

# NCD and Gender Impact Assessment of COVID-19 Policies



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**Authors and Researchers:** Abi Begho and Isalean Phillip

**Research Advisor:** Dr Doyin Atewologun

**Editor:** Roma Richardson

**Graphic design:** Oyehmi Begho

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# Table of Contents

1. Background to the NCD and Gender Impact Assessment.....	4
2. Impact Assessment .....	8
3. Policymaking During the Pandemic .....	23
4. Recommendations .....	28
5. Conclusion .....	30
6. References .....	31



# 1. Background to the NCD and Gender Impact Assessment



Lake Health and Wellbeing conducted an NCD and Gender Impact Assessment on St. Kitts and Nevis' COVID-19 policies. This impact assessment aimed to identify the effect of these policies on men and women living with NCDs and sought to provide recommendations on how policymakers could more effectively support people living with NCDs when emergencies such as pandemics and natural disasters occur.

## Our Methodology, Framework and Scope

The impact assessment was conducted by combining data collected from interviews with policymakers and people living with NCDs (35 interviews - 10 policymakers and 25 people living with NCDs), and reviewing the relevant policies developed by the Government, private sector and civil society. Interviews were conducted between May 2021 and October 2021 and explored experiences from the first three waves of the COVID-19 pandemic. The policies included were those that were implemented between February 2020 and October 2021 that had the most impact on people living with NCDs. As part of this assessment, an intersectional approach was utilised, paying attention to how gender and other social identities such as age and socio-economic status may have influenced the experiences of people living with NCDs during the pandemic. Additionally, our framework for the

assessment was based on the Gender Impact Assessment: Gender Mainstreaming Toolkit developed by the European Institute for Gender Equality.

### Framework: Gender Impact Assessment: Gender Mainstreaming Toolkit

The European Institute for Gender Equality states that the central question of a Gender Impact Assessment is:

“

Does a law, policy or programme reduce, maintain or increase the gender inequalities between women and men?”

They explain that gender impact assessments should be an ex ante evaluation that enables preventative action to be taken by using forecasts to identify the possibility of any law, policy or programme having a negative impact on gender equality before it is enacted. The overall aim of such an assessment is to improve the design and planning of any law, policy or programme that is under development.

Our assessment is a retrospective assessment that aims to look back at the policies that have been developed so far during the COVID-19 pandemic and – based on actual data – determine its impact on gender equality for people living with NCDs.

In order to conduct a Gender Impact Assessment, the European Institute for Gender Equality developed a framework, a Gender Mainstreaming Toolkit, to assist

polymakers. This toolkit consists of 5 steps:

- **Step 1:** Defining the purpose of the new policy, law or programme
- **Step 2:** Checking gender relevance, i.e., determining whether the policy is likely to have an impact on gender equality
- **Step 3:** Gender-sensitive analysis, i.e., determining the tangible effect that a policy has on the effective equality of women and men
- **Step 4:** Weighing the gender impact, i.e., determining how the policy will contribute to gender equality and affect gender relations
- **Step 5:** Findings and proposals, i.e., formulating conclusions and recommendations

We comprehensively explored the impact of COVID-19 on people living with NCDs using a gender lens in our NCD, COVID-19 and Gender qualitative research project; this project provides an overall look at the pandemic including gender relevance, sensitivity and impact. The reader can refer to our NCD, COVID-19 and Gender report for an in-depth analysis. In this impact assessment, we will apply a gender lens to specific policies that had a significant impact on people living with NCDs during the pandemic.

We expanded the European Institute for Gender Equality toolkit to cover both the impact of the policies on people living with NCDs and the gendered impact for people living with NCDs. Our assessment is therefore an NCD and Gender Impact Assessment of COVID-19 policies.

### Methodology and Scope

As an outcome of our NCD, COVID-19 and gender research project, we identified two areas that needed to be included in the NCD and Gender Impact Assessment. These were an examination of whether COVID-19 policies:

- Affected (positively or negatively) NCD self-management techniques
- Exacerbated or reduced the impact of an NCD on individuals

When exploring NCD self-management, we are looking at the process of a patient working with healthcare professionals to better manage the day-to-day challenges associated with their health condition and being active participants in their care and treatment (Loh 2018). This is the most effective way that patients can take control of their condition, mitigate some of the impacts of an NCD and prevent any complications. When it came to self-management, our research identified that the techniques below were employed by people living with NCDs in St. Kitts and Nevis to manage their condition and our NCD and Gender Impact Assessment will determine how the COVID-19 policies affected these areas:

- Diet and Exercise
- Medication management
- Rest
- Maintaining a healthy weight
- Coping and building resilience
- Regular monitoring and regular check-ups

Furthermore, in our research on COVID-19, Gender and NCDs, we determined the overall impact of living with an NCD and identified that NCDs have an impact on persons'

- Physical and mental health
- Relationships
- Social connections

- Work
- Finances

The reader can refer to our NCD, COVID-19 and Gender report for a full analysis of these areas, but for this assessment, we will look at if policies exacerbated or attenuated these areas.

For each of the areas above (i.e., the impact of COVID-19 on NCD self-management and NCD impact), we overlaid a gender lens to see if COVID-19 policies exacerbated, created or had no effect on gender equality.

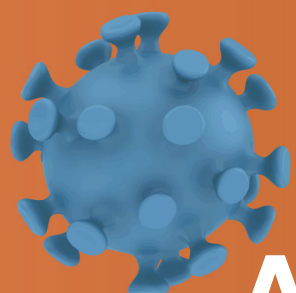
The COVID-19 public health policies that significantly impacted people living with NCDs fell into the following categories:

- Non-pharmaceutical measures to prevent and control transmission of COVID-19
- Vaccination
- Support and relief

These are summarised below and were implemented between February 2020 and October 2021.

Non-pharmaceutical Measures to Prevent and Control Transmission of COVID-19	Pharmaceutical Measures to Prevent and Control COVID-19 Transmission: Vaccination	Support and Relief	Other Related Policies
Wearing face masks	Voluntary Vaccination	COVID-19 Relief Fund	Increase in prices of goods and services (private sector policy)
Hand sanitisation before entering a public building/ space	Mandatory vaccination in workplaces (private sector policy)	Social Security Invalidity Benefit	
Physical and social distancing	Mandatory vaccination for attendance at social events	Social Security Pension	
24-hour curfew		Care packages	
Partial curfew		Access to doctors and healthcare professionals	
Restriction on social activities		Diabetes and Hypertension Clinic	
Shelter in place			
Restriction on visitation			

Non-pharmaceutical Measures to Prevent and Control Transmission of COVID-19	Pharmaceutical Measures to Prevent and Control COVID-19 Transmission: Vaccination	Support and Relief	Other Related Policies
Border closures and restrictions on international travel			
Closure of businesses			
Work remotely from home			
Closure of educational and religious organisations			



# 2. Impact Assessment

## NCD and Gender Impact Assessment

### Defining the purpose of the COVID-19 Policies

The COVID-19 policies that were introduced in St. Kitts and Nevis aimed to prevent and control the transmission of COVID-19. The policies were aimed at the general public and whilst during development there was some consideration given to people living with NCDs, these policies were crafted to be applicable to a wide range of people.

### NCD and Gender Relevance, Sensitivity and Impact

The impact of COVID-19 policies on NCD Self-Management

#### Self-Management: Diet

Policy	Impact on People Living with NCDs	Gender Relevance, Sensitivity and Impact
Increase in the prices of goods and services	<p><b>Food affordability</b></p> <ul style="list-style-type: none"><li>• People living with NCDs explained that before the pandemic the cost of healthy eating was already fairly high. This policy further increased the cost of healthy foods making it harder for some people living with NCDs to maintain a healthy diet during the pandemic. This was particularly an issue for those on a low income and those who lost their jobs due to the pandemic.</li><li>• To cope with the increase in prices, those on a low income had to economise and find ways to access enough food to sustain themselves and this meant buying more processed and low-cost foods and sometimes forgoing fruit and vegetables. Low-cost and processed foods are more likely to be high in salt, sugar and saturated fat – all of which should be avoided by people living with NCDs.</li></ul>	<ul style="list-style-type: none"><li>• <b>Single mothers on a low income</b> were most affected by this policy. This vulnerable state was due to having to manage on their own with job losses, reduction in work hours, the increase in food prices and having to provide additional food for children who were spending more time at home.</li></ul>



Policy	Impact on People Living with NCDs	Gender Relevance, Sensitivity and Impact
24-hour lockdown	<p><b>Access to Food</b></p> <ul style="list-style-type: none"> <li>• This policy resulted in people living with NCDs having challenges accessing the food they needed.</li> <li>• Essential workers with NCDs were still working throughout the 24-hour curfew periods and during these periods whilst working it was hard for some to access food as food vendors were closed; this disruption to their usual dietary routine affected their ability to control their NCD.</li> </ul> <p><b>Emotional Eating</b></p> <ul style="list-style-type: none"> <li>• The anxiety related to the 24-hour lockdown and pandemic led to stress-related unhealthy eating.</li> <li>• Boredom-related eating also occurred where people were eating more than they should have to occupy their time during the lockdown.</li> </ul>	<p><b>Access to Food</b></p> <ul style="list-style-type: none"> <li>• Single mothers on low income were most negatively affected by the 24-hour lockdown due to their financial status and their many commitments which impacted their ability to access food to sustain their household during the 24-hour lockdown.</li> <li>• Older single women were at some risk of having challenges accessing food. They tended to have some support. There was a slight gap in support for older women who were partially dependent on family and friends – these were women who cooked for themselves on some days and on other days had food delivered by a family or friend. The gap occurred when they may not have had the energy to cook for themselves on the days when they didn't receive support.</li> <li>• Male essential workers working in physically-demanding roles had challenges in accessing food whilst working.</li> <li>• Overall, men seemed to be shielded from issues around access to food as they tended to have family members who supported them in this regard.</li> </ul> <p><b>Emotional Eating</b></p> <ul style="list-style-type: none"> <li>• Emotional eating did seem to affect women more than men.</li> <li>• When it came to emotional eating, there was some evidence that women were more likely to turn to food to manage the stress of the pandemic and men were more likely to turn to alcohol, both of which could negatively affect their NCD.</li> </ul>

Policy	Impact on People Living with NCDs	Gender Relevance, Sensitivity and Impact
Partial Curfew Days	<p><b>Access to Food</b></p> <ul style="list-style-type: none"> <li>• During the partial curfew days, even though supermarkets were open, they were so busy that some people with NCDs weren't able to access the supermarket; or, in some cases, to avoid crowds and the possibility of contracting COVID-19, they preferred not to visit the supermarket to purchase food items. This meant that some people living with NCDs had to manage on the little food that they had when the curfews were announced.</li> <li>• In trying to access food on the partial curfew days some people with NCDs had to manage in the long lines which in some cases was particularly challenging with regards to the symptoms of their NCD such as fatigue, breathlessness, sun sensitivity, etc.</li> </ul> <p><b>Access to the Right Food for NCD Management</b></p> <ul style="list-style-type: none"> <li>• When some people living with NCDs did access the supermarket they felt there was a need to bulk-buy because of the uncertainty created by the pandemic, but the types of foods they needed to eat were not conducive to bulk buying because of their short shelf-life. This meant they had to temporarily change their diet and this change in diet worsened some NCD symptoms.</li> </ul>	<p><b>Access to Food</b></p> <ul style="list-style-type: none"> <li>• Women tended to be responsible for the grocery shopping in their households and therefore they had to shoulder the burden of the long lines at the supermarkets during the partial curfew days and doing this whilst having an NCD could be more challenging for them than the average women due to NCD symptoms like fatigue, pain, respiratory symptoms and sunlight sensitivity.</li> <li>• Overall, men with NCDs seemed to be shielded from pandemic-related challenges of grocery shopping because the task of grocery shopping and cooking was a gendered role that fell on women, so they had family members who shopped on their behalf.</li> <li>• Older women with NCDs also tended to be shielded from this issue as they had support from family and friends who shopped for them and provided them with hot meals, or they could access the senior citizens' line at the supermarket. Similar to what occurred during full lockdown days, there was a slight gap for older women who were partially dependent on family and friends – who cooked for themselves on some days and on other days had food delivered by a family or friend. The gap occurred when they may not have had the energy to cook for themselves on the days when they didn't receive support.</li> </ul> <p><b>Access to the Right Food for NCD Management</b></p> <ul style="list-style-type: none"> <li>• The ability to access the right food for NCDs had a gender component as female reproductive hormonal conditions sometimes have specific dietary requirements to manage symptoms, and this diet was a challenge to maintain because of the lockdown and not being able to access certain foods.</li> </ul>

