

Agenda Item: 11.5 Addressing the global shortage of, and access to, medicines and vaccines

Statement:

Thank you Chair. The International Association for Hospice and Palliative Care thanks the Medicines Division for the preliminary work on the morphine palliative care indicator and looks forward to participating in the work on the proposed Roadmap. We remind Committee A that safe, effective and quality medicines and vaccines for all include opioids such as oral morphine for the relief of severe pain, palliative care, and dependence treatment. IAHPC looks forward to sharing our educational, training, and advocacy work to help countries improve access to controlled medicines in all WHO regions. We welcome collaborations to ensure that the morphine indicator proposed in the Impact Framework is achieved by a trained workforce through a balanced regulatory framework. We pledge to consult with our more than 2000 members and expert partners who have first hand knowledge of the needs and capacity on the ground. Supply chains for internationally controlled essential medicines whose ultimate beneficiaries are suffering patients and families, need to be strengthened through upskilling and capacity building from the community health worker, to the primary care physician or nurse prescriber, to the national referral hospital.

A barrier to access is that since morphine is an age-old generic medicine, so there is no profit for the pharmaceutical industry in registering and marketing it to life limited patients. Governments such as Colombia and Uganda have succeeded in ensuring that it is available free of charge for their people.

IAHPC recommends that governments utilize mechanisms such as the PAHO

strategic fund and similar cooperative buying strategies for essential generic medicines such as morphine.

Just as Death leaves no one behind, neither should any healthcare system. We implore all WHO members to incorporate the low-cost Palliative Care Package recommended by the Lancet Commission Report and available on our website. Only by protecting the vulnerable, and integrating palliative care for those hidden patients suffering at home will countries ever achieve Sustainable Development.

I thank you.

Agenda Item:

11.1 Draft thirteenth general programme of work, 2019–2023

Statement:

Thank you Chair. The International Association for Hospice and Palliative Care supports the 13th Draft GPW, particularly its explicit support for vulnerable populations. Our more than 2000 members, who are palliative care providers, attend to the most vulnerable populations of all: neonates, children, adolescents, adults, and older persons. suffering from life limiting illnesses, largely in Lower and Middle Income Countries. Most present with advanced disease, too late for treatment, and are sent home to their village or slum told that nothing more can be done. Or they are provided with futile, expensive, treatment that leaves their families in debt and deepens their vulnerability in the medical poverty trap. Paragraph 38 of GPW13 recognizes that more can ALWAYS be done after a diagnosis of life limiting illness to support patients

and their families during the most vulnerable periods of their lives. Member states aspiring to achieve Target 3.8 of the SDGs and meet their human rights obligations MUST commit to creating or strengthening health systems that include palliative care once promotion, prevention, treatment, and rehabilitation have also been tried. The GPW recognises. palliative care is an essential service under UHC that must be integrated into primary care to ensure quality of life and resilience in patients, families, and communities. The International Association for Hospice and Palliative Care, for our part, commits to working with the Secretariat to help countries implement the GPW & WHA 67/19 on palliative care.

I thank you.

IAHPC Statement to WHA71

Health Systems : Promoting the health of refugees and migrants.

20.3.4.1 I. Promoting the health of refugees and migrants (resolution WHA70.15 (2017))

Statement:

Thank you Chair. The International Association for Hospice and Palliative Care for PALCHASE (– Palliative Care in Humanitarian Aid Situations and Emergencies) requests member states to note that while the size of the need for palliative care for refugees and migrants is not known, their very real need for palliative care is recognized and reported on by humanitarian health response organisations. Yet little has been done to ensure those babies, children and adults with life-limiting and chronic conditions, especially non-

communicable diseases such as cancer , organ failure, congenital conditions, neurological diseases, and cardiac disease receive this essential service.

