



September 18, 2018

IAHPC Oral Statement on Strategy on the health and well-being of men in the WHO European Region and Associated Resolution

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IAHPC thanks the Secretariat for the very interesting and informative report and for the inclusion of palliative care in the health services delivery section of the Strategy. We appreciate the inclusion of prisoners, migrants, refugees and homeless persons in the report, extremely vulnerable populations in need of palliative care that is rarely provided by either by public health services or prison administrations.

IAHPC appreciates the rights based approach of the strategy, and would like to connect the dots between the vulnerable male populations mentioned above with their right to palliative care. As we know, male prison populations are ageing. The vast majority of older male prisoners and those suffering from life-limiting conditions such as multi-drug resistant TB, HIV/AIDS, and non-communicable diseases, are unable to access palliative care, despite this being stipulated as a right in General Comment 14 of the International Covenant on Economic, Social, and Cultural Rights.

The European Convention for the Protection of Human Rights and Fundamental Freedoms, (Article 3), the protocols to that Convention, the case-law of the European Court of Human Rights, and the 1987 European Convention for the Prevention of Torture, all support the right of prisoners to palliative care.

Finally, palliative care medicines containing opioids for the relief of severe pain, although on the WHO Model List, are rarely available in prisons, undermining incarcerated men's right to health and freedom from cruel and inhumane treatment. Unbalanced narcotics control policies often privilege fear of addiction over the right to pain relief.

IAHPC is actively involved in a European Association of Palliative Care Task Force studying the extent to which this essential service is provided in prison. We will make this report available to the Secretariat at RC 69.

I thank you.