



INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE
Advancing Hospice & Palliative Care Worldwide

November 9, 2018

Hon. Dr. Tedros Adhanom Ghebreyesus
Director General
World Health Organization
Geneva, Switzerland

Dear Dr. Tedros,

We are writing as representatives of the Board of Directors and officers of the International Association for Hospice and Palliative Care (IAHPC), and NGO in official relations with the World Health Organization. IAHPC is a global, membership-based organization of providers and professional organizations dedicated to the advancement of palliative care worldwide to assure that any patient's suffering is relieved to the greatest extent possible. You have met members of our delegations at the World Health Assembly and Executive Board meetings.

One of the authors of this letter (Liliana De Lima) has served on the WHO Expert Committee on Drug Dependence four times, as have other IAHPC Board members. Some of the substances evaluated by the ECDD throughout the years are medicines used in palliative care, mainly as analgesics for the relief of pain and other symptoms such as dyspnea. Among the substances ECDD will review next week is tramadol, a partial agonist opioid used for the treatment of moderate to severe pain.

We congratulate the WHO Secretariat for undertaking a survey to evaluate the extent of the use of tramadol throughout the world. However, we are very concerned that the current 41st ECDD, convening at WHO next week, does not include an expert in palliative care. Instead, most of the members of the committee are experts in toxicology, pharmacology and dependence treatment. According to the bios published in the WHO ECDD website, one of the members is an anesthesiologist who does research in pain medicine. As an anesthesiologist and ICU specialist, she works in a complex facility delivering anesthesia and pain medicines in the operating room and to inpatients. And although prevention and treatment of acute pain is certainly important and critical, it is also very likely that she is not aware of challenges that patients face in access to treatment and care in home, outpatient and primary care which is where the vast majority of palliative care patients are, especially if they are at the end of life.

For the reasons stated below, we feel that this underrepresentation of a field which has such an important stake in the substances being discussed next week by the ECDD, may lead to decisions that negatively impact the millions of patients our providers serve, with dire public health consequences.

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As reported by The Lancet Commission on Palliative Care and Pain Relief¹, approximately 25.5 million out of 56.2 million people who died in 2015 experienced serious health-related suffering. This suffering could have been ameliorated by appropriate palliative care and pain relief. A disproportionate number – over 80% – of these 61 million individuals live in low- and middle-income countries with severely limited access to pain treatment. The evidence from WHO itself, from UNODC, and from INCB shows that opiophobia – heightened fear of non-medical use and addiction to opioids – has resulted in devastating restrictions on essential medicines for pain relief.

As a result of opiophobia and other well documented barriers, global and national drug control policies are skewed toward traditional supply control policies, limiting patient access to controlled medicines. This increases the suffering of millions of patients, especially the poor, leaving them to live and die in pain. Ensuring access to palliative care and pain relief medicines is essential to achieving Universal Health Coverage and Sustainable Development Goal target 3.8. Expanding access to palliative care and pain relief must be a part of ensuring care across the continuum, as stated in the World Health Assembly Resolution on Palliative Care² and the 2018 Astana Declaration adopted last month during the Global Conference on Primary Health Care.³

Many of our members and directors from around the globe have the requisite technical expertise on the medicines being considered, and we would be glad to collaborate with WHO in the identification of possible candidates for future meetings of the ECDD.

Please feel free to contact us with any questions or comments at the following address:
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Respectfully submitted,

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¹ Knaul FM, Farmer PE, Krakauer EI, et al on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. *The Lancet* 2018; 391(10128): 1391-1454 (Online, October 12, 2017). Accessible at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32513-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32513-8/fulltext)

² World Health Assembly Resolution WHA67.19 “Strengthening of palliative care as a component of comprehensive care throughout the life course”. 2014. Available in <http://apps.who.int/medicinedocs/en/d/Js21454ar/>

³ WHO Declaration of Astana. October 2018. Available in <http://www.who.int/primary-health/conference-phc/declaration>