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# The challenge posed by NCDs/COVID to Sustainable Development

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# COVID Landscape

- ▶ Curfew from 9 pm to 5 am daily
- ▶ Mandatory wearing of face masks in public spaces
- ▶ Restrictions in social gathering and contact sports
- ▶ Some restriction at church, funerals and wedding
- ▶ Easing of restrictions for air and sea travel
- ▶ No face to face school-based learning
- ▶ Work-from-home policy instituted where possible in the public sector
- ▶ Limited routine surgeries
- ▶ 50% of eligible persons who can be vaccinated have been immunized

# Brief Situational Analysis

- ▶ 13% of our population is over the age of 65 years
- ▶ 70 % of adults > 40 years have at least one NCD (DM, HBP, obesity etc.)
- ▶ 25 and 40% of the adult population have diabetes mellitus and hypertension respectively
- ▶ Heart attack, stroke and cancers are the leading cause of sickness and death
- ▶ 300 amputations per year and 300 individuals on chronic hemodialysis
- ▶ One third of children are overweight and obese
- ▶ 70% of the BDS' budget on pharmaceuticals is spent on NCDs
- ▶ 80% of admissions to the medical and surgical wards are for NCDs and its complications

# Barbados National Registry 2019 Report

- ▶ In-hospital case fatality rates remain high at 25% for heart attacks and 37% for strokes
- ▶ The median length of stay for stroke has increased from 7 days to 8 days in 2019, up by one day compared to 2017.
- ▶ The trend of younger men having heart attacks continued in 2019, the peak age range for events fell from 75-84 years (2018) to 65-74 years (2019)

# Investment case for NCD in Barbados

2015 (WHO UN Interagency Taskforce on NCD, WHO and the UNDP)

- ▶ Estimates indicate that Barbados is spending \$BBD 64 million, or approximately \$BBD 220 per capita, per year on cardiovascular disease and diabetes.
- ▶ The economy is losing \$BBD 145 million per year due to missed work days, poor productivity, reduced workforce participation and the costs to business of replacing workers from cardiovascular disease and diabetes alone
- ▶ Together these costs represent around 2.6% of projected GDP in 2015

# Effects of COVID on the NCD Environment

- ▶ Scale down of some routine services and reorganization of the health care system
- ▶ Reduction in routine visits and out-patient follow-up
- ▶ Reluctance of the population to interact with health care services and professionals
- ▶ Increase use of the private sector and out-of-pocket payment for health care services
- ▶ Later presentations with advanced complications
- ▶ Limited vaccine uptake

# At risk populations

- ▶ The elderly
- ▶ The poor and socially disenfranchised
- ▶ Women and children
- ▶ Person with a COVID diagnosis - 167 deaths 98% unvaccinated and 80-85% with co-morbidities e.g. hypertension, DM and obesity

# Current challenges to the delivery of health care in Barbados

- ▶ Limited human resource capacity (aggravated by COVID)
- ▶ Redirecting of programmatic funding to support the COVID response
- ▶ Aging health care plant
- ▶ Limited access to new and emerging pharmaceuticals and health technologies
- ▶ Priority setting and competing public health interests (e.g. climate change and disaster preparedness, IHR, communicable disease and environmental health)
- ▶ COVID fatigue



# Way forward and some recommendations

- ▶ Strengthening health care systems with a return to primary health care as a focus
- ▶ Investment in community based programmes e.g. use of minimally trained members of society to enter the workforce to make an impact on NCD compliance and nutrition
- ▶ Expand use and scope of pharmaceuticals on the National Drug Formulary particularly for the treatment of hypertension and diabetes
- ▶ Partnerships with academic institutions e.g. the University of the West Indies for surveillance and research (e.g. the BNR), CARPHA etc.

# Way forward and some recommendations

- ▶ Broader and strategic use of Civil Society Organizations and Non Governmental Organizations in delivery of primary health care services including diagnostic services, health promotion and education
- ▶ Introduction of the Family Nurse Practitioner to support e.g. rural primary health care services
- ▶ Engaging and lobbying Government to support policies and legislation for NCD prevention and control e.g. access to wholesome outdoor spaces for exercise, taxes and availability of alcohol and adoption of front of package labelling
- ▶ Agreed to and enforce school feeding programmes through national policies on nutritious foods in schools

# Unique opportunities

- ▶ Partnerships with the diaspora (USA and the UK) to increase the numbers and technical capacity of the workforce
- ▶ Nurses and medical practitioners sourced from Ghana and Cuba
- ▶ Partnership with the private sector to deliver low cost primary health care services
- ▶ Partnership with the private sector to deliver COVID-19 vaccines
- ▶ Collaboration with the Barbados Association of Medical Practitioners in COVID and other health related challenges
- ▶ Continued collaboration with PAHO and other regional and international health agencies

Thank you

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