

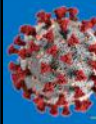


Nourishing the Post COVID-19 World

Stineke Oenema
UNSCN Coordinator, on behalf of the Nutrition & NCDs Thematic Working Group
13th November 2020





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COVID-19
The WHO has recorded over **48 million cases** of COVID-19, and **1.2 million deaths**

MALNUTRITION
Remains the leading cause of ill health and premature mortality




47 million children wasted
144 million children stunted
> 2 BILLION micronutrient deficiencies
> 1.7 billion adults + **38 million children** overweight or obese

The Impact of Malnutrition on COVID-19


- Overweight and obesity are associated with greater severity of symptoms and poorer outcomes
- Malnutrition negatively impacts on immune system functioning

The Impact of COVID-19 on Malnutrition

- Disrupted food systems worsening access to nutritious foods
- Disrupted health systems reducing access to essential nutrition services
- Undermining healthy dietary practices and caregiver behaviours



+130 million people facing acute food insecurity




+6.7 million cases of childhood wasting

INTENSIFYING INEQUALITIES

No country is immune to the burden of COVID-19 and malnutrition, but these conditions do not affect people equally

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"Unless immediate action is taken, it is increasingly clear that there is an impending global food crisis that could have long-term impacts on hundreds of millions of children and adults".
-UN Secretary General, António Guterres.



Strengthened Action on Nutrition in the COVID-19 Response
Protecting, promoting and expanding access to the best of a human rights based response to COVID-19

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Unless immediate action is taken, it is increasingly clear that there is an impending global food crisis that could have long-term impacts on hundreds of millions of children and adults".
-UN Secretary General António Guterres

Under the operational direction of executive director and health director of the UNICEF, UNSCN remains the leading voice of health and nutrition sector within the United Nations system. UNSCN is also the primary point of contact for the United Nations system on nutrition and malnutrition.

NOURISHING ACTIONS

- COVID-19 poses a new and unprecedented global challenge but the solutions to prevent the impending threat of malnutrition are not new
- Solutions are supported by the Nutrition Decade and the SDGs
- Actions should be based on effective rule of law, good governance and respect for human rights

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Nourishing the Post COVID-19 World

Examples of Immediate Measures

- Designating food and nutrition services as essential to prevent disruptions to food supply
- Tailoring, strengthening and expanding nutrition-sensitive social protection systems
- Ensuring the delivery of essential nutrition services through health systems to reach vulnerable groups
- Advocating for the continuation of local markets, shops and stores and secured supply chains to support availability of reasonably-priced fresh foods and essential staples
- Controlling the marketing, promotion or mass distribution of highly-processed foods that are high in saturated fats, free sugar and/or salt to children and families in the context of the emergency response

Examples of Long Term Measures Requiring Immediate Action

- Encouraging healthier purchasing patterns through fiscal policies such as sugar-sweetened beverage taxation and increased subsidies for fruits and vegetables
- Strengthening double duty actions which address both undernutrition and overweight/obesity



POTENTIAL LEVERS FOR DOUBLE-DUTY ACTIONS






FOOD AVAILABILITY AND QUALITY + ACCESS TO SERVICES + MARKET SYSTEMS AND EVIDENCE-BASED PROGRAMMING + POLICY AND REGULATORY + MARKETING REGULATIONS = OVERALL BURDEN OF MALNUTRITION

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UNITED ACTION

- UN agencies and other inter-governmental organizations have mobilized, amplified and united to progress the nutrition agenda in the time of COVID-19.
- Efforts aim to not only address the immediate threats posed by COVID-19, but to also avert the looming food crisis and build back healthier, more resilient systems in line with human rights standards.

