

COVID-19 and NCDs: Conceptual framework for the WHO NCD/WIN Technical Working Group

6 April 2020



To help increase the reach of WHO's efforts to stop the COVID-19 pandemic and prepare for the future, the WHO NCD/WIN Technical Working Group on COVID-19 and NCDs will be established to support countries in their efforts to:

"Strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure, to treat people living with NCDs and prevent and control their risk factors during the COVID-19 outbreak, with a particular focus on countries' most vulnerable to the impact of COVID-19"

taking into account the corresponding commitment made by Heads of State and Government in paragraph 40 of the 2018 Political Declaration on NCDs

COVID-19

1. In response to the current COVID-19 outbreak, WHO encourages governments to immediately and collectively scale up the necessary national actions to:

- 1) **Prepare** and be ready
- 2) **Detect** and **Test** all suspect cases
- 3) **Prevent, Suppress** and Interrupt transmission
- 4) Provide safe and effective **clinical care**
- 5) Share knowledge and develop and distribute new **diagnostics, drugs and vaccines**.

2. On 25 March 2020, WHO, UNICEF and OCHA launched the Global Humanitarian Response Plan (April – December 2020) to fight COVID-19. The plan aggregates appeals from WHO, WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF and NGOs. The plan includes three strategic priorities:

- Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality
- Decrease the deterioration of human assets and right, social cohesion and livelihoods
- Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

3. In early April 2020, WHO will launch the updated Strategic Preparedness and Response Plan (April – December 2020) to contain the spread of the COVID-19 pandemic and decrease morbidity and mortality. The plan includes three strategic priorities:

- Rapidly establishing international coordination and operational support
- Scaling up country readiness and response operations

- Accelerating priority research and innovation.

4. WHO has established an internal coordination mechanism comprised of WHE, SCI and DDGO.

COVID-19 and NCDs

5. People living with or affected by the major noncommunicable diseases (**NCDs**) appear to be more vulnerable to becoming severely ill with the virus. In particular, they will be put at a higher risk of the consequences of bilateral viral pneumonia. Major NCDs include:

- **Cardiovascular diseases** (e.g. hypertension, persons who have had, or are at risk for, a heart attack or stroke)
- **Chronic respiratory diseases** (e.g. COPD)
- **Diabetes**
- **Cancers**
- **Mental health conditions.**

6. **Risk factors for NCDs** can make people more vulnerable to becoming severely ill with COVID-19. For example, smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips which increases the possibility of transmission of virus from hand to mouth. Smokers may also already have lung disease or reduced lung capacity which would greatly increase risk of serious illness. Smoking products such as water pipes often involve the sharing of mouth pieces and hoses, which could facilitate the transmission of COVID-19 in communal and social settings. Major NCD risk factors include:

- **Tobacco use:**
- **Harmful use of alcohol**
- **Unhealthy diets**
- **Physical inactivity**
- **Air pollution.**

7. Persons with **disabilities** may be impacted more significantly by COVID-19. This impact can be mitigated if simple actions and protective measures are taken.

8. The response to this virus requires extraordinary measures may include significant disruption of access to – or even critical shortages of -- **medicines for people living with or affected by NCDs**. It is imperative to immediately ensure that the supply chains for essential NCD medicines are protected, prioritized and continue to function efficiently, and that these products are distributed on the basis of need and/or equitability.

9. **Health services** will be disrupted in many settings. This will impact the detection and diagnosis of NCDs. Elective procedures and other services for NCDs may be affected or delayed and can lead to consequences.

10. To ensure access to **care for people living with or affected by NCDs**, both for people infected with the virus and people who are not, governments can reduce access barriers to essential health services for people living with NCDs, and manage referral systems between primary and other levels of care, so that the most at risk can access life-saving care. It is also a critical part of the response to halt the transmission of the virus by ensuring that people living with NCDs and affected by the virus can be detected, isolated and cared for as rapidly as possible.

11. Recognizing the interconnectedness of COVID-19 and NCDs, there is an urgent need to coordinate and cooperate on all aspects of the **NCD component of the COVID-19 public health response**, at the three levels of WHO, including implementation of preparedness and response policies, response financing, management of global supply stockpiles, and data analysis. There is also a need to align risk communications and good practices to inform communities and counter misinformation.

12. Epidemiological investigations, trend analysis and forecasting will be necessary to better understand the relationship between NCDs, their risk factors, and predisposition to the COVID-19 as well as their influence on the course and outcome of the disease, and the broader impact of the pandemic on avoidable mortality and disability for NCDs. Together with reviews of evidence and better knowledge management, these will feed into more a more robust evidence base to inform help understand spread, severity, spectrum of disease, impact on the community, and to inform operational models for implementation of countermeasures and planning for recovery.

13. The COVID-19 outbreak and response has been accompanied by an “infodemic:” an overabundance of information — some accurate and some not — that makes it hard for people living with NCDs to find trustworthy sources and reliable guidance when they need it. WHO and partners will coordinate efforts to ensure that recommendations for people living with NCDs are evidence-informed and can be applied at the community level and that people affected by NCDs have a voice and are part of the response. It will be necessary to regularly update these recommendations, as gaps in our knowledge are filled. Shared platforms will be build include common repositories for data, knowledge, risk communication, and outcomes and findings, and dissemination strategies will be put in place to enable the sharing of data and information notes.

14. The estimated **human resources** required to develop and implement the work plan of this Working Group across the three levels of WHO are regularly being calculated.

