WHO WORKING GROUP ON COVID-19 and NCDs

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World Health Organization

A UN framework for the immediate socio-economic response to COVID-19
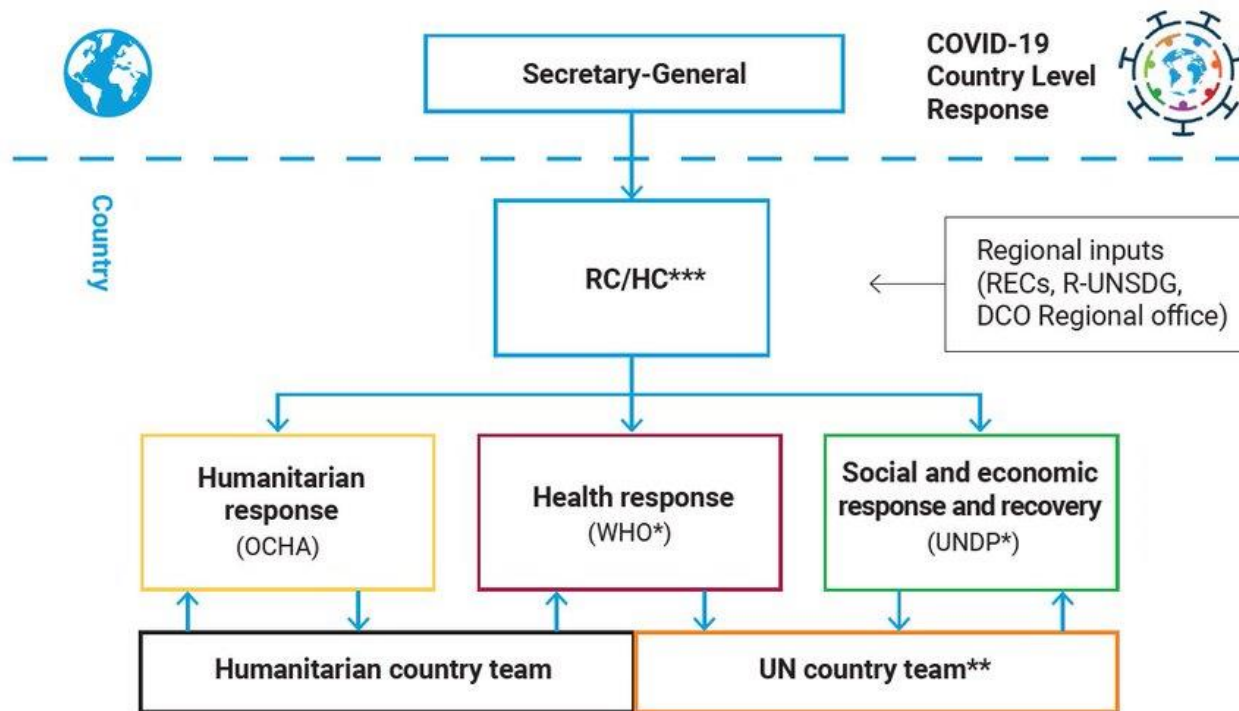
APRIL 2020

United Nations

Solutions to cope with the socio-economic impacts:
- Undertake fiscal stimulus and support for the most vulnerable
- Protect Human Rights and focus on inclusion
- Support to SMEs
- Support decent work
- Support decent work
- Prioritize social cohesion measures

Partnerships
- Local and national authorities
- Global research and innovation
- Civil society and community-based organizations

COUNTRY-LEVEL UN ARCHITECTURE

COVID-19 Country Level Response

Secretary-General

Country

RC/HC***

Regional inputs (RECs, R-UNSDG, DCO Regional office)

Humanitarian response (OCHA)

Health response (WHO*)

Social and economic response and recovery (UNDP*)
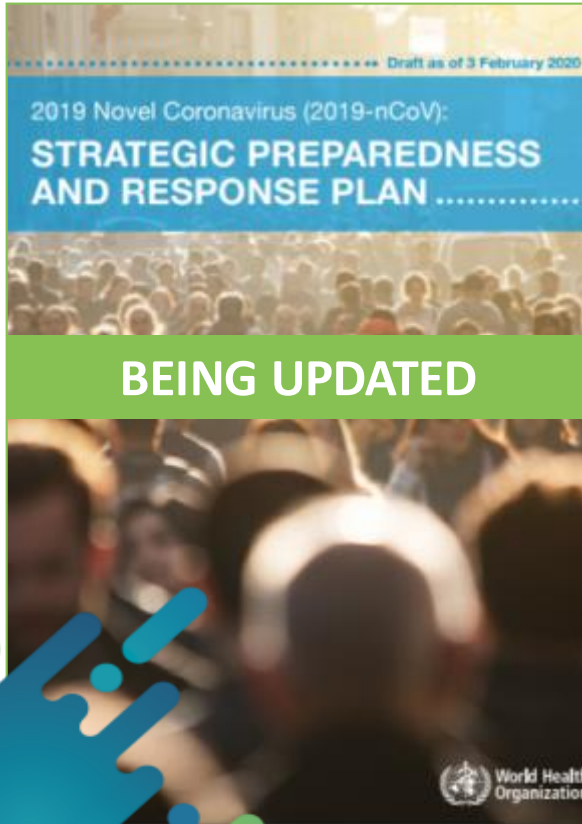
Humanitarian country team

