

Statement of International Association for Hospice and Palliative Care (IAHPC) 14/4/18

Thank you Chair. I am here to speak on behalf of the International Association for Hospice and Palliative Care, a non-governmental membership organization (NGO) with over 1,200 members worldwide.

As an NGO in official relations with the World Health Organization (WHO) and in consultative status with ECOSOC, IAHPC provides technical assistance on palliative care and drug policy to UN agencies, governments and civil society organizations. We work closely with UNODC, the INCB and WHO to align our advocacy with implementation strategies for Chapter Two of the UNGASS Outcome Document, which makes specific recommendations to governments on improving access to controlled essential medicines for the relief of pain and palliative care.

A report issued by the Lancet Commission on Palliative care in October 2017 studied the health economics of the global abyss in access to internationally controlled essential medicines such as morphine. Harvard economists developed an essential package for low resource countries, calculating that improving access to medical morphine would cost the global community around USD145 million per year, a fraction of the USD100 billion the world spends every year on drug control.

I would like to briefly share with you the very practical work IAHPC does in convening opioid availability workshops for countries that have what the INCB calls “low to inadequate consumption” of controlled medicines. We hold two day workshops in a country, invite regional partners and representatives of the national competent authorities, health ministries, WHO country staff, and palliative care practitioners. These protagonists hear expert presentations on the normative and legal framework obliging governments to improve access to internationally controlled essential medicines for the relief of pain and palliative care. They then collaborate to identify and eliminate the barriers they identify in access, and develop SMART collaborative implementation plans.

I would also mention that the Academy for Life at the Vatican held a global conference two weeks ago to give visibility to the work of palliative care providers worldwide, and that the Holy See fully supports the need to improve availability of essential medicines for palliative care. Leaders of all the world’s faiths, along with civil society organisations such as mine, were at the Vatican to articulate the importance of appropriate clinical and spiritual support for children, adults, and older persons facing life-limiting diseases.

IAHPC would like to thank the member and observer states with which our organization works closely. These governments, such as Mexico, Argentina, Colombia, Uruguay, Uganda, Kenya, El Salvador, Nigeria, among others, welcome the expert consultative value of civil society partners in their efforts to implement the recommendations of Chapter Two. They are committed to training their workforces, strengthening their health systems and supply chains, and raising public and professional awareness about the need to increase the demand for, and supply of, internationally controlled essential medicines for the relief of severe pain and palliative care. We stand ready to help any other governments upon request. I thank you.