

2 August 2011

H.E. Manjeev Singh Puri
Ambassador and Deputy Permanent Representative to the United Nations
Attn: Vimal Acquino, First Secretary
Permanent Mission of India
New York NY 10017

RE: Follow-up request for inclusion of access to palliative care within the declaration document of the upcoming UN Non-Communicable Disease (NCD) Summit, September 19-20, 2011, New York City.

Dear Sir,

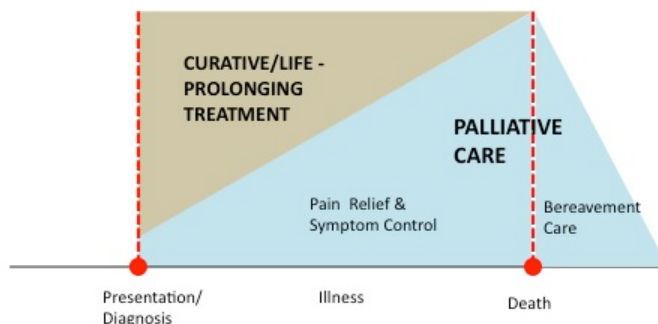
Thank you for your leadership and support during the negotiations for the declarations document of the upcoming UN Summit on NCDs taking place September 19-20, 2011 in New York City. As you are aware, final negotiations are underway for the declaration document. With reference to the draft declaration document as it stands 29 July 2011, we respectfully and urgently request that palliative care be identified appropriately throughout the final UN NCD Summit declaration document as a key component within a “continuum of care” for advanced non-communicable disease.

As you know, the number of people suffering from diseases such as cancer, advanced diabetes, heart and lung disease is quite high in India. These diseases put enormous pressure on patients’ physical and emotional condition besides adding to their financial woes. Debilitating conditions such as unrelieved pain, vomiting, breathlessness and other health problems are part of their daily existence.

Integrating Palliative Care and Treatment

Palliative care improves the quality of life of people with life-threatening or debilitating illness by providing relief from pain and other physical symptoms and care for psychosocial needs. To ensure the most effective care for patients, palliative care begins at the point of diagnosis, continues throughout treatment, and bereavement support is offered to the family after the patient’s death. If cure is possible, palliative care provides essential care to provide pain relief, control symptoms, and minimize suffering. Recent research has shown that early palliative care with standard cancer treatment extended survival when compared to standard cancer treatment alone.¹

This figure illustrates a “continuum of care” for NCDs by integrating curative and palliative care²:



¹ Temel, JS, Greer, JA, et al. Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer. NEJM 2010. 363: 733-742.

² Adapted from the World Health Organization. 2007. Cancer Control: Knowledge Into Action: WHO Guide for Effective Programming. Geneva, Switzerland.

It is this integration of curative treatment with palliative care that we wish to emphasize to you as negotiations continue on the UN NCD Summit Declaration Document. While some may argue that by including phrases such as “care and support” within the final document encompasses palliative care, we need only look to experiences in past UN General Assembly Special Sessions on HIV/AIDS, where “prevention, treatment, care and support” were identified within strategic documents however when programs were implemented, the “care and support” pieces were not prioritized thus resulting in poor health outcomes.^{3 4} Only by specifying palliative care - alongside access to prevention, treatment, and support - throughout the declaration document for the UN NCD Summit can we be clear that this critical piece of primary health care is recognized as a vital solution to improve health for all around the world.

Our feedback on the 29 July 2011 draft of the UN NCD Summit Declarations Document

We note with sincere appreciation regarding the inclusion of palliative care within paragraphs 34b, 34f, and 36. As final negotiations and editing for the declarations document take place, we ask that you ensure that the final UN NCD Summit declaration document appropriately prioritizes palliative care within a continuum of care for NCDs thereby easing suffering for millions of people who suffer from these devastating illnesses. We request:

1. Wherever “treatment,” “prevention and treatment,” or “care and support” is mentioned in the outcomes document, then “palliation” or “care and support, including palliative care,” be included.

For example, 13 alt (from text dated 29 July 2011) currently reads “...the need for preventative measures, screening, treatment and care are...” As currently written, this sentence must include palliative care given it’s critical role within an overall continuum of care. The statement should read “... the need for preventative measures, screening, treatment, palliation, and care are ...”

2. Each time “essential medicines” is referred to, it is framed in a way to ensure that controlled medications, including oral morphine, are not neglected. For example, currently paragraph 34f addresses access to quality [essential] medicines and technologies. Therefore, for paragraph 34f we ask that the statement begin with “... give greater priority to early detection, screening, diagnosis, treatment, and palliation of non-communicable diseases ...”

3. Add the following statement under the current Chair’s proposal “A challenge of epidemic proportions and its socio-economic and developmental impacts” that highlights the problem associated with lack of access to palliative care. To be added within paragraphs 12-25:

“Note with profound concern that millions of people affected by NCDs live and die with severe pain and other debilitating symptoms and can be effectively treated at low cost but do not have access to medicines, technologies and palliative care service.”

4. Add the following statement under current section “Responding to the epidemic as a ‘whole-of-government’ and a ‘whole-of-society’ effort.” To be added within paragraphs 26-33.

“Acknowledge that severe pain in millions with NCDs can be easily treated if essential medicines as recommended by the World Health Organization were available, and that as highlighted in the annual reports of the International Narcotics Control Board in 2008 and 2009⁵, access to opioid based medications is non-existent or almost non-existent in many countries and regions.”

³ Speech by Department For International Development (DFID) Minister Stephen O’Brien at the HIV Care and Support: A Roadmap for Universal Access to by 2015, International Conference. 9 November 2010.

⁴ “Care and Support: The Forgotten Pillar of the HIV Response.” Report from the UK Consortium on AIDS and International Development, 2010.

⁵ United Nations publication, Sales No. E.09.XI.1 and United Nations publication, Sales No. E.10.XI.1.

As the draft declarations document is currently written, paragraphs 34 through 37 are critically important to ensuring access to the full continuum of care for NCDs. Your leadership and support is needed to ameliorate the condition of those suffering from diseases like cancer, advanced heart and lung disease, among many other diseases.

Please let us know if you require any additional information in this regard. We thank you in advance for your support on this critically important public health issue.

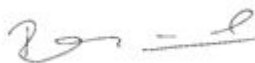
Yours sincerely,



Shalini Vallabhan, PhD
Trustee, Pallium India

Global Health Policy and
Program Consultant

Cell: +91 98 33233374
Email:
shalini.vallabhan@gmail.com



M.R. Rajagopal, MD
Chairman, Pallium India

Director, Trivandrum
Institute of Palliative
Sciences

Cell: +91 88 9344 0306
Email: mrraj47@gmail.com

www.palliumindia.org



Poonam Bagai
Vice Chair, Pallium India

President and Founder,
Can...Kids, Kids...Can (a
unit of the Indian Cancer
Society)

Cell: +91 98 1152 5745
Email:
poonambagai@cankidsindia.
org
www.cankidsindia.org



Dr. Suresh Kumar
Director, Institute of
Palliative Medicine
WHO Collaborating
Center for Community
Participation in
Palliative Care and Long
Term Care
Phone: 04952324166
Email:
drsuresh.kumar@gmail.
com