15. The corresponding **budget requirements** across the three levels of WHO are regularly being calculated.

Organizational arrangements to define WHO’s core work on COVID-19 and NCDs

16. To define the core work on COVID-19 and NCDs, an internal time-bound **Working Group** will be established on 1 April 2020 with a lifespan until December 2020, when it will be sunset.

17. The Working Group will report to the Co-Chairs of the WHO Internal Horizontal Network for Collective Action towards the NCD-related SDG Targets (NCD/WIN), and will provide an update during the bi-weekly meetings of the WIN Action Network.

18. The work of the Working Group will serve as an input into the coordination mechanism established by WHE, SCI and DDGO organized around:

- vulnerable populations
- people living with other diseases
- healthy systems
- health promotion.

What is the WHO Internal Horizontal Network for Collective Action towards the NCD-related SDG Targets (NCD/WIN)?

In implementing the WHO transformation agenda, the Organization will continue to support Member States in their efforts to fulfil their commitments made in the 2011, 2014, and 2018 Political Declarations on NCDs, taking into account the commitments made in the 2019 Political Declaration on UHC, the 2030 Agenda for Sustainable Development and the guidance provided by the GPW13.

Accordingly, on 3 July 2019, the Organization established an internal horizontal network (NCD/WIN) for collective action to support Member States to achieve the NCD-related SDG targets.

The goal of NCD/WIN is to ensure optimal internal coordination of WHO's work across the Organization that contributes to the NCD-related SDG targets.

19. There will be a weekly report to ADG/UCN and ADG/HEP on urgent matters to support countries to prevent and treat NCDs during COVID-19 including urgent requests for technical guidance

20. The **objectives** of the Working Group include:

- 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:
 - The global understanding of the interplay between COVID-19 and NCDs, and the technical expertise and guidance needed by countries to decrease morbidity and mortality of people living with or affected by NCDs.
 - Operational support to countries in this area (as part of the SPRP/2 and the GHRP).
 - Scaling up of country readiness and response operations in this area (as part of the SPRP/2 and GHRP).
 - Accelerating priority research and innovation on COVID-19 and NCDs as an input into broader research and innovation on vulnerable populations, people living with other diseases, health systems and health promotion.
- 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.

21. The **membership** of the Working Group includes up to 30 members:

- Co-Chairs: Director, Department for NCDs, UCN Division, HQ and Director, Department of Health Promotion, HEP, HQ (totals 2)
- Head of the Secretariat for the Working Group (see Annex for Terms-of-Reference) on loan from RO/EURO (1)
- Two representative from each of the six WHO Regional Offices, preferably at the level of Director (totals 12)
- One representative from each of NCD, MSD, HPR, NFS, ECH, SDH and GNP (totals 7)
- One representative from each of WHE, SCI, DDGO, UHL/HIS, DCO (5)
- One representative from the communicable disease programmes in the UCN Division (1)
- Secretariat of the UN Inter-Agency Task Force on NCDs representing other UN organizations, World Bank and other IFIs (1)
- Secretariat of the GNP representing other Non-state actors NGOs, academic institutions and philanthropic foundations as appropriate (1)

22. **Support** for the Secretariat for the Working Group will be provided by the Offices of the Directors of the Departments for NCDs and Health Promotion.

23. The **expected achievements** of the Working Group include:

- Short term (within one month): Define a prioritized work plan until December 2020 with concrete technical deliverables
- Medium (within three months): Ensure effective ongoing activities and feed learnings and required corrective actions back to the work plan.
- Long-term (after six months): Sustain progress made, take corrective action, as needed. Support the recovery phase and provide vital feedback of learning for future outbreaks.

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ANNEX

TERMS OF REFERENCE

Working Group Coordinator – Head of the Secretariat for the Working Group

1. As of 12 March 2020, WHO has officially declared COVID-19 a pandemic. Data has shown that many of those most at risk are those with comorbidities caused by the four major NCDs, and that smokers are more likely to develop and die from COVID-19.
2. A time—bound Working Group on COVID-19 and NCDs has been established under the auspices of the Co-Chairs of the WIN/NCD Action Network. The Working Group will be Co-Chaired by the D/NCDs and a dedicated Working Group Coordinator on loan from one of the WHO Regional Offices.
3. The Working Group Coordinator will:
 - a) Strategically devise and direct a COVID/NCDs response, that is needs-based, outcome-focused and leaving no-one behind, convening WHO three-level response, working collaboratively across programmes/levels of the Organization and with relevant non-state actors and technical experts.
 - b) Collaborate with the WHO Regional Offices to establish the Working Group, develop a common work plan, and provide bi-monthly reports to the WIN/NCD Action Network.
 - c) Collaborate with WHO's Science Division on appraising the current scientific knowledge, available evidence and reviewing international response in relation to COVID-19 and NCDs and its implications for testing, treatment and care.
 - d) Work with other UN organizations, IFIs, civil society, the private sector, academic institutions, and philanthropic foundations to carry out needs assessment, prioritize, commission and prepare guidance for people living with or affected by NCDs on maintaining good NCD outcomes and preventing transmission, testing and treatment options.
 - e) Develop recommendations for responsive actions by countries and cities to address COVID-19 and NCD co-morbidities in order to maintain good NCD outcomes, preventing transmission, and testing and treatment options for people living with or affected by NCDs.
 - f) Identify risks associated with the management of COVID/NCD patients and develop key messages to contribute in developing communication products.
 - g) Coordinate global knowledge between partners and multi-stakeholders and carry out research and surveillance of impact
 - h) Collaborate with relevant programmes in strengthening health systems to maintain access to health care for people living or affected with NCDs during the COVID-19 pandemic.

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