Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development priority

The International Federation of Psoriasis Association – IFPA
Recommendations on Draft Outcome Document
(version August 9th)

The International Federation of Psoriasis Associations (IFPA) is a non-profit organization uniting national and regional psoriasis associations from around the world. Psoriasis is a severe, chronic, non-communicable, disabling and disfiguring disease for which there is no cure. Psoriasis and psoriatic arthritis affect more than 125 million people across the world. This is a serious global health challenge, with a range of unmet needs. People with psoriasis or psoriatic arthritis may struggle to get a correct diagnosis or adequate treatment, have limited access to care or face persistent stigma and discrimination. Since our founding in 1971, we have worked to resolve these challenges facing the international psoriasis community. As the key global psoriasis advocacy organization, IFPA campaigns on behalf of all people with psoriasis and psoriatic arthritis.

The International Federation of Psoriasis Associations - IFPA would like to commend the efforts of the WHO and Member States for producing the draft outcome document and making it available for public consultation.

We would further like to recommend the following specific additions in the outcome document, in the direction of including holistic person-centered approach, NCD co-morbidities and disability in increased focus.

Paragraph 1

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 non-communicable diseases (NCDs) 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, as well as to their periodical
evaluation and further development, in line with accelerating progress towards achieving SDG target 3.4.

**Paragraph 2**

We acknowledge that premature mortality from NCDs continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been insufficient and highly uneven. Each year, 15 million people between the ages of 30 and 69 years die from an NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in developing countries, disproportionately affecting the poorest and those furthest behind. Implementing coherent policies and ensuring that safe, cost-effective, affordable, quality, patient-centric and evidenced-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs.

**Paragraph 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 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 through a holistic person-centered approach and in providing preventive services in the context of efforts to achieve universal health coverage. Reducing the burden of 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, aid and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities.

**Paragraph 5**

Despite the complexity and challenging nature of developing coherent policies across government sectors through a health in all policies approach to addressing NCDs and their risk factors, we will continue doing so to achieve improved outcomes from the perspectives of health, health equity and health system functioning.

**Paragraph 6**

We will prioritize the most cost-effective, affordable, safe, quality and evidenced-based interventions that will bring the highest public health and social return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, which must be reflected in regulation, standard setting and fiscal policies that address the impact of the four common NCD risk factors.

**Paragraph 7**

We will act across relevant government sectors to create health conducive environments and opportunities to establish concrete sectoral and cross-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 and progress of national strategies. We will work collaboratively to share best practices and towards implementing innovative approaches to ensure improved surveillance, and evaluation and monitoring systems to support these actions.

**Paragraph 8**

We will strengthen, as necessary, essential population level, holistic person-centred public health functions and institutions to effectively prevent and control NCDs and to promote mental health and wellbeing.

**Paragraph 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 treatment, care, prevention and promotion of health.

**Paragraph 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 with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes, or mental health conditions, including early screening of people living with other NCDs, who are at increased risk of developing the above-mentioned conditions in the course of their life.

**Suggested addition of a new paragraph at this point**

We commit to provide a comprehensive, integrated and holistic person-centered management of NCD co-morbidities. Often, due to shared risk factors or because some diseases predispose individuals to developing others, two or more NCDs can manifest in the same individual, resulting in NCD co-morbidities. NCD co-morbidities additionally exacerbate socio-economic inequalities, impose years of disability and affect people’s financial stability. We will continue investing in equipping health system branches to effectively manage NCD co-morbidities, including developing practice guidelines, health promotion and prevention.

**Paragraph 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 and more community accessible community-level prevention and health services delivery and 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.

**Paragraph 13**
We will better measure and respond to the critical differences in specific risk factors and determinants affecting severity, morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender-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-based approaches for the prevention and control of NCDs.

**Paragraph 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 NCDs, and including actions on NCDs as a priority in regional funding schemes, where possible.

**Paragraph 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 of NCDs, aligned with national priorities. We call on WHO to consider establishing a platform to bring together offer, demand and best practices for international cooperation on NCDs.

**Paragraph 18**

We acknowledge that influencing public policies in sectors beyond health is essential in achieving health gains to reduce premature deaths from NCDs. In addition, we recognize the interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond 3.4, including targets related to poverty, substance abuse, nutrition, disability, 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.

**Paragraph 19**

WHO has a key role in providing sound advice about the interaction between the legal environment and NCDs. We will promote policy expertise to develop NCDs responses in order to achieve the SDGs. We call upon WHO with other relevant actors to scale up and broaden work integrating legal issues into country support, including supporting NCD interventions by providing evidence, outlining best practices, tracking legal challenges, comparing laws and legal claims across jurisdictions, developing model laws and assisting countries in responding to legal challenges, including through support in implementing model laws, data and evidence gathering and tracking impact. We therefore encourage the UN Inter-Agency Task Force on NCDs to explore the possibility of establishing a UN Commission on NCDs and the Law.

**Paragraph 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 and control of NCDs supported through public awareness campaigns and actions, health promoting environments that make the healthy choice the easier choice and facilitate behavioral changes.

**Paragraph 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 and control of NCDs and to consider establishing a web portal with case studies and best practices on multisectoral NCD responses to be updated on a continuing basis.
Paragraph 31

We acknowledge the need to engage with non-State actors in view of their significant role for the advancement and promotion of the highest attainable standard of health and to encourage non-State actors to use their own activities to protect, advance and promote public health, in line with national context and priorities.

Paragraph 35

We call on WHO to strengthen its capacity to provide technical and policy advice and enhance multistakeholder engagement and dialogue, through platforms such as the WHO Global Coordination Mechanism and the UN Inter-Agency Task Force on NCDs. We call on the WHO to further identify new areas of research that will support the implementation of the WHO Global Action Plan on NCDs 2013-2020 and meaningfully contribute to developing Appendix III.