TODAYS PRESENTATIONS

<p>FAO Jamie Morrison Food system transformation and the upcoming Food System Summit</p> 	<p>UNICEF Fatmata Sesay Impacts of COVID-19 on breastfeeding and IYCF and long-term consequences for the NCD burden</p> 	<p>WFP Maree Bouterakos The importance of nutrition in school age children – impact and actions to mitigate COVID-19</p> 
<p>IDLO Giulia Zevi Legal perspective to the response to the food crisis during COVID-19</p> 	<p>WHO Melanie Cowan Review of COVID-19 Preparedness and Response Plans through an NCD Lens</p> 	

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Food Systems Summit
September 2021
 Presented by Jamie Morrison, FAO

Visit: www.un.org/en/food-systems-summit



ACTION TRACKS

1. Ensure access to safe and nutritious food for all
2. Shift to sustainable consumption patterns
3. Boost nature-positive production
4. Advance equitable livelihoods
5. Build resilience to vulnerabilities, shocks and stress



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IMPACT OF COVID-19 ON BREASTFEEDING AND COMPLEMENTARY FEEDING AND LONG-TERM CONSEQUENCES FOR THE NCD BURDEN

Fatmata Fatima Sesay, Nutrition Specialist
 MSc, MPH
 UNICEF, NYHQ

13th November 2020

unicef | for every child

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IN THE CONTEXT OF COVID-19, OPTIMAL BREASTFEEDING PRACTICES REMAIN CRITICAL

- Prevents **820,000** child deaths annually
- Reduces the risks of **overweight, obesity and diabetes**
- Breastfeeding in line with global recommendations would save **US\$302 billion** in healthcare costs annually
- Infants who are not exclusively breastfed are **14 times more likely to die** than infants who are exclusively breastfed




Source: Walters, Phan & Mathisen 2019; Black RE, Allen LH, Bhutta ZA, et al. 2008

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THE COMPLEMENTARY FEEDING PERIOD – CRITICAL WINDOW TO PREVENT ALL FORMS OF CHILDHOOD MALNUTRITION

- Contribute to child **survival, growth and development**
- Prevent **micronutrient deficiencies**, morbidity and **obesity later in life**
- Lifelong **food preferences, tastes and habits** are established
- Young children and their caregivers are **increasingly exposed to foods of low nutritive value**
 - Commercial complementary foods and processed foods **high in added sugar, salt and saturated and trans fats** – situation worsened due to COVID-19


Source: Victora et al, 2010; Relyas et al, 2019



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THE PANDEMIC HAS IMPACTED BREASTFEEDING AND COMPLEMENTARY FEEDING PRACTICES

- **Overburdened** health systems
- **Exploitation of pandemic** by **BMS manufacturers**
- **Misconceptions** about breastfeeding
- **Limited access to fresh foods**, families resort to cheaper, accessible, processed foods
- **Reduced/loss of household income** exposes families to food shortages
- Severe reductions in the prevalence of BF/CF due to COVID-19 disruptions;
 - **52 countries reported disruption in interventions** to promote BF and nutritious and safe diets for young children (UNICEF internal reporting)
 - **138,398 child deaths** across 129 LMICs over a 1-year period plus additional morbidity



1. <https://academic.oup.com/ajpc/article/112/2/251/5890031>


2. <https://data.unicef.org/topic/nutrition/child-nutrition-and-covid-19/>

3. <https://www.thelancet.com/action/showPDF?pii=S2214-1098%282020%28>

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THE IMPACT OF THE COVID-19 ON EARLY LIFE NUTRITION HAS LONG-TERM CONSEQUENCES FOR THE NCD BURDEN

- Breastfeeding could avert nearly **100,000 cases of childhood obesity**
- Breastfeeding and complementary feeding have a protective effect on **overweight and type-2 diabetes in children and adolescents**
- Breastfeeding is associated with a **26% reduction in overweight and obesity in adults**



<https://www.unicef.org/breastfeeding/files/Globel-Breastfeeding-Collective-evidence-brief-obesity-2020.pdf>

