



NCD Alliance Webinar

Special Update on COVID-19

Wednesday 15 April, 2020

Speakers

- **Ms. Katie Dain** (Chair)
Chief Executive Officer, NCD Alliance
- **Ms. Lea Kilenga Masamo Bey**
PLWNCD Advocate, Kenya NCD Alliance &
Our Views, Our Voices Global Advisory Committee Member
- **Dr. Bente Mikkelsen**
Director NCD Department, WHO
- **Dr. Jill Farrington**
Head of Secretariat, NCD/WIN Technical Working Group on COVID-19
and NCDs WHO

Speakers (cont'd)

- **Ms. Paola Barbarino**
Chief Executive Officer, Alzheimer's Disease International
- **Prof. Andrew JM Boulton**
President, International Diabetes Federation
- **Dr. Grania Brigden**
Director, Department of Tuberculosis, The Union
- **Dr. Carmen Auste** Vice President , Cancer Coalition Philippines
Co Founder and CEO, Cancer Warriors Foundation and
- **Sir Trevor Hassell**
President, Healthy Caribbean Coalition

Agenda

- Opening Remarks (NCD Alliance)
- Impact of COVID-19 on PLWNCDS
- COVID-19 and NCDs - WHO
- The impact of COVID-19 on people living with dementia and ADI's response
- **Q&A**
- Diabetes and COVID-19
- Covid-19 and respiratory pathogens
- **Q&A**
- Protecting and Sustaining Safe Treatment and Care for Cancer and NCD Patients in Midst of COVID19
- NCDs and COVID-19: A Snapshot of Civil Society's Response in the Caribbean
- **Q&A**

IMPACT OF COVID-19 ON PLWNCDS

KENYA PERSPECTIVE

CHALLENGES FACED BY PLWNCDs DURING COVID-19 RESPONSE IN KENYA

“Up to 60 per cent of health facilities are occupied by patients of NCDs, which is second to infectious diseases in terms of incidents and deaths caused”

NCDAK Address national efforts to address burden of NCDs and have 15 PLWNCD Groups - Diabetes, CVD, Cancers, Mental Health, COPDs, Kidney Disease, Sickle Cell etc

- Access Problem :- Discontinued Essential NCD outpatient clinics & Essential Medicines shortage
- Market Disruption :- A heavy financial burden as patients are unable to access or afford medication, stock-outs of vital drugs due to impulse buying and interrupted importation following travel restrictions around the world.
- Patients Frustrated :- The 5am to 7pm curfew and long distances to major hospitals, economic challenges and the fact that the government has put NCD care on the back-burner is hindering patients' access to emergency care services, such as intensive care units and vital care particularly for those with complications.
- Costly Efforts - Traveling longer distances to get medicines and crowdsourcing and fundraising for essential medicines
- Financial Hardships - increased household expenditures i.e. buying bulk at hiked prices
- Mental Health Outcomes - anxiety and disrupted support groups and psychosocial support services i.e. Church

PLWNCDs Comments

As government shifts its focus to the Corana Virus Response, we see neglect in NCDs access & service delivery

Commentary from PLWNCDs

“Should we now assume that those patients have already got well because focus has shifted to the coronavirus outbreak?” Vice-Chair Dr Makumi Poses

*“Whereas **anxiety** is high across the country, it is **even higher among those with mental issues** like epilepsy, dementia, autism, cerebral palsy, schizophrenia, bipolar and drug addiction. They could quickly relapse if they are unable to access medical attention, I feel the pain of others who **can’t find friendly drugs because of the lockdown** in India, where the drugs come from” said Ms Muturi, Mental Health Advocate and Founder of Tunawiri Initiative*

*“My left breast had to be removed and that affected my lymph nodes and the mobility of my left hand. **I go for check-up and to fetch my drugs every three months. At the moment, I can’t travel,**” Ms Leah Soi Cancer patient from Kericho who Travels to Cancer Centre Nairobi, Kenya’s Capital for Palliative Care and KNH radiotherapy suspended and rationed*

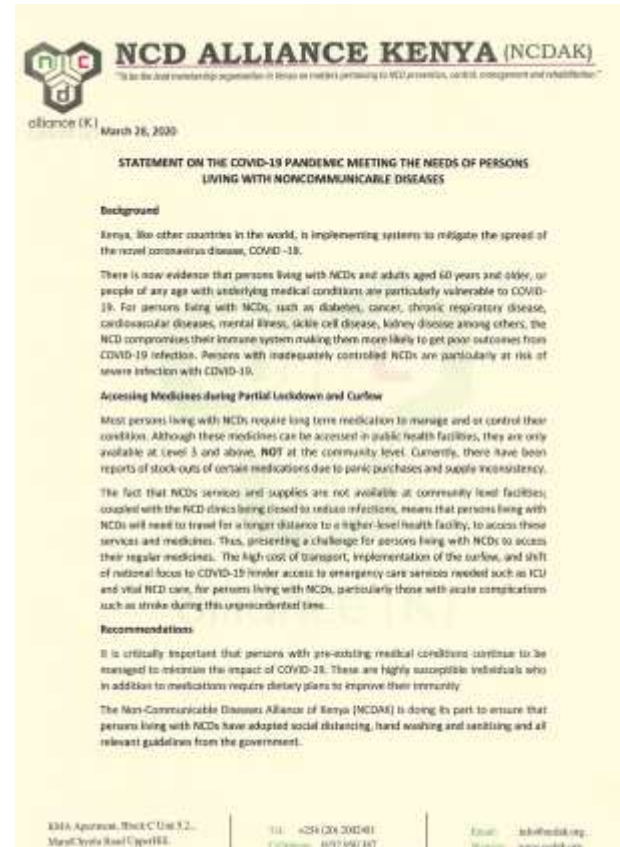
*“**Public health facilities had run out of their drugs** and most of them cannot afford the high cost charged by private hospitals. The govt provides Premix insulin. An injection of Premix, which lasts for between two and four weeks, costs between Sh500 and Sh700 in private facilities. But even Premix out of stock.” said Mr Eric Omondi, an ambassador for diabetes Type 1 patients*

