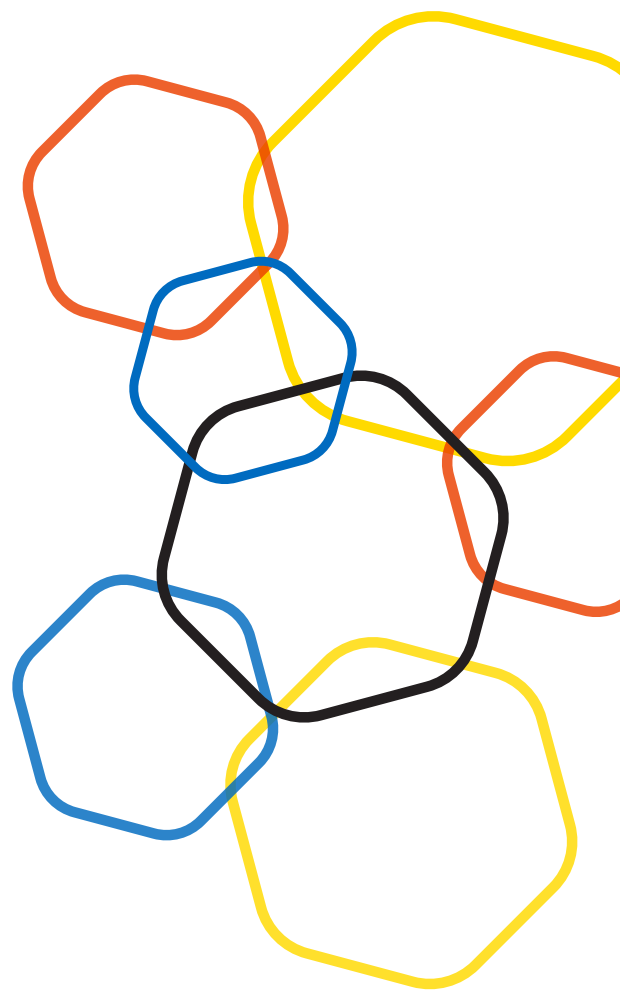
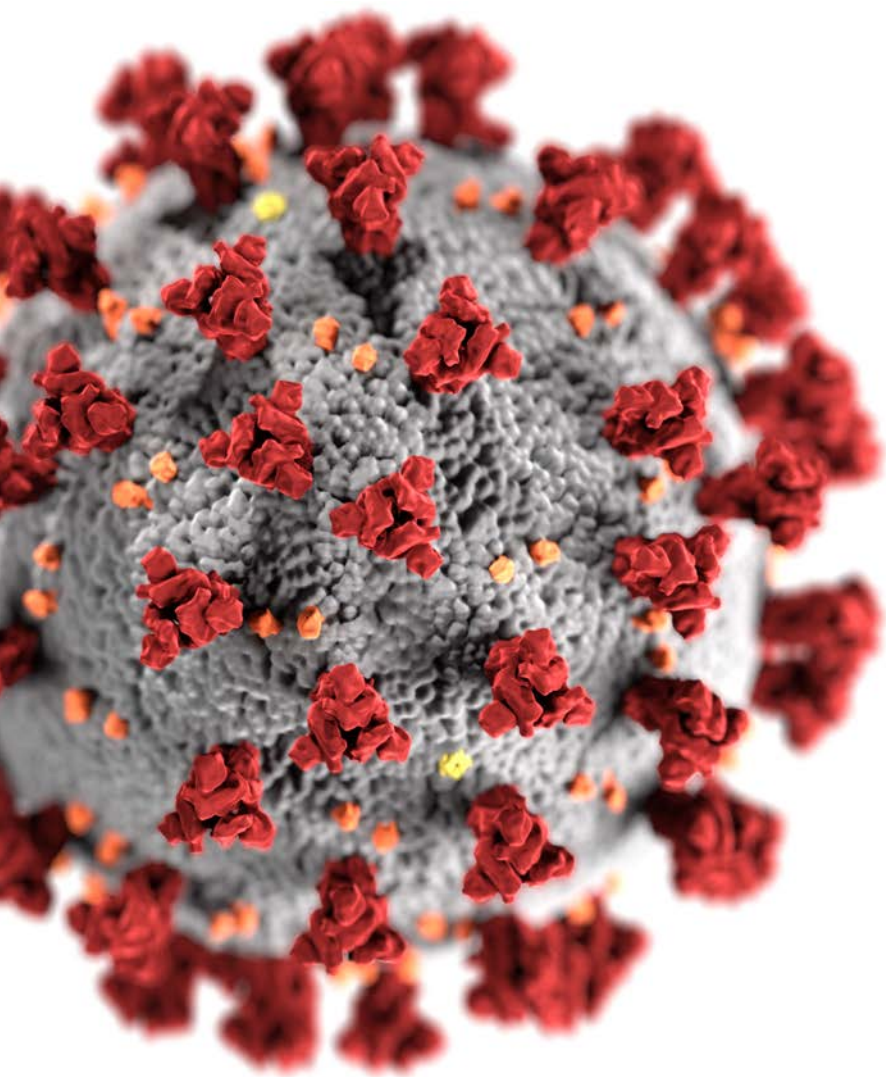


Responding to non-communicable diseases during and beyond the COVID-19 pandemic



WHO/2019-nCoV/Non-communicable_diseases/Policy_brief/2020.1

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1 Audience and scope

This position paper was written for governments, policy-makers, United Nations agencies and development partners that are addressing the COVID-19 pandemic and non-communicable diseases (NCDs).¹ It describes why strong action on NCDs must be an integral part of the COVID-19 response, recovery and “building back better” and suggests steps that should be taken immediately and in the longer term. The brief was prepared by the Task Force.

2 The issue

Countries and localities are at various stages of the COVID-19 pandemic. In most settings, however, COVID-19 is interacting with NCDs and inequalities to form “the perfect storm” (2) of avoidable death and suffering, contributing to overrun health systems, economic contraction and wider sustainable development setbacks, particularly for people who are already vulnerable.

