



November 13, 2017

**International Association for Hospice and Palliative Care
Detailed Submission for Consultation on WHO Draft GPW13 2019-2023**

1. **Overview.** The International Association for Palliative Care (IAHPC) and our over 1000 members worldwide, welcome the draft GPW focus on alleviating the financial hardship associated with access to healthcare. This ambitious program of work calls for visionary, ethical, and disciplined leadership, as well as technical expertise.

As an organisation in official relations with WHO, we are more than willing to assist in this enterprise, and request that the GPW include a palliative care indicator (see below) in the Impact Framework.

2. **Inclusion of palliative care under UHC.** We agree with the premise of the GPW that the solution to this problem is for the WHO to assist countries to build Universal Health Coverage (UHC) within the context of Agenda 2030, and emphasize that UHC within Target 3.8, includes palliative care. Target 3.8 also includes access to essential medicines, including *internationally controlled* essential medicines such as morphine. Morphine must be available both as an oral, immediate release preparation and as an injectable preparation for any patient with moderate or severe pain or with terminal dyspnoea that cannot be adequately relieved by other means.
3. **Lancet Commission Report.** Worldwide, more than 25.5 million people a year (almost half of all deaths in 2015), including 2.5 million children, die with serious physical and psychological suffering as a result of disease, injury or illness. The costed “Essential Palliative Care Package,” discussed in detail in the Lancet Commission Report published last month, “*Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage*” can begin to alleviate this suffering. The Essential Package is designed to relieve the most common and severe suffering related to illness or injury, to be cost effective in Low and Middle Income Countries, to help strengthen health systems, and to provide financial risk protection for patients and families.

IAHPC requests that WHO work with member states, academia and civil society partners to include an indicator on palliative care progress within the Impact Framework. A suggestion is to utilize data on palliative care access from the WHO Global Atlas on Palliative Care at the End of Life with a longer term goal of including the 'Essential Package of Palliative Care services' within UHC in the recently published Lancet Commission Report on Palliative Care and Pain Relief.



4. Page 3, Box 1: The statement that reads: “Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger” should be broader in scope.
We respectfully suggest the following text: **The unequal development in the promotion of health and in the control, treatment, rehabilitation and palliative care of conditions and diseases, across and within countries, need to be addressed and is a priority.**
5. We welcome the **Strategic Shifts and Strategic Priorities** of Universal Coverage outlined in the Draft GPW, all of which are compatible with palliative care, particularly the “lives improved” indicator. The Lancet Commission calculated that patients who live with Severe Health related Suffering accrue at least 6 billion physical and psychological symptom-days annually and up to 21 billion days summing each symptom; almost 80% of these days are accumulated in low-income and middle-income countries (LMICs). Increasing the number of countries that include the Essential Package will go a long way to improving lives.
6. Page 8, para 3. We request that “Access to Health Products” *explicitly* includes **rational and evidence based use of internationally controlled essential medicines**, particularly generic oral morphine for the treatment of severe pain and dyspnea. Access to controlled medicines is extremely limited in low and middle income countries, causing extreme suffering, particularly among the poorest and most vulnerable patients.
7. Page 9, para 4. IAHPC welcomes the **Country Office Teams**: “Country teams of health systems experts will leverage WHO’s expertise in governance, financing, health workforce, quality and safety, access to medicines, digital health, ageing, workplace health, gender, equity and rights, and in relation to specific diseases and interventions. These teams will be coordinated by the respective WHO country office and include other relevant partners according to the country’s preference.”
We look forward to encouraging involvement of partners in civil society, including local and national member associations.
8. Page 10, para 5. **Displaced Populations.** We request that the Draft GPW address a gap, where the text reads “Populations that have been displaced are especially vulnerable. The Secretariat will work with national authorities and partners to ensure availability of essential life-saving health services to the people most in need.”
Since only 5-10% of deaths are sudden deaths, the main goal should be to provide essential *health* services, not essential *life-saving* services.
9. Page 11. **Women’s Children’s Adolescent’s Health.** Health of this demographic must include more than maternal/child & sexual and reproductive health.
We respectfully request the Secretariat to add the following target: **Ensure women, children, and adolescents have access to quality, age appropriate palliative care.**



10. Page 12. **HIV, tuberculosis, malaria, hepatitis, neglected tropical diseases, antimicrobial resistance and polio**

We respectfully request the Secretariat to add the following target: **Ensure, as needed, basic palliative care coverage for patients suffering from HIV, tuberculosis, malaria, hepatitis, neglected tropical diseases, antimicrobial resistance, and polio.**

11. Page 12. **Non-Communicable Diseases**

We respectfully request the Secretariat to add the following target: **Increase palliative care service coverage by 75% for all non-communicable diseases**

12. Page 15 para 1. **Gender Equality.**

This section should explicitly refer to **older women** and **supporting women as majority of caregivers.**