



Statement of the International Association for Hospice and Palliative Care

September 2, 2019

EUR/RC69/13 Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana

The unmet need for palliative care in Europe represents a serious health inequity reflected in the following number: around 4.5 million adults and 140,000 children die in Europe every year without access to palliative care and pain relief. The demographic shift and increasing prevalence of chronic conditions in the region will increase the preventable burden on health systems, patients and families caused by the lack of access to palliative care. Projections based on a Lancet Commission Report estimate 6 million more patients by 2060. European health and social systems are unprepared to respond to this demographic shift, which presents member states with the opportunity to respond to the palliative care deficit by integrating palliative care into primary healthcare.¹

IAHPC thanks the Secretariat for the Report EUR/RC69/13 and for the explicit inclusion of palliative care, particularly in the context of the community care model. Serious life-threatening and life-limiting illnesses place an enormous burden on society and health systems. Understanding how this burden will evolve in the future is essential to inform policies that alleviate suffering and prevent health system weakening.²

In countries of all income levels, the burden of providing care to family members with serious health related suffering usually falls to women, often sole providers who must leave the workforce, or older women, who are often already in poor health. Their unpaid, invisible labor requires the skill level of an advanced practice nurse and must *at least* be supported by publicly funded primary health teams working in the community.

Primary healthcare policy planning entails the adoption of gender, and lifecourse perspectives integrated into all levels of development and implementation. IAHPC recommends that patients, families, and palliative care providers be included in order to deliver the most sustainable and resilience supporting primary care programs. Palliative care supports the mutual dependence of all elements of the healthcare spectrum, from prevention and promotion to rehabilitation and bereavement care. Palliative care workers are acutely aware of the fact that a large portion of the unmet need for the services they provide arises from upstream deficits.

Our membership supports WHO Europe's call for health system strengthening and we are standing by to facilitate the training of primary care providers, including nurses, and community

¹ Centeno, C., Clark, D., Lynch, T., Rocafort, J., Prail, D., DeLima, L., ... & Giordano, A. (2007). EAPC atlas of palliative care in Europe. International Association for Hospice and Palliative Care.

² Sleeman, K. E., de Brito, M., Etkind, S., Nkhoma, K., Guo, P., Higginson, I. J., ... & Harