

**Suggestions to the MONTEVIDEO ROADMAP 2018-2030 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY by the International Association for Hospice and Palliative Care (IAHPC) and Association Paraguayan de Medicina y Cuidados Paliativos, 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.

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 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 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.