



January 28, 2019 WHO EB 144

Statement on Community Health Workers, Agenda Item 5.5.2

On Friday, Dr. Tedros announced new partnerships with WONCA, the World Medical Associations and pharmaceutical professions to fill the 18 million healthcare workforce gap. We are asking the Secretariat through the Chair if that partnership includes training in the prescribing and dispensing of internationally controlled essential medicines for palliative care?

Without such training, workforces will be unable to help member states deliver on their Astana or Agenda 2030 Commitments. Community health workers are key to delivering palliative care and palliative care medicines in rural and hard to reach areas. They can bring pain medicine to frail elders and patients unable to leave their beds and travel to clinics or hospitals.

When there are no trained CHWs and no is morphine available, as is the case in most countries patients die in agony. Families can only get paracetamol or ibuprofen at the health centres or private pharmacies. These can cause kidney failure, increase out of pocket expenditures and deepen household poverty rates. Rwanda and Uganda are examples of countries that produce their own morphine syrup that is free for patients, delivered by trained nurses and community health workers.

Palliative care supports all patients and their families facing the conditions causing serious health related suffering. It is not an optional add on but an essential element of the UHC spectrum. Our global membership can join the team with WONCA, the WMA, and other professional organisations in the new workforce partnership to help member states with training and implementation upon request. I thank you.