Since the first case of COVID-19 was recorded in China in December 2019, the disease has escalated rapidly, culminating in its characterization as a pandemic on 12th of March 2020 by the World Health Organization. The number of new cases continue to rise as at 2nd April 2020, a total of 1,004,533 cases with 51,563 deaths have been reported globally. This epidemiological trend has distressed most national healthcare services in developed countries with some extremely overwhelmed. Interestingly, this has also presented an opportunity for health systems improvement, especially in emergency preparedness. Many countries have readjusted their epidemic responses to the latter, yet the death rate keeps soaring. In this blog, we examine specific patterns that pose an increased risk to COVID-19 which call for special consideration.

Of much significance is the dynamics of illness and deaths among the aged and others with underlying health problems. Among these is ageing which is associated with the deterioration of innate immunity and increased risk to the coronavirus infection. A review of admission statistics from Wuhan Hubei, China showed a higher incidence of infection among not only the aged but also people with hypertension and diabetes. The review further revealed that patients with heart disease were at a greater risk of cardiac arrest if infected. Similarly, a higher rate of intensive care unit (ICU) care for COVID-19 patients with hypertension, cardio-cerebrovascular diseases and diabetes was observed. Similar patterns were seen in earlier outbreaks from the coronavirus family, perhaps due to the commonalities in the origin and development of the diseases. These patterns present another view of a neglected aspect of healthcare response - management of chronic diseases.

Despite the surge in global transition from infectious to non-infectious diseases, there is little to be desired about how global health systems are responding to the epidemic of Non-Communicable diseases (NCDs). The World Health Organization reported in 2013 that NCDs contribute to 63% of all deaths worldwide (36 million out of 57 million global deaths). About 14 million out of the reported deaths were premature between the ages of 30 and 70. Available evidence shows that 90% of NCDs deaths occur in developing countries where health systems are less resilient and coverage of health interventions sub-optimal.

In most African countries, about 40% to 50% of the population is estimated to have raised blood pressure, and many of these are undiagnosed. This situation puts the continent at higher risk of increased deaths for the COVID-19 pandemic if sustained and widespread community transmission is established. Added to this, the strain of COVID-19 on health systems will likely heavily compromise routine services for those with NCDs, hence increasing the risk of mortality. The imposed lockdown in several of the countries is another challenge as
many of the diagnosed may not be able to refill their medication. 

People with underlying heart problems constitute a greater population of the NCD group and are susceptible to poor Covid-19 treatment outcomes. Though it is well-known that hypertension and diabetes pose significant risks to individuals living with the disease, efforts to reduce disease burden have been inadequate and COVID-19 pandemic could perhaps serve as a wake-up call to increase concerted efforts to reduce the incidence of such chronic diseases. The lessons learnt must be translated into policy formulation, especially in overhauling the health systems capacity to prevent, manage and treat NCDs.

Policy actors in Africa in the spirit of the Pan-African Society of Cardiology (PASCAR) Action Plan for hypertension control, and commitment in achieving global NCD targets, must consider policy formulation and implementation that centres on enhancing primary prevention and management of NCDs through implementation of national NCD programmes. National government must raise funding and resources for the early detection, implement effective and efficient treatment approaches using practical evidenced-based guidelines and enhance surveillance activities using the WHO STEPwise approach.

Other essential actions required of governments include adequate integration of NCD interventions within existing vertical programs such as HIV and TB, provision of logistics and drugs for NCDs through affordable insurance systems and consider task- shifting and capacity building for trained community health workers.

As a matter of strengthening high-quality research, we recommend governments to establish NCD research platforms at national and regional levels as well as institutionalizing specialized case management for NCDs at various levels of healthcare.

For the general public, in this critical moment of the pandemic, engaging in physical activity, adequate consumption of vegetables and fruits, reduction in salt intake, adequate water intake, avoidance of smoking and alcoholism are key behavioural styles that are required to improve your cardiovascular health and reduce poor outcomes in case of infection.