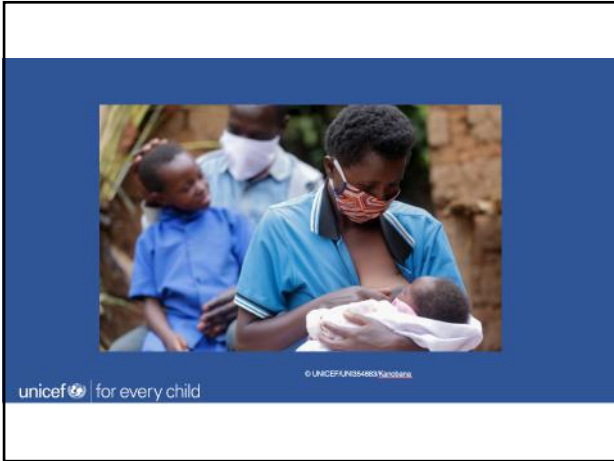
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WE URGE GOVERNMENTS, POLICY MAKERS AND PARTNERS TO SUPPORT BREASTFEEDING AND COMPLEMENTARY FEEDING IN THE CONTEXT OF COVID-19 PANDEMIC

Disseminate accurate information	Monitoring of the International Code of Marketing of Breast-milk Substitutes and report violations	Strengthen and leverage social protection programmes and services to ensure access to diverse and healthy diets
Advocate to strengthen capacities of service providers in providing skilled counselling	Promote research and monitoring of IYCF practices during COVID-19	Increase investments in IYCF programmes during the COVID-19 pandemic

https://mousercontent.com/61d78abd6c823be4f179830e9/files/3461b1ba-9a63-4500-a672-ed743fcb8904/Breastfeeding_survey_COVID19_Brief_final.pdf

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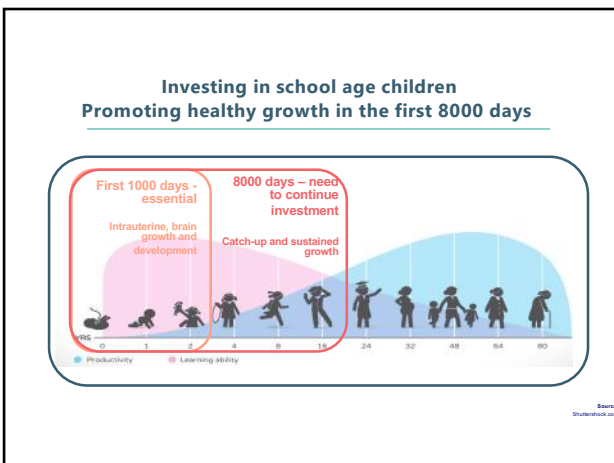
World Food Programme

Impact and actions to mitigate COVID-19 – the importance of nutrition in school-age children

Maree Bouterakos
Nutritionist



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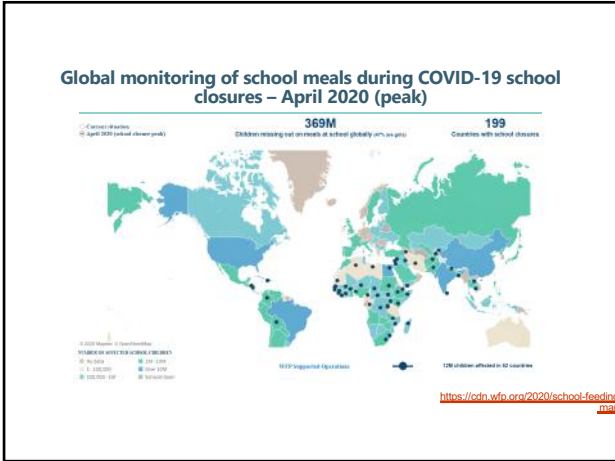