*“The **closure of clinics is catastrophic for us who need regular blood boosting drugs, follow-ups and consistent medication.** We have been forced to either fundraise or crowdsource tablets, which is not a good idea because we all end up not having enough,” Ms Lea Kilenga, Africa Sickle Cell Org*

*“NCD compromises their immune system, making them more likely to get poor outcomes from Covid-19 infection. Those with **inadequately controlled NCDs are at more risk of severe infection,**” NCDAAK Statement*

NCDAL STATEMENT ON THE COVID-19 PANDEMIC MEETING THE NEEDS OF PLWNCDs IN KENYA

- The NCD Alliance Kenya (NCDAK) Statement to Govt to prioritize needs of PLWNCDs in Kenya with asks to the Government :-
- Uninterrupted Access to Medicines, Treatment and Services during curfew & partial lockdown i.e alternative channels and increased capacity of community level facilities, adequate meds stocks
- Tax Exemptions on Essential NCD Meds and Supplies
- Patients testing positive for Covid-19 to be triaged appropriately to identify comorbidities that may increase their risk of severe disease outcomes and death
- Promote people's awareness on importance and need to strengthen their immune system as first line of defense, by increasing access to safe and healthy nutritious diets to ensure robust immune systems.



KENYA PLWNCD APPEAL TO GOVT TO MITIGATE THE NEGATIVE IMPACT DURING THE COVID-19 RESPONSE PERIOD

- Decentralise Access to Doctors & Specialists outside Hospitals possible hotspots and arrange, in a scheduled manner, distribution points for these essential medicines and ensure they remain available, affordable at Zero Tax.
- With only emergency services available, Govt should establish Zones and Medical Hubs where people can seek emergency medical support without resorting to public transport and brought down to the primary health care centers
- NHIF to fully cover outpatient services and stop limiting individuals to only certain hospitals which they had chosen until the situation improves, to reduce travel, for safety and to cushion economic challenges
- CHVs should be deployed during this time to trace and follow up patients/ households with PLWNCDs distribute essential medicines. CHVs can also be trained to gauge severity of cases and so that these cases are sent for emergency treatment or prioritized for clinic scheduling.
- Essential travel arrangements: Some PLWNCDs including but not limited to patients on chemotherapy, ECHO and dialysis need to be facilitated to access care. The government should recognize and declare the medical documents that will identify PLWNCDs who need to travel
- PLWNCDs, currently in self isolation due to the pandemic, are facing increased socioeconomic challenges straining their access to basic food and essential medication. As vulnerable persons, we need to be supported by the funds allocated to the NERC for Social Protection.



“Thank You.”

*– Lea Kilenga Masamo Bey -
PLWNCD Advocate, Kenya NCD Alliance
Our Views, Our Voices Global Advisory Committee Member*

COVID-19 and NCDs - WHO



COVID-19 and NCDs

Bente Mikkelsen, Director, NCDs, WHO

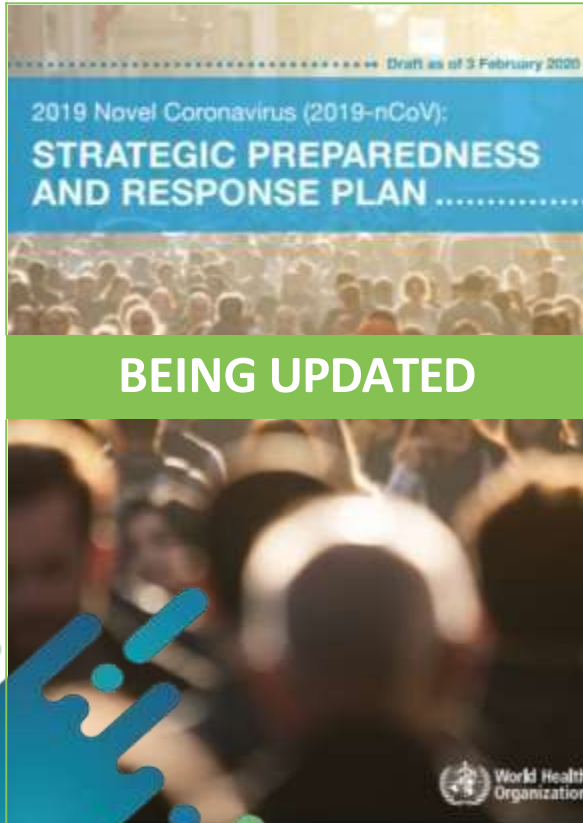
Jill Farrington, Head of Secretariat, NCD/WIN Working Group on COVID-19 and NCDs, WHO



