



We appreciate the opportunity to deliver this statement on behalf of UICC supported by the NCD Alliance.

Noncommunicable diseases have been systematically overlooked in preparedness planning and in the response to COVID-19. Regarding the work of the Independent Panel, we call for an assessment of how the reliability of the Global Health Security Index would be improved by considering prevalence of NCDs and risk factors.

The UNGA omnibus resolution on COVID-19 called on Member States to “further strengthen efforts to address NCDs as part of UHC, recognizing that people living with NCDs are at a higher risk of developing severe COVID-19 symptoms and are among the most impacted by the pandemic.”

However, only 16 of 87 countries report inclusion of NCD management in Essential Health Services in the national COVID-19 response and recovery plans.

The Independent Panel report shows that NCDs and mental health services have been disrupted in far more countries than other services. As a result, the toll of NCD deaths during and after the pandemic, driven by disruptions in diagnosis and treatment, will likely be significantly higher than COVID-19 itself. This cannot be an ‘either/or’ decision.

We urgently call on Member States and WHO to recognise that the people you serve do not live in separate silos for different diseases. We live with multiple health conditions, communicable and noncommunicable, physical and mental – in all settings, in all emergencies.

Prevention of NCDs and ensuring continuity of essential NCD care and services, including screening, diagnosis, treatment and palliative care must become a part of emergency preparedness and seen as investment in resilience.

People living with NCDs – almost a quarter of the global population - are at higher risk in health emergencies, but are being left behind. We cannot achieve the strategic priority of one billion people better protected from health emergencies if you do not act on NCDs.