Policy	Impact on People Living with NCDs	Gender Relevance, Sensitivity and Impact
Special lines at wholesale or retail grocery stores, commercial bakeries, fruit and vegetable vendors for seniors, disabled and essential workers; also, during the first two shopping hours priority was granted to these groups of people	<p><b>Access to Food</b></p> <ul style="list-style-type: none"> <li>• These policies facilitated access to supermarkets for older people living with an NCD, persons with an NCD that had visible disabilities and essential workers living with an NCD.</li> <li>• These policies did not benefit younger persons living with an NCD and those whose symptoms or disability were not physical or visible.</li> </ul>	This policy was of most benefit to women as they were most likely to be the ones grocery shopping.
Free food packages	<p><b>Access to Food</b></p> <ul style="list-style-type: none"> <li>• This benefited people with NCDs who were on low or no income during the pandemic and older people living with NCDs.</li> </ul> <p><b>Access to the Right Food for NCD Management</b></p> <ul style="list-style-type: none"> <li>• Some food packages contained food items that were not always appropriate for people living with NCDs as they contained high levels of salt, sugar and saturated fat.</li> </ul>	This policy did address, in the short term, some of the challenges that single mothers on a low income and older single women faced with food access (mentioned previously).
Combination of policies – increase in cost of goods and services and curfews	<p><b>Improvement in the Diets of People Living with NCDs</b></p> <ul style="list-style-type: none"> <li>• The restrictions and thus scarcity of food did lead to an improvement, in some cases, of the diet of people living with NCDs. This was due to a reduction in the purchasing of unhealthy snacks, the inability to eat out at restaurants and also participants being more conscious of the need to eat healthier during the pandemic because of the increased risk of developing more severe symptoms of COVID-19 to people living with NCDs.</li> </ul> <p><b>Worsening of the Diets of People Living with NCDs</b></p> <ul style="list-style-type: none"> <li>• Conversely, some people with NCDs experienced a worsening of their diets, because of the increase in the cost of food and their inability to access the foods that they would normally consume to manage their NCD. This meant they had to select unhealthy foods which had a negative impact on their NCD.</li> </ul>	<p><b>Improvement in the Diets of People Living with NCDs</b></p> <ul style="list-style-type: none"> <li>• For some women, the scarcity of ingredients and availability of time meant they could get creative with their meal preparation, and some started to experiment with healthy cooking recipes and started to enjoy cooking a bit more.</li> </ul> <p><b>Worsening of the Diets of People Living with NCDs</b></p> <ul style="list-style-type: none"> <li>• Single mothers on a low income were more likely to be affected due to their having to manage on their own with job losses, reduction in work hours, the increase in food prices and having to provide additional food for children who were spending more time at home.</li> </ul>

## Self-management: Exercise

Policy	Impact on People Living with NCDs	Gender Relevance, Sensitivity and Impact
24-hour lockdown, shelter in place and Restrictions on social activities	<p><b>An increase on the amount of exercise</b></p> <ul style="list-style-type: none"> <li>• These policies created more time for some people with NCDs to exercise at home, but this was only applicable to those that had the space at home to exercise (i.e., those from a higher income bracket).</li> <li>• Those who didn't have the space but had the financial means to do so invested in home exercise equipment or already had such equipment and used these to maintain adequate levels of physical activity.</li> </ul> <p><b>A reduction in the amount of exercise</b></p> <ul style="list-style-type: none"> <li>• This applied to people living with NCDs who didn't have the space or equipment at home to exercise</li> <li>• Some people living with NCDs simply lost the motivation to exercise because of the restrictions.</li> </ul>	<p><b>An increase on the amount of exercise</b></p> <ul style="list-style-type: none"> <li>• The restrictions on movement created by these policies afforded some women the time to exercise. Prior to the pandemic, some women were fulfilling multiple roles in society that prevented them from exercising due to time constraints and the fatigue created by these roles and their NCD.</li> </ul> <p><b>A reduction in the amount of exercise</b></p> <ul style="list-style-type: none"> <li>• When you factor in socio-economic background and personal circumstances, single mothers on a low income were again most likely to be at a disadvantage. Whilst they may have had more time at home, some had to work from home whilst caring for their children and assisting with their homeschooling, and did not have the space, equipment and time to exercise at home.</li> <li>• Men who depended on their physical/manual jobs for exercise were no longer able to get exercise in this way and thus these policies reduced the amount of physical activity they engaged in.</li> </ul>

## Self-management: Medication Management

Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
24-hour curfew	<p><b>Access to Medication</b></p> <ul style="list-style-type: none"> <li>This policy had the potential to affect NCD patients' ability to access their medication, but this was mitigated by the fact that NCD patients tend to be in the habit of ensuring they have ample amounts of medication. During the pandemic, generally, NCD patients were even more vigilant at stocking up on their medication.</li> <li>Evidence suggests that a small minority ran out of medication during the 24-hour curfew.</li> </ul> <p><b>Medication Review</b></p> <ul style="list-style-type: none"> <li>The restrictions on movement meant that NCD medications could not be reviewed, and since some patients required changes to their medication there was a delay in their receiving it.</li> </ul>	<ul style="list-style-type: none"> <li>Single mothers on a low income were most at risk of having issues with accessing medication – they were not able to afford to stock up and still balance their many financial commitments related to childcare and household bills.</li> <li>Some men, who prior to the pandemic were hesitant to take medication, were at risk of facing challenges with management during the pandemic as there were more barriers to accessing medication.</li> </ul>
Partial curfew days	<ul style="list-style-type: none"> <li>This policy was partially designed to enable people living with NCDs to replenish their medication and NCD patients did try to use these days for that purpose.</li> </ul>	
Physical and social distancing	<ul style="list-style-type: none"> <li>This policy created long lines at the pharmacy, making refilling prescriptions difficult or impossible for some who then ran out of medication.</li> </ul>	
Special lines at pharmacies for seniors, disabled people and essential workers	<ul style="list-style-type: none"> <li>For older people living with an NCD, persons with an NCD who had visible disabilities and essential workers living with an NCD, these policies facilitated their access to the medications that they needed.</li> <li>These policies did not benefit younger persons living with an NCD and those whose symptoms or disability were not physical or visible.</li> </ul>	

## Self-management: Rest

Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
24-hour curfew, partial curfew, restriction on social activities	<ul style="list-style-type: none"> <li>• These policies provided some people with NCDs the opportunity to get more rest than they had been able to before the pandemic. People living with NCDs spoke about using these periods to practise self-care. Those able to get some rest tended to fit into a group whose employment was not affected by the pandemic and had some peace of mind about the future.</li> <li>• These policies led to job losses as businesses closed and therefore some people living with NCDs were consumed with the anxiety of the pandemic and the impact it was having on their lives and livelihood and did not have the peace of mind to rest.</li> <li>• These policies created extra roles and responsibilities for some people living with NCDs (e.g., caring for children, grandchildren or older parents) which prevented them for being able to get rest during the curfew periods.</li> <li>• The living arrangements and personal circumstances of some people living with NCDs made the curfew periods challenging as some homes were not a conducive environment for rest.</li> </ul>	<ul style="list-style-type: none"> <li>• Single mothers on a low income as well as some grandmothers caring for grandchildren were at a disadvantage and unable to rest during this period as they had to balance working from home, childcare, homeschooling, household chores and their NCD.</li> <li>• Tensions at home and gender-based violence meant that some homes were not conducive for rest.</li> <li>• Male essential workers who were involved in manual labour during the pandemic had significant physical demands on them – they were on-call and this disrupted their ability to rest and thus manage their NCD.</li> </ul>