World Health
Organization

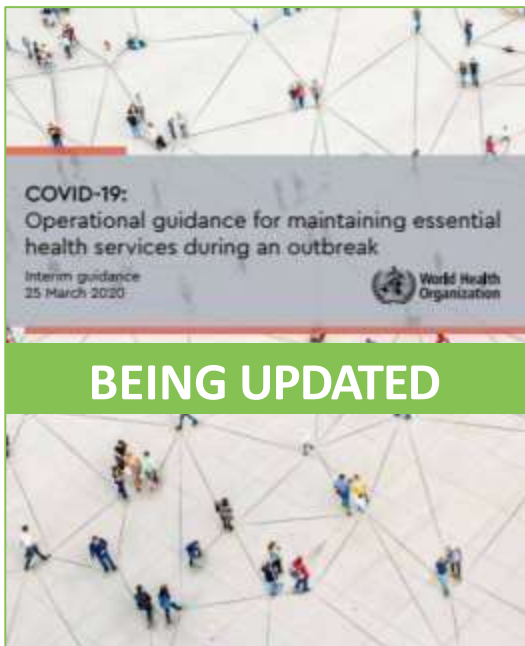


- **What is the UN doing?**
 - US\$ 2 billion plan to fight COVID-19
 - Aggregates COVID-19 appeals from WHO, WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF and NGOs
- **Three strategic priorities:**
 - 1) Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality (**WHO**)
 - 2) Decrease the deterioration of human assets and right, social cohesion and livelihoods
 - 3) Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.



- **What is WHO doing?**
 - US\$ 675 million plan (to contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.
 - Being updated.
- **Three strategic priorities:**
 - 1) Rapidly establishing international coordination and operational support
 - 2) Scaling up country readiness and response operations
 - 3) Accelerating priority research and innovation.

WHO RESPONSE TO COVID-19



UNDER DEVELOPMENT

Community-based health care, including consolidated guidance on the continuation of prevention and outreach campaigns in the context of COVID-19

WHO RESPONSE TO COVID-19

What is WHO doing?



Leadership

Global Goods



Country support

Global goods:

- Scientific briefs
- Guidelines
- Technical guidance
- Q and A
- Rapid reviews
- Joint position statements
- External publications

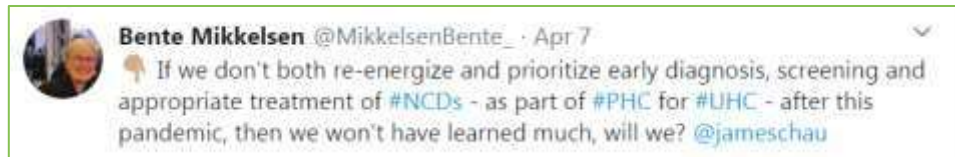
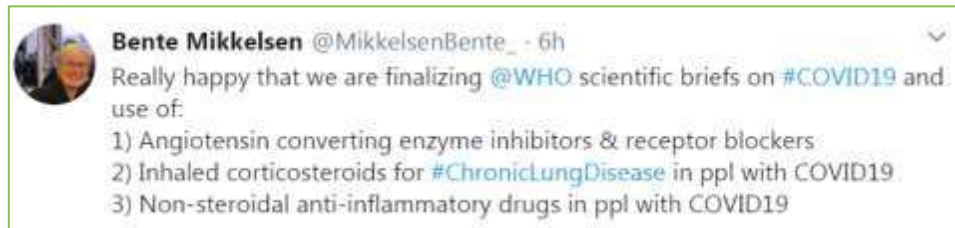


DAILY UPDATES

Links between COVID-19 and NCDs

What we know so far:

- People of all ages can be infected by COVID-19.
- The risk of becoming severely ill with the virus appears to increase for people who are 60+.
- People living with a major NCD also appear to be more vulnerable to becoming severely ill with the virus
- Smokers are likely to be more vulnerable to COVID-19



Organizational arrangements:

- To define the core work on COVID-19 and NCDs
- Duration until December 2020, when it will be sunset.
- Reports to the Co-Chairs of NCD/WIN Action Networks, and provides updates
- Expected achievements:
 - Short term (< 1 month): Define a prioritized work plan until December 2020
 - Medium (3 months): Ensure effective ongoing activities and feed learnings and required corrective actions back to the work plan.
 - Long-term (> 6 months): Sustain progress made. Provide vital feedback of learning for future outbreaks.



Membership

- Co-Chairs: Director, Department for NCDs, UCN Division, HQ and Director, Department of Health Promotion, HEP, HQ
- Head of the Secretariat for the Working Group on loan from RO/EURO
- 2-3 representatives from each of the six WHO Regional Offices
- Representatives from NCD, MSD, HPR, NFS, ECH, SDH and GNP
- Representatives from WHE, SCI, DDGO, UHL/HIS, DCO
- Representatives from the communicable disease programmes in the UCN Division
- Secretariat of the UN Inter-Agency Task Force on NCDs representing other UN organizations, World Bank and other IFIs
- Secretariat of the GNP representing other Non-state actors NGOs, academic institutions and philanthropic foundations

Objectives:

- 1) Improve the **global understanding** of the (a) relationship between COVID-19 and NCDs, especially through epidemiological analysis and forecasting, and the (b) demand from Ministries, UN organizations and NGOs for specific guidance on the prevention, early diagnosis, screening and appropriate treatment of NCDs during the COVID-19 outbreak situation.
- 2) Rapidly enhance **global coordination** between the seven Offices of WHO, other UN organizations (through the UN Inter-Agency Task Force on NCDs), IFIs, civil society (through the WHO Civil Society Working Group on NCDs), private sector entities, academic institutions, and philanthropic foundations on NCDs/COVID

Objectives:

- 3) Strengthen **risk communication** on COVID-19 and NCDs, raise the priority given to NCDs during the COVID-19 outbreak situation through better **advocacy**, manage the infodemic, and promote the **dissemination** of communication and information products on COVID-19 and NCDs
- 4) Provide timely, high-quality **technical expertise and guidance** to countries and the general public on preventing transmission, testing and treatment options for people living with or affected by NCDs, as well as guidance on the continuity of essential NCD services.
- 5) Act as the **principal liaison** with the WHO WHE/SCI/DDGO coordination mechanism for COVID-19 on NCD-related issues.

