

Fighting the Quiet Crisis of Noncommunicable Diseases

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Improving care for heart disease, the most prevalent noncommunicable disease, could save millions of lives worldwide. Credit: *insta_photos/Shutterstock*

After years working in the U.K.'s National Health Service (NHS), Joanne Loades, an independent nurse and health educator from Norwich left in 2010 to pursue her own healthcare consulting business. Since then, Loades has set up programs, advised the NHS and trained more than 5,000 healthcare providers to encourage high-quality, evidence-based care for cardiovascular disease.

But when Loades returned to acute care in early 2020 to help treat COVID-19 patients, she was shocked by what she saw. The hardest-hit patients were those who had already been diagnosed with noncommunicable diseases (NCDs) such as heart disease, cancer and diabetes. In fact, those with cardiovascular disease are two to four times more at risk for severe COVID-19, while those with diabetes are up to three times more likely to die from COVID-19 or suffer severe symptoms, according to [recent research](#).

To make matters worse, the pandemic disrupted care for hypertension in 53 percent of countries, according to [a May survey by the World Health Organization \(WHO\)](#). “Deaths from heart disease could have been prevented if people had access to diagnoses and support,”

Loades says. The pandemic also disrupted services for diabetes and cancer care in more than 40 percent of countries.

As COVID-19 challenges the world's health systems, it is also serving as a stress test, revealing cracks where systems fail to protect patients with NCDs. Such failures can be life-threatening, notes Lobna Salem, regional chief medical officer, developed markets and Japan, Australia and New Zealand, at Viatrix, a new company that combines Pfizer's Upjohn business with Mylan. NCDs cause 41 million deaths, accounting for 71 percent of all deaths worldwide. Many of those deaths are premature, including 15 million people a year between the ages of 30 and 69.

"Pandemic or not," Salem says, "noncommunicable diseases are a global crisis."

Pivoting to prevention

For years, global health agencies have recognized that NCDs are spreading, the result of sedentary lifestyles, unhealthy diets and aging populations. In 2012, the United Nations declared a goal of decreasing NCD burden by 25 percent by 2025, and the WHO's Roadmap to 2030 aims to reduce premature mortality from NCDs by one-third.

Contrary to conventional wisdom, NCDs threaten health everywhere, not just in high-income countries. Three-quarters of NCD deaths and 85 percent of premature deaths (before age 70) occur in low- and middle-income countries (LMICs), the WHO reports.

But in many parts of the world, prevention and primary care fall short. Two-thirds of people with hypertension in LMICs, where the prevalence is rising most rapidly, receive no treatment, according to a report in *The Lancet*. Just 10 percent of them have their blood pressure under control, says Chandrashekar Potkar, regional chief medical officer, growth markets, at Viatrix.

"Many patients aren't aware of the problem, so they're not screened, not diagnosed and not receiving treatment," he says.

In part, that's because in many areas, there are not enough doctors to go around. More than 40 percent of WHO member states have fewer than 10 doctors per 10,000 people, and 26 percent have fewer than three, according to WHO data. In those countries, nurses often play a critical role in NCD care.

To help nurses and other healthcare professionals improve NCD care, in March 2020 Loades and her colleagues launched a webinar program called Learn with Nurses. She and other specialized nurses in the U.K. lead free 30- to 40-minute programs, covering common issues in NCD care, such as blood pressure, respiratory disease, asthma, diabetes and mental health. More than 5,000 nurses and doctors have participated, some from India, Trinidad and Tobago and Cyprus.

To reduce NCDs globally, the [NCD Academy](#), a free, interactive, web-based educational platform for primary care providers, has trained 70,000 clinicians in 10 countries on how to prevent cardiovascular disease, the biggest killer globally among NCDs. The platform — a joint effort of Viatris, the American College of Cardiology, the NCD Alliance and the World Heart Federation — offers a mini course on the cardiac implications of COVID-19 and plans to offer additional courses for other NCDs.

“The goal is to shift the focus from sick care to preventive care,” Potkar says. “This is where we’re creating and testing models to allow this shift.”



The COVID-19 pandemic disrupted preventive care, including for hypertension, but new global partnerships could strengthen it. *Credit: fizkes/Shutterstock*

Localized solutions

Effective models must tailor solutions to local conditions, so Viatris, which is focused on reducing the global burden of NCDs, developed a new framework to improve NCD screening, diagnosis and treatment. The framework, called MAPS (for **M**apping the Patient Journey Towards Actionable Beyond the **P**ill **S**olutions for NCDs), enables local officials in 12 LMICs to draw on epidemiological data and real-world insights.

“If you don’t have local medical data, how can you develop a local solution using evidence-based decision making?” Potkar says.

Data also helps customize national solutions. Viatris' SNAP framework, **Strategic Segmentation for NCD Country Action Plans**, sorts LMICs based on NCD preparedness and disease burden to choose solutions that best fit conditions on the ground. For example, as of 2017 only 37 percent of hypertension patients in Malaysia had successfully controlled their blood pressure, so Malaysian health leaders focus on training primary care doctors in hypertension management.

High-income countries (HICs) have different problems tackling NCDs, such as aging populations, a lack of adherence to medication, and a failure to integrate and coordinate care, Salem says. To address them, a European Union initiative called Project chAnGE funds grants, with support from Viatris, for programs that alter clinical practice for NCDs and support healthier aging. For example, some programs reduce hospital visits after discharge and integrate care in frail older adults suffering from nonmalignant chronic pain.

To better prevent NCDs, patients should be empowered to stay engaged in decisions about their care, Salem says. When they do, they're more likely to adhere to their medication and follow diet and lifestyle management plans.

Ultimately, preventing NCDs requires engaging everyone with a stake in the outcome, including local governments, healthcare providers and private sector organizations, as well as adequately funding research and education.

“We can improve a patient’s quality of life through adequate care,” Salem says. “But chronic diseases are such an important issue that no one stakeholder can do it alone.”

Explore how Viatris is supporting NCD management and education through the [NCD Academy](#).