## Self-management: Weight Management

Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
<p>A combination of policies –curfews, restriction on social activities plus increases in the cost of goods and services</p>	<p><b>Weight Loss</b></p> <ul style="list-style-type: none"> <li>Some people living with NCDs lost weight due to a reduction in the purchasing of unhealthy snacks, the inability of participants to eat out at restaurants, engaging in more physical activity and increased consciousness about their health and increased risk of developing a more severe symptoms of COVID-19.</li> </ul> <p><b>Weight Gain</b></p> <ul style="list-style-type: none"> <li>Some people with NCDs gained weight because of emotional eating, unhealthy food purchases and lack of exercise.</li> </ul>	<ul style="list-style-type: none"> <li>Issues of weight control appeared to be more of a concern for women as all those who raised weight management before and during the pandemic were women.</li> <li>Published data suggests that rates of overweight and obesity are higher in women in St. Kitts and Nevis and therefore weight management is an important women’s health issue.</li> <li>Women both benefited from and were most disadvantaged when it came to weight management. In some circumstances, women were able to lose weight that they hadn’t been able to lose prior to the pandemic, but other women gained weight during the pandemic.</li> </ul>

## Self-management: Resilience and Coping

Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
<p>A combination of policies –curfews, restriction on social activities plus increases in the cost of goods and services</p>	<ul style="list-style-type: none"> <li>These policies created fear, anxiety, uncertainty and discomfort for people living with NCDs. This negatively affected coping skills and resilience.</li> </ul>	<ul style="list-style-type: none"> <li>Men were more likely to worry less about their illness, the COVID-19 policies and the pandemic, and therefore they appeared to be coping better than women.</li> <li>Working women held multiple roles in society, much more so than men, which led to women feeling overwhelmed. Their NCD compounded the stress that they were under, and the COVID-19 policies and pandemic further exacerbated this stress, and this made coping during the pandemic challenging for some women.</li> <li>Older women seemed to be coping better than younger women, seemingly due to age, experience and their later life stage with fewer commitments that could be disrupted by these policies (e.g., retirement).</li> </ul>

Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
Business closures during curfews (temporary/ indefinite)	<ul style="list-style-type: none"> <li>This policy led to job and income losses which left some people with NCDs unable to cope financially and meet the costs of managing their health condition.</li> <li>Some business owners living with NCDs had to close their businesses because of the loss in income during the curfew periods and border closures.</li> <li>Some businesses were able to transition staff to remote work and thus stay open during the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Older women who lost their jobs because of the pandemic faced gender discrimination when seeking a new job. There was a feeling that there was less opportunity for older women compared to men of a similar age, educational background and experience. This left women financially vulnerable and unable to cover the cost of living with and managing their NCD.</li> <li>Women on a low income seemed to be more secure in their jobs as they were more likely to have an administrative role that could be conducted remotely, but these roles were low-paying jobs and it was hard to manage financially during the pandemic with these jobs because of the increase in the cost of goods and services.</li> <li>Men with manual jobs were disadvantaged as their jobs could not be transitioned to remote work, and this loss of employment was difficult for some men to cope with.</li> </ul>
COVID-19 Relief Fund	<ul style="list-style-type: none"> <li>This provided short-term support for those experiencing financial difficulties.</li> <li>Some people with NCDs who needed the support were not eligible and reported a lack of clarity on eligibility criteria and how to access the relief fund.</li> </ul>	<ul style="list-style-type: none"> <li>This policy helped in the short-term, and to a certain degree provided support for single women on a low-income who our findings suggest were the most financially vulnerable.</li> </ul>
Social Security Invalidity Benefit	<ul style="list-style-type: none"> <li>This provided a good source of support for those with disabilities both before and during the pandemic; there were no issues with accessing this benefit during the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>The Social Security Board reported that more women than men with NCDs applied for invalidity benefits during the pandemic, which could indicate that more women were in need or that men were more hesitant to reach out for support which aligns with known gendered help-seeking behaviours where men are less likely to seek out help and support.</li> </ul>
Social Security Pension	<ul style="list-style-type: none"> <li>This provided a good source of financial support for retired persons before and during the pandemic.</li> <li>This provided seamless, uninterrupted support for those already receiving Social Security benefits before the pandemic.</li> </ul>	No evidence of an impact on gender



Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
Care packages provided by churches, NGOs, the private sector, specific government departments and political parties	<ul style="list-style-type: none"> <li>• Provided short-term support to vulnerable people living with an NCD – older, low-income and no income persons</li> <li>• The provision of care packages by political parties was perceived to be partisan in nature and thus created a disadvantage for those who were apolitical or didn't support a particular party.</li> <li>• Food items in care packages were not always appropriate for people living with NCDs. These items contained high levels of salt, sugar and saturated fat.</li> </ul>	<ul style="list-style-type: none"> <li>• This policy helped, in the short-term and to a certain degree, to provide support to financially vulnerable single mothers on a low income</li> <li>• This policy helped to also support single, older women who were isolated and may have been unable to access essential items.</li> </ul>
Allowing access to doctors and healthcare professionals during curfews	<ul style="list-style-type: none"> <li>• Some doctors made themselves readily available and were a good source of support and information.</li> <li>• Those without a regular doctor or who didn't have a close relationship with their doctor found it hard to access medical care during the curfew periods.</li> </ul>	<ul style="list-style-type: none"> <li>• Men are less likely to visit their doctors and access care and the pandemic created more barriers to access and thus they were at greater risk of not getting the support and care that they needed during the pandemic.</li> <li>• Lack of specialist doctors for some women's health issues left some women with no access to medical support when they needed it during the curfews.</li> </ul>
Diabetes and Hypertension Clinic	<ul style="list-style-type: none"> <li>• Provided a good holistic support system for patients with diabetes and hypertension</li> <li>• A free service so this was inclusive and enabled those on a low-income to access medical care and support</li> <li>• Provided evidence-based information on COVID-19 and vaccination</li> <li>• Provided guidance on how to manage diabetes and hypertension during the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Men were less likely to make use of this clinic and thus obtain the support that they needed to manage their NCD during the pandemic.</li> </ul>