Almost one fourth (22%) of the world’s population is estimated to have an underlying condition that increases their vulnerability to COVID-19; most of these conditions are NCDs (3).

NCDs are now the leading causes of death, disease and disability in most countries. They kill 41 million people each year, accounting for 71% of deaths globally, including 15 million people who die prematurely from cardiovascular disease, diabetes, cancer or chronic respiratory disease between the ages of 30 and 69. Over 85% of premature deaths from NCDs occur in low- and middle-income countries (11).

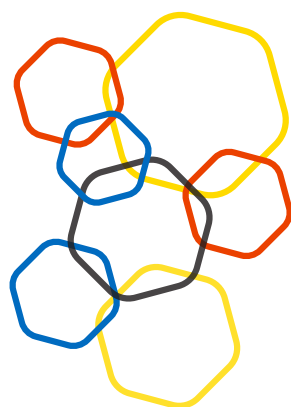
Before COVID-19, the world was already off track to achieve many of the targets in the United Nations Sustainable Development Goals (SDGs), including that to reduce premature mortality from NCDs. The pandemic is making achievement of the SDGs even more challenging (4). COVID-19 is expected to trigger the greatest global recession since the Second World War (5), huge losses of jobs and income (6), food crises (7) and mass impoverishment (8). Global human development – a combined measure of health, education and income – is projected to reverse for the first time in 30 years (9). As NCDs worsen the pandemic and its wide-ranging impacts, they must be considered a major issue in the response, recovery and building back better to restore and drive progress in achieving the SDGs. The 2030 Agenda for Sustainable Development and the pledge to leave no one behind must continue to be the overarching approach for integrated action on NCDs (10).

¹ In this paper, “NCDs” refer to cardiovascular disease, diabetes, cancer and chronic respiratory disease, in line with WHO and United Nations resolutions and declarations. In the 2018 political declaration of the third high-level United Nations meeting on NCDs, the term was extended to include mental health. As a United Nations policy brief on mental health has been published (1), this paper addresses only the four diseases listed above and their risk factors (tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution).

Emerging evidence demonstrates the ways in which COVID-19 and NCDs interact (12).

- NCDs and their metabolic, behavioural and environmental risk factors are associated with greater susceptibility to COVID-19 infection and increased risks of severe disease and death from COVID-19 (13–15).
- The pandemic has severely disrupted diagnostic, treatment, rehabilitation and palliation services for people living with NCDs (Box 1).
- The pandemic and measures taken in response (e.g. lockdowns) are, for some people, increasing certain behavioural risk factors for NCDs, such as physical inactivity, an unhealthy diet and harmful use of alcohol (16).²
- Pressure on health services is likely to increase in the long term once they are restored and because of possible increases in cardiovascular and respiratory complications among COVID-19 survivors (19).
- The public and political attention paid to the pandemic has, in some places, resulted in difficulty in maintaining population preventive interventions for tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity (20).

Further information on the links between COVID-19 and NCDs is available in the complementary paper, *State of the evidence on COVID-19 and NCDs: a rapid review*.

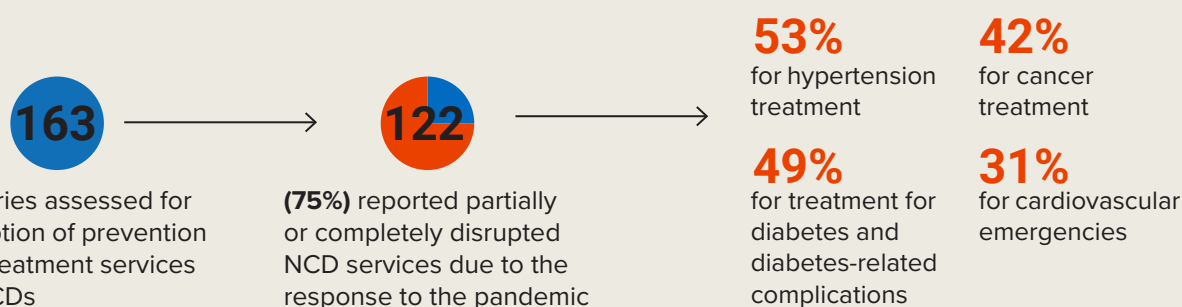


Almost one fourth (22%) of the world's population is estimated to have an underlying condition that increases their vulnerability to COVID-19; most of these conditions are NCDs.

² In some settings, domestic violence has increased during COVID-19 (17), sometimes exacerbated by harmful use of alcohol (18).

Box 1. COVID-19 has severely disrupted health services for people living with NCDs

According to a WHO survey in May 2020 (20), prevention and treatment services for NCDs have been severely disrupted since the COVID-19 pandemic began, so that many people have no access to treatment for hypertension, heart attacks, strokes, cancer or diabetes. **Of 163 countries assessed, 122 (75%) reported disruptions in NCD services due to the response to the pandemic.** More than half (53%) of the countries surveyed had partially or completely disrupted services for hypertension treatment, 49% for treatment for diabetes and diabetes-related complications, 42% for cancer treatment and 31% for cardiovascular emergencies. The degree of disruption was linked to the level of COVID-19 transmission. More details are available in *State of the evidence on COVID-19 and NCDs: a rapid review*.



The COVID-19 pandemic is also exacerbating inequality, including in NCDs.³ In many disadvantaged communities, COVID-19 and NCDs are experienced as a “syndemic”, a co-occurring, synergistic pandemic that is interacting with and increasing social and economic inequalities (22, 23). Poverty, discrimination, and gender and cultural norms shape health-seeking behaviour for both NCDs and COVID-19 and also access to health and other basic services, health decision-making, exposure to risks and caretaking burdens (21, 22, 24).

The pandemic poses a particular threat for migrants and people in fragile and humanitarian settings with chronically weak health systems, disrupted supply chains for medicines and basic supplies for COVID-19 and/or NCDs, overcrowded space and shelter and insufficient hygiene and sanitation facilities (25). People with disability are more susceptible to NCDs and are thus more vulnerable to the impact of the pandemic (26).

