

# Abstract EGPRN

## Title

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

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## Abstract

**Background:** COVID-19 burden and restriction policies have had various effects on NCD prevention and care. This study focuses on the differences and similarities of NCD-related challenges as a result of the pandemic in Belgium and Slovenia. This study is part of the process evaluation of the ‘Scale-up of Diabetes and Hypertension Care’ (SCUBY) project.

**Research question:** This research aims to explore three perspectives on how COVID-19 has influenced: (a) the patient and healthcare worker (individual perspective); (b) primary healthcare practices (organizational perspective); and (c) NCD research in primary care (research perspective).

**Methods:** A multi-case study design was used to distinguish Belgian and Slovenian experiences of the COVID-19 pandemic. Interviews were conducted with key stakeholders in both countries, including 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. Purposive literature review was performed. A qualitative thematic analysis was performed highlighting differences and similarities in challenges to care, prevention, and research for NCD.

**Results:** At *individual level*, both countries faced similar challenges. *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. At *organizational level*, NCD care and prevention activities was disrupted in both countries. In Slovenia, delays in NCD care were associated with healthcare workers being moved to different work sites to organise and perform COVID-19 tests and vaccinations following arrangements in their centralised system. In Belgium’s decentralised system, GPs were responding more bottom-up and ad-hoc to organise testing and triage centres. *From a research perspective*, in both countries, some NCD-related research projects were halted, especially those that included contact with patients and external stakeholders.

**Conclusion:** Both Belgium and Slovenia experienced disruption of NCD care, prevention, and research. Further studies are needed to assess the effect on quality of care.

### Include points for discussion:

- What can we learn from the Belgian and Slovenian situation and organisational approach?
- How have challenges evolved over time throughout the different waves of COVID-19?