## Self-management: Regular Monitoring and Medical Check-ups

Policy	Impact of People living with NCDs	Gender Relevance, Sensitivity and Impact
Combination of policies – curfews, restriction on social activities	<ul style="list-style-type: none"> <li>• These policies made it challenging for people living with NCDs to easily access their doctors and other healthcare professionals. This created some anxiety during the 24-hour lockdown periods.</li> <li>• Outside of the 24-hour lockdown periods, to protect their health, some participants continued to stay at home and stayed away from what they deemed to be high-risk areas, and that included their doctors' offices. This meant that they were not being regularly monitored and led to delays in patients getting adjustments to their medication and accessing medical care.</li> </ul>	<ul style="list-style-type: none"> <li>• Women were more likely to reach out to their doctors.</li> <li>• Men were less likely to access healthcare services and visit their doctors before the pandemic and the pandemic compounded this by creating more barriers to accessing care.</li> </ul>
Access to doctors and healthcare professionals during curfews through free movement	<ul style="list-style-type: none"> <li>• Some doctors made themselves readily available via phone and visited their clients, particularly older persons, which helped patients cope during the pandemic.</li> <li>• Those without a regular doctor or who didn't have a close relationship with their doctor found it hard to access medical care.</li> <li>• Those that required specialist care that is not available in St. Kitts and Nevis were at a disadvantage as border closures meant they could no longer travel to access the care they needed.</li> <li>• Patients on a low income or who had lost their jobs were unable to afford doctors' fees.</li> </ul>	<ul style="list-style-type: none"> <li>• Men were less likely to visit their doctors and even more so during the pandemic as it presented more barriers to accessing care.</li> <li>• Lack of specialist doctors for some women's health issues left some women without medical assistance especially because border closures meant they could no longer travel to receive this care</li> <li>• Single mothers on a low income were the most vulnerable when it came to being able to afford to see a doctor.</li> </ul>
Diabetes and Hypertension Clinic	<ul style="list-style-type: none"> <li>• Participants who attended the Diabetes and Hypertension Clinic before the pandemic for the most part continued to regularly attend the clinic and thus visit the community doctor and still get regular check-ups.</li> </ul>	<ul style="list-style-type: none"> <li>• Men were less likely to make use of this clinic and thus obtain the support that they needed to manage their NCD during the pandemic.</li> </ul>

## Additional Impact of COVID-19 Policies on People Living with NCDs

Policy	Impact on People living with NCDs	Gender Relevance, Sensitivity and Impact
Face mask use	<ul style="list-style-type: none"> <li>Offered good protection to people living with NCDs</li> <li>Some discomfort for persons living with chronic respiratory, immune-mediated and auto-immune conditions due to respiratory issues</li> </ul>	Some immune-mediated and auto-immune conditions are more common in women and therefore mask use is more likely to have negatively affected women living with these types of NCDs.
Hand sanitisation before entering a public space	<ul style="list-style-type: none"> <li>Offered good protection from COVID-19 for a population that is at high risk</li> <li>Discomfort for those with immune-mediated and auto-immune conditions due to skin sensitivity</li> </ul>	Some immune-mediated and auto-immune conditions are more common in women and therefore hand sanitisers are more likely to have negatively affected women living with these types of NCDs.
Physical and social distancing	<ul style="list-style-type: none"> <li>Offered some protection from COVID-19 for people living with NCDs</li> <li>This policy created long lines and wait times at key services such as grocery stores, pharmacies and the bank. This affected access to food, medication and money. The long lines were also particularly challenging for people living with an NCD who didn't qualify to make use of the lines designated for older people and disabled persons.</li> </ul>	<ul style="list-style-type: none"> <li>Women tended to be responsible for the grocery shopping in their households and therefore they had to shoulder the burden of the long lines at the supermarkets during the partial curfew days and doing this whilst having an NCD could be more challenging for them than for the average woman due to NCD symptoms like fatigue, pain, respiratory symptoms and sunlight sensitivity.</li> <li>Single mothers with NCDs had the responsibility of having to visit all the businesses and services to obtain the essential items they and their children needed. The long lines created by physical and social distancing protocols at pharmacies, banks, supermarkets, etc. were physically and mentally taxing for this group because they didn't have help or support to perform these tasks.</li> </ul>
Border closures	<ul style="list-style-type: none"> <li>This prevented some NCD patients from accessing specialist medical care overseas.</li> <li>This separated some NCD patients from friends and family who were overseas resulting in loneliness, sadness and a lack of support.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of specialist doctors for some women's health issues left some women without medical assistance, particularly during the curfew periods since border closures meant they could no longer travel to receive care</li> </ul>

Policy	Impact on People living with NCDs	Gender Relevance, Sensitivity and Impact
Restrictions on domestic travel/ Restrictions on road traffic	<ul style="list-style-type: none"> <li>This temporarily separated NCD patients from friends, family and healthcare professionals within St. Kitts and Nevis particularly during the curfew periods, affecting the type of support NCD patients could receive.</li> <li>Friends and family were able to apply for a pass that would allow them to visit vulnerable family members/friends during the curfew, but for various reasons such as personal circumstances or having friends/family overseas, this mitigating measure didn't serve everyone.</li> </ul>	<ul style="list-style-type: none"> <li>Single mothers were most affected as they were temporarily separated from their support network and this was challenging with regards to issues like childcare.</li> </ul>
Closure of educational institutions	<ul style="list-style-type: none"> <li>This had a negative impact on low-income families that did not have internet access and therefore couldn't transition to online learning.</li> <li>Had a negative impact on families whose home environment was challenging therefore was not a conducive environment for learning</li> <li>Had a negative impact on low-income families who may have been dependent on meals at school to sustain their children</li> <li>All of the above factors added further anxiety to people living with an NCD and exacerbated its symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>Single mothers on a low income were most disadvantaged by this policy as they had to manage all the challenges created by school closures on their own, whilst also balancing working from home, other commitments and managing their NCD.</li> </ul>
Closure of Religious Institutions	<ul style="list-style-type: none"> <li>For some people living with NCDs, religion and spirituality were very important aspects of managing their NCD as they provided a source of comfort, support and peace. The closure of religious institutions significantly affected a key support network.</li> <li>Churches adapted well and transitioned to online options, but this left a gap for those who didn't have internet access or who were not familiar with digital tools to access online services.</li> </ul>	<ul style="list-style-type: none"> <li>The closure of churches significantly affected women as most churchgoers in St. Kitts and Nevis are female.</li> <li>Older women in particular were affected by the closure of religious institutions because prior to the pandemic, for some, this was their main form of social interaction and connection to their community.</li> </ul>
Closure of businesses	<ul style="list-style-type: none"> <li>Several people living with NCDs either lost their jobs, had their wages reduced or were business owners and had to permanently or temporarily close their businesses. This created a significant amount of stress and affected their mental health.</li> </ul>	<ul style="list-style-type: none"> <li>Men with manual jobs (construction workers etc.) were disadvantaged as their jobs could not be transitioned to remote working.</li> <li>Older women who lost their jobs during the pandemic faced gender discrimination when trying to seek new employment. There was evidence that men of the same age and experience were better able to find employment.</li> </ul>