UN country team**

*   Technical Lead
**   irrespective of the physical location of the entity
*** In 29 countries, RCs also serve as Humanitarian Coordinator appointed by the Emergency Relief Coordinator

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Draft as of 3 February 2020

2019 Novel Coronavirus (2019-nCoV):
STRATEGIC PREPAREDNESS AND RESPONSE PLAN ....

BEING UPDATED

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- **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.

New challenges for the NCD agenda

① COVID-19 response may compromise access to and quality of essential health services for NCDs (already leading cause of death)

② COVID-19 infection may be associated with cardiac and renal complications, strokes and clotting disorders

③ COVID-19 may disrupt whole-of-society approaches for NCDs, disrupt medicine supplies, divert services, complicate health messaging

④ People living with NCDs may experience more severe disease and poorer outcomes when infected, and various risk factors exist, such as obesity and smoking

⑤ Health workers, food service personnel, and people living in prisons, refugee camps or closed setting are at increased risk of infection

⑥ Increased prevalence of mental health conditions are being reported

⑦ Changing donor commitment may have implications for the continuity of national NCDs responses and WHO's work on NCDs

8 TASK GROUPS FOR WORK STREAMS

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❶ Communication strategy, advocacy products, misinformation in the media, and myth busters

Advocacy

Governance

❷ Keep NCDs/mental health in national, regional and global response plans during/post-pandemic Funding

❸ Reinforce FCTC, counter industry interference, threats to regulatory frameworks

Prevention

Surveillance and R&D

❹ Identify key epidemiological & research questions (relevant to all workstreams) and commission

❺ Add NCD/MH specificity to maintaining essential health services, with practical examples

Treatment

❼ Collaboration on maintaining access to medicines and supplies

❻ Identify & scale-up digital health solutions

❽ Respond to disease-specific request

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Tasks:

1) Accelerate the development of COVID-related product types on NCDs between now and 6 May 2020 (i.e. until next WIN/NCD meeting)

2) Agree on a list of product types to be developed between 6-17 May 2020 (i.e. until WHA73)

3) Agree on a list of additional product types to be developed between 17 May 2020 and 1 July 2020

COVID-related product types:
- Scientific briefs
- Technical guidance
- Guidelines
- Q & A
- Situation reports
- Tools
- Database
- Rapid reviews
- Derivative products
- Joint position statements
- Research papers, commentaries, viewpoints, op-eds
- Target product profiles
- Campaign materials
- Advocacy products
- Advice for public: myth busters
- News
- Donor alerts
- SPRP Resource mobilization
- Activity report

What needs to be done?

1) **Strengthen governance for the preparedness at national, regional and country level by also including NCDs,** and building bridges between humanitarian responses and development**,** emergency and NCDs, using UHC and sustainable funding structures as the foundation.

2) **Monitor** the access to/continuity of essential health services for NCDs and mental health at country level.

3) **Review the evidence** emerging related to NCD and risk factors, vulnerable populations, mode of transmission, pathogenesis and disease associations to determine implications for NCDs and mental health services and programmes.

4) **Disaggregate data, modelling and integrated surveillance** to better understand the numbers of people that are at risk.

5) **Elaborate** cross-cutting research priorities and agendas – identifying **innovative solutions**.

6) **Use practical guidance** for countries on the continuity of essential health and community services, including for NCDs, mental health and substance use disorders, with an emphasis on disease specific guidance

7) **Use clearer terminology and communication** messages on COVID-19 and NCDs.

New opportunities

1) **Coordinate approaches** in which all guidance is coherent and fully aligned.

2) **Build bridges between humanitarian responses and development,** emergency and NCDs responses, with UHC as the foundation

3) **UNGA, WHA73 and the Regional Committees** need to address continuity of health services and activities for healthier populations during the COVID-19 pandemic to achieve UHC

4) **Reprogrammed investments and new international funding patterns** may require adjustment and "re-setting" of global initiatives and building new partnerships.

5) **Implement WHO guidance on resuming health services and activities for health and wellbeing** in a post-peak COVID-19 scenario – this should be given the highest priority.

6) Develop systematic approaches to **research and innovation,** including digital health care solutions

7) **Involve Health Ministries** in the revision of social, economic, environmental policies and further investments for health in these systems

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THANK YOU

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