



General comments on the Global Action Plan Primary Health Care Accelerator

A coordinated global palliative care response submitted by The International Association for Hospice and Palliative Care, Dr. Katherine Pettus, PhD, Advocacy Officer, kpettus@lahpc.com

1. What do you see as the key opportunities offered by *Global Action Plan for Healthy Lives and Well-being for All*?

One of the major opportunities for the Global Action Plan for Healthy Lives and Well-Being for all is to address the major neglect of the development of health systems that should be there for people ***throughout their lives*** and to ensure that the most vulnerable and those with the highest health needs are not left behind. The focus on primary health care is crucial but progress will not be made without ensuring that primary health care covers the spectrum from promotion, prevention, treatment, rehabilitation and palliation as outlined in the Astana Declaration and within the UHC definition. Addressing the health system and community response to the latter part of the spectrum cuts across work by all signatory agencies, yet with the exception of WHO is rarely mentioned, leaving millions of the most vulnerable behind.

There is currently no specific recognition in the primary health care acceleration paper or the Global Action Plan itself of the need for healthcare throughout people's lives including the spectrum of essential health services from promotion, prevention, treatment, rehabilitation and palliative care. From years of working in palliative care, we know that if the full spectrum is not explicitly referenced, the latter part of the spectrum will be neglected, will not be financed, and the 61.5 million people who need it will continue to live and die in serious pain and distress. Women and girls will continue to be left to care for people in their homes and communities unsupported and ill-equipped creating a knock-on effect on mental and physical well-being, gender equality and household poverty.



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Palliative care must be integrated into the primary health care system response. Access to palliative care is something that the majority of us will need at some point, however much financing is dedicated to prevention and promotion. By failing to recognise a response that ensures health systems and primary health care throughout people's lives, we are failing the most vulnerable in our societies.

2. Which previous collaborations across the signatory agencies have proven to be effective in accelerating impact in countries and could be recommended as good practice / for scaling-up?

There is little effective response to date by the signatories on accelerating impact in countries on access to palliative care as part of health systems. Much can be learned however from UNAIDs collaborative work on access to ART treatment and care and the Global Fund coordinating and financing mechanisms. WHO's technical assistance needs to be coupled with effective financing.

Comments on the accelerator discussion papers:

1. Regarding the paper, do you have suggestions for improvement, to further leverage the potential of closer collaboration and alignment between the 12 organizations?

1a. Utilise language that explicitly discusses primary health care systems throughout people's lives including the spectrum of essential health services from promotion, prevention, treatment, rehabilitation and palliative care.

1b. Remain constantly mindful of the most vulnerable and marginalised in societies including those facing multiple conditions, stigma and societal fears of death and dying and include people with palliative care needs in all consultations and planning exercises.

1c. We would like to UN Women included in this accelerator as the impact of inadequately resourced primary health care services is likely to fall on women and girls due to caregiving responsibilities.

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2. Regarding the proposed actions, do you have suggestions for improvement to more effectively provide joint support to countries to accelerate progress towards the health-related SDGs?

2a Ensure that the in country needs assessments and the subsequent plans, financial analysis and monitoring include the need for primary health care **throughout people's lives**, including palliative care, and women and girls who are often their caregivers, so that the most vulnerable do not continue to be left behind. Also focus on:
1. Community health workers. 2. Access to medicines and equipment. 3. Leaving no one behind.

3. Is your institution involved in, or planning, an initiative to support countries accelerate progress toward the health-related SDG targets that could align with the accelerator actions described?

Yes, our organisation works with organisations globally to advocate for, and access financing to support, initiatives to ensure palliative care is integrated into primary health care, particularly in low and middle-income countries.