Policy	Impact on People living with NCDs	Gender Relevance, Sensitivity and Impact
Remote working from home	<ul style="list-style-type: none"> <li>This provided many with the opportunity to retain their jobs and keep their businesses running during the pandemic.</li> <li>This benefited businesses and employers whose activities were administrative or could be transitioned into a digital/virtual format.</li> <li>This policy disadvantaged individuals who didn't have the facilities to work from home as some businesses could not or would not provide equipment and services to support remote work (laptops, printers, internet access, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Women tended to benefit from this policy as they were more likely to hold administrative positions that could be conducted at home.</li> <li>Single mothers were at some disadvantage because they had to balance working from home with homeschooling their children, managing the challenges of the pandemic, attending to household commitments and caring for members of the household who were now spending more time at home.</li> <li>Men in manual jobs were most disadvantaged because their jobs could not be conducted from home and they faced unemployment.</li> </ul>
24-hour curfew	<ul style="list-style-type: none"> <li>This created anxiety about how to manage their condition during these periods.</li> <li>This also created loneliness for some NCD patients, particularly those living alone, and this led to sadness and anxiety about their NCD.</li> <li>This created a significant amount of disruption to daily activities which heightened anxiety.</li> <li>Some people were able to spend more time with their household members and connect in a way they hadn't been able to in a long time. This had a positive impact on their wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Single women were concerned about their safety during these periods both in terms of crime and in terms of health emergencies</li> <li>Single women, particularly older women, missed in-person social connection.</li> <li>Women with menstrual and menopausal concerns related to their NCD found these periods difficult as it was hard to get the medical and psycho-social support they needed.</li> <li>Some men found the 24-hour lockdown particularly challenging – there was a feeling of helplessness and a disruption to their role in the household which created anxiety that could exacerbate their NCD.</li> </ul>
Partial curfew days	<ul style="list-style-type: none"> <li>Gave participants the opportunity to replenish their medication, grocery shop and engage in other essential activities</li> <li>These days did create a sense of panic and urgency which negatively impacted the wellbeing of people living with NCDs.</li> <li>To ensure that people living with NCDs were able to get what they needed, some household members worked really well together in terms of navigating how to best access essential businesses and this created a sense of togetherness.</li> </ul>	<ul style="list-style-type: none"> <li>As discussed previously, these days were particularly challenging for single mothers living with an NCD.</li> </ul>

Policy	Impact on People living with NCDs	Gender Relevance, Sensitivity and Impact
Restriction on social activities	<ul style="list-style-type: none"> <li>Restrictions on activities reduced important social interactions and reduced participants' ability to exercise, both of which are crucial in coping with an NCD.</li> </ul>	<ul style="list-style-type: none"> <li>Single women, especially older single women, and those women who didn't have friends and family in St. Kitts and Nevis were at a significant disadvantage. The restrictions separated them from extended family members and friends, and although they were in contact via phone, the in-person separation was difficult.</li> </ul>
Restriction on visitation to hospitals, residential care facilities and prisons	<ul style="list-style-type: none"> <li>This had a negative impact on the wellbeing of people living with NCDs who were housed in these facilities. This meant that friends and family could not visit them, and it disrupted social interaction and created worry and anxiety for the patient and their family.</li> </ul>	No evidence of gender impact
Voluntary vaccination	<ul style="list-style-type: none"> <li>Some people with NCDs were concerned about how the vaccination would exacerbate their existing health condition.</li> <li>Persons with specific chronic immune-mediated conditions were unable to take the vaccine due to allergy to an ingredient in the vaccine.</li> </ul>	No evidence of gender impact
Mandatory vaccination in workplaces and for attendance at public events	<ul style="list-style-type: none"> <li>This policy negatively impacted persons with specific chronic immune-mediated conditions who were unable to take the vaccine due to sensitivity to an ingredient in the vaccine and were therefore excluded from events and workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>Some chronic immune-mediated conditions are more common in women and therefore this policy is likely to disadvantage this group.</li> </ul>



# 3. Policymaking During the Pandemic



## Policymaking During the Pandemic

Another aspect of our impact assessment was the data collected from the interviews with policymakers between May 2021 and October 2021. These interviews explored their experiences of developing and implementing COVID-19 policies and whether people with NCDs were considered during the policy development process and if so, whether gender factored into their planning. Policymakers came from a variety of fields and sectors including charitable organisations, faith-based organisations, government and private sector. The main themes that arose from these interviews are explored below.

### Policymaking in Unprecedented Times

Policymakers expressed that the COVID-19 pandemic presented a number of challenges with regards to the policymaking process. Being a new disease there was a lot of uncertainty and therefore in some cases decisions had to be made on the best available data and evidence.

“This is the first time we have been faced with a situation like this. I know we have dealt with disasters in the past, but it was hurricanes. We were accustomed to hurricanes.” - Poliymaker 2

Additionally, decisions often had to be made quickly as new information became available and the situation rapidly changed. This proved to be very difficult from a policymaking and public engagement perspective as this could be perceived by the public as conflicting information and last-minute decision making. To address the fact that policymakers were working in unprecedented times and to allay the fears of the public, the COVID-19 Task Force and National Emergency Operating Centre (NEOC) implemented a communication strategy which included daily COVID-19 briefings to keep the public informed of the developments with the pandemic and to – as quickly as possible – communicate key decisions and policies.

Also, because decisions had to be made fairly quickly, it meant that not all target groups, including people living with NCDs, could be consulted during the policy development process.

“We did extremely well within that short time to set up strategies, Statutory Rules and Orders overnight, which until today are even being emulated by other islands.” – Policymaker 9

For St. Kitts and Nevis, because of the early closure of borders, the government was able to delay the onset of COVID-19 in the Federation which meant officials could learn from the rapidly changing environment overseas and avoid some of the challenges faced by other countries. This was of benefit to St. Kitts and Nevis as the National Emergency Management Agency (NEMA), COVID-19 Task Force, the National Emergency Operating

Centre (NEOC), the Ministry of Health and government were able to act swiftly and decisively in the first few months of the pandemic using evidence from the WHO and PAHO, and were successful in protecting the nation as best as was possible at that time.