For many years, the global community has not adequately protected the world from NCDs and their risk factors (see Box 2 on the next page), even though the requisite policies, strategies and plans have long been available (see Box 3 on the next page), as have reports of the economic impact of NCDs and the significant return on investment in their prevention and control.^{4, 5}

3 For example, a systematic review of COVID-19 inequalities (21) concluded that minority ethnic groups have higher risks of infection, hospitalization and mortality.

4 The economic impact of NCDs between 2011 and 2025 was estimated to be more than US\$ 7 trillion. See reference 27.

5 A WHO report (28) sets out the health and economic benefits of implementing the most cost-effective, feasible interventions to prevent and control NCDs (WHO “best buys”) in low- and lower-middle-income countries, demonstrating that, if these countries put in place the most cost-effective interventions, they would save 10 million lives by 2025 and prevent 17 million strokes and heart attacks by 2030, with a return of US\$ 7 per person for every US\$ 1 invested.

Box 2. Lack of progress in responding to NCDs

Despite the rapid progress made in addressing NCDs in the first decade of the 21st century, the momentum has dwindled since 2010, with annual reductions in age-standardized rates of premature mortality slowing for the main NCDs (29). Of 10 sets of indicators, used by WHO in 2020 to review progress in reducing NCDs in 194 countries, none were being fully met by all Member States, and only 3 of the 10 were fully met by a majority (52–57%) of Member States (30). The current rate of reduction is insufficient to meet SDG target 3.4 (reduce premature mortality from NCDs by one third) by 2030.

In 2017, the United Nations Secretary-General summarized the lack of progress in responding to NCDs (31):

- Action to realize the commitments made in 2011 and 2014 is inadequate.
- Current level of progress is insufficient to meet target 3.4 of SDGs on NCDs.
- The world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from NCDs through prevention and treatment.
- Initiatives to improve access to good-quality essential health-care services and to safe, effective, good-quality and affordable essential medicines and vaccines for the prevention and control of NCDs have not been scaled up in the majority of developing countries.
- Political commitments have often not been translated into concrete action.
- Serious constraints driven by economic and trade promotion interests are impeding the implementation by many Governments of some of the “best buys” and other recommended interventions for the prevention and control of NCDs, including the taxation of tobacco, alcohol and sugar-sweetened beverages and policies to reduce the impact on children of the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt.
- There is a visible gap in respect of each country’s policy space and leadership to establish and implement policies for the prevention and control of NCDs.
- Despite the modest financing requirements and the cost-effectiveness of interventions, funding for national programmes from domestic resources and international finance is still grossly insufficient in developing countries. The level of official development assistance to catalyse additional resource mobilization from other sources has remained close to zero since 2011.

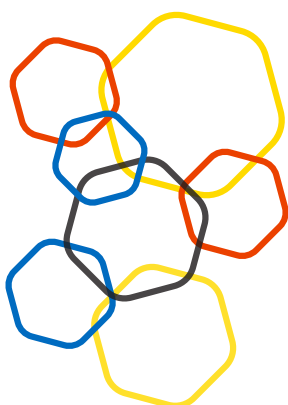
In 2018, the Political Declaration of the United Nations General Assembly on the Prevention and Control of NCDs acknowledged that:

- The burden of NCDs continues to rise disproportionately in developing countries.
- Action to realize the commitments made for the prevention and control of NCDs is inadequate.
- The level of progress and investment to date is insufficient to meet target 3.4 of the SDGs.
- The world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from NCDs.

Box 3. No shortage of policies, strategies, action plans and guidance for NCDs

- The Global strategy for the prevention and control of non-communicable diseases, adopted by the World Health Assembly in 2000 (32)
- The WHO Framework Convention on Tobacco Control (WHO FCTC), adopted in 2003 (33) and entered into force in 2005, and the Protocol to Eliminate Illicit Trade in Tobacco Products, adopted in 2012 (34) and entered into force in 2018
- Three United Nations General Assemblies on NCDs that resulted in a high-level political declaration in 2011, an outcome document in 2014 and another political declaration in 2018 (35–37)
- Two global NCD action plans, the first for 2008–2013 (38) and the second for 2013–2020 (39), which was extended in 2019 to 2030 (40)
- An initial set of highly cost-effective, feasible policy actions to tackle NCDs and their risks factors published by WHO as part of the 2013–2020 Global NCD action plan (37), so-called “best buys” and recommended interventions, which were updated in 2017 (41)⁶
- Disease- and risk factor-specific strategies, guidance and tools (42)

Taking appropriate action on NCDs now can save lives and reduce health disparities, strengthen resilience to COVID-19 and future pandemics, and help restore progress in achieving the SDGs broadly. Opportunities for scaling up action on NCDs should be taken both immediately and as part of longer-term efforts to strengthen systems for health.



COVID-19 is interacting with NCDs and inequalities to form “the perfect storm” of avoidable death and suffering.

⁶ Implementing the “best buys” globally would save 10 million lives by 2025 and prevent 17 million strokes and heart attacks by 2030. See reference 41.

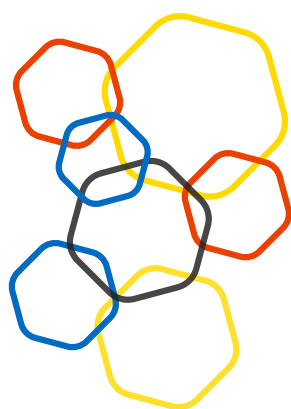
3 The way forward

Addressing NCDs must be an integral part of the immediate COVID-19 response and recovery at global, regional, national and subnational levels as well as efforts to build back better to achieve the 2030 Agenda for Sustainable Development.⁷ There are significant opportunities for integrating NCD prevention and control into measures to address COVID-19 and its impacts, with a focus on reaching those furthest behind.

