



**IAHPC Intervention for Panel One. CSO Hearing on NCD's UNHQ New York July 5 2018.**

Thank you Chair. IAHPC humbly requests member states to expand the prevention and control narrative to *prevention, control, and palliation*. Focusing on the economic, social, and environmental determinants of health, while absolutely key, neglects the suffering of those dying from non-communicable diseases that have *not yet* been prevented or controlled.

These are the patients and families behind the morbidity and mortality statistics, the millions and millions who need palliative care to relieve their serious health related suffering. Palliative care is an essential component of UHC that is low-tech and can be provided by trained community healthworkers, as well as medical professionals. It must, however, be supported by public policy, funding and education.

Palliative care is more than just a feel good intervention. It is a 'best buy' that can help scale up the approaches countries need to meet several SDG targets such as 1.1, 1.2, 3.4, 3.8, 4.4, 5.5, 8.5 and 8.6. Community provided palliative care enables people to avoid the medical poverty trap, stay in school, work towards more gender balanced solutions, with decent work and healthy lives. It prevents the use of futile expensive treatments and reduces unnecessary hospitalizations. It is a win-win.

By supporting the mental health of family members and caregivers through psycho-social and spiritual care, palliative care may also prevent and control some stress related diseases that develop from loneliness, poverty, and lack of supportive social networks. IAHPC has submitted our textual suggestions for palliative care and are delighted that Panama is leading on inclusion of palliative care language, which is currently absent from the zero draft of the Outcome Document.

I thank you.