To Whom It May Concern Regarding the Montevideo Roadmap on NCDs

We represent the International Longevity Center Global Alliance (ILC-Global Alliance), a member of the Stakeholder Group on Ageing, one of the Major Stakeholder Groups recognized by the UN. ILC-Global Alliance is a NGO with centers in 17 nations and has Consultative Status with the UN’s EcoSoc Division. We firmly recognize that NCDs affect all segments of all populations all over the world.

We suggest the following paragraph for inclusion in the text.

We note that older persons are disproportionately impacted by NCDs: cancers, Alzheimer’s and other dementias, cardiovascular diseases, chronic respiratory diseases, HIV, alcoholism, tobacco use, diabetes, environmental diseases and conditions. We support the four pillars of the WHO NCD Strategy: promotion, prevention, treatment, rehabilitation, and care, including palliative care.

We back up this request for inclusion with the following claims:

1. As the World Health Organisation acknowledges, population ageing is the predominate driver of NCDs in developing countries. Ageist health systems that discriminate against older adults fail to provide adequate preventive, curative, rehabilitative, and palliative care. Agenda 2030 mandates that these policies be included under Universal Health Coverage in Goal 3, Target 3.8.

2. In order to reach Target 3.8, governments must include organisations of older persons in the planning, drafting, and ratification of specific national policies and programs that address the concerns of their members.

3. Responses to NCDs should include availability of prevention, control, treatment and care, including palliative care, services, for persons at risk for, or suffering from, NCDs.

4. The health concerns of older persons must be an integral component of every aspect of achieving SDG #3 if governments are to avoid marginalising the growing populations of this particular cohort, “leaving them behind”, in other words.

“Premature mortality” rates as a measure of NCD control

The ILC Global Alliance also requests that the drafting committee expunge the term “premature mortality” from the document. It is offensive, unethical, and leads to potentially illegal outcomes. The WHO’s definition of that term discounts the health of persons 70 or over, implying that 70 is an appropriate age to die, as healthcare might not be covered past that birthday. Adults aged 70 and older have the highest rates of death by suicide in most regions of the world (WHO, 2014).
Clearly, this language opens the door to multiple human rights violations and challenges under the various global conventions. We prefer the term “preventable morbidity.” Agreed language contained in paragraph 15 of the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases states: “Note also with profound concern that non-communicable diseases are among the leading causes of preventable morbidity and of related disability.”

Older women as family caregivers of NCD Patients
The ILC Global Alliance is also concerned with the role of older women as family caregivers. They are a hidden population whose human rights are consistently violated by the state’s reliance on unpaid labor rather than provision of a living wage that would allow older female caregivers to participate more actively in the community, economy, and education systems.

The ILC Global Alliance recommends that member states adopt policies similar to Costa Rica’s Ley de Cuidadoras, which recognises the work of caregivers and reimburses it accordingly. Providing caregivers with cash, basic respite, and palliative care literacy decreases their “secondary stress,” providing the conditions for resilience and civic trust, both of which are essential for governments striving to achieve all the Goals of Agenda 2030.

We acknowledge with gratitude the WHO’s open platform for comments, and respectfully submit the above.

Signed by ILC Global Alliance Representative,

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