MH 6/18

The World Health Organization
Policy Coherence 2017
Geneva

Dear Sir/Madam,

**MONTEVIDEO ROADMAP 2018-2030 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY – BOTSWANA RESPONSE TO THE WHO CONSULTATION PROCESS**

The above subject matter refers.

We are writing from the **Ministry of Health and Wellness of Botswana** in relation to the current consultation on the draft outcome document for the WHO Global Conference on NCDs to be held on the 18th -20th October, 2017 in Montevideo.

We join our partners, the African Palliative Care Association, the Worldwide Hospice and Palliative Care Alliance and the International Children’s Palliative Care to congratulate WHO and the Secretariat for the proposed Roadmap and for putting together a document which serves as an excellent base to move forward on the control, treatment, care and palliation of NCDs. However, we noticed that palliation and palliative care for people with NCDs are not mentioned in any part of the text. Palliative care is critical to promoting the well-being of people’s living with NCDs. As per data from WHO, each year, an estimated 40 million people are in need of palliative care, 78% of them live in low- and middle-income countries and worldwide, only about 14% of people who need palliative care currently receive it. Most of them need palliative care for advanced NCDs, which result in extreme suffering and inequities, especially the poor.

Palliative care is an essential component of comprehensive health services for NCDs as is stated in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases. In 2014, the first ever global resolution on palliative care, World Health Assembly resolution WHA67.19, 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
As part of the open for web-based public consultation we are submitting the attached suggestions containing agreed WHO language, for the next draft of the Roadmap. We hope that you can support us to ensure that WHO will integrate language relevant to palliative care in the outcome document to ensure that no one is left behind.

In the attached document, we have summarized the evidence of the importance of palliative care further for people with NCDs, and suggested some amendments in the following two sections of 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-centered public health functions and institutions to effectively prevent, control, treat and **palliate** NCDs to promote mental health and overall wellbeing.

Thank you.

Yours faithfully

[Signature]

H. B. Jibril

For **PERMANENT SECRETARY**

**MINISTRY OF HEALTH AND WELLNESS**
PROPOSED AMENDMENTS FOR THE OUTCOME DOCUMENT AND SUMMARY OF EVIDENCE ON THE IMPORTANCE OF PALLIATIVE CARE IN THE RESPONSE TO NCDs

**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.

**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;

For more information, contact cmorris@thewhpcsa.org
care in the Global Action Plan on the prevention and control of Non-Communicable Diseases, the political declaration on Non-Communicable Diseases and the definition of Universal Health Coverage. Language suggestions are included later in this document.

6. Palliative care is a cost-effective response which should be prioritised to ensure the control of Non-Communicable Conditions and the treatment of suffering for adults and children with NCDs.

- Palliative care for people with cancer is included within the revised Appendix 3 of the Global Action Plan on the Prevention and Control of NCDs. Palliative care is a critical element of care for people with cancer.
- Palliative care is not just critical to treat people with cancer but for people with other Non-Communicable Conditions as outlined in the WHOFHPCA Global Atlas on Palliative Care at the End of Life and the Global Action Plan on Non-Communicable Diseases.

7. Policy coherence – the commitments and language by WHO and its member states within key political statements, resolutions and plans is not currently being reflected in financing at the national or global level in relation to palliative care for people with NCDs. This must change to achieve SDG 3.4 and promote people’s mental health and well-being.

8. Monitoring of progress in palliative care – While access to opiate pain relief is one of the 25 indicators within the global monitoring framework for NCDs, there is little evidence of monitoring to date and much more work needs to be done to measure progress at the global and national level.

Palliative care for people living with Non-Communicable Diseases

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO definition). Currently 40 million people worldwide could benefit from palliative care and yet less than 14% receive it. 78% of those in need of palliative care at the end of life are 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/HPCA 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.

¹ WHO/HPCA (2014) Global Atlas on Palliative Care At the End of Life

For more information, contact cmorris@thewhpc.org
1. Palliative care does not only improve the quality of life and well-being and reduce symptoms of people living with Non-Communicable Diseases\textsuperscript{2,3} but in some circumstances extends it.\textsuperscript{4}

2. Palliative care can be a cost effective approach in the treatment of people living with NCDs\textsuperscript{5}

**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.\textsuperscript{6}

**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

\footnotesize

\textsuperscript{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 423-436

\textsuperscript{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


\textsuperscript{5} Smith S et al Evidence on cost and cost-effectiveness of palliative care: a literature review Palliative Medicine 2014, Vol 28(2) 130–150

\textsuperscript{6} http://www.who.int/ncds/management/palliative-care/introduction/en/

For more information, contact cmorris@thewhpc.org
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 combating 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.

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

For more information, contact cmorris@thewhpc.org
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 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 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 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.