WHPCA and ICPCN submission to WHO online consultation on the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority

24 August 2017

Additional signatories
African Palliative Care Association
Asociación Latinoamericana de Cuidados Paliativos
Asia Pacific Hospice Palliative Care Network
Canadian Hospice Palliative Care Association
Hospice Ethiopia
Kenyan Hospices and Palliative Care Association
Hospice Palliative Care Association of South Africa
Hospice Palliative Care Association of Zimbabwe (HOSPAZ)

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Suggested language to the outcome document

We request WHO and members states prioritise the insertion of the following language into the draft outcome document.

Chapeau
3. *bis* We are concerned with the lack of access to pain relief and palliative care services for NCDs throughout the world.

Operational Paragraph
8. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions to effectively prevent, control, treat and palliate NCDs to promote mental health and overall wellbeing.

Further language changes for consideration is recommended at the end of this document.

Summary key points

1. **We congratulate WHO on the production of the draft outcome document** for Montevideo.
2. **We are concerned that the draft outcome document does not reference the full SDG 3.4 target in relation to Non-Communicable Diseases and misses out the key section ‘*and promote mental health and well-being*’ in the opening paragraph. Addressing the mental health and well-being of adults and children with non-communicable diseases cannot be ignored and is critical to achieving SDG 3.4.
3. **We are concerned by the absence of any mention of the need for, and actions required to ensure, palliative care access for adults and children with non-communicable diseases in the draft outcome document.**
4. **We request that the outcome document includes reference to palliative care** in line with WHO and member states existing statements and commitments in this area as outlined by the WHA 67.19 resolution ‘Strengthening of palliative care as a component of comprehensive care throughout the life course’ which:
   a. urges member states (9) to implement and monitor palliative care actions included in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020;
   b. requests the Director-General: (1) to ensure that palliative care is an integral component of all relevant global disease control and health system plans, including those relating to noncommunicable diseases and universal health coverage, as well as being included in country and regional cooperation plans;
5. In addition, we request that the outcome document is aligned to language on palliative care in the Global Action Plan on the prevention and control of Non-Communicable Diseases, the

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in low and middle income countries. Of the 54.6 million deaths in 2011, 66% of those were due to NCDs.¹

As outlined in the WHO/WHPCA global atlas on palliative care at the end of life, palliative care is applicable for people with Non-Communicable Diseases including:

- **Diseases requiring palliative care for adults:** Alzheimer’s and other dementias, cancer, cardiovascular diseases (excluding sudden deaths), cirrhosis of the liver, chronic obstructive pulmonary diseases, diabetes, kidney failure, multiple sclerosis, Parkinson’s disease, rheumatoid arthritis

- **Diseases requiring palliative care for children:** cancer, cardiovascular diseases, cirrhosis of the liver, congenital anomalies (excluding heart abnormalities), blood and immune disorders, kidney diseases, neurological disorders and neonatal conditions.

Evidence on palliative care for people with non-communicable diseases highlights that:

1. Palliative care does not only improve the quality of life and well-being and reduce symptoms of people living with Non-Communicable Diseases²,³ but in some circumstances extends it.⁴
2. Palliative care can be a cost effective approach in the treatment of people living with NCDs⁵

**WHO and government’s mandate on palliative care and NCDs**

As outlined on the WHO’s website, in 2014, the first ever global resolution on palliative care, WHA 67.19, called upon WHO and Member States to improve access to palliative care as a core component of health systems, with an emphasis on primary health care and community/home-based care.

In the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013-2020, palliative care is explicitly recognised as part of the comprehensive services required for the management of Noncommunicable diseases.

Governments acknowledged the need to improve access to palliative care in the Political Declaration of the High-Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in 2011, and access to opiate pain relief is one of the 25 indicators in the global monitoring framework for NCDs.⁶

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¹ WHO/WHPCA (2014) Global Atlas on Palliative Care At the End of Life
² Higginson, Irene J. PhD et al What is the evidence that palliative care teams improve outcomes for cancer patients and their families Cancer Journal: September/October 2010 - Volume 16 - Issue 5 - pp 423-435
³ Higginson, Irene J et al An integrated palliative and respiratory care service for patients with advanced disease and refractory breathlessness: a randomised controlled trial The Lancet Respiratory Medicine, Volume 2, Issue 12, December 2014, Pages 979-987

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Track change suggestions to the Montevideo roadmap 2018-2020 on NCDs as a Sustainable Development Priority

We, Heads of State and Government, Ministers and representatives of State and Government participating in this Conference, have come together to restate our commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from noncommunicable diseases (NCDs) and promote mental health and well-being in line with the 2030 Agenda for Sustainable Development. We continue to be inspired by the action catalysed by the 2011 UN Political Declaration on NCDs, and WHO Global Action Plan for the prevention and control of NCDs. We reaffirm our commitment to their implementation.

WHPCA and ICPCN support the suggestions below drafted by the International Association for Hospice and Palliative Care (IAHPC) an NGO in formal relations with WHO.

3. We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4.1. 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 and palliation 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. Governments must take the necessary steps to include NCDs in their health policy agendas, including the adequate allocation of resources to ensure the delivery of preventive, curative, rehabilitative, and palliative care services in the context of their efforts to achieve Universal Health Coverage. 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.

8. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions to effectively prevent, and control, treat, care and palliate NCDs and to promote mental health and wellbeing.

10 We commit to improve health promotion and disease prevention, early detection, treatment, palliation, for NCDs and related care and support. We will establish health surveillance, promoting reduced exposure to environmental risk factors, and sustained management of people with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes, and/or mental health conditions.

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11. We will strive to harmonize work towards the harmonization of global infectious disease and NCD agendas in both prevention, treatment, rehabilitation and palliation and in 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.

13. We will better measure and respond to the critical differences in specific risk factors and determinants affecting morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender and age-based approaches for the prevention and control of NCDs to address these critical differences. We call on WHO to prepare a technical report that examines how countries can pursue and promote gender and age-based approaches for the prevention, treatment, care and palliation and control of NCDs.

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 and control, treatment, care and palliation of NCDs, aligned with national priorities. We call on WHO to consider establishing platforms 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 when there is no comprehensive coverage as part of UHC. 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.

18. We acknowledge that influencing public policies in sectors beyond health is essential in achieving to achieve health gains to reduce premature deaths from NCDs, improve treatment and care and relieve avoidable suffering. In addition, we recognize the interconnectedness between the prevention and control, treatment, care and palliation of NCDs and the achievement of the SDGs beyond 3.4, including targets related to poverty, substance abuse, nutrition, death related environmental exposure, sustainable cities and others. Coordinated upstream action across sectors, including agriculture, environment, industry, trade and finance, education and urban planning will help to create a healthy and enabling environment that promotes policy coherence and supports healthy behaviours and lifestyles. It is the role of the health sector to advocate for these actions, present evidence-based information, support health impact assessments and provide policy reviews and analyses on how decisions impact health, including implementation research. We therefore commit to strong leadership and to ensure collaboration among sectors to implement policies to achieve shared goals.

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, and an intergenerational culture of volunteering. We will also improve awareness-raising on health and wellbeing throughout society, including the prevention and control, treatment, care and palliation of NCDs, supported through public awareness campaigns and health promoting environments that make the healthy choice the easier choice and facilitate behavioral changes. We commit to requesting the responsible educational institutions to align the curricula in health care disciplines is aligned with these values and the existing evidence.

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