

## [Advancing public health for sustainable development in the WHO European Region](#)

The International Association for Hospice and Palliative Care (IAHPC) is a global membership organization dedicated to advancing hospice and palliative care worldwide. IAHPC is in official relations with the World Health Organization and in consultative status with the ECOSOC.

We thank the Secretariat for the Background Document, draw member states' attention to the [WHO Public Health Palliative Care \(PHPC\) strategy](#), and stress the importance of Importance of PHPC for achievement of the SDGs. A concept note on this topic is found [here](#).

IAHPC supports the Background Document's claim that "public health contributes to reducing inequalities of health outcomes." One of greatest inequalities in the world is the abyss in access to internationally controlled essential medicines for the relief of pain and palliative care, documented in the ATOME (Access to Opioid Medicines in Europe) [Report](#), the Lancet Commission Report on Palliative Care "[Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage](#)" and the WHO Global Atlas of palliative care <http://www.who.int/cancer/publications/palliative-care-atlas/en/>.

In 2014, member states approved the WHA Resolution 67/19 "Strengthening of palliative care as a component of comprehensive care throughout the life course," which recognized that "inadequate integration of palliative care into health and social care systems is a major contributing factor to the lack of equitable access to such care."

The RC68 Background Document's rightful emphasis on early detection and prevention is incomplete. It *must be* balanced with attention to palliative care for all inhabitants of the EURO region, including particularly vulnerable populations such as migrants, refugees, prisoners, and homeless persons who suffer from communicable, non-communicable, and chronic diseases. It is time that the global public health community, whose focus, quite rightly, has been on maternal child health and epidemics, adds public health palliative care to the policy agenda. If a skilled practitioner must attend every *birth*, then why not every *death*? Managing chronic illness with community based, public health palliative care reduces health system costs and improves quality of life of patients, families and communities. The evidence demonstrates that this is a fair and equitable solution.

We appreciate the human rights framework of the Report and draw colleagues' attention to the [international normative framework](#) obliging member states to integrate palliative care into public health strategies. Palliative care is a recognized component of the right to the highest attainable standard of health, which is protected in article 12 of the International Covenant on Economic, Social and Cultural Rights, and article 24 of the Convention on the Rights of the Child. Access to essential medicines, as defined by the WHO Action Programme on Essential Drugs, is part of the "minimum core content" of the right to the highest attainable standard of health. Twenty palliative care medications are on this list of essential drugs, including morphine. Access to adequate pain relief is protected under Article 7 of the International Covenant on Civil and Political Rights,

which prohibits torture, inhuman or degrading treatment or punishment despite this, many European people continue to die with unnecessarily uncontrolled pain.

Within the Council of Europe, the Recommendation of the Committee of Ministers on the human rights of older persons devoted a chapter to palliative care, providing that “any older person who is in need of palliative care should be entitled to access it (palliative care) without undue delay, in a setting which is consistent with his or her needs and preferences, including at home and in long-term care settings”. Although palliative care is well-developed in many European countries, a large number still experience deficits. These include the lack of a palliative care policies, and carer training in pain management. Problems with regulation and availability of opioids remain.

IAHPC appreciates the document’s attention to the demographics of aging and to the increasing toll that NCDs in the region place on health services, citing morbidity, mortality, and disability data that requires the development of palliative care training, policies, and service delivery throughout the EURO region.

IAHPC supports the call for a paradigm shift in health system integration and the “new emphasis on measuring health and well-being instead of merely focusing on the measurement of death, disease and disability.” Palliative care aligns with this paradigm shift in that its mission is to improve well-being and quality of life of persons suffering from life-threatening illnesses, and to alleviate preventable health related suffering wherever possible.

We are cautious of wholeheartedly embracing — in the words of the Background Document — a “culture of health and wellbeing” that excludes those who are chronically ill, fragile, and imminently dying. Older age and serious illness also define is vulnerable life stages (para 42) and are essential focus areas of the lifecourse approach.

IAHPC welcomes the recommendation to establish intersectoral committees to develop evidence based proposals. We respectfully recommend that they familiarise themselves with the work of the national and regional palliative care associations. Their members work with vulnerable populations in rural and urban community clinics, serving the largely hidden patients sent home by doctors who mistakenly believe that “nothing more can be done.” Multi-stakeholder collaborations with these associations are essential to improve publicly funded practice and service delivery on the ground. Palliative care can be delivered according to internationally approved standards.

The European public health workforce desperately needs millions of trained, compassionate, caregivers to shepherd the demographic shift of populations that are aging and increasingly disabled by chronic disease. Public health palliative care programs can train those cohorts in communities to attend to fragile patients and families struggling with life-limiting illness. For more information on research and European workgroups, we direct member states attention to The European Association for Palliative [website](#).

IAHPC will be present at the Global Conference on Primary Healthcare in Astana next month to support the presentation of papers on palliative care in primary care, refugee and migrant health services, and pediatrics.

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