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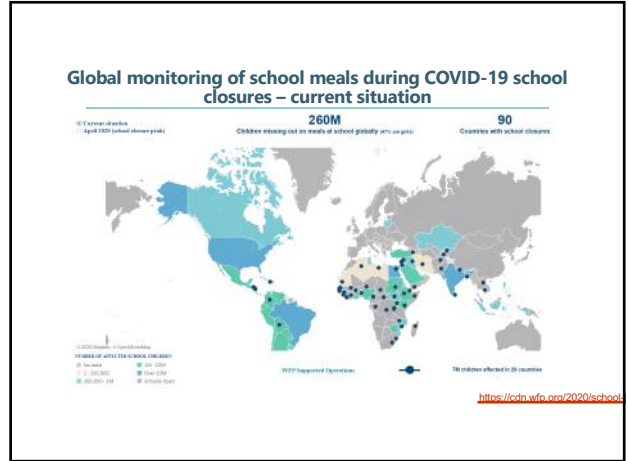
Children are among the biggest victims of crisis

- **Learning** is significantly impacted, as is the likelihood of continuation/return to education
- Disruption to access of essential services pose a **threat to child survival and health**
- Remote working **widens the divide** with many children without internet access at home
- More households have been pushed into **multidimensional poverty**
- If alternatives to school meals are not identified, **food security** is impacted, with children missing out on nutritious school meals

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Actions to mitigate COVID-19 on school-age children

WHERE SCHOOLS ARE CLOSED	WHERE SCHOOLS REMAIN OPEN
<ul style="list-style-type: none"> Maintain flexibility and responsiveness to changing conditions for supply and distribution of food and provision of nutrition services, while ensuring compliance with COVID-19 protocols. Use available resources to safeguard schoolchildren's food security and nutrition. Build upon existing safety-net structures to cover vulnerable schoolchildren. Ensure food and nutrition needs of vulnerable schoolchildren are considered when designing any large-scale national response to COVID-19. Plan for the future re-opening of schools, if possible with specific benchmarks. 	<ul style="list-style-type: none"> Comply with COVID-19 prevention protocols. Promote optimal water, sanitation and hygiene services and ensure optimal hygiene and other key behaviours of children, teachers and food-service staff/foodstuffs, school canteens and regulation of food vendors. Ensure and continue the provision of essential school health and nutrition package (school feeding, micronutrient supplementation, deworming, malaria prevention and oral hygiene). Avoid potential deterioration in food safety standards. Ensure adequate nutrition content of meals. Create contingency plans for the distribution of meal/food baskets in preparation for potential rapid closure of schools.

Source: www.unicef.org/wfp/2020/school-feeding-map

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Responding in partnership

unicef World Food Programme
 30 Fragile Countries
 10 million children
 Integrated package (SHN)
 Safety (WASH)
 School Feeding
 Nutrition
 Coalition of partners led by UNICEF and WFP
 US\$600 million 6 months
 Investing in the future of the most vulnerable children

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Emerging lessons from country experiences in managing the process of re-opening schools

<p>Safe operations</p> <ul style="list-style-type: none"> • Prioritizing early grades • Implement context appropriate health and hygiene protocols • Measures to reduce physical contact and limit transmission 	<p>Focus on learning</p> <ul style="list-style-type: none"> • Clear protocols for re-closing • Simplifying the curriculum • Supporting school staff to implement remediation and manage students psychosocial needs
<p>Wellbeing and protection</p> <ul style="list-style-type: none"> • Early and regular communication with school community • (Re)- establishing regular and safe delivery of services such as vaccines and school feeding 	<p>Reaching the most marginalized</p> <ul style="list-style-type: none"> • Additional education funding • Specific measures to support girls to return to school • Communications being available in different languages and all accessible formats

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Key messages

WFP is investing school age children, in a medium to longer term recovery phase

When schools have re-opened: re-establish **regular and safe delivery of essential services**. Flexibly planning to shift back to adaptations quickly if situation changes

When schools remain closed: **continued adaptations to support** learning, health (including psychosocial health) and nutrition Programme linkages and **integrating nutrition** within the school platform Continue to advocate and collect age specific research and data to ensure attention of school-age children

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Thank you !

