OBSERVATIONS: WHO GLOBAL CONFERENCE ON NCDS PURSUING POLICY COHERENCE TO ACHIEVE SDG TARGET 3.4 ON NCDS (MONTEVIDEO, URUGUAY, 18-20 OCTOBER 2017)

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3. We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4. Addressing the complexity of the determinants and main risk factors of NCDs, namely, tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, and developing necessary multisectoral responses is challenging, particularly when robust monitoring of NCD risk factors is absent. Consequently, there is limited political leadership, strategic action across sectors and policy coherence for the prevention and control of NCDs in line with approaches such as whole-of-government and health in all policies. One of the main obstacles at country level is the lack of capacity in addressing the conflicting public health goals and private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combatting NCDs. In addition, policies to prevent and control NCDs, such as regulatory and fiscal measures, are not effectively used and can be hampered by industry interference, including through legal disputes. Health systems must improve their work in recognizing and managing NCDs and in providing preventive services in the context of efforts to achieve universal health coverage. Reducing NCDs remain a low priority across the UN Agencies, NGOs, philanthropic foundations and academic institutions. The epidemiological transition resulting in an increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities.

We recognize that as established in the statement by the OMS in the 67th World Health Assembly, on May 24 2014, palliative care is an essential component of the health services that NCDs require. Therefore we reaffirm that palliative care, must be implemented in the NCDs cases that require an integral symptomatic treatment.

7. We will act across relevant government sectors to create health conducive environments and opportunities to establish concrete sectoral commitments based on co-benefits and to reduce negative impacts on health, including...
through health impact assessments. We will encourage NCDs implementation research to enhance the operationalization of national strategies. We will work collaboratively to share best practices and towards implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions.

We compromise in supporting the government in the creation of coherent policies regarding palliative care in NCDs, in order to achieve the established goals, not only on prevention and control, but also in the palliative management according with the population needs. This way favoring not only the suitable health care for the people, but also favoring the health services budgets, since palliative care services are economical, and accessible to practice at home.

**Enable health systems to respond more effectively to NCDs**

8. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions to effectively prevent and control NCDs and to promote mental health and wellbeing. By supporting the self-management, with actions based in promotion and prevention of health and healthy lifestyles.

9. We will continue investing in health workers as an essential part of strengthening health systems and social protection. We will ensure a highly skilled, well-trained and well-resourced health workforce to lead actions in the field of prevention, promotion of health, and palliative care to achieve the health services required in every stages of diseases.

10. We commit to improve health promotion and disease prevention, early detection, treatment, health surveillance, promoting reduced exposure to environmental risk factors, sustained management of people, curative or palliative, with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes, or mental health conditions. Reinforcing the self-management, healthy lifestyles, early diagnosis, disease management, and improving the NCD care.

11. We will work towards the harmonization of global infectious disease and NCD agendas in both prevention and health systems at the national and global development levels, recognizing the opportunity to achieve gains in the prevention and control of both through integrated approaches.
Emphasizing the vision in the primary care services, with a horizontal management system, creating a bridge of value creation, establishing a sustainable health care, disease management and palliative care.

12. We will ensure the availability of resources and the capacity needed to respond more effectively and equitably to NCDs as part of Universal Health Coverage, including through strengthened community-level prevention and health services delivery, including palliative care; as well as equitable access to essential NCD medicines and technologies. We will ensure that our national health systems provide equal access to basic and specialised health services with financial risk protection, as well as disposing of an intervention in palliative care.

With the finality of achieving a universal and comprehensive health system, capacitated to provide excellence in NCDs care, we compromise to provide courses to update primary care physicians and specialists with the aim of improving the prevention, control and palliative care management in NCDs, developing their competences.

Increase significantly the financing of national NCD responses and international cooperation

14. We acknowledge that national NCDs responses – through domestic, bilateral and multilateral channels – require adequate, predictable and sustained financing, commensurate with the global health and socioeconomic burden they impose. We will start by prioritizing domestic budgetary allocations for addressing the preventing, control and palliative care management for NCDs, where possible, by promoting actions of self-management, healthy lifestyles, fomenting the prevention as well as the palliative care.

16. We call upon, UN agencies and other global health actors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, International Fund for Agricultural Development (IFAD), GAVI Alliance, regional development banks, and philanthropic foundations, to scale up
support to governments in developing and implementing the national responses for the prevention, control and palliative care of NCDs, aligned with national priorities. We call on WHO to consider establishing platform to bring together offer and demand for international cooperation on NCDs.

17. NCDs can perpetuate poverty. For the poor and near poor, chronic illness and disability can be an economic catastrophe. Hard fought economic gains can be quickly wiped out. Women face a double NCD burden, often assuming gender-based roles as unpaid carers of the sick. We will take action on the impacts of NCDs on poverty and development and we strongly encourage the inclusion of NCDs in the Official Development Assistance. As well we compromise to support the caregivers, with family projection, to provide high quality care in their homes.

Increase efforts to engage sectors beyond health

20. We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will also improve awareness-raising on health and wellbeing throughout society, including the prevention, control, and palliative care management of NCDs supported through public awareness campaigns and health promoting environments that make the healthy choice the easier choice and facilitate behavioral changes. Fomenting and developing the diffusion and sensitivity regarding palliative care, fomenting groups of volunteers in the community and compassionate societies.

22. We are concerned that the increased production of energy-dense, nutrient poor foods has contributed to diets high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that make progress towards strengthening national food and nutrition policies, including by developing guidelines and recommendations that support and encourage healthy and sustainable diets throughout the lifecourse of our citizens, increasing the availability and affordability of healthy, nutritious food, including fruits and vegetables, while enabling healthier food choices, and ensuring access to clean and safe drinking water. We call on WHO to fully leverage the UN Decade of Action on Nutrition to reduce diet-related NCD's and contribute to ensure healthy
and sustainable diets for all. As well as promoting healthy life-styles, from the family nuclei of palliative care patients, providing them the education needed to live and promote healthy diets and life-styles.

23. We call on WHO to conduct a review of international experience of intersectoral policies to achieve SDG target 3.4 on NCDs, and update its guidance on multisectoral and multi-stakeholder action for the prevention, control and palliative care services of NCDs and to consider establishing a web portal with case studies on multisectoral NCD responses to be updated on a continuing basis.

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector.

30. We call on WHO to consider establishing a commission to address the commercial determinants of health that have a bearing on the prevention and control and palliative care of NCDs.

Reinforce the role of non-State actors

32. We will increase opportunities for meaningful participation of nongovernmental organizations, philanthropic foundations and academic institutions and, where and as appropriate, private sector entities, in building coalitions and alliances across the spheres of sustainable development in the prevention, control and palliative care of NCDs, recognizing that they can complement the efforts of governments and support the achievement of SDG 3.4, in particular in developing countries.

ADENDUM

The Mexican system of social protection in health (popular security), accounts in its universal catalog of health services, with the so-called intervention, “Ambulatory care for palliative care and management of chronic pain” and adds in its basic care morphine and other potent opioids. Considering that the NCDs are a public health problem and represents a challenge to the health systems.