## NCD Patient View

*“It was inevitable like there would have been no way for us to have avoided this. I mean, we live in the Caribbean. Everything is no problem, easygoing. Only to discover we had some really serious people [policymakers] who decided they weren’t messing. Locked us up. When it was happening, I was anxious. Very anxious. But now, in hindsight.... I’m happy actually.”*

Additionally, epidemic plans were already in place in light of previous threats like Ebola and therefore there was some element of planning for a pandemic already in place.

“

*Just prior to that, Ebola was the kid on the block. There were a lot of preparations that were being discussed in terms of how the island would prepare for Ebola. So, learning about that disease, which is highly infectious, I think that served well because soon after that, Ebola was no longer a concern and then we moved on to this pandemic.” – Policymaker 5*

## People Living with NCDs and the Pandemic Response

Initially, before international data revealed that people living with NCDs were more vulnerable when it came to COVID-19, health officials’ focus shifted from their routine activities around NCD prevention and control to the COVID-19 response.

“

*So, NCDs and preparing and planning for NCD programmes kind of took a backburner during the early stages of our COVID-19 response. I would say probably from about March all the way down to say maybe July, we focused heavily on just COVID response.” – Policymaker 6*

Once data was published about the vulnerabilities of people living with NCDs, more of a focus was placed on NCDs and the challenge then was how to reach this target group to inform them of their increased risk and how they could protect themselves. Therefore, the government implemented a public outreach and education programme.

“

*One: we had to figure out ‘Where are those individuals? Where can we find those individuals?’ There’s no one specific community you can go to and find individuals who have NCDs. I mean, they’re all over the place. How can we best engage them? How can we find them in an environment that speaks to their reality? That’s where the partnerships came in with the different organisations, the evangelical. I for one went through the length and breadth of this island to different churches to speak to individuals who I suspected because of the demographic, it’d have to be a good place to find those individuals to speak to them.” – Policymaker 5*



“

*We recognised that persons living with chronic diseases were at high risk of contracting the infection then also having a more severe form of the COVID-19 disease. So, we took that into consideration; we would make special appeals to persons living with chronic diseases, giving them tips on how to continue with their self-management and self-care to make sure they take their medications on a regular basis, abide by the COVID-19 protocols that were in place at that time which were the non-pharmaceutical protocols [and] also making sure that if they had any problems or any issues that they can reach out to the nearest health centres because the health centres were still open during that time.” – Policymaker 6*

As it became clearer that people with NCDs were more at risk of developing severe COVID-19, NGOs tried to shift their focus towards protecting people living with NCDs; however, a lack of resources and limited capacity made it challenging to effectively cater to these persons through public outreach.

People living with NCDs shared mixed views in terms of the effectiveness of outreach activities. There were those who actively sought out information and made sure they watched the COVID-19 briefings every night. They were well informed about the pandemic and they felt that the information provided was useful and could be applied to their needs as persons living with NCDs. Most – as discussed below – did not see information that was specific to people living with NCDs and felt that would have been helpful.



### NCD Patient View

*“I can’t recall hearing anything specifically much in a big way related to NCDs.” – NCD patient*

*“I just heard the general ones that was for the general population. I think one of the initiatives from the Ministry of Health was to encourage persons to start to take vitamin C, zinc I think was in there. To use local fruits and anything local that might enhance your—what do you call this now? The functioning of your body so it could be as optimal as possible. That was tremendously helpful.” – NCD patient*

*“Not really, but I might have heard, ‘Make sure you got your medication.’” – NCD patient*

There was the feeling from some patients that the information at times was too general. They did feel it would have been helpful to have information that focused on specific NCDs to empower them and help them prepare for the pandemic. Further, as explained by one NCD patient below, having specific information from the government would have been reassuring.



### NCD Patient View

*Like any other citizen, you would like to know that the government is being proactive and looking out for [you].” – NCD patient*

The methods with the most potential in terms of effectiveness of reaching people with NCDs were the utilisation of community health centres and mobilising private doctors because they already had a captive audience through their patient lists. The Diabetes and Hypertension Clinic was very effective at educating their patients about how they could

protect themselves during the pandemic, providing information about vaccination and providing holistic support. The challenge was uptake and ensuring enough patients attended these clinics. Doctors were also very important and some made themselves easily accessible and were able to support their patients and provide them with relevant information on how to manage during the pandemic.



## NCD Patient View

*“I must say, my doctor, he checked on me quite regularly. Well, he would ring and he would come.” – NCD patient*

### NCDs and Gender

Prior to the pandemic, the intersection of NCDs and gender was not a key focus area for policymakers across a variety of fields. Those working in the health field identified this as a gap in policymaking and recognised that there are gender differences as it relates to NCDs and their impact, and these need to be addressed. Those working in other sectors mentioned that their policies sometimes mentioned gender and NCDs and they had made observations about NCDs and gender, but these issues were not translated into any policy recommendations. Overall, the intersection of gender and NCDs was not a common consideration in strategic planning. This seemed to be due to lack of understanding around what gender perspectives ought to be considered in the context of public health management.

When we moved on to the pandemic, the intersection of NCDs and gender was not considered but policymakers explained that they aimed to be fair when implementing policies to protect people living with NCDs. There was recognition that some type of gendered response could have been helpful as global data on COVID-19 revealed an increased risk in contracting the disease in males versus females but there wasn't enough data to truly understand this issue.

“

*We did not factor gender too much into our messaging, and maybe given more time and maybe with more thought and maybe with more information, if we could identify the reason why there was that sort of difference or that disparity in terms of how the disease affected gender, maybe we could couch our messaging to suit. But I think information was very limited.” – Policymaker 5*

Our qualitative research project on COVID-19, NCDs and gender explored the ways in which gender has impacted the experience of people living with NCDs both before and during the pandemic and highlighted the need for a gendered approach to NCDs. The reader can refer to our report for more information.

### The Role of Employers in Protecting People with NCDs During Pandemics, Emergencies and Disasters

Another theme that arose during the assessment was the role of employers in protecting people with NCDs both in normal times but also during disasters and emergencies. There was a feeling from people living with NCDs that employers could do more to support them in the workplace. This means making the necessary adjustments to their role and work environment so they can still perform at their optimal level despite their NCD. Additionally, there was a feeling that there needed to be more empathy, sympathy and kindness in the way employers approached health and wellbeing issues.



