



COVID-19 Influence on NCD Prevention, Care and Research in Primary Care: Multi-Case study of Belgium and Slovenia

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| Introduction | Methods |
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| <p>COVID-19 burden and restriction policies have had various effects on research, prevention, and care for Non-Communicable Diseases (NCDs).</p> <p>We explore three perspectives on how COVID-19 has influenced:</p> <ul style="list-style-type: none"> a) the patient and healthcare worker (individual) b) primary healthcare practices (organizational) c) NCD research in primary care (academic) <p>RQ: What are similarities and differences in NCD-related challenges as a result of the COVID-19 pandemic in Belgium and Slovenia?</p> | <p>A multi-case study design was used to distinguish Belgian and Slovenian experiences of the COVID-19 pandemic.</p> <p>Stakeholder interviews were conducted with: public administration bodies (civil servants at municipality and public health agencies), professional associations of healthcare workers, patient associations, and members of the SCUBY research teams.</p> <p>A qualitative thematic analysis was performed highlighting differences and similarities in challenges to care, prevention, and research for NCD.</p> |
| Results | |
| <p style="text-align: center;">Common challenges (similarities):</p> <ul style="list-style-type: none"> • Individually: Patients with NCD(s) originally stopped seeking care, out of fear of being infected by COVID-19 at the health facility. Healthcare workers lacked time for NCD care due to focus on COVID-19. • Organizationally: NCD care and prevention activities were disrupted. • Academically: Some NCD-related research projects were halted, especially those that included contact with patients and external stakeholders. <div style="display: flex; justify-content: space-around;"> <div data-bbox="89 1413 823 1733" style="width: 45%;"> <p style="text-align: center;">Country-specific challenges (organisational differences):</p> <div style="text-align: center;">  Belgium </div> <p>GPs responding more bottom-up and ad-hoc to organise testing and triage centres, in addition to NCD care – in view of unclear communication from the health authorities regarding continuously changing testing strategies</p> </div> <div data-bbox="823 1413 1552 1733" style="width: 45%;"> <div style="text-align: center;">  Slovenia </div> <p>Delays in NCD care associated with healthcare workers being moved to different work sites to organise and perform COVID-19 tests and vaccinations following arrangements from central authorities.</p> </div> </div> | |
| Discussion & conclusion | |
| <ul style="list-style-type: none"> • Both Belgium and Slovenia experienced disruption of NCD care, prevention, and research. • Despite Belgian's ad hoc & bottom-up vs Slovenian's centralised response reflecting a decentralised and centralised system respectively, they each experienced similar results in delay of NCD prevention and care. • Further studies are needed to assess the effect on quality of care. | |

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Note: results are preliminary and should not be further disseminated.