Alignment

Workstreams

Vulnerable populations

People with pre-existing conditions

Health systems

Health promotion

Coordination Mechanism for COVID19

WHE
SCI
DDGO



Input into

Workplan

Advocacy

Governance

Prevention/
Promotion

Treatment/
Health Systems

Research

Surveillance

Working Group on COVID-19 and NCDs

NCD communications



Frequent or excessive alcohol consumption can increase your risk of health problems.

FACT: Drinking alcohol **DOES NOT** protect you against COVID-19 and can be dangerous



 #Coronavirus #COVID19



People of all ages can be infected by the new coronavirus (nCoV-2019). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus. WHO advise people of all age to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

Does the new coronavirus affect older people, or are younger people also susceptible?



 #Coronavirus

Mental health and COVID-19

Mental health and psychosocial considerations during the COVID-19 outbreak

18 March 2020

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern. WHO stated that there is a high risk of COVID-19 spreading to other countries around the world. In March 2020, WHO made the assessment that COVID-19 can be characterized as a pandemic.

WHO and public health authorities around the world are acting to contain the COVID-19 outbreak. However, this time of crisis is generating stress throughout the population. The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

Messages for the general population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. When referring to people with COVID-19, do not attach the disease to any particular ethnicity or nationality. Be empathetic to all those who are affected, in and from any country. People who are affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness.
2. Do not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19", and after recovering from COVID-19 their life will go on with their families and loved ones. It is important to separate a person from having an identity solely by COVID-19, in order to reduce stigma.


3. Do not watch, read or listen to news about COVID-19 that causes you to feel anxious, distressed, or information only from trusted sources and mainly so that you can take practical steps to protect your plans and protect yourself and loved ones. Seek information updates at specific times during the day, once or twice. The sudden and near-constant stream of news reports about the outbreak can make anyone feel worried. Get the facts; not rumours and sensational information at regular intervals from the [WHO website](#) and local health authorities in order to help you distinguish facts from rumours. Facts can help to minimize



The screenshot shows the WHO website page for 'Mental health and COVID-19'. The page features a navigation bar with 'Home', 'Health topics', 'Diseases', 'Publications', 'Data and evidence', 'Media centre', and 'About us'. The main content area includes a search bar and a sidebar with 'Mental health' and 'COVID-19' sections. The main text discusses the impact of the outbreak on mental health and provides guidance on how to cope with stress.



The screenshot shows a WHO news release titled 'Children's story book released to help children and young people cope with COVID-19'. The image features a child sitting on a large orange fox-like creature against a starry night sky. The text below the image states: 'Children's story book released to help children and young people cope with COVID-19'. It also includes a 'News release of the Inter-Agency Standing Committee' and a date of '18 March 2020'.



The screenshot shows a WHO page titled 'Coping with stress during the 2019-nCoV outbreak'. The page features a navigation bar with 'Home', 'Health topics', 'Diseases', 'Publications', 'Data and evidence', 'Media centre', and 'About us'. The main content area includes a search bar and a sidebar with 'Mental health' and 'COVID-19' sections. The main text discusses the impact of the outbreak on mental health and provides guidance on how to cope with stress.

Coping with stress during the 2019-nCoV outbreak

It is normal to feel sad, stressed, confused or angry during a crisis



The screenshot shows a WHO page titled 'Consideraciones psicosociales y de salud mental durante el brote de COVID-19'. The page features a navigation bar with 'Home', 'Health topics', 'Diseases', 'Publications', 'Data and evidence', 'Media centre', and 'About us'. The main content area includes a search bar and a sidebar with 'Mental health' and 'COVID-19' sections. The main text discusses the impact of the outbreak on mental health and provides guidance on how to cope with stress.

COVID-19 and NCDs

Coronavirus (COVID-19) resources relevant to NCDs

HOME | WHO WE DO | KNOWLEDGE EXCHANGE | COMMUNITIES | COVID-19 RESOURCES | ABOUT US | CONTACT

This page shares various resources and tools to support our network navigate the COVID-19 pandemic.

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus in 2019. The World Health Organization (WHO) has said that "most people infected with COVID-19 will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is to be well informed about COVID-19, the disease it causes and how it spreads."

As a global alliance, the NCD Alliance (NCDAll) will do everything within our capacity to raise our voices for the rights of people living with NCDs, older people and marginalised groups, and to share information, guidance and good practice protect each other. In full solidarity and alignment with WHO, and in collaboration with our members, supporters and 65 national and regional NCD Alliances, our contribution will be to provide an NCD lens to this fast moving health security challenge.

Stay Informed!

At NCDAll, the power of NCDAll is in our collective expertise and experience.

We are therefore keen to share information, resources and good practice across our network during an outbreak, both in terms of the data and the response required. Watch this space as we continue collect relevant information and resources. We also encourage you to share via [Twitter](#) relevant resources and tools.

General Resources and Updates on the COVID-19 outbreak

- WHO information hub on COVID-19 [World Health Organization \(WHO\)](#)
- Public advice on **myths** related to the transmission, detection and prevention of coronavirus: [WHO COVID-19 Myths Busting](#)

We love NCD Alliance's website on COVID-19 and NCDs.

