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ADDRESSING THE DUAL BURDEN OF LONG COVID AND NONCOMMUNICABLE DISEASES IN ARMENIA: A STRATEGIC POLICY APPROACH

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ABSTRACT

In the post-COVID-19 era, Armenia faces a dual epidemiological challenge: the persistent health burden of long COVID and a concurrent rise in noncommunicable diseases, such as obesity, diabetes, hypertension, oncological diseases, and mental health disorders. National health surveillance reports, including the Health System Performance Assessment (2022) and Health and Health Care Yearbooks (2022–2024) indicate a steady increase in noncommunicable disease-related morbidity and mortality, particularly among middle-aged and elderly populations.

A nationwide observational study assessing public knowledge, attitudes, and practices regarding long COVID, as well as its burden among adults, revealed significant post-COVID sequelae. Approximately 26.6% of respondents reported seeking medical care for long COVID symptoms, while 36% experienced persistent fatigue, 51.4% reported musculoskeletal pain, 27.8% experienced memory disturbances, and 43% reported anosmia/ageusia. Notably, 24.7% self-medicated, often with antibiotics, frequently without physician guidance, highlighting critical gaps in public awareness and healthcare access. These findings underscore the urgent need for an integrated response.

This paper applies the Grading of Recommendations Assessment, Development, and Evaluation framework together with Evidence-to-Decision framework to translate observational evidence into policy. We propose a digitally enhanced, multidisciplinary care model for long COVID management within the primary healthcare system in Armenia. A central innovation is the integration of artificial intelligence tools for real-time triage, personalized care pathways, and predictive analytics to improve surveillance, treatment precision, and overall health system efficiency.

Policy recommendations include establishing a standardized long COVID case definition, adopting national clinical protocols, integrating artificial intelligence-driven tools into the e-health infrastructure in Armenia, and expanding rehabilitation and mental health services. By aligning long COVID management with noncommunicable diseases prevention strategies and digital health transformation through a unified, person-centered approach, Armenia can strengthen system resilience, improve quality-adjusted life years, and accelerate progress toward the 2030 global health agenda.

KEYWORDS: long COVID, SDG 3, noncommunicable diseases, burden, DALYs, QALYs, health policy, artificial intelligence.

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