INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE
Advancing Hospice & Palliative Care Worldwide

IAHPC Advocacy Note WHA72

A72/8 **Public Health Emergencies, Preparedness and Response** " Humanitarian emergencies and crises are large-scale events that may result in the breakdown of health care systems and society, forced displacement, death, and physical, psychological, social and spiritual suffering on a massive scale. Current responses to Humanitarian emergencies and crises rightfully focus on saving lives, but for both ethical and medical reasons, the prevention and relief of pain, as well as other physical and psychological symptoms, social and spiritual distress, also are imperative. Therefore, palliative care, should be integrated into responses to Humanitarian emergencies and crises. The principles of humanitarianism and impartiality require that all patients receive care and should never be abandoned for any reason, even if they are dying. Thus, there is significant overlap in the principles and mission of palliative care and humanitarianism: relief of suffering; respect for the dignity of all people; support for basic needs; and accompaniment during the most difficult of times." These are not our words, but those of WHO ADG, Dr. Naoko Yamomoto in the recently released WHO Guide on Palliative Care in Humanitarian Emergencies.

A72/11– **Implementation of Agenda 2030**. IAHPC thanks the Secretariat for the Report and the focus of para 31 on the need to ensure provision of internationally controlled essential medicines for the management of pain and palliative care. As the Report notes, "less than 10% of the public-sector health facilities surveyed in low-income countries stocked opioid analgesics such as morphine, buprenorphine, codeine, methadone and tramadol – essential medications for treating the pain associated with many advanced progressive conditions." Improving this situation is central to IAHPC's work with the United Nations Office of Drugs and Crime and the International Narcotics Control Board. We urge member states to collaborate with these bodies, and with regional bodies such as CICAD, to implement the recommendations of the 2016 UNGASS Outcome Document, and the technical guides produced by the multilateral organisations as well as the WHO Medicines Division. Governments that integrate palliative care into their healthcare systems are more likely to achieve the goals and targets of Agenda 2030, including reduce extreme poverty, gender equality, education, decent employment, access to essential medicines, and universal health coverage. IAHPC stands ready, with our global membership, to help member states implement the relevant recommendations.

A72/12 – **Primary Healthcare towards Universal Health Coverage**. The vision of primary health care as "a whole-of-society approach that … meet[s] people's health needs through comprehensive and integrated health services (promotive, protective, preventive, curative, rehabilitative and palliative" aligns with IAHPC's mission to relieve suffering through the provision of palliative care wherever it is required. Palliative care adds life to days, not just days to life. Provided at the community level, it improves quality of life of patients and families, thereby improving the health of all. Palliative care actively prevents the perpetration of harms on people experiencing serious health related suffering, including those who are dying. These include the clinical harms of futile treatments, as well as the financial harms to families of purchasing medicines and services with no curative value. Health systems that provide this holistic approach to the physical, psychological, social, and spiritual dimension of care fulfil human their rights obligations, and will comply with their 2018 Astana commitments. IAHPC urges member states to review the new WHO Guide on Palliative Care in Primary Health Care.

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A72/17 **Access to medicines**. IAHPC thanks the Secretariat and the WHA for the commitment to "support countries in developing policies and regulations to ensure access, appropriate prescribing, dispensing and use of controlled medicines for the treatment of pain and palliative care while minimizing the risk of diversion and misuse." We will work with our focal points in the medicines division, as well as the colleagues at the International Narcotics Control Board and the United Nations Office on Drugs and Crime and our partners in civil society, to make this commitment a reality. Much still needs to be done, as more than 75% of the world's population still has no access to these essential palliative care medicines on the WHO Model List, largely because of restrictive drug policies and lack of appropriate professional education. The Report's deliverable on "optimizing relevant legislation and support for strengthening the capacity of prescribers and dispensers to ensure access and quality of service and minimize the risk of diversion and misuse," goes to the heart of the problem, and IAHPC will do our utmost to support member states to achieve his health and human rights goal that also supports Target 3.8 of the 2030 Agenda for Sustainable Development.

7.19-- **High Level Meeting on NCDs** IAHPC thanks the Secretariat for the Report, which commits to "taking measures to better prepare the health systems to respond to the needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care for older persons," IAHPC is an active member of the Stakeholder Group on Ageing at the United Nations, as well as the Open Ended Working Group on Ageing, which just held its tenth meeting at UN Headquarters in NYC. Palliative care is now on the permanent agenda of the Working Group and will be included in any binding convention on the rights of older persons. We would remind the World Health Assembly, however, that palliative care for those suffering from NCDs must not be limited to older persons, but is needed for children, adolescents, and older persons suffering from NCDs with no hope of curative treatment. Palliative care medicines, including those for pain relief, are included in WHO's Model List of essential medicines for adults and children. Palliative care is recognised in key global mandates and strategies on universal health coverage, noncommunicable diseases, and people-centred and integrated health services. We draw member states' attention to the recently released WHO guides on palliative care, including in pediatrics, available at https://www.who.int/palliativecare/en/.

A72/23 and A72/24– **Human Resources for Health** Although Universal Health Coverage includes palliative care in the spectrum that begins with health promotion and disease prevention, and the Astana Declaration on Primary Healthcare includes now includes palliative care, the health workforce familiar with basic palliative care is miniscule. Basic palliative care training begins with education of community healthworkers, nurses, primary care physicians, geriatricians, and medical officers. It must be included as a compulsory item in schools of medicine, nursing, social work and pharmacy. The guidelines exist, as do organisations of family doctors, medical students, and palliative care associations to assist member states in implementation at the grassroots level. The WHO has produced a guide on palliative care in primary healthcare, which should be a cornerstone of all basic public health and clinical curricula, as well as continuing education courses. The enormous and ethically unacceptable burden of serious health related suffering in lower and middle income countries will continue until member states address the global workforce shortfall in palliative care.

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72/30 – **Women's Children's Adolescents' Health** IAHPC the Secretariat for the attention paid to cervical cancer in the Report, but we are disappointed that it ignores the palliative care needs of children, adolescents, and women – populations who that include both patients and family caregivers. According to the recently published WHO Guide, the number of children – neonates, infants, children, and adolescents up to 19 years of age – who need pediatric palliative care (PPC) each year may be as high as 21 million. Almost 2.5 million children die each year with serious health related suffering and that more than 98% of these children are in low- and middle-income countries (LMICs). School age children, adolescent girls, and older women are often family caregivers of patients with palliative care needs in many lower- and middle-income countries. A holistic approach to children', adolescents' and women's health goes far beyond the sexual and reproductive rights and maternal-child healthcare discussed in the Report, which tells only part of the story.

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