One of WHO's immediate tasks:
Add a tile on NCDs on WHO's COVID-19 website



Country & Technical Guidance - Coronavirus disease (COVID-19)

Country & Technical Guidance - Coronavirus disease (COVID-19)

Technical guidance

- Updated reports
- Health resources
- Address the patient
- Operational plans
- Training and partners
- Training & expertise
- World Health Organization

All technical guidance by topic

Clinical investigations, diagnosis, and surveillance updates for COVID-19	Country-level coordination, planning, and monitoring	Surveillance, health systems, health care, and risk communication
National-level updates	Clinical care	Infection prevention and control (IPC)
Risk communication and community engagement	Essential resource planning	Guidance for schools, workplaces & institutions
Early investigative protocols	Risk mitigation strategies beyond human-to-human transmission	Trade of sick leave arrangements
Meeting the essential needs of people at risk	Workforce operations, safety and other health-related	Health workers
Monitoring, Evaluation, Health Systems and Systems		



Aims: Working Group Workplan

Advocacy

- Raise the priority accorded to prevention and control of NCDs and mental health conditions in global, regional and national COVID-19 agendas
- Strengthen international cooperation and advocacy
- Ensure that the prevention and control of NCDs becomes the cornerstone of the global movement to ensure that this will never happen again

Governance

- Strengthen national capacity, leadership, governance, multisectoral action and partnerships for NCD prevention and control during COVID-19 pandemic

Prevention/ Promotion

- Reduce pre-disposition to, and impact of, COVID-19 for people with /exposed to 5 NCD risk factors
- Reduce modifiable risk factors and develop health-supporting environments to prevent NCDs during COVID-19 pandemic

Treatment/ Health Systems

- Reduce pre-disposition to, and impact of, COVID-19 for PLWANCDs
- Develop/maintain resilient health systems, services and infrastructure for PLWANCDs
- Prevent avoidable NCD mortality and disability

Research

- Promote and support national capacity for research and development for COVID-19 impact on NCDs
- Improve the global understanding of the relationship between COVID-19 and NCDs

Surveillance / health information

- Monitor trends and determinants for COVID-19 infection and outcomes in relation to NCDs and their risk factors
- Monitor the impact of COVID-19 on avoidable NCD mortality and disability
- Monitor changes in policy responses to NCD risk factors during COVID-19 pandemic

Priority actions of the Working Group



ADVOCACY

Communication strategy • partnerships • common position statements • clarity of messaging • visibility and dissemination of existing materials • human faces of NCDs • narratives • knowledge management • fully address the blind spot •
Ensure that NCD prevention and control is front and centre of the global movement and strategy to ensure that this never happens again

TREATMENT /HEALTH SYSTEMS

Add NCD/MH specificity to maintaining essential health services, with practical examples
Respond to disease-specific requests e.g. cancer care, FAQs
Capacity-building in countries to equip PHC, community health workers to support self-management and home care
Identify & scale-up digital health solutions
Collaboration on maintaining access to medicines and supplies

PREVENTION

Reinforce FCTC, counter industry interference, threats to regulatory frameworks & misinformation in media

GOVERNANCE

Keep NCDs/mental health in the national response plans during/post-pandemic
Identify/earmark resources to support country response

SURVEILLANCE

Identify key epidemiological questions and commission studies (coordinated, collaborative)
Monitor trends

RESEARCH

Identify key research questions and commission (coordinated, collaborative)
Support countries in research
Model impact and recovery implications

Coming soon

UNDER DEVELOPMENT

Updated operational
guidance for maintaining
essential health services
during an outbreak

UNDER DEVELOPMENT

Community-based health
care, including
consolidated guidance on
the continuation of
prevention and outreach
campaigns in the context
of COVID-19

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THANK YOU



@MikkelsenBente_

Q&A



DIABETES and COVID-19:

NCDA Webinar
April 15th 2020

Andrew J M Boulton MD, DSc, FICP, FACP, FRCP

Professor of Medicine, Universities of
Manchester, UK, and Miami, FL, USA.

‘If you always do
what you always did..

You will always get
what you always got’

Liam Donaldson

Diabetes: the global epidemic

Approximately 500 million cases worldwide

6% or nearly 5 million in UK

>1 in 4 adults in Pakistan have Diabetes

>20% in some Middle East countries

Basit A, Sera S. BMJ Open 2018

Diabetes Atlas, 9th Edn. 2019



Diabetes and Covid-19

Few reported cases of hospitalized patients aged <35 in Wuhan or Italy

Wuhan: 9.6% of Covid-19 hospital admissions had diabetes

Median age 66y: mortality in DM 35% VS. 20% in non-diabetic

Adverse outcomes related to older age, CV complications, poorer blood glucose control

Shi Q et al, Lancet Diab Endocrinol 2020

Diabetes and Covid-19: Threats

Cancellation of all routine out-patient clinics

Access to medications/supply chains

Suspension of all routine investigations, e.g.,
X-Rays

Suspension of all non-emergency surgery

All transplant surgery suspended



*‘Before you speak, learn;
and before you fall ill –
take care of your health’*

Ecclesiasticus 18:19



The impact of COVID-19 on people living with dementia and ADI's response





**Alzheimer's Disease
International**

The global voice on dementia

***The impact of COVID-19 on people living
with dementia and ADI's response***



Paola Barbarino, Chief Executive Officer
Alzheimer's Disease International

Responding to COVID-19



**Alzheimer's Disease
International**

The global voice on dementia

General resources

- [Professor Huali Wang's advice on dementia care during COVID-19 from a Chinese perspective](#) (English, Spanish and French)
- [Up-to-date advice on COVID-19 from the WHO](#)
- [Federal Emergency Management Agency \(FEMA\)'s guide to coronavirus rumor control](#)

