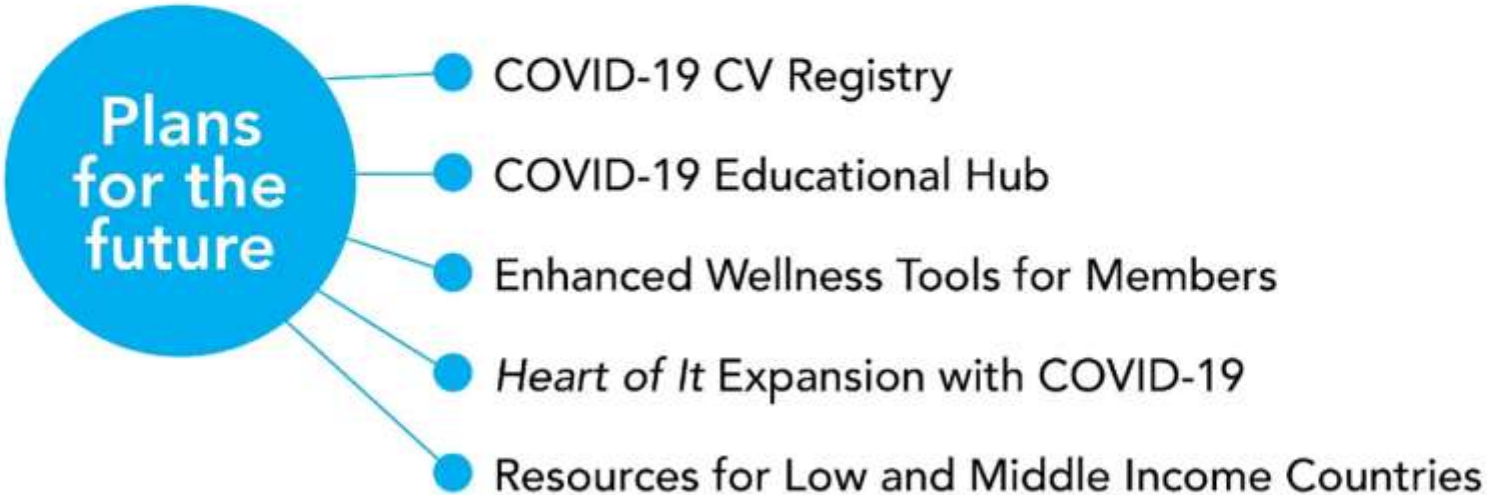
APA President Describes Trauma Being Experienced By Healthcare Workers On Frontline Against Coronavirus

- NPR (4/23, Noguchi) reports Dr. Bruce Schwartz, president of the APA, says Montefiore Medical Center in the Bronx where he works is “in the center of the epidemic.” Dr. Schwartz describes an overworked hospital staff who have endured weeks of people dying from coronavirus, “It is really a very horrendous experience that no one could possibly be prepared for.” Dr. Schwartz “says hospitals like his are offering teletherapy for their own staff” and the need will likely grow.

Top E.R. Doctor Who Treated Virus Patients Dies by Suicide

"She tried to do her job, and it killed her," said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak.

ACC Coronavirus COVID-19




Thank You

Q&A

NCD Alliance

THE FRED HOLLOWS FOUNDATION RESPONSE TO COVID-19

29 April 2020
Louisa Syrett
Global Advocacy Advisor

The Fred Hollows Foundation

THE FRED HOLLOWS FOUNDATION RESPONSE

Programming

- The COVID-19 pandemic will impact different countries in distinct ways, and national governments will vary in the nature and degree of assistance they require at any given time.
- Given the dynamic and novel nature of the pandemic, and to ensure The Foundation's positions and activities remain consistent with local needs, emerging evidence, WHO guidelines, and national COVID-19 responses.

Responding to Global and Local needs

- Assist partner eye health services to become 'COVID-19 ready', to ensure risks to staff and patients, of SARS CoV-2 infection, are minimised;
- Contribute to establishing and strengthening global and country-level COVID-19 response coordination, planning and monitoring efforts; and
- Contribute to frontline COVID-19 responses.