In the first instance, countries should:

- Rapidly assess essential services, including for NCDs, in the COVID-19 pandemic.
- Restore and scale up early diagnosis and care for people with NCDs as soon as feasible, and ensure that they are protected from exposure to COVID-19 and considered in health⁸ and social protection.
- Raise population awareness about the links between COVID-19 and NCDs and how disadvantaged and vulnerable people can protect themselves.
- Identify opportunities to reduce NCD risk factors at population level, with attention to vulnerable communities, including in humanitarian settings.⁹

Digital technology should be used to support these activities (45).



Addressing NCDs must be an integral part of the immediate COVID-19 response and recovery at global, regional, national and subnational levels and building back better to achieve Agenda 2030.

⁷ The next phase of UNDP's response (as technical lead for the United Nations' socio-economic response) is designed to help decision-makers look beyond recovery, towards 2030, in four integrated areas: governance, social protection, green economy and digital disruption. Effective responses in each of these areas are critical for health, including NCDs. For more information, see reference 43.

⁸ In line with reference 12 and United Nations Inter-Agency Standing Committee (May 2020) Readiness and Response on Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings. UN IASC: Geneva.

⁹ See for example reference 44.

Building back better must also start now for NCDs. This includes:

- involving people living with and affected by NCDs in knowledge-sharing, awareness-raising and service provision. People with NCDs should be involved in decision-making on NCDs in areas such as international finance, development assistance and trade as well as in health and health care responses. These communities are critical in advocating for rights and promoting health-enabling environments during and beyond COVID-19.
- increasing funding for NCDs at all levels, commensurate with the social and economic burden of these diseases. Both domestic and international financing should be increased,¹⁰ in line with the Addis Ababa Action Agenda (47).
- addressing the social, economic, commercial and environmental determinants of NCDs and health (48), which includes implementing bold policy, legislative and regulatory measures, including fiscal measures, to minimize the impact of the main risk factors for NCDs and remove barriers to health services. “Health taxes” on harmful products such as tobacco products, alcoholic beverages (49), sugar-sweetened beverages and fossil fuels are SMART¹¹ and cost-effective (50). They raise revenue, improve health and health equity, and avoid health and economic costs, all of which are necessary during and beyond COVID-19. Removing subsidies for fossil fuels also benefits the environment.
- advancing universal health coverage, ensuring that benefit packages include NCDs and that people with NCDs are not exposed to financial hardship when receiving care. Countries should prioritize high-quality primary health care and population-wide prevention of NCDs.
- collecting better data and making better use of data to “tell the story” in countries and communities of people with hypertension, cancer, diabetes and other NCDs, their risk factors and the levels of treatment, quality of care and progress in reducing NCD burdens. Data are also used to stimulate action to reduce inequities in health, NCDs and COVID-19.



10 For example, financing the United Nations Multi-partner Trust Fund to Catalyze Country Action for NCDs and Mental Health and promoting Global Fund support for addressing co-infections and co-morbidities, in line with reference 46.

11 Save lives, Mobilize resources, Address health inequities, Reduce the burden on health systems and Target NCD risk factors. Jeremias Paul Jr. Webinar: “Raising tax to finance public health system in responding to COVID-19 and preventing future pandemics”. WHO Indonesia. <https://www.youtube.com/watch?v=ioYrKf2skjc>

The health literacy divide and the digital divide between people on- and offline are becoming new faces of health inequality. **Digital and health literacy** must be increased as part of the response to both COVID-19 and NCDs.

Partnerships are essential for driving action and evaluating progress (51). Civil society should hold governments and other stakeholders accountable, for example for the impact of trade and economic decisions on NCDs and for their commitments to advance rights- and equity-based approaches to NCDs and COVID-19. The private sector can critically support governments in delivering action, and conflicts of interest must be identified and managed. Young advocates and youth groups can speak out on NCDs and COVID-19.

Action in the above areas must be grounded in inclusive, rights-based, gender-responsive approaches (**Box 4**).

Box 4. Building human rights and gender equality into the NCD and COVID-19 responses, recovery and building back better¹²

- Optimize resource allocations for health; at a minimum, ensure sufficient allocations to respect, protect and fulfil the right to health for all.
- Ring-fence budgets to ensure the availability of essential health and other basic services.
- Ensure that data are collected and disaggregated by age, sex, socioeconomic status, health status, ethnic group and other factors associated with inequity.
- Ensure that the determinants of health are addressed as part of a fully costed strategy and plan of action to meet the core minimum obligations for fulfilling the right to health. These core minimum obligations include access to medicines, equitable access to health facilities, goods and services, without discrimination, and access to the minimum quantity of safe, nutritionally adequate food.
- Strengthen primary prevention to address the social, economic, commercial and environmental determinants of the causes of NCDs and their risk factors, including improving health literacy, creating enabling environments for health and implementing effective strategies to reduce tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and air pollution.
- Ensure the meaningful, constructive participation of all relevant stakeholders in national and subnational planning, with specific measures to ensure the inclusion of marginalized groups and populations. Establish participatory budget formulation and review, involving representation of all stakeholders.
- Ensure that specific measures are in place to protect the health rights of marginalized and vulnerable populations and groups, even when resources are severely limited.
- Include women in decision-making, implementation and monitoring of NCD prevention and management to take into account their priorities and needs.
- Ensure that women health workers receive equal pay, hold leadership positions and can perform their duties without fear of violence.
- Engage women's community organizations in response and recovery.

¹² See also references 52 and 54.

4 The road map

Health sector-specific actions

The first pillar of the United Nations Framework for the immediate socio-economic response to COVID-19 (54) is to maintain essential lifesaving health services, even during the pandemic, particularly for vulnerable and marginalized populations.¹³ WHO's operational guidance for maintaining essential health services in the context of COVID-19 (12) highlights NCDs, nutrition and mental health and provides advice on which NCD services should be prioritized and the modifications to be made for safe delivery of services and restoring prevention, screening, diagnostic services, disease management, rehabilitation and palliative care for cardiovascular diseases, cancer, diabetes and chronic respiratory diseases as well as chronic kidney disease and oral health conditions.

NCDs can be integrated into health system responses to COVID-19 (Box 5) in line with continuous advances towards universal health coverage.

