WHO WORKING GROUP ON COVID-19 and NCDs

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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

Secretary-General

COVID-19 Country Level Response

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

RC/HC***

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
• What is WHO doing?
  o US$ 675 million plan (to contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.
  o 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.
COVID-19 response may compromise access to and quality of essential health services for NCDs (already leading cause of death)

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

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

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

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

Increased prevalence of mental health conditions are being reported

Changing donor commitment may have implications for the continuity of national NCDs responses and WHO’s work on NCDs
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.
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.
8 TASK GROUPS FOR WORK STREAMS

1. Communication strategy, advocacy products, misinformation in the media, and myth busters
   - Advocacy

2. Keep NCDs/mental health in national, regional and global response plans during/post-pandemic
   - Governance

3. Reinforce FCTC, counter industry interference, threats to regulatory frameworks
   - Prevention

4. Identify key epidemiological & research questions (relevant to all workstreams) and commission
   - Surveillance and R&D

5. Add NCD/MH specificity to maintaining essential health services, with practical examples
   - Treatment

6. Identify & scale-up digital health solutions

7. Collaboration on maintaining access to medicines and supplies

8. Respond to disease-specific request
8 TASK GROUPS: TASK-AT-HAND

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
THANK YOU

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