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Editorial

Evolving COVID-19 Pandemic in India: Why Addressing Chronic Diseases Today is even more Critical

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The COVID-19 pandemic is an unprecedented public health and developmental challenge never before experienced in our life-time. The clinical presentation ranges from asymptomatic infection to severe disease affecting various organs including pneumonia and death.

Like several parts of the world, India has experienced a massive surge of COVID-19 cases and deaths leading to disruption of health care systems. The disturbing upsurge began in March 2021 was steeper than that seen in 2020. Thankfully, the COVID curve is now on the decline but is not yet over. As on 8 June 2021, a total of 86,498 new COVID-19 cases, with weekly test positivity rate of 5.94% was reported in the country.[1]

The most complicating factor is the emergence of new strains or variants such as those first identified in UK, or Alpha (B.1.1.7), South Africa or Beta (B.1.351) and Brazil or Gamma (P.1) as well as India double mutant virus or Delta (B.1.617.2) which are highly transmissible and can also cause more severe disease than the virus we encountered in 2020. It is for this reason, World Health Organization (WHO) has recently recommended countries to increase the sequencing of the COVID-19 virus and data sharing and has also established SARS-CoV-2 Risk Monitoring and Evaluation Framework to identify, monitor and assess variants of concern to guide on changes that may be needed for COVID-19 vaccines.[2]

Therefore, the priority today is not only to prevent the spread of COVID-19 virus in the country but also to protect and shield the most vulnerable in the society-- the elderly and those with underlying health conditions or chronic diseases, also called non-communicable diseases (NCDs) such as cardiovascular disease, hypertension, diabetes, cancer, and other respiratory conditions, in addition to obesity. Such a deadly relationship between a communicable disease and NCDs has never been seen before![3]

It must be recognized that the NCDs already are, in fact, the leading cause of mortality in most countries of the world including India. Of the 57 million global deaths, 36 million (63%), were due to NCDs. The

burden of these diseases is rising rapidly among middle and low-income countries.[4] NCDs are not only a major determinants of severe disease and poor health outcome but conversely COVID-19 acts as a trigger that leads to chronic conditions such as diabetes or heart disease among those without these diseases or worsens it among those already suffering from such health conditions.

The Health Minister of India has clearly stated government's commitment and endeavour to further lower the COVID-19 fatality rate to less than 1%,[5] Indeed, the 5 by 5 model of five chronic diseases and five modifiable risk factors for NCDs is enshrined in Sustainable Development Goals target 3.4. which by 2030 aims to reduce by one-third pre-mature mortality from NCDs. Achieving the target would mean reducing preventable deaths from NCDs and addressing the key risk factors for future viral outbreaks.

COVID-19, which generally is a mild disease in majority of cases, is a matter of great concern for people with NCDs or co-morbidities, as the risk of severe disease and mortality both increases many-fold (at least 13-times higher) among these high-risk population. According to the Lancet, one in five people in the world could be at an increased risk of severe COVID-19 should they become infected, due to under-lying NCDs.[6] A study conducted in India too found that that COVID-19 disease burden and mortality is associated with greater state-level burden of NCDs and risk factors, especially obesity and diabetes.[7] The link between COVID-19 and comorbidities, most of which are NCDs and the associated mortality can possibly be explained by weaker immune system, caused either by old age or to the chronic diseases themselves or to drugs used to treat COVID-19.[8]

The need for urgent attention to these diseases is also a matter of social justice and equity. The ongoing pandemic has further exacerbated the suffering in the context of chronic diseases by severely disrupting the capacity of national health services to deliver regular screening, diagnosis, treatment and prevention services.. WHO Rapid assessment survey conducted to study the impact of COVID-19 on NCD services in 2020 found that three-quarters (75%) of countries reported a considerable degree of disruption to NCD services particularly affecting those living with NCDs with need for regular or long-term care. To ensure continuity of NCD services some of the countries had NCD in their list of essential health services and many had adopted alternative strategies like triaging and telemedicine. However health system would need to be strengthened with integrated NCD care to mitigate the impact of future health emergencies and crisis.[9] With COVID-19 vaccine now becoming available, the government of India has identified individuals above the age of 45 who suffer from NCDs as a priority group to be targeted for COVID-19 vaccination.

In this context, our political leaders and policy makers have a key role to play --- to not only create awareness regarding the need for people to practice time-tested public health measures such as social distancing, and wearing of masks and avoid crowded places but also to ensure right policies are enacted and enforced that can help mitigate the effect of the pandemic on society. The elected representatives at various levels-national, state and the panchayat level working with the government can help ensure that all essential services--- health and social services including vaccination targeted for those with chronic diseases are ramped up sufficiently to cater to the needs of patients with COVID-19 as well as the non-COVID patients.

The message is loud and clear that prevention and control of NCDs is critically important during this pandemic because proper management of NCDs can make a difference between life and death.[10] In order to address the COVID crisis as well as the vulnerability of those with chronic diseases, both at individual and at policy level, and recognising the urgency to tackle the pandemic in the country, the following priorities need serious consideration:

First, the government must assign chronic diseases a top priority given its rising burden and the deadly link with COVID-19 and consider including NCDs in their COVID-19 response plans and strategies including vaccination of all individuals with chronic diseases, at National and state levels to optimise public health outcomes and reduce the impacts of the pandemic.

Senond, there is an urgent need to address the data/ evidence gap relating to COVID and the risk factors for disease severity by strengthening surveillance, and real-time epidemiological and virus genome data, monitoring & evaluation and research on the long-term follow-up for clinical outcome for COVID-19 and co-morbidities or NCDs. These data can provide the evidence base so important for formulation nad implementation of appropriate public health policy and action, at all levels of health services.

Third, given the crucial importance of skilled public health workforce in programme planning, implementation and scale up including those relating to chronic diseases, the government must ensure that all vacant posts are filled urgently and are adequately supported by digital technology, to ensure that the needs of patients are addressed adequately and in a sustainable and equitable manner. As both COVID and chronic diseases have a behavioural dimension, there is an urgent need to launch a massive and clear communication and behaviour change campaign with support from communication experts,

media, and community-based organisations, to address prevention aspects as well as importance of good nutrion and physical exercise to boost immunity.

Finally, we must increase focus on primary health care by strengthening the district level management, with support from Health and Wellness Centres, to ensure access to quality health services by people whenever and where ever they need it. it is critical to bring synergy between COVID-19 prevention and the care of the vulnerable populations who need it the most, irrespective of their geographic location or their ability to pay. To closely monitoring the evolving situation and detect cases early through testing, tracking all contacts and isolating them in order to break the chain of transmission, all districts should have surveillance and rapid response teams headed by a district epidemiologist.

To conclude, addressing the NCDs is critically important during the resurging COVID-19 pandemic, given its rising burden and link with the severe disease and increased mortality. All efforts should be made to improve the financial resources for NCD programmes and augment availability of skilled public health workforce including communication specialists to enhance attainment of effective public health response to and behaviour change relating to COVID-19. Strengthening district level management can help achieve access by vulnerable population to equitable, affordable, high quality and appropriate care in a timely manner.

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