Box 5. Examples of health sector actions for integrated responses to COVID-19 and NCDs

RAISING AWARENESS

- Provide people living with NCDs (and their carers) with targeted guidance on their vulnerability, how to protect themselves (55) and how to access testing and other services for COVID-19 (44). Information should be in formats and languages that are accessible for all, including minority communities, people with disabilities and migrant populations.
- Raise awareness among people living with NCDs about their right to access high-quality NCD care and management during and beyond COVID-19 (legal literacy).
- Encourage and enable communities and civil society to provide local support to people living with NCDs to permit them to self-isolate during community transmission and to remain connected.
- Inform people living with or at risk of NCDs of any reconfiguration of health services, including for safety, and how to access support.
- Scale up digital technologies to deliver effective health promotion.¹⁴

¹³ United Nations development system support under this pillar includes providing analytical and policy support and rapid technical guidance; support in tracking and reaching vulnerable populations; and programme implementation and technical support.

¹⁴ For example, to access initiatives for quitting tobacco. Meet Florence, WHO's first virtual health worker, is designed to help the world's 1.3 billion tobacco users to quit. She uses artificial intelligence to dispel myths around COVID-19 and smoking and helps people prepare a personalized plan to quit tobacco. See <https://www.who.int/news-room/spotlight/ai-for-quitting-tobacco-initiative>.

¹⁵ Reference 12 covers prevention and screening, diagnosis, management and specialist treatment, rehabilitation and palliative care for cardiovascular diseases, cancer, diabetes, chronic respiratory diseases, chronic kidney disease and oral health conditions.

Box 5. Examples of health sector actions for integrated responses to COVID-19 and NCDs

STRENGTHENING THE HEALTH SYSTEM RESPONSE

- Reorganize and safely maintain access to high-quality, essential health services for NCDs during the pandemic, and plan resumption of full services at the appropriate time.¹⁵
- Use effective virtual mechanisms to maintain NCD services during COVID-19 response and recovery, and assess their utility in the longer term.¹⁶
- Ensure that health care workers receive training in the links between COVID-19 and NCDs.

RESEARCH AND DEVELOPMENT

- Assess the vulnerability of national and local health systems by analysing NCDs and their risks factors in the population, with attention to levels of undiagnosed and untreated NCDs as well as equity, including affordability and accessibility of medicines, therapies and diagnostics.
- Explore potential use of digital technologies to support people living with NCDs and to ensure access in remote locations.
- Continually strengthen understanding of the interactions among COVID-19, NCDs, inequalities and the determinants of health.
- Establish the safety and efficacy of COVID-19 treatment and vaccine candidates for people living with NCDs.

SURVEILLANCE AND MONITORING

- Collect and analyse data on how NCDs affect health facility admissions and deaths from COVID-19, disaggregated by age, sex, ethnic group and socioeconomic status.
- Continue to monitor the interactions among COVID-19, NCDs and NCD risk factors, as well as other co-morbid conditions, including how they are modified by inequalities within and between populations.
- Monitor access to and the continuity of the provision of good-quality essential health services for people living with NCDs during the pandemic.¹⁷ Use the findings to plan surge capacity and targeted support to vulnerable groups.

16 Examples include: (i) time-sensitive emergency diagnostic services (e.g. for cancer, heart attacks and stroke); (ii) rapid reconfiguration of primary and specialist treatment services, including access to medicines; (iii) maintenance of care systems and pathways for rehabilitation and palliative care, including provisions for family caregivers and exemption from movement restrictions. See reference 12.

17 Sample indicators are: (i) number of inpatient admissions for acute cardiovascular and cerebrovascular emergencies; (ii) percentage of COVID-19 patients with an underlying NCD; (iii) numbers of hospital admissions and discharges (including deaths) due to hypoglycaemia and hyperglycaemia; (iv) essential medicines or supplies for which there is less than 2 months' inventory without confirmation of on-time replenishment or with or without confirmation of replenishment; (v) number of women screened for cervical cancer; (vi) number of new cancers diagnosed; and (vii) numbers of patients with and without COVID-19 who require palliative care.

Broader sectoral actions

Action outside the health sector is crucial for effective responses to COVID-19 and NCDs. This requires decisive leadership across many sectors. As part of the COVID-19 response and recovery, governments and their partners should:

- integrate NCD prevention and control measures into national COVID-19 response and recovery plans, in line with the WHO Strategic Preparedness and Response Plan and the United Nations Socio-economic Response Framework;
- ensure that expertise in NCDs is represented on COVID-19 task forces and that expertise in COVID-19 is represented in NCD coordination mechanisms;
- use existing local, national, regional and global coordination and information networks to share information on COVID-19 and NCDs; and
- ensure that people living with NCDs are engaged in work on NCDs and COVID-19 (56).

Heads of State and Government and national or federal, regional and local legislatures should lead an effective multisectoral response (Box 6).



Box 6. Examples of actions for Heads of State and parliamentarians to integrate responses to COVID-19 and NCDs

HEADS OF STATE

- Provide leadership and direction for rights-based, whole-of-government, whole-of-society action on NCDs as part of the COVID-19 response, recovery and building back better, in line with commitments made in the 2011 and 2018 NCD political declarations and the General Comprehensive and Coordinated Response to the COVID-19 Pandemic.
- Ensure that public health is a central consideration in all aspects of government policy- and decision-making.

PARLIAMENTARIANS

Strengthen NCD-related laws, policies and regulations, and their enforcement, to protect populations from NCDs during and beyond COVID-19.¹⁸ Subject to national laws and domestic context, parliaments should use the pandemic as an opportunity for rapid legislative action. New or updated laws should include:

- advancing taxes on products that are harmful to health, such as tobacco, alcohol, sugar-sweetened beverages and fossil fuels;
- regulating marketing: (i) prohibit tobacco advertising, promotion and sponsorship;¹⁹ (ii) ban or comprehensively restrict marketing of alcoholic beverages;²⁰ and (iii) comprehensively restrict marketing of and access to food products of infants and young children and of foods and non-alcoholic beverages to children;²¹
- regulating online sales and home delivery of tobacco products and alcoholic beverages in order to enforce marketing laws and prevent sales to minors and intoxicated people;
- regulating the labelling of tobacco products,²² alcoholic beverages²³ and foods and non-alcoholic beverages (62-63);
- prohibiting artificial trans fats in foods;²⁴
- prioritizing active transport in urban planning, transport and infrastructure planning and policy (65); and
- restricting or prohibiting lobbying by representatives of tobacco, alcohol and other companies that profit from health-harming products or processes.