Mental health and well-being

- [Dementia UK's calming techniques for people living with dementia](#)
- [Ontario Neurodegenerative Disease Research Initiative's guidance on social distancing](#)
- [National Institute for Health and Care Excellence's short guide on promoting positive mental well-being for older persons](#)

ADI member resources for carers & people with dementia

- [Alzheimer udruženje AiR's guidance on dementia at the time of COVID-19](#)
- [France Alzheimer's advice for people with dementia and carers](#)
- [TADA's Reference Handbook of Dementia Care responding to COVID-19](#)



¿Estás cuidando a una persona con demencia?
Practica estos consejos durante COVID-19



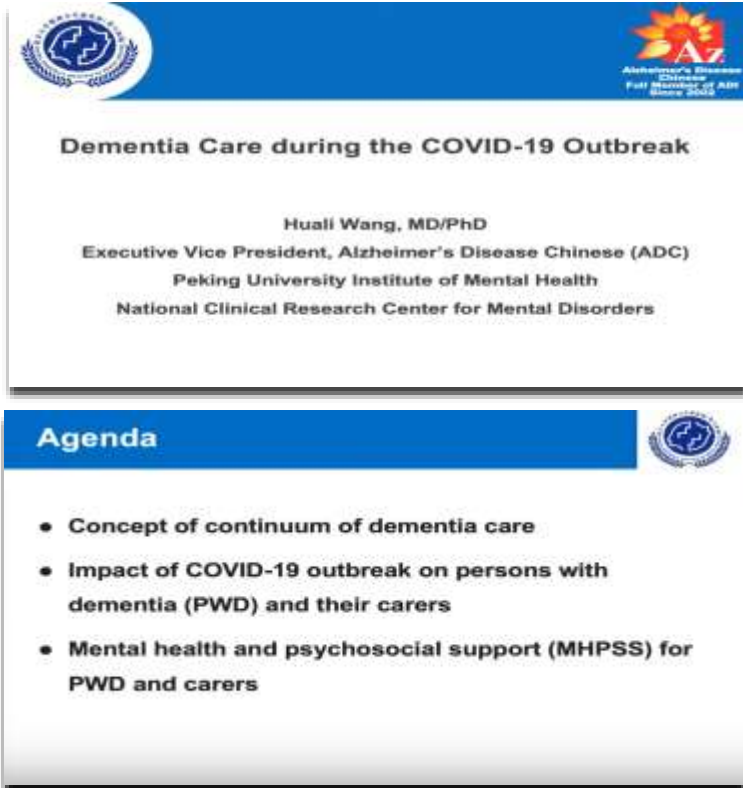
Are you living with dementia?
Practice these tips during COVID-19



Responding to COVID-19



**Alzheimer's Disease
International**
The global voice on dementia



The slide is titled "Dementia Care during the COVID-19 Outbreak" and features the Alzheimer's Disease Chinese logo in the top right corner. The speaker's name and affiliation are listed in the center. Below the title is a blue header with the word "Agenda" in white. The agenda items are listed in a bulleted format on a white background.

Dementia Care during the COVID-19 Outbreak

Huali Wang, MD/PhD
Executive Vice President, Alzheimer's Disease Chinese (ADC)
Peking University Institute of Mental Health
National Clinical Research Center for Mental Disorders

Agenda

- Concept of continuum of dementia care
- Impact of COVID-19 outbreak on persons with dementia (PWD) and their carers
- Mental health and psychosocial support (MHPSS) for PWD and carers

- **ADC presentation (English): 7.6k views**
- **Available in English, Spanish and French, with slides also in Russian**

Member Support Webinars



- Initiated on 25 March
- Implementing a series of themed weekly webinars
- Between 60 and 70 member associations on each webinar



Statement on hospital admissions



**Alzheimer's Disease
International**

The global voice on dementia



"We are living through unprecedented times, but one thing is clear: ADI's natural constituency, people affected by dementia and their families, are amongst the hardest hit. We have a global network and it has been natural for our members to collaborate through this crisis, show solidarity and work together. But we have also learnt that there are hard truths that we all need to face. This is the spirit in which we have reengineered ADI to be at the forefront in providing, guidance, evidence-based information and cohesion through these difficult times. Our aim is to help you understand the impact on our community as events unfold and take better and more informed decisions. Stay safe." - Paola Barbarino, Chief Executive of Alzheimer's Disease International (ADI)

COVID-19 and dementia: Difficult decisions about hospital admission and triage

COVID-19 is a new viral infection that presents an unprecedented problem for everyone, including people with dementia and their families and carers¹ worldwide. Although the scale and impact of COVID-19 varies from country to country, at an individual level, people affected by dementia and their families and carers are having to cope with rapidly changing information and guidance at a time when they have been asked to isolate from their regular support systems in the wider community.

Covid-19 and Respiratory Pathogens

Covid-19 and respiratory pathogens

- Generalised lack of evidence as SARS-CoV-2 so new.
- As COVID-19 affects the lungs it is expected that it will affect those with underlying diseases more.
 - TB - early small cohort from China shows negative outcomes for those with TB)
 - Smoking – increased risk of severe progression and also increased infection rates
 - Asthma – not as high as expected in early data
 - COPD – not as high as expected in early data
 - Air Quality – early evidence hints that air quality has a negative impact on outcomes.