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Legal Perspective to the response to the food crisis during COVID-19



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Strengthening Food Security for Vulnerable Groups, Women and Girls in the Context of the Global Response To Covid-19

Foundations

- Rule of law and human rights-based approaches (HRBA) to the response to COVID-19 provide solid frameworks for enhancing sustainable and healthy diets.
- Food security, nutrition, health and human rights Evolving approach from “food access” to “sustainable and healthy diets”
- Agenda 2030: Sustainable and healthy diets to accelerate progress towards nutrition and health-related SDGs



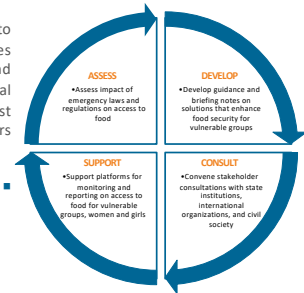
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Strengthening Food Security for Vulnerable Groups, Women and Girls in the Context of the Global Response To Covid-19

Pilot Project in Honduras and Uganda

IDLO and FAO collaboration to increase understanding of challenges to access to food in emergency and recovery situations and of potential policy and legal solutions amongst relevant stakeholders

Participation of relevant stakeholders in all phases of the project



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IDLO works to enable governments and empower people to reform laws and strengthen institutions to promote peace, justice, sustainable development and economic opportunity.

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Review of COVID-19 Preparedness and Response Plans through an NCD* Lens

* Migration keyword search included

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Purpose

- Assess to what extent NCDs are covered in these plans.
- Validate responses received to the CPRP-related questions in the NCD Dept's rapid assessment on the impact of COVID-19 on NCD-related resources and services
- Provide more detailed information on the extent to which NCDs are addressed in the guidelines for essential health services.
- Review guidelines on comorbidity data collection for inclusion of NCDs
- Keyword search for capturing references to NCDs in the CPRPs not already covered elsewhere in the review.

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Methods

- Documents reviewed came from three sources :
 - Rapid assessment of service delivery for NCDs during the COVID 19 Pandemic (1st-31st May)
 - Rapid assessment of continuity of essential health services during the COVID-19 pandemic (01 June –15 July)
 - Any additional CPRPs identified by Health Services Resilience Team (UH/IHS) in their review of CPRPs received through <https://covid19partnersplatform.who.int/> as including EHS
- A questionnaire was developed in collaboration with colleagues across HQ NCD Dept and EURO containing the questions to be answered per document.
- The questionnaire was translated into an Excel file which was shared with reviewers for completion.
 - Reviewers responded to each question for each doc by completing the empty fields relating to each of the questions in the questionnaire.
 - Reviewers had space to copy and paste relevant text from the CPRP into the spreadsheet for later reference and add additional notes.

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Methods - Questionnaire

1	Title of plan	_____																
2	Plan author	<input type="checkbox"/> MOH <input type="checkbox"/> Other (specify other: _____)																
3	Is ensuring continuity of NCD services included in the list of essential health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No, there is an essential health services list in the plan but NCDs are not included <input type="checkbox"/> No, there is no list of essential health services in the plan																
IF RESPONSE IS No, SKIP TO QUESTION 7.																		
4	Which NCD services are included in the list of essential health services of your country's COVID-19 response plan?	<table border="0"> <tr> <td>a. Cardiovascular diseases services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>b. Cancer services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>c. Diabetes services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>d. Chronic respiratory disease services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>e. Chronic kidney disease and dialysis services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>f. Dental services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>g. Rehabilitation services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>h. Tobacco cessation services</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	a. Cardiovascular diseases services	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Cancer services	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Diabetes services	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Chronic respiratory disease services	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Chronic kidney disease and dialysis services	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Dental services	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Rehabilitation services	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Tobacco cessation services	<input type="checkbox"/> Yes <input type="checkbox"/> No
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g. Rehabilitation services	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
h. Tobacco cessation services	<input type="checkbox"/> Yes <input type="checkbox"/> No																	
5	Has the maintenance of NCD-related essential health services been given a specific line in the budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No, maintenance of essential services are included in the budget, but not into a specific line in the budget <input type="checkbox"/> No, essential health services are not included in the budget <input type="checkbox"/> No, there is no budget included in the plan																