## NCD Patient View

*That's what happens in these Caribbean islands. The employers don't ever put things in place for the employee when it comes to health and wellness and stuff like that. They can because they have the means to." – NCD patient*

With regards to the pandemic, people living with NCDs reported a lack of consultation and transparency around the decisions and policies being introduced in their workplace during the pandemic as well as a lack of sufficient notice to enable them to emotionally and practically prepare for these policies and decisions. They also reported a lack of support from employers to enable them to function and work effectively during the pandemic. This included insufficient support for online and remote working, childcare and other matters.

### Additional Areas

Other themes that arose from our assessment included:

- **Local data and research.** There is a need for more local data and research on NCDs and gender to aid policymaking particularly in emergency situations.
- **Lack of Resources.** There is a need for more resources in terms of funding and personnel to ensure the sustainability and effectiveness of the policymaking and implementation process
- **Collaboration.** The importance of partnerships and collaboration, particularly in Small Island Developing States (SIDS) and especially during disasters and emergencies, was highlighted by many policymakers. In this regard there was a high level of willingness to collaborate across sectors which would enable more nuanced, effective and intersectional responses.
- **Capacity building.** Capacity building and training was felt to be an important aspect of the disaster management process and all sectors need some form of training on disaster management but also on the specific disaster at hand. It was felt that conducting training regularly as a disaster is unfolding would be helpful and that training needs to reach all levels of an organisation so they have access to the best available information.
- **Technology.** The pandemic revealed the importance of investing in technology to make processes more efficient. For example, the need for telemedicine to support people living with NCDs. This would be useful during emergencies but also outside of emergencies to support NCD patients with disabilities and mobility challenges.



# 4. Recommendations



## Recommendations

Based on our NCD and Gender Impact Assessment we recommend the following:

**1. People living with NCDs should be prioritised as a vulnerable group during all emergencies and disasters** as data continues to reveal with each new incident that they are more at risk than the general population.

**2. A specific, holistic and comprehensive NCD strategy is required as part of the disaster management process.**

- Having a strategic NCD component as part of the disaster management process would ensure that the concerns of those living with an NCD, an important vulnerable group, are a key priority. This strategy should focus on ensuring that NCD patients are empowered to successfully control their NCD during a disaster through self-management and should mitigate the impact the disaster could have on the physical health, mental health, finances, relationships and social connections of people living with NCDs.

**3. An NCD Disaster Wellness Programme should be developed that focuses on protecting the mental health**

**of NCD patients and should include stress management, coping and resilience and mindfulness.** This should take into account people's different emotional needs as well as the different social expectations and pressures and the differences in the nature of support men and women tend to have access to.

**4. An intersectional, gender-sensitive approach to NCDs is required during disasters that includes collaboration between the National Emergency Management Agency, the Ministry of Health, the Department of Gender Affairs, Social Services, the Mental Health Association, other and relevant government departments and NGOs.**

- An intersectional approach would ensure that any gender or social-economic inequalities that exist amongst people living with NCDs during a disaster are identified and addressed and that care is taken to focus on protecting and supporting those groups that we have already identified as being particularly vulnerable. An intersectional approach also helps us tailor responses to specific needs or concerns which would mean more effective solutions and more efficient use of limited resources.

**5. A Federal NCD Patient Participation Group that is supported through capacity building and training should be formed.**

- This will enable policymakers to easily consult with people living with NCDs when developing policies that may directly or indirectly affect those living with

NCDs. By having an existing consultation group, people living with NCDs can easily be engaged and included in the disaster management process when a disaster is imminent.

**6. Employers must meet their duty of care to people living with NCDs especially during disasters.**

- In this regard, employers must be accountable to the Department of Labour and metrics should be developed to ensure that employers adequately meet the needs of their employees who are living with an NCD. Employers should provide employees with access to medical and psychological support and adapt the roles of people living with NCDs to minimise stress during disasters.

**7. Employers should include their staff in the decision-making process when developing their response to disasters. This should include:**

- More meaningful staff consultations
- Greater transparency with regards to the decisions made and policies being introduced
- Sufficient notice being provided to employees to enable them to prepare emotionally and practically for any decisions and policies being implemented
- Better and more frequent communication before, during and after a disaster
- Having a specific focus on and strategy for people with chronic illnesses during disasters

**8. The government should ensure that any policies developed during a disaster are assessed to determine their NCD and gender impact.**

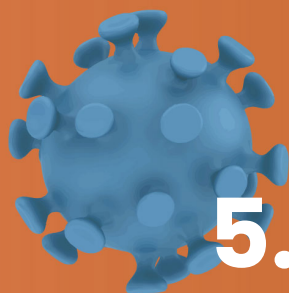
- This would involve determining the impact any new policies have on NCD self-management, whether these policies may exacerbate challenges associated with the physical health, mental health, relationships, social connection, work and finances of those living with an NCD, and whether these policies address the gender-based needs of people living with NCDs.

**9. The Ministry of Health and the government should improve monitoring and data collection related to people living with NCDs and their experience and outcomes during disasters to measure the success and impact of the disaster management response for people living with NCDs.**

This would enable gaps to be identified and facilitate continuous improvement of the NCD response during disasters and thus enable more effective evidence-based NCD policies and strategies to be developed for future disasters.

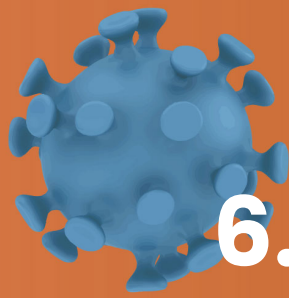
**10. All government departments, NGOs and faith-based organisations must be adequately supported both in terms of capacity building and finances to support people living with NCDs during disasters.** Training during disasters should be conducted regularly to ensure that all policymakers and all levels have the best available evidence.

**11. The entire disaster management process including the policy development process must be rooted in empathy, sympathy and kindness towards vulnerable members of society including people living with NCDs.** Additionally, a human rights-based approach to disaster management must be considered to protect those who are most vulnerable.



## 5. Conclusion

Going forward, as policymakers navigate the pandemic and as they prepare for future emergencies and disasters, it is very important that people living with NCDs are recognised as a vulnerable group and are meaningfully factored into disaster management strategies. All NCD-related disaster management approaches must be holistic and take into account the physical, mental, social, domestic and financial wellbeing of patients as well as their gender-specific needs. These approaches must also prioritise the most vulnerable. All of this must be grounded in an empathetic, sympathetic and human rights-based approach to ensure an effective, holistic, equitable approach is implemented that puts the patient first. The reader can refer to our framework for embedding people living with NCDs in the disaster management process for more guidance on how this can be achieved.



## 6. References

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