Immediate Covid-19 impacts on Respiratory programmes in LMIC

- Removal or reallocation of staff
- Overwhelming of limited respiratory services
- Infection control concerns and lack of PPE and training on PPE
- Diagnostic challenges as platforms and supplies all used for COVID



Long-term COVID-19 impacts on Respiratory programmes in LMICS

- Future Funding withdrawal from large donors
- National recessions following quarantine measures - modelling suggesting half a billion people will be pushed into poverty which will set back progress on under 5 mortality (pneumonia the leading cause) and the fight against TB amongst other problems.
- Pause in supplementary immunisation activities resulting in rise in vaccine preventable diseases including pneumonia



Q&A



Protecting and Sustaining Safe Treatment and Care for Cancer and NCD Patients in Midst of COVID19

A Report from the Philippines by Cancer Warriors Foundation

- UICC Country Champion and Convenor, Treatment for All Campaign
- Member, WHO Global Initiative for Childhood Cancer Working Group
- Member, NCD Child
- Anchor Organization , Childhood Cancer International – Asia
- Core Member , Healthy Philippines NCD Alliance
- Founding Member, Cancer Coalition Philippines

Context: Luzon Island of the Philippines (60M population), has been on Enhanced Community Quarantine (ECQ) since mid March.

All work (except for essential industries), schooling, church services have stopped.

All public transportation (land, air, sea) has been suspended.

Mandatory stay at home is implemented; each family has 1 quarantine pass assigned to 1 family member who can go out 1X a week for essential activities (purchasing food/medicine, banking, health care).

Ensuring Patient Care and Safety

Successful Advocacies

- Creation of interagency, multisectoral Technical Working Group on Medicines, Supplies and Devices Security ; TWG works through 7/24 viber group
- Policy issuance legitimizing use of E Prescriptions for maintenance and pain management medicines
- Successfully stopped some LGUs order to close down pharmacies/drugstores in their area.
- Policy Issuance on Telemedicine
- Opening up of separate quarantine facilities for PUI/PUM (suspect/probable) to decongest hospitals
- Purchase of additional ventilators

Collaborative Initiatives

- Healthy PhI Alliance, Cancer Coalition PhI, Treatment for All PhI Coalition, PhI Ass of Persons with Chronic Illnesses, disease focused patient org and Persons with Disability networks provides CVA/CWF with **real time info from their members on medicines experiencing shortages or have limited supply or constraints in accessing care/services.**
- Cancer Coalition Ph launched MAG-C Kilos facebook page and Free Transport Service for patients from residence to point of care and back.
- Lupus PhI undertook survey to assess impact of HCQ shortage and identify patients needing support

PROVIDED MASKS, HYGIENE PRODUCTS, NUTRITIONAL CARE PACKAGE AND CASH AID FOR KIDS WITH CANCER AND THEIR FAMILY MEMBERS; LINKS WITH MENTAL HEALTH PROFESSIONALS, AS NEEDED

Connected with private sector donors for :

- Regular/Continuing supply of N95 and surgical masks, gloves, PPE, alcohol and sanitizers ,
- Hospitals to be included in route of free shuttle services for health care workers
- HCWs to receive free delivery of food, coffee, drinks
- HCWs to be given free accommodations near their place of work

Provided N95
Masks to
targetted
hospitals /clinics

Assisted in transfer of cancer patients under treatment from Metro Manila “hot zone” to relatively COVID safe hospitals/areas outside MM

Shared technical updates and guidelines on COVID 19 and care of people living with NCDS/cancer, chronic illnesses, the immunocompromised (from international colleagues/organizations)

Supporting Oncology Units and Health Care Workers in Hospitals and Cancer Care Clinics

Context:

- *Some key hospitals providing onco services were not in government and donors priority list, as they were only triage hospitals.*
- *However, they had PUIs (persons under investigation/suspect COVID19cases) and onco units still seeing patients (some hospital onco units had closed).*
- *Other hospitals do not recognize onco units as frontliners and do not provide them with protective gear.*

To ensure the safety and protection of patients, HCW and Onco Units needed to be protected and supported .

One of these hospitals was an end referral for children /adolescents with cancer and chronic illness.

◦ **We therefore call upon the Department of Health and The Inter-agency Task Force (IATF) for the Management of Emerging Infectious Diseases (*IATF is the main body directing /overseeing implementation of COVID19 directives and regulations, Bayanihan We Heal Together Law; it is under the Office of the President*), to do the following:**

- Restructure units of existing hospitals and designate certain hospitals and clinics, to be dedicated for cancer treatment and care, with stringent measures to be COVID-19 safe.
- Develop recommendations and guidelines by which these cancer care facilities can minimize the risk of exposure and infection of cancer patients to COVID-19.
- Ensure safety and protection of all healthcare workers providing cancer care.
- Ensure availability and access to medicines for cancer care, including palliation and pain management.
- Provide transportation support, assistance, and travel clearance to and from residence and point of care.
- Create awareness on ensuring safety and continuing medical care for cancer patients, people living with cancer, and cancer survivors during the COVID-19 pandemic; and integrate information on cancer for patients and healthcare workers in current DOH COVID-19 media campaigns.
- Collaborate with medical specialties and organizations on information campaigns to guide patients and healthcare workers alike on treatment processes and care in hospitals and communities.
- Strengthen patient navigation systems/processes in all levels/type of facility.
- Ensure quarantine facilities are PWD friendly, gender responsive and fit for needs of seniors/the elderly

Enabling Health System to Protect, Safeguard and Sustain Safe Treatment and Care for Cancer Patients and Survivors : Easter Monday Letter of Appeal (25 cancer focused medical societies and patient support organization)

CONTEXT

Since start of ECQ and COVID19

- ***A number of hospitals had to close or decrease frequency of cancer services/number of patients seen.***
- ***Use of imaging facilities are limited since it takes 2 hours for disinfection; Moderate to severe COVID19 cases require daily imaging***
- ***Patients are afraid to continue treatment and seek care in hospitals with known COVID19 case loads.***
- ***A number of prominent HCW (doctors/nurses) have died and more are in quarantine***
- ***Essential surgeries are being postponed due to fear of cross contamination.***

