



May 5, 2017

How You Can Support Palliative Care Language at WHA 70

Dear Member States: Representatives from Capitals and Geneva Missions

In May 2014, you unanimously approved [Resolution 67/19](#) “Strengthening of palliative care as a component of comprehensive care throughout the life course.” Improving access to palliative care requires a holistic, cross-cutting policy approach that supports multiple applications across health and social systems. Improving access to palliative care will also support progress towards many Goals and Targets in the 2030 Agenda for Sustainable Development.

In the first operational paragraph of Resolution 67/19, you committed:

to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;

The global situation regarding PC remains dire for persons with life limiting illnesses.

- Forty million patients across all WHO Regions need palliative care, yet < 10% can access it.
- Forty-two percent of the world’s countries have no hospice and palliative care services at all and 5.5 billion people live in countries with inadequate access to treatment for moderate to severe pain, thus dying in preventable pain and distress.

Our “Ask”

Ten (10) items on the WHA 70 agenda either already include, or require the inclusion of palliative care language. Our global membership organisations in official relations with WHO request that, where palliative care *is* included, you welcome and support it in your interventions on the floor. Where it is *not* included, we request that you ask for the agenda item to be strengthened by adding palliative care language. We indicate where it is and is not included in the text below.

Mentioning the critical importance of palliative care in *any* intervention you make on the agenda items listed below will garner support from member states that have not considered the uniquely cross-cutting nature of palliative care, and need assistance to implement Resolution 67/19. We have prepared brief guidance points for each item and request you to elaborate on them as appropriate for your national and regional context.

For information on palliative care availability in all WHO regions, see the [WHO/WHPCA Global Atlas of Palliative Care](#). For more specific information, contact [Dr. Katherine Pettus](#), Advocacy Officer, International Association for Hospice and Palliative Care or [Dr. Stephen Connor](#), Executive Director, Worldwide Hospice and Palliative Care Alliance.

Ten WHA 70 Agenda Items that already contain palliative care language (C) or could be strengthened by it (S), and brief background text for interventions:

12.1 Health Emergencies (S) Health emergencies will inevitably involve (a) persons receiving palliative care pre-emergency, or (b) in need of palliative care created by the emergency itself.

Children and older persons are particularly vulnerable in such situations and a basic palliative care response is necessary for any plan. See [Lancet 2017](#) article for more information.

13.3 Access to medicines (C) including controlled medicines Essential medicines for palliative care. obstetrics, treatment of drug dependence disorder, and psychotropics for mental health are overseen by the international drug control system. Global access to these medicines, including essential palliative care medicines, falls below 20%, according to the [International Narcotics Control Board](#). We welcome WHO action to improve access to controlled medicines.

14.7 Promoting the health of migrants (S) The [WHO fact sheet on Migrant Health](#) recognises that migrants with non-communicable diseases may need palliative care. Barriers to the provision of palliative care for migrants have been identified at both the patient and provider levels, pointing to the need for improved awareness and support in case management within healthcare institutions when preparing for increased ethnic diversity in palliative and end-of-life care.

15.1 Non-Communicable Diseases (C) Enabling access to palliative care is a central component of the [WHO Global Action Plan on Non-Communicable Diseases](#). Member states can speed up their implementation of the Global Action Plan on NCDs and the palliative care resolution (WHA67/19) by increasing training and certification of healthcare providers and primary care physicians in basic palliative care skills.

15.2 Draft global action plan on the public health response to dementia (C) Palliative care is a central component of the [Draft Global Action Plan on Dementia](#). We urge WHO to develop palliative care indicators for dementia. Including palliative care in national dementia strategies under Universal Health Coverage will assist countries in meeting Target 3.8 of the Sustainable Development Goals.

15.3 Public health dimension of the world drug problem (C) WHO's model list of essential medicines includes opioid analgesics, which also fall within the scope of the UN Drug Control Conventions. The UNGASS 2016 Outcome Document recognised that it is key to ensure training of health professionals providers and streamline regulatory systems in order to improve national availability of controlled medicines. WHA67/19 requires WHO member states to controlled essential medicines for pain and palliative care, as well as the treatment of substance use disorder.

15.6 Cancer prevention and control in the context of an integrated approach (C) The WHO fact sheet on cancer states that 8.8 million persons worldwide. 1/6 global mortality, died from cancer in 2015. The Global Atlas of Palliative Care at the End of Life, the majority of cancer patients suffered and died without palliative care services for themselves and their families. Persons living with cancer must have access to palliative care as a critical component of Universal Health Coverage.

16.1 Progress in Implementation of Sustainable Development Goals (S) The WHO defines 'Universal Health Coverage as including the 'full spectrum of essential, quality health services from health promotion to prevention, treatment, rehabilitation and palliative care'. Target 3.8 requires member states to develop UHC and improve access to essential medicines. We request WHO's technical and normative teams to develop indicators and service plans to cover neglected groups such as older persons and children. Progress towards availability of essential medicines for palliative care entails improved access to oral morphine, unavailable in more than 75% of the world.

16.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (S) *We are very disappointed that [The Global Strategy](#) contains no reference to the palliative care needs of women, children and adolescents, especially since we submitted an extensive report. Any life course approach includes palliative care for the seriously ill, including their caregivers. Palliative care policies equip, train and support primary and secondary female caregivers to provide quality care for family members and communities and to ensure they care for themselves.*

17.A WHO Global Disability Action plan 2014–2021 (S) Development of guidance and tools must include palliative care, *as well as rehabilitation*, strategies for persons with disabilities: children, older persons, and refugees. Building capacity and scaling up country action that includes palliative care for persons with disabilities will help relieve the burden of pain and suffering experienced by individual patients and their caregivers through life limiting illness and at the end of

life. Inclusive and accessible palliative care for persons with disabilities can be achieved through applying existing models while addressing the barriers that exist in some palliative care practices.