18 For example, concern about increased domestic abuse and violence during home confinement led Botswana, Lesotho, Madagascar, Zambia and Zimbabwe to reduce the availability of alcohol, and South Africa, Thailand and parts of France to ban the sale of alcohol. Countries in the Eastern Mediterranean Region strengthened public smoking policies, and Botswana, India and South Africa banned the sale of tobacco products.

19 In line with WHO FCTC Article 13 and Guidelines for the implementation of Article 13 (57)

20 In line with the WHO SAFER alcohol control initiative (58)

21 In line with the WHO International Code of Marketing Breast Milk Substitutes and subsequent WHA resolutions (59) and the WHO Set of recommendations on marketing of foods and non-alcoholic beverages to children (60)

22 In line with WHO FCTC Article 11 and Guidelines for the implementation of Article 11 (61)

23 In line with the WHO SAFER alcohol control initiative (58)

24 In line with the Resolve to Save Lives initiative on trans fat elimination (64)

Box 7 provides examples of action in various sectors to integrate NCDs into COVID-19 response and recovery activities in accordance with national circumstances and priorities. National and local COVID-19 and NCD coordination mechanisms can facilitate setting priorities and encourage stronger partnerships. The examples of action have been developed from NCD sectoral briefs published by WHO and UNDP under the Task Force (66).

Box 7. Examples of actions beyond the health sector for an integrated response to COVID-19 and NCDs

AGRICULTURE

- Use data and information to assess the impact of COVID-19 on diet (67).
- Ensure that food supply chains allow affordable access to healthy diets.
- Adapt social assistance programmes to protect the diets of nutritionally vulnerable groups.
- Ensure that diverse, nutritious foods are available for school-aged children (68).
- Support the inclusion of behaviour change communication and nutrition education in food and agriculture responses.
- Support alternative livelihoods or crops to tobacco growing, and remove subsidies or incentives for tobacco growing.

INFORMATION AND MEDIA

- Conduct population-wide, targeted media campaigns (including social media) to stress the links between NCDs, their risk factors and COVID-19, and provide advice on protective measures (69) and access to good-quality health care.
- Identify specific ways to address the “infodemic” of mis- and disinformation (70) and to reach “hard-to-reach” groups, using high-quality evidence-based resources.
- Promote restrictions on advertising and marketing and warnings about health-harming products.
- Confront industries that are exploiting the pandemic to sell health-harming products.

EDUCATION

- Ensure that information on NCD risk factors, including links to COVID-19, is integrated into curricula, including virtual learning.
- Ensure that, once children return to school, they are provided with healthy diets and safe physical activity.
- Ensure that psychosocial support is available to children and that, when appropriate, school settings are safe alternatives to NCD service provision.

Box 7. Examples of actions beyond the health sector for an integrated response to COVID-19 and NCDs (continued)

ENVIRONMENT AND ENERGY

- Use the COVID-19-induced “pollution pause” to strengthen work with finance and other sectors on advancing a resource-efficient, green, circular economy founded on sustainable consumption and production, including sustainable procurement of health care commodities and services (71).
- Advance other actions to promote a healthy, green recovery, and support NCD prevention by (i) promoting healthy, sustainable food systems; (ii) building healthy, liveable cities with infrastructure to support physical activity, including non-motorized transport; and (iii) stop using taxpayers’ money to fund pollution.²⁵

FINANCE AND ECONOMY

- Prioritize funding for health and health care.
- Increase investments in NCD prevention and control, recognizing that NCDs, like COVID-19, entail massive avoidable economic costs.²⁶
- Advance health taxes on tobacco, alcohol, sugar-sweetened beverages and polluting fuels designed to improve health, unburden health systems and raise revenue.

FOREIGN AFFAIRS

- Promote policy coherence in and among multilateral organizations to strengthen COVID-19 and NCD responses.
- Ensure that responding to NCDs and their risk factors is reflected in development assistance during and beyond COVID-19.
- Promote South–South and triangular cooperation on NCDs during and beyond COVID-19.

LABOUR

- In line with ILO’s four-pillars approach (73):
- Ensure that health, social and economic protection, including income relief, is sensitive to workers living with NCDs and other groups especially vulnerable to COVID-19.
- Extend and scale up support for tobacco cessation and screening and brief interventions for alcohol problems at the workplace.
- Ensure that effective NCD care and social support are available for all workers and the unemployed (74).
- Strengthen inclusion of NCDs in occupational safety and health management systems, and support broader actions on NCDs to ensure a healthy workforce during and beyond COVID-19.

²⁵ Examples taken from reference 72

²⁶ Estimated at national level in WHO and UNDP NCD investment cases within the WHO–UNDP Global Joint Programme on Catalyzing Multisectoral Action for NCDs

Box 7. Examples of actions beyond the health sector for an integrated response to COVID-19 and NCDs (continued)

LOCAL GOVERNMENT

- Provide consistent, effective local health messages.
- Encourage local support networks for people at high risk of COVID-19, such as those with NCDs.
- Use COVID-19 as an opportunity to transform urban areas, with better links between space, NCDs and health (e.g. cycling and pedestrian networks, “car-free” streets, safe and efficient non-motorized urban mobility, water, sanitation and hygiene services).
- Where appropriate, implement the actions listed in boxes 6 and 7.