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Methods - Questionnaire

6. Continuum of NCD care (adapted from https://www.who.int/publications/item/2065-332340-p-33-36)	
Prevention and Screening	
a. Prevention of NCDs through reduction of behavioral risk factors	Does the plan include actions to adapt health promotion activities to enable delivery via telephone, SMS text or online resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please check which risk factors are mentioned: <input type="checkbox"/> tobacco use <input type="checkbox"/> alcohol use <input type="checkbox"/> diet <input type="checkbox"/> physical inactivity <input type="checkbox"/> counselling for stress and depression
b. Vaccination for prevention of cancer (HBV, HPV) and protection of people with high risk conditions	Does the plan include specific adaptations for school-based vaccination and vaccination of adults, older persons, high-risk individuals and health care workers? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cardiovascular risk assessment and adult health check RELEVANT	Does the plan include maintenance of advice provided on NCD risk reduction, with delivery strategies modified? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Cancer screening	Does the plan promote home-based, self-sampling for cervical cancer (HPV test) and colorectal cancer in settings with appropriate infrastructure and capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Methods - Questionnaire

Diagnosis	
e Cancer early diagnosis programmes	Does the plan include maintenance of in-person clinical appointments, as needed, for time-sensitive services (e.g. evaluation of abnormal bleeding) and decision-making? [] Yes [] No
f Diagnosis of cancer	Does the plan cover prioritizing cancer imaging studies that can inform time-sensitive decision-making about treatment? [] Yes [] No
Chronic disease management and specialist treatment	
g General management of chronic NCDs	Does the plan include guidance that ensures patients with chronic NCDs are aware of when and how to access telehealth or online services for regular monitoring or urgent care for acute exacerbations or emergencies? [] Yes [] No
h	Does the plan include home supplies of medication and stocks of monitoring devices for NCDs? [] Yes [] No
i Management of asthma and chronic obstructive pulmonary disease	Does the plan include provision of information, online resources and virtual consultations for people with asthma or COPD? [] Yes [] No
j Management of diabetes	Does the plan include modification of the management of severe hypoglycaemia in people with insulin-treated diabetes by supplying family with education injection, and educate them about using it at home? [] Yes [] No

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Methods - Questionnaire

k Management of CVDs (secondary prevention, including cardiac rehabilitation, for those with existing CVD)	Does the plan extend treatment plans that are likely to expire during movement restrictions? [] Yes [] No
l	Does the plan include proactive follow up and outreach to patients, particularly those avoiding visits to health facilities? [] Yes [] No
m Specialist care	Does the plan cover the following elements? i) Management of atrial fibrillation for prevention of stroke [] Yes [] No ii) Acute treatment and specialist care for NCDs [] Yes [] No iii) Care for ACS and stroke [] Yes [] No iv) Specialist care of cancer [] Yes [] No
n Rehabilitation for NCDs	Does the plan include remote consultations on rehabilitation provided for one or all NCDs? [] Yes [] No
o Palliative care	Does the plan include special actions for people with NCDs in palliative care? [] Yes [] No

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Methods - Questionnaire

7 Does the plan include specific guidance on comorbidity reporting on NCDs?	[] Yes [] No, comorbidity reporting guidance is included but it does not specifically mention NCDs [] No, comorbidity reporting guidance is not included
8 Keyword search: please check for the keywords at right and capture relevant text from the CPRP in the space provided which has not already been covered in previous questions	NCD, "noncommunicable disease", "chronic disease", "cardiovascular disease", "heart disease", asthma, "chronic obstructive", "chronic respiratory", stroke, obesity, hypertension, diabetes, cancer, rehabilitation, disability, tobacco, alcohol, diet, "physical inactivity", depression, micronutrient, malnutrition, breastfeeding, migrant, refugee, migration, IDPs, "internally displaced", displaced, "asylum seeker", settler, immigrant, "population movement"