Recent studies carried out in Jordan and Bangladesh show that refugees and migrants have extra barriers to accessing palliative care, pain control and opioids to relieve their suffering and very few health care providers are trained in this field. A recent project in Bangladesh with Rohingya refugees has shown that palliative care can be provided at relatively low cost and that local members of the community can be trained to identify those in need of palliative care and assist in the provision of palliative care. We ask that palliative care be recognized as an essential part of all health care to all displaced persons; that all cadres providing health care be suitably trained in palliative care, and that all that have life-limiting and chronic conditions have access to pain management including opioids, as well as psycho-social and spiritual support. The palliative care community has the knowledge and skills to provide this training and expertise. Refugees and migrants have the same right to relief of suffering as all others. It is now timely to ask if the standard humanitarian response of saving lives to minimize suffering should be re-imagined as a paradigm of saving lives and minimizing suffering.

Agenda Item:

20.3.2.1 D. Public health dimension of the world drug problem (decision WHA70(18) (2017))

Statement:

According to the International Narcotics Control Board, around 5.5 billion people in the world still have limited or no access to medicines containing

narcotic drugs for pain relief. These medicines include codeine or morphine, the gold standard of pain management according to WHO, which is unavailable to 75 per cent of the global population. Inadequate access contradicts the notion of Article 25 of the Universal Declaration of Human Rights, including the right to medical care, which also encompasses palliative care. The imbalance in the availability of opioid analgesics is particularly worrying, as the latest data show that many of the conditions that require pain management, particularly cancer, are prevalent and increasing in low- and middle-income countries. Apart from the needs related to cancer, pain treatment is required for many other health conditions: obstetrics, post-surgical treatment, burns, and trauma. In several regions of the world, pain relief drugs are not commonly prescribed, due to lack of training of nurses, physicians, pharmacists, and front line medics. The International Association for Hospice and Palliative Care works closely with our focal points in the Medicines and Service Delivery and Safety Divisions of WHO, to help member states improve access. We also partner with regional and national palliative care associations to convene education and training workshops on the rational use of medical opioids. These workshops bring together drug regulators, prescribers, and health policymakers, who draft and update policies to improve These bring together drug regulators, prescribers, and health policymakers, who draft and update policies to improve palliative care and access to medicines in their countries, as per WHA 67.19. IAHPIC is standing by to assist member states in balancing their drug policies to ensure improved access to internationally controlled essential medicines as per the recommendations of Chapter 2 of the UNGASS Outcome Document.

Agenda Item:

12.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): sexual and reproductive health, interpersonal violence, and early childhood development

Statement:

The IAHPC is disappointed that the Updated Global Strategy for Women's, Children's, and Adolescent's Health 2018 STILL excludes any mention of palliative care for women, children, and adolescents. This omission continues despite the fact that our organisation submitted a report to the Secretariat in 2016 and intervened on the matter at WHA70. Millions of children, adolescents, and women suffer from preventable and treatable cancers all over the world. When prevention and treatment are no longer viable, however, palliative care is the only humane option. By emphasising the update on early childhood development while ignoring the need for pediatric palliative care the Global Strategy leaves behind the children and adolescents whose life-limiting illnesses means they aren't fortunate enough to develop into productive, happy, adulthood. We remind member states that lack of palliative care and internationally controlled essential medicines in 75% of the world means that more than 18 million children, adolescents, mothers, and grandmothers, die in avoidable pain and distress each year. Tragically, just as cancers in children and adolescents are on the rise, breast and cervical cancers are the leading killers of women, and chronic disease is increasing in older adults. For these people and their families living with life-limiting illness, palliative care improves the quality of life and is a key component of essential health care services as

defined within UHC. When you ratified Resolution 67/19, you recognised your ethical obligation to ensure palliative care is available and accessible for ALL, which includes women, older persons, children and adolescents. Palliative care is fundamental to your commitment to respect, protect, and fulfil all persons' rights to the highest attainable standard of physical and mental health. and to develop the necessary programs to support them. Finally, we urge member states to ensure funding to the Secretariat to implement WHA Resolution 67/19. I thank you.

Close