SOCIAL PROTECTION

- Ensure that social protection established in response to COVID-19 reaches and is sensitive to people living with, at risk of and affected by NCDs.²⁷
- Ensure that people living with NCDs receive information and means to protect themselves and to access services, for example through community engagement.
- Ensure that any safe treatments and vaccines are available and affordable for all people, including those living with NCDs.
- Ensure that food assistance provides affordable access to healthy foods.²⁸
- Initiate other measures to simultaneously address inequality, NCDs and COVID-19, such as for stabilizing income, extending paid sick leave and ensuring adequate, safe, affordable, healthy housing.

TRADE AND INDUSTRY

- Use trade-related flexibility to ensure urgent, affordable access to NCD diagnostics and medicines during and beyond COVID-19.
- Work within global and regional trade agreements and with the food sector constructively to provide affordable access to healthy foods.
- Ensure that commitments under trade and investment agreements do not restrict government capacity to regulate NCD risk factors to protect public health, including regulation of the sale and marketing of health-harming products, including using COVID-19 as an entry point (75).
- Recognize the false dichotomy between health and economic growth, which applies to both NCDs and COVID-19.
- Fully implement Article 5.3 of the WHO FCTC.²⁹

27 For example, ensure that food assistance encourages and enables the consumption of nutrient-dense foods, and that income support reaches the chronically unwell so that they are not forced to work at increased risk.

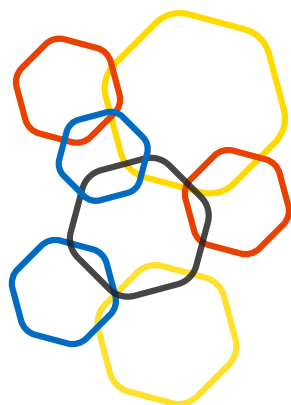
28 Food-based dietary guidelines can be found at <http://www.fao.org/nutrition/education/%20food-dietary-guidelines/home/en/>.

29 Which states, “in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law”

Box 7. Examples of actions beyond the health sector for an integrated response to COVID-19 and NCDs (continued)

TRANSPORT

- Invest in safe, energy-efficient transport options in response to both NCDs and COVID-19.
- Promote “active transport” options, such as walking and cycling, which increase physical activity while reducing congestion and air pollution.
- Display health-promoting messages on public transport, and restrict health-harming messages.
- Optimize approaches to addressing fossil fuel subsidies and other fiscal policies that discourage private vehicle use, including by recognizing the proven links between air pollution and NCDs and the probable relation between air pollution and worse COVID-19 outcomes.



Action outside the health sector is crucial for effective responses to COVID-19 and NCDs. This requires decisive leadership across many sectors.

5 The role of the United Nations system

The United Nations development system,³⁰ in cooperation with international financial institutions and other relevant stakeholders, must support countries' responses to COVID-19 and its consequences at the same time as accelerating an environmentally sustainable, socially inclusive, economically resilient trajectory towards Agenda 2030. Addressing interactions between NCDs and COVID-19 must be a major component of such support. United Nations resident coordinators and country teams and all United Nations entities should collaborate among themselves and with WHO to ensure that their support for work on NCDs is aligned with and builds upon the joint COVID-19 operational response strategies for the United Nations family and partners (76, p. 3).

- **Health response:** The Strategic preparedness and response plan (77), led by WHO, highlights the importance of accelerating research to understand how the virus affect patients and who is most at risk, including people living with NCDs.
- **Humanitarian response:** The Global humanitarian response plan (78), led overall by the United Nations Office of Humanitarian Affairs and by WHO for containing the spread of the pandemic and decreasing morbidity and mortality, highlights the importance of including NCDs in global and national responses to COVID-19.
- **Development response:** The United Nations Socio-economic response framework (54), led overall by UNDP and by WHO for protecting health services and systems during the crisis, focuses on five core areas of socio-economic support,³¹ all of which are crucial to addressing NCDs.

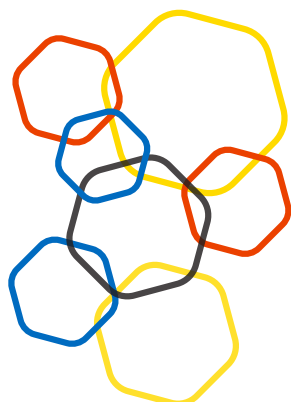
In consultation with governments and with support from regional and headquarters leadership, United Nations entities at country level should consider NCDs when repurposing and reorienting their programmes, interventions and partnerships to integrate COVID-19 response and recovery into national development plans, United Nations sustainable development cooperation frameworks and agency-specific country programme documents (79). Within the health sector response, WHO is taking stock of national requirements, capacity and technical expertise to protect national NCD responses, services and systems during the crisis. Opportunities for the United Nations Development System to provide collective support to countries on NCDs during and beyond COVID-19 are listed in **Box 8**.

³⁰ Including intergovernmental development organizations

³¹ (i) Health first: protecting health services and systems during the crisis; (ii) protection of people: social protection and basic services; (iii) economic response and recovery: protecting jobs, small and medium-sized enterprises and informal sector workers; (iv) macroeconomic response and multilateral collaboration; and (v) social cohesion and community resilience.

Box 8. Opportunities for the United Nations system and other intergovernmental development agencies to providing collective support to countries on NCDs during and beyond COVID-19

- Agencies should ensure that their support for work on NCDs is aligned with the three joint operational response strategies of the United Nations comprehensive response to COVID-19, starting with the health response but also including the broader humanitarian and socioeconomic response.
- Agencies must work together to support Member States in including NCDs in national COVID-19 response and recovery plans. The United Nations resident coordinator, the WHO country representative and the entire United Nations country team should provide collective leadership for such support in each country.
- United Nations country teams should ensure that NCDs are included in their COVID-19 response and recovery support and in new United Nations sustainable development cooperation frameworks and the programme documents that many countries will be preparing after the initial response. NCDs must be included in the results and outcomes of United Nations development assistance frameworks, with sufficient resources.
- Partners in the SDG 3 Global action plan for healthy lives and well-being for all (80) should ensure that action on NCDs does not slow down during the COVID-19 pandemic and that NCD-related activities are extended as part of building back better. All seven accelerators³² in the action plan can drive action on NCDs forwards globally, regionally and nationally.
- Members of the Task Force should continue to identify additional technical resources to increase their support to Member States, in line with its terms of reference³³ and its strategy for 2019–2021 (82), paying particular attention to the requirements of Member States in their COVID-19 response and recovery. Task Force joint programming missions (83) should support countries in delivering their NCD-related SDG agenda as part of the Task Force’s broader COVID-19 response (84). The work of Task Force joint programmes and thematic groups should be aligned with broader COVID-19 response and recovery, taking into account WHO’s signature solutions to support countries in scaling up the “best buys” and recommended interventions.³⁴
- Task Force members should work with partners to operationalize the United Nations Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health (85). The Trust Fund will first support countries in addressing NCDs and mental health as part of COVID-19 response and recovery.



