August 25, 2017

Dear WHO Colleagues,

The members of the Liberia Noncommunicable Disease Commission welcome the opportunity to provide input and suggestions into the Montevideo Roadmap 2018-2030. This Commission is a group of physicians, researchers, and policymakers conducting national analyses to determine the burden of NCDs within Liberia and promote national policies to respond to our findings.

The Montevideo Roadmap is a positive step towards achieving the SDG Target 3.4 and moves us closer to our collective goal of realizing universal health coverage.

As key stakeholders working to strengthen and expand the health system in Liberia, we propose the following input on noted sections throughout the document:

- **Pt 2:** Acknowledge that conditions such as some cancers, sickle cell disease, Type 1 Diabetes, and congenital anomalies cause significant disease burden among persons less than 30 years old.

- **Pt 3:** We recommend recognition that corruption in public service and in the health system is potentially a major obstacle to achieving SDG target 3.4 be stated. If global organizations universally isolate waste due to corruption as a major obstacle to be tackled, we have a better chance at success.

- **Pt 10:** Add prevention and response to injuries that lead to deaths and disabilities to other conditions listed.

- **Pt 11:** Commitment to conflict prevention and environmental risks monitoring also need to be included because resources going into responding to complex emergencies do take away from NCD prevention and control.

- **Pt 12:** Instead of “we will ensure …”, it is better to use such action phrase as “**we will commit resources and develop capacities**…” WHO should mandate and include working with MOH at country level to develop funding mechanisms to support NCD prevention and control.

- **Pt 20:** An acknowledgement that public awareness campaigns are essential in enabling health systems to respond more effectively; however, we would suggest that within public awareness campaigns, governments should acknowledge the need to be culturally sensitive and relevant. Also, research into the specific reasons why segments of the population do not comply with behavior changes that could almost certainly reduce health risks associated with NCDs should be conducted.

- **Pt 24:** This conflict is also seen with some practitioners including those in alternative medicine who exploit anxieties of those with chronic conditions such as NCDs to promote dangerous, ineffective and often costly products. The appropriate policies and regulations must be formulated to encourage prompt access to effective care.

- **Pt 32:** The private sector should be encouraged to support research for development of technologies leading to improved user friendliness and affordability for those in rural parts of
the developing world. Simpler equipment capable of performing multiple tests and drugs (e.g. insulin) not requiring special storage and utilization conditions need to be developed.

**Please note:** Palliative care is an essential component of comprehensive health services for NCDs (World Health Assembly Resolution WHA67.19) therefore it should be mentioned in the document. As per data from WHO, each year, an estimated 40 million people are in need of palliative care, 78% of them people 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 for the poor.

Sincerely,

Fred W. Amegashie B.Sc., MD, DO
Director, Non-communicable Diseases Division
Ministry of Health
Monrovia, Liberia

The Liberia Noncommunicable Disease Commission

Dr. Fred Amegashie, Ministry of Health, Liberia – Co-Chair
Jason Beste, Partners In Health Liberia – Co-Chair
Dr. Sampson K. Arzoaquoi, Ministry of Health, Liberia
Pharm. Luke Bawo, Ministry of Health, Liberia
Daniel Browne, Diabetes Management Association
Hon. Maude Somah, Ministry of Justice, Liberia
Dr. Catherine Cooper, Ministry of Health, Liberia
Dr. Eugene Dolopel, A.M. Dogliotti College of Medicine
Hon. Lydia Sherman, Ministry of Gender, Children, and Families, Liberia
Dr. Emmanuel Ekyinambah, JFK Memorial Hospital
Dr. Mathodius George, J.J. Dossen Hospital
Dr. Billy Johnson, JFK Memorial Hospital
Hon. Johnson Q. Kei, Liberia Institute for Statistics and Geo-Information Services
Dr. Munirat Ogunlayl, World Bank
Ms. Diana Culbertson, Partners in Health
Dr. Clement Peter, World Health Organization
Dr. Mohammed Sankoh, Redemption Hospital
Mr. Samuel Slewlon, Cancer Registry
Mr. Bill Karloweah, Ministry of Health, Liberia
Mrs. Elizabeth Hope, Ministry of Education, Liberia
Mrs. Adoley Sonii, Country Director, Sightsavers