



World Health Organization  
Avenue Appia 20  
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19 October 2012

**Dear Members of the WHO Consultation Team on the NCDS Monitoring and Evaluation Framework**

The Worldwide Palliative Care (WPCA) welcomes the opportunity to respond and to provide further input to the third consultation on the Global Monitoring and Evaluation Framework on Non-Communicable Diseases (NCDS).

We congratulate the World Health Organization and the members of the NCDS team on their work to date on the consultation process and the development of the Monitoring and Evaluation Framework on Non-Communicable Diseases. We appreciate that this is a complex process that requires balance on all areas to ensure success of the implementation and measurement of the impact of the Political Declaration on NCDS.

We, therefore, request WHO and member states to ensure:

**1. Inclusion of the treatment target, aligned with the WHO essential medicines list**

We are supportive of the NCD Alliance submission<sup>1</sup> and in particular the statement that targets need to strike a balance on prevention, treatment and care. We would like to express our strong support for inclusion of the treatment target "Access of essential NCD medicines and technologies to treat major NCDS" with a target of '80% availability of technologies and essential medicines required to treat major NCDS in both public and private facilities'. The focus should be on the accessibility and availability of essential, affordable and quality assured medicines and technologies, whether or not they are generic or basic. The target should be in alignment with the WHO Essential Medicines List<sup>2</sup> to ensure the availability of all essential medicines, including palliative care medications for pain and symptom control.

The 'Access to Palliative Care' Indicator should be used as one of the measures for this treatment target.

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<sup>1</sup> Submission to WHO Consultation on a Comprehensive Global Monitoring Framework, Indicators and Targets for the Prevention and Control of NCDs, October 2012  
[http://ncdalliance.org/sites/default/files/rfiles/NCD%20Alliance%20submission%20on%20GMF\\_5%20Oct\\_0.pdf](http://ncdalliance.org/sites/default/files/rfiles/NCD%20Alliance%20submission%20on%20GMF_5%20Oct_0.pdf) (Accessed 12 October 2012)

<sup>2</sup> WHO Essential Medicines List <http://www.who.int/medicines/publications/essentialmedicines/en/> (Accessed 12 October 2012)

## **2. The retention of the 'Access to palliative care' indicator**

We strongly reiterate our support as outlined in our consultation response on 19 April 2012<sup>3</sup> for the retention of *"Access to palliative care"* as a core indicator within the Monitoring and Evaluation Framework. Palliative care is a vital component of the response to NCDS, as was highlighted in the Political Declaration and as has been indicated by a number of member states and civil society in the consultation processes to date.<sup>4</sup> This was reiterated in the recent WHO AFRO meeting on NCDS from 8-10 October when 28 out of 33 member states present rated palliative care a high priority intervention.<sup>5</sup>

## **3. The most appropriate, effective and applicable measure for 'Access to palliative care' is selected**

In relation to the specific indicator for measuring access to palliative care, we are strongly supportive of a change from the existing proposed indicator to *"Access to palliative care assessed by per capita morphine-equivalent consumption of strong opioid analgesics (excluding methadone)"* as highlighted in the referenced consultation response<sup>6</sup> and suggested as an alternative in our April consultation response.<sup>7</sup> We believe this is currently the preferred and stronger single indicator that can measure access to palliative care worldwide. In addition, this indicator is a particularly appropriate measure of palliative care globally, as palliative care is applicable to all four of the focus Non-Communicable Diseases, as well as Alzheimer's and others dementias, and not just cancer.

However, despite the limitations of the existing indicator as have been outlined<sup>8</sup>, we also recognise that there may be some appetite to retain this indicator in the framework as an NCD specific measure. We will fully support the decision that comes out of the WHO consultation process with member states and civil society as to which of the two aforementioned indicators is chosen to measure access to

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<sup>3</sup> Submission to the WHO consultation by 14 palliative care organisations April 2012  
<http://www.thewpca.org/latest-news/ncds-monitoring-submission/?locale=en> (Accessed 12 October 2012)

<sup>4</sup> Summary of the feedback from member states on the first Discussion paper on the proposed global monitoring framework and indicators and targets for the prevention and control of Non-Communicable Diseases

[http://www.who.int/nmh/events/2012/targets\\_feedback\\_summary\\_22032012.pdf](http://www.who.int/nmh/events/2012/targets_feedback_summary_22032012.pdf) (Access 12 October)

<sup>5</sup> Article by Fatia Kiyange, African Palliative Care Association representative at the WHO AFRO workshop on NCDS – 8-10 October 2012

<http://www.ehospice.com/africa/ArticlesList/Reaching25by25goalonNonCommunicableDiseasesinAfrica/tabid/2445/ArticleId/1154/language/en-GB/African-Member-States-and-partners-address-25-by-25-goal-on-Non-Communicable-Diseases.aspx> (Accessed 12 October 2012)

<sup>6</sup> October 2012 consultation response from selected palliative care organisations

<http://www.thewpca.org/EasySiteWeb/GatewayLink.aspx?allId=113539> (Accessed 19 October 2012)

<sup>7</sup> Submission to the WHO consultation by 14 palliative care organisations

<http://www.thewpca.org/latest-news/ncds-monitoring-submission/?locale=en> (Accessed 12 October 2012)

<sup>8</sup> October 2012 consultation response from selected palliative care organisations

<http://www.thewpca.org/EasySiteWeb/GatewayLink.aspx?allId=113539> (Accessed 19 October 2012)

palliative care globally for the purpose of the Global Monitoring and Evaluation Framework on NCDS.

We reiterate that our most important concern is that ***Access to palliative care*** is retained in the Global Monitoring and Evaluation Framework on NCDS as a core indicator.

We thank you for your due consideration and we look forward to our on-going collaboration. Please do not hesitate to contact the Worldwide Palliative Care Alliance should you require any additional clarifications.

Yours sincerely

A handwritten signature in black ink, appearing to read "Sharon Baxter". The signature is fluid and cursive, with the first name "Sharon" being more prominent than the last name "Baxter".

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