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Results

- A total of 121 documents from 87 countries were reviewed by reviewers from HQ and ROs

Region	Number of countries (% of total in region)	Number of documents
AFR	18 (38%)	25
AMR	9 (26%)	14
EMR	13 (62%)	18
EUR	23 (43%)	33
SEAR	9 (82%)	11
WPR	15 (56%)	20
Total	87	121

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Results

Validation of CPRP-related questions

- Documents from only **39 countries** (45% of the 87 reviewed) included some description of EHS to be maintained during the pandemic.
- Most of these (**33 countries**) included NCDs
- 67 countries** could have their survey responses validated, this was the resulting number of countries after excluding:
 - 10 countries whose available documents did not include a CPRP (but did include other documents of interest, e.g. specific guidelines on care for diabetics during pandemic)
 - 10 countries who had a relevant doc but did not respond to the survey

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Results

Validation of CPRP-related questions

- As most EHS lists were not detailed, a comparison was only made with the top-level question of whether NCD services were included in the list of EHS.

3 Is ensuring continuity of NCD services included in the list of essential health services?

Yes
 No, there is an essential health services list in the plan but NCDs are not included
 No, there is no list of essential health services in the plan

IF RESPONSE IS No, SKIP TO QUESTION 7.

4 Which NCD services are included in the list of essential health services of your country's COVID-19 response plan?

a. Cardiovascular diseases services	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Cancer services	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Diabetes services	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Chronic respiratory disease services	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Chronic kidney disease and dialysis services	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Dental services	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Rehabilitation services	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Tobacco cessation services	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Results

Validation of CPRP-related questions

MISMATCH	21 countries (31%)	<ul style="list-style-type: none"> 1 country with survey response No/Not Yet 20 countries with survey response Yes (but 2 of these had correct response in EHS survey – i.e. that there is no EHS list at all)
MATCH	46 countries (69%)	<ul style="list-style-type: none"> 28 countries matched on Yes 18 countries matched on No/Not Yet

- Note that a further **60 countries** indicated in their survey response that NCDs were included in the EHS list of the CPRP but no relevant documents were available for review.

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Results

NCD Content

- 58 countries** had none of continuum of NCD care items, while the **29 countries** that covered any items generally covered fewer than 5.

5 Has the maintenance of NCD-related essential health services been given a specific line in the budget?

Yes
 No, maintenance of essential services are included in the budget, but not NCDs specifically
 No, essential health services are not included in the budget
 No, there is no budget included in the plan

6 Continuum of NCD care (adopted from <https://www.who.int/publications/i/item/97892415432240> p. 33-36)

Prevention and Screening

a Prevention of NCDs through reduction of behavioural risk factors

Does the plan include actions to adapt health promotion activities to enable delivery via telephone, SMS text or online resources?
 Yes No

If Yes, please check which risk factors are mentioned:
 tobacco use alcohol use diet physical inactivity
 counselling for stress and depression

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Results NCD Content

b	Vaccination for prevention of cancer (HBV, HPV) and protection of people with high risk conditions	Does the plan include specific adaptations for school-based vaccination and vaccination of adults, older persons, high-risk individuals and health care workers? [] Yes [] No	• 8 countries
c	Cardiovascular risk assessment and adult health checks <u>programme</u>	Does the plan include maintenance of advice provided on NCD risk reduction, with delivery strategies modified? [] Yes [] No	• 5 countries
d	Cancer screening	Does the plan promote home-based, self-sampling for cervical cancer (HPV test) and colorectal cancer in settings with appropriate infrastructure and capacity? [] Yes [] No	• 2 countries
Diagnosis			
e	Cancer early diagnosis programmes	Does the plan include maintenance of in-person clinical appointments, as needed, for time-sensitive services (e.g. evaluation of abnormal bleeding) and decision-making? [] Yes [] No	• 8 countries
f	Diagnosis of cancer	Does the plan cover prioritizing cancer imaging studies that can inform time-sensitive decision-making about treatment? [] Yes [] No	• 5 countries

