For the attention of the GCM/NCD Secretariat re web consultation on outcome document

The World Federation of Occupational Therapists (WFOT) would like to thank the GCM/NCD for the opportunity to submit their comments on the draft outcome document Enhancing policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030 (Montevideo, 18-20 October 2017).

The WFOT would like to congratulate the Heads of State and Government, Ministers and representatives of State and Government for developing this robust document which restates their commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from noncommunicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development. The WFOT would also like to restate its commitment to supporting action and progress at a national and international level through its 92 member organisations to reduce by one third the premature mortality from noncommunicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development.

The WFOT believes that this document is comprehensive with context-sensitive recommendations with respect to the prevention and control of noncommunicable diseases (NCDs). The focus on integration and integrated care is appreciated, as is the focus on prevention and the promotion of people-centred primary health care and universal health coverage.

The document neglects to specify particular vulnerable groups (only referring to children, adolescents, women and men); people with disability, indigenous populations, and refugees are among those who should also be explicitly identified, not least because specific inclusion/integration strategies may be required as well as making the link with human rights, equity principles and other UN/WHO policies and conventions.

One notable gap, from an occupational therapy perspective, is that this paper is essentially silent with respect to the special concerns of people with disabilities in preventing and managing NCDs. People with physical disabilities, cognitive impairments, and severe mental illness have significantly higher risk of contracting NCDs and of their NCDs being poorly managed or controlled. There are many significant barriers to NCD prevention and control in this population that warrant attention:

- Healthcare providers are often poorly trained in how to provide appropriate preventive care to this. Therefore, no added benefit can be observed regarding the health and quality of life of these persons nor are resources committed to NCD prevention and control.
- There are also environmental barriers to accessing care, such as the physical accessibility of facilities and medical equipment.
- Many of the sequelae of disabilities (such as limited movement) and medications used to treat symptoms of impairment or disability may themselves predispose this population to developing NCDs.
- People with disabilities are disproportionately poor and from underrepresented minority groups, thus are subject to health disparities due to demographic characteristics in addition to the disparities related to having a disability - therefore in a sense they are doubly disadvantaged relative to NCD prevention and control.
In addition to the above, given the emphasis throughout the document on access, equity, and local control of healthcare decision making, it is recommended that there is more discussion of health disparities related to sociodemographic variables. It is clear that special efforts are needed to counter these disparities. The focus on patient/family/community centered care, and attention to geographic equity of services, will go some way towards closing the gap with respect to health disparities; however, without devoting specific resources to marginalized communities, it is likely that their health will continue to lag behind those of more advantaged groups.

Occupational therapists can play a key role in alleviating the effects of NCDs on human beings to preserve the ability to achieve functional and independent life activities. Service delivery most importantly should include occupational therapists. The strategies should be health oriented with occupational therapists in place where ever necessary in prevention, intervention, treatment, rehabilitation and integration of services, plus the development and maintenance of a sustained workforce. When governments consider leadership from the health sector, occupational therapists and occupational therapy models must be included. Occupational therapists are important to the success of NCD strategies and achievement of related goals. The inclusion of occupational therapy and occupational therapists is essential to teams and the health support system and issues surrounding the related expenditure must be addressed.

Examples of publications relating to Occupational Therapy and NCDs include:


The following WFOT Position Statements inform the occupational therapy perspective in the promotion of the inclusion of the prevention and control of noncommunicable diseases (NCDs).

The WFOT Position Statements can be accessed from the WFOT website [www.wfot.org](http://www.wfot.org) > Resource Centre > filter resources by category: Position Statements

- Activities of Daily Living (2012)
- Client-centredness in Occupational Therapy (2010)
- Community Based Rehabilitation (2004)
- Consumer Interface with Occupational Therapy (2010)
- Diversity and Culture (2010)
- Environmental Sustainability Sustainable Practice within Occupational Therapy (2012)
The WFOT appreciates the opportunity to participate in this web based consultation and looks forward to the next steps in this process.

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