NCDs and COVID-19

A Snapshot of Civil Society's Response in the Caribbean





NCDs and COVID-19

A Snapshot of Civil Society's Response in the Caribbean

COVID-19 Pandemic and its Impact on
People Living With NCDs
NCD Alliance Webinar, 15 April 2020

Trevor Hassell



NCD Key Statistics

In the Caribbean
Non-communicable diseases
(NCDs) are responsible for:



8 out of every 10 deaths

40% of premature
adult deaths

UHC service coverage index for selected CARICOM countries

Country	UHC service coverage index
Barbados	79
Antigua and Barbuda	75
Trinidad and Tobago	75
The Bahamas	72
Grenada	72
Saint Lucia	69
Guyana	68
Suriname	68
St. Vincent and the Grenadines	65
Belize	61
Jamaica	60
Haiti	47



Caribbean CSO COVID-19 Response

- **HCC Response**
 - **Open Letter to CARICOM Heads**
 - **HCC COVID-19 Communication Strategy**
 - **Joint HCC/OECS Statement on food and nutrition Security during the COVID-19 pandemic**
- **HCC Member Responses**



HCC Open Letter to CARICOM Heads

- Emphasised vulnerability of PLWNCDs, and highlighted need for proactive responses.
- Recognised and commended significant efforts made by leaders in the response to the pandemic, and offered support.
- Highlighted NCD legacy of the pandemic.
 - Health given priority in all policies - policy coherence
 - Fiscal policies to make the healthy option the more affordable option
 - Agriculture and trade policies that prioritise food security
 - Policies to facilitate investment and support mitigation and adaptation to the climate crisis





HCC COVID-19 Communication Strategy

5 OBJECTIVES



Increase knowledge about COVID-19 and NCDs



Promote access to, and consumption of, healthy foods



Promote access to essential medicines and treatments for PLWNCDS



Promote good mental and physical health



Engage young people as key players in the COVID-19 response

4 STRATEGIES



Information dissemination



Strengthening of CSO communication networks for information and experience sharing



High-level advocacy targeting policymakers



Leveraging partnerships with critical regional and global public health institutions



Joint Statement from the HCC and the Organisation of Eastern Caribbean States Commission on strengthening food and nutrition security in the Caribbean: a legacy response to the COVID-19 pandemic

STRATEGY:

- Coordinated responses to food security threats presented by COVID 19
- Mobilise Member States to develop their National Agriculture Sector COVID-19 Response Strategies
- Facilitate the intra-regional trade of the excess supply of fresh healthy foods

ACTIONS:

- Information and education campaigns to promote healthy eating
- Food and nutrition security measures in national COVID-19 response plans
- Expansion and improvement of emergency food assistance and social protection programs
- Promotion of OECS list of 'Essential Basket of Food Items for Vulnerable Groups
- Unhealthy private sector donor businesses not promote unhealthy product lines or exploit opportunities to increase brand visibility..
- Governments and private sector support smallholder farmers and fisherfolk/fisheries
- Governments and private sector support the repurposing of local food to reduce food insecurity among the most vulnerable.
- Governments and private sector invest in healthy, resilient, sustainable regional food systems across the supply chain from farm and sea to fork.
- International and regional health agencies support policies and programmes that, ensure access to healthy, nutritious foods and that strengthen food security.



Snapshot of HCC Member Responses

- **Emergence/ strengthening of telemedicine capacity**
 - Barbados Diabetes Foundation – + hotline, food drive and information
- **Strengthening of regional treatment and care networks to respond to priority needs of PLWNCDs and COVID19**
 - Cardiologists WhatsApp group
- **Development and dissemination of information for members**
 - Diabetes Association of Trinidad and Tobago (press release on the use of gloves and other general information)
- **Increased advocacy building on HCC's Open Letter calling for the implementation of protective measures for the PLWNCD population and other vulnerable groups including the elderly**
 - BCOP closed letter to GoB
 - OVOV PLWNCDs network in Barbados preparing a statement to government
- **Improved medical control of PLWNCDs in preparation for COVID-19**





COVID-19 in the Caribbean

April 8, 2020

COVID-19

CORONAVIRUS DISEASE



NUMBERS AT A GLANCE as of April 8, 2020

Caribbean

- 4,016 confirmed cases
- 33 countries, territories or areas {of which 24 are CARPHA member states (CMS)}
- 266 persons recovered
- 185 reported deaths

Globally

- 1,317,151 confirmed cases

Rest of the World (apart from the Caribbean)

- 1,313,135 confirmed cases
- 178 countries, areas or territories and Other*
- 307,880 persons recovered
- 74,119 reported deaths

**Persons on board the Diamond Princess cruise ship*



Q&A

Webinar slides and recording

Become a Member...

And ACCESS our
exclusive
BENEFITS for
NCD Alliance MEMBERS,
such as...

WEBINARS



TAILOR-MADE
RESOURCES

VISIBILITY
OPPORTUNITIES



&

MORE

including
priority invitations
to virtual and
in-person events
led by NCD Alliance



Webinar on COVID-19 and NCDs

The NCD Alliance is convening another **members-only webinar** to support the exchange of the latest expertise on the impact of the COVID-19 pandemic on people living with NCDs.



More information to follow shortly. Please visit our [website](#) for a list of COVID-19 and NCDs resources.

THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#NCDs @ncdalliance



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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