EXAMPLES OF COVID-19 PROGRAMMING

- Supporting the repurposing of existing human, financial and material resources from routine services to address COVID-19 clinical needs
- Supporting procurement of personal protective equipment (PPE)
- Encouraging and facilitating use, by local authorities, of existing platforms, surveillance mechanisms and WASH/health education opportunities to support COVID-19 related measures
- Enabling the re-deployment of personnel to work on emergency response
- Developing and distributing health messaging that are directly aligned with national health and WHO guidelines

Photographer: Fanny Lee

“This is our responsibility and our duty.”

Wang Hui-Fang (Ophthalmologist Hutubi County, China)

The Fred Hollows Foundation

ETHIOPIA

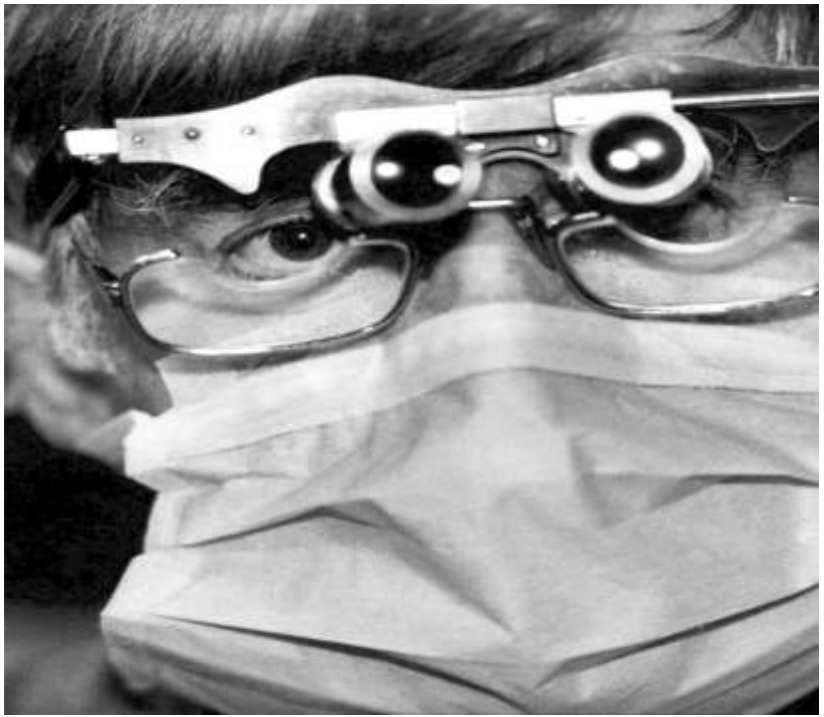
- Supporting installation and rehabilitation of WASH infrastructure and accompanying behaviour change communication (using existing Trachoma communication methods)
- Where required, we will redeploy technical supports at all levels: Regional, Zonal, facilities and community level (during Ebola in West Africa 2014/15 many organisations redeployed their teams from non-emergency activities to the overall response units with great success)

Photographer: Nazif Jemal

INDIGENOUS AUSTRALIAN POPULATION

- Stand with and support Aboriginal and Torres Strait Islander communities and organisation as they respond to the COVID-19 pandemic;
- Maintain and strengthen our reputation and relationships with Aboriginal and Torres Strait Islanders organisations, leaders and communities, so we can continue to play a lead role in eye health; and
- Provide a leadership role in the sector at this unprecedented time and influence other organisations to respond in a similar way.

SUMMARY



- Working across the Australian NGO sector / donors to enable financial sustainability.
- The Foundation is looking to pivot its work, where possible to respond as required – not to duplicate – but where our experience will add value.

THANK YOU

Contact details

Louisa Syrett

lsyrett@hollows.org

The Fred Hollows Foundation

Q&A

NCD Alliance

COVID19 & NCDs: Clinical perspectives

Dr Kaushik Ramaiya

Hon General Secretary

TANCDA

Introduction

- In sub-Saharan Africa, over two-thirds of people living with HIV are in regular care and on antiretroviral therapy, and the continent has just been starting to address diabetes, hypertension and other chronic conditions (NCDs: non-communicable diseases).
- These gains may now be reversed rapidly with the potential spread of the COVID-19 into and across sub-Saharan Africa although the effect of COVID-19 disease on health systems, and in particular on health outcomes for people in sub-Saharan African countries living with HIV-infection, diabetes, hypertension, cardiovascular diseases and chronic respiratory diseases, is currently not known.