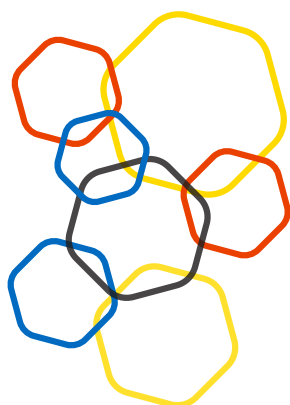
UN entities at country level should integrate NCDs into COVID-19 response and recovery plans.

32 Primary health care; sustainable health financing; community and civil society engagement; determinants of health; innovative programming in fragile and vulnerable settings and for disease outbreak responses; research, development, innovation and access; and data and digital health

33 In accordance with the terms of reference of the Task Force, Task Force members provide support within their respective mandates and as appropriate (81).

34 For example, MPOWER to reduce demand for tobacco, SAFER to reduce alcohol-related harm, REPLACE to eliminate industrially produced trans-fat from national food supplies, SHAKE to reduce salt intake, ACTIVE to increase physical activity and HEARTS to improve cardiovascular health.

The resolution of the United Nations Economic and Social Council in 2020 on the work of the Task Force on NCDs calls upon its members to support Member States in their COVID-19 response and recovery, taking into account the three-point United Nations response and in line with the Task Force's 2019–2021 strategy (85). Examples of how Task Force members are initially responding to NCDs in the context of COVID-19 are listed in the complementary paper, *Examples of actions being taken by selected members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases*. A number of Task Force members have written briefs on their contributions to the United Nations system response to NCDs under the Task Force, which exemplify additional actions that agencies can take during and beyond COVID-19 (87).



Governments, policy-makers, UN agencies and development partners must work together to develop a stronger response to NCDs as part of the COVID-19 response and building back better to achieve Agenda 2030.

6 Conclusion

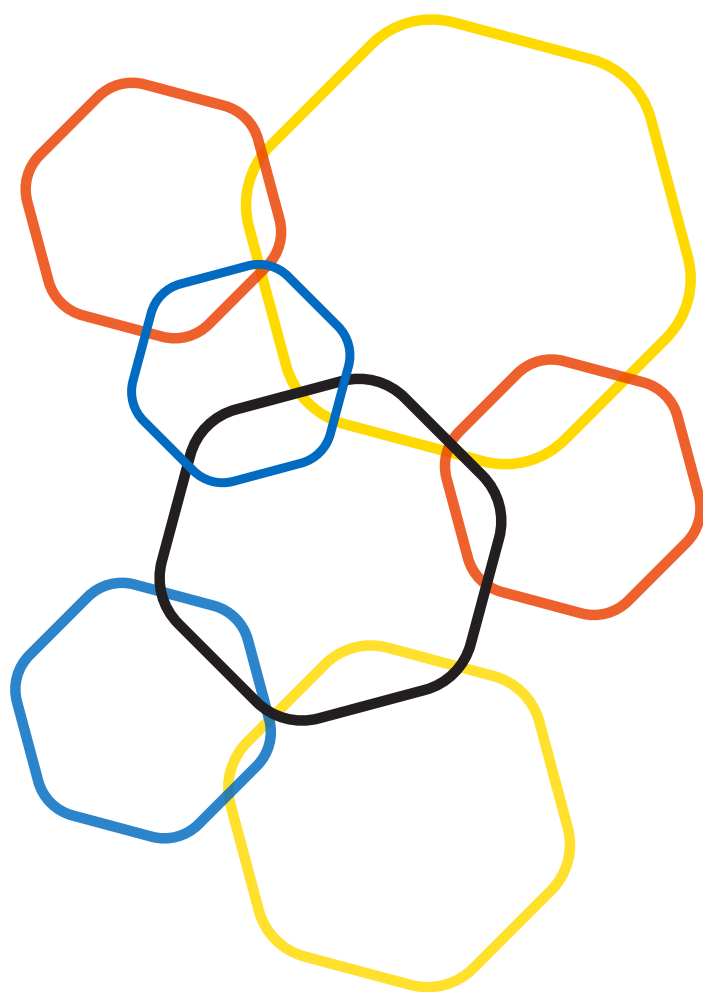
Before COVID-19, the world was already off track to achieve many SDG targets, including that to reduce premature mortality from NCDs. The pandemic has made achievement of the SDGs even more challenging and has exposed the effects of insufficient progress in tackling NCDs and their risk factors. NCDs and their risk factors are amplifying the health, development and humanitarian impacts of COVID-19, and COVID-19 is exacerbating the burden of NCDs, particularly in already disadvantaged communities.

Proven, cost-effective policies, strategies and plans for NCDs must be implemented urgently, with specific efforts to reach those furthest behind. Governments, policy-makers, United Nations agencies and development partners must work together to develop a stronger response to NCDs as part of the COVID-19 response, recovery and building back better to achieve Agenda 2030.

COVID-19 must provide the clarion call for action on NCDs

It's therefore not a question of whether countries can afford to implement the best buys, but whether they can afford not to. We have all the pieces to save lives – we just have to put them into place. The question is, will we? It's a question we must answer with the decisions we make today, and every day (88).

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