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Results NCD Content

Chronic disease management and specialist treatment			
g	General management of chronic NCDs	Does the plan include guidance that ensures patients with chronic NCDs are aware of when and how to access telehealth or online services for regular monitoring or urgent care for acute exacerbations or deterioration? [] Yes [] No	• 9 countries
h		Does the plan include home supplies of medication and stocks of monitoring devices for NCDs? [] Yes [] No	• 16 countries
i	Management of asthma and chronic obstructive pulmonary disease	Does the plan include provision of information, online resources and virtual consultations for people with asthma or COPD? [] Yes [] No	• 2 countries
j	Management of diabetes	Does the plan include modification of the management of severe hypoglycaemia in people with insulin treated diabetes by supplying family with glucagon injection, and educate them about using it at home? [] Yes [] No	• 6 countries
k	Management of CVDs (secondary prevention, including cardiac rehabilitation, for those with existing CVD)	Does the plan extend treatment plans that are likely to expire during movement restrictions? [] Yes [] No	• 10 countries
l		Does the plan include proactive follow up and outreach to patients, particularly those avoiding visits to health facilities? [] Yes [] No	• 8 countries

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Results NCD Content

m	Specialist care	Does the plan cover the following elements? i) Management of atrial fibrillation for prevention of stroke [] Yes [] No ii) Acute treatment and specialist care for NCDs [] Yes [] No iii) Care for ACS and stroke [] Yes [] No iv) Specialist care of cancer [] Yes [] No	• 4 countries with all 4, +3 also with ii) +4 also with iv)
n	Rehabilitation for NCDs	Does the plan include remote consultations on rehabilitation provided for one or all NCDs? [] Yes [] No	• 1 country
o	Palliative care	Does the plan include special actions for people with NCDs in palliative care? [] Yes [] No	• 3 countries
7	Does the plan include specific guidance on comorbidity reporting on NCDs?	[] Yes [] No, comorbidity reporting guidance is included but it does not specifically mention NCDs [] No, comorbidity reporting guidance is not included	• 7 countries incl guidance, only 2 of which specifically mention NCDs

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Results Keyword search

Keyword(s)	Number of countries
NCD, noncommunicable disease, chronic disease	31
Cardiovascular disease, heart disease, stroke, hypertension	31
Asthma, chronic obstructive, chronic respiratory	18
Diabetes	37
Cancer	29
Obesity	8
Tobacco	6
Alcohol	8

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Results

Keyword search

Keyword(s)	Number of countries
Physical inactivity	5
Diet*	5
Mental health, depression	25
Rehabilitation	16
Disability	18
Micronutrient, malnutrition, breastfeeding	16
Migrant, refugee, migration, IDPs, internally displaced, displaced, asylum seeker, settler, immigrant, population movement	18

* referring to healthy diet, search for other nutrition items reported separately

Summary

- NCDs are generally not covered in plans, if covered, there is little detail.
- EHS to be maintained are often mentioned but with little detail, though they usually do include NCDs.
- Where it was possible to validate rapid assessment responses on EHS/NCD question, alignment was fair (about 2/3rds in agreement where doc and response were both available). Disagreement was nearly entirely due to "more positive" reporting in the survey.
- Comorbidity guidelines were extremely rare and few included specific mention of NCDs.
- Keyword search shows little mention of NCD risk factors, while NCDs and mental health (depression) were specifically mentioned more often, as were rehabilitation, disability, and nutrition- and migration-related items