Background

- While most of the developed healthcare infrastructure in the world has faltered in tackling the Covid-19 pandemic, how will sub Saharan Africa, with its fragile healthcare systems cope with the burden?
- Population:
  - 50% of African population is younger than 18
  - 6% is older than 65
- Social distancing:
  - Socio-economic reality
  - Housing infrastructure
  - Transport infrastructure
  - Health care facilities: ventilation, space, crowding
- Lock-down
  - Food security major challenge
  - Majority of the population : daily bread earners

Clinical perspectives

- Slow rise in the number of cases but gradually increasing
- Limited access to testing
- Patients with chronic diseases: diabetes, hypertension, asthma, cancer, autoimmune diseases, HIV/AIDS reluctant to go to the Hospital due to the “fear” of getting the COVID19 in the Hospital
- When brought to Hospital, they are significantly unwell with mainly chest symptoms (Breathlessness and cough)
- Have poorly controlled blood glucose (if diabetes) or elevated blood pressure (if hypertension)
- Limited availability of ICU beds & ventilators if required

Health System (1)

- Human Resources for Health:
  - PPE : major challenge
  - Training
  - Awareness
- Infrastructure:
  - Limited facilities to manage acute cases
  - Limitation of “isolation” centers
  - Centers to hold mild & moderate cases
  - Contact tracing : challenge
  - Ability to differentiate COVID19 emergency or non-COVID19 emergency

Health System (2)

- Training:
  - SoPs for Triaging
  - Management guidelines for
    - Self isolation
    - Mild , moderate and severe cases
  - Training of various levels of health care providers (MD, nurses, Lab Tech, Radiology, Counselors, etc.)
- Finance:
  - Out of pocket payment : limitations
  - Insurance: ???
  - Limitation of resources

Supply chain

- People living with NCDs face additional barriers and fear of infection with COVID19 when trying to access the medical care, life sustaining medications & other related commodities to manage their chronic condition.
- The current COVID-19 crisis highlights the importance having an appropriate supply chain system in place which caters for the “last mile”.
- For example, the work of members of Coalition for Access to NCD Medicines and Products who are currently working on capacity building, supply chain strengthening, demand forecasting, and advocacy (together with WHO) will be extremely useful as countries in SSA face the threat of increasing supply disruptions and shortages.

What is being done?

COVID-19 pandemic in low-income settings: Response preparedness and interventions; Supporting NCD patients and other vulnerable groups in Dar es Salaam, Tanzania

- Grant proposal funded by NNF/ WDF
- To be implemented by TDA / MoHCDGEC / Dar es Salaam RHMT / TANCDA / APHFTA

- **Objectives:**

1. Increase awareness on prevention and control of COVID-19

2. Build COVID-19 response protective environment for the front-line health care professionals and health facilities in order to enable provision of care

3. Sustain quality services to the people with NCDs to enable them have optimum control and thereby reduce exposure to the risk of developing COVID-19 complications

4.Expand access to safe and high-quality services to COVID-19 and non-COVID-19 patients accessing healthcare

5. Provide online or telephone medical and psycho-social support for those affected by COVID-19 or co-morbidities

6. Strengthen monitoring and surveillance systems towards COVID-19

Proposed actions:

- Public Private Partnership (PPP)
- Encourage people living with NCDs to be more proactive and create support groups
- Simplify access to essential medicines and commodities to those vulnerable : outreach activities; mobile clinic; group drug supply
- Appropriate triaging at Health Facilities so that not all patients are considered to have COVID19 unless proved otherwise
- Establishing model of “isolation center”, “treatment unit”, referral system
- Monitoring & Evaluation

Thank you!

Q&A

NCD Alliance

NCD Alliance resources

Coronavirus (COVID-19) resources relevant to NCDs

Calls to action from NCD civil society

COVID-19 webinar series recordings

Share relevant resources and tools.

NCD Alliance

THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.

#NCDs @ncdalliance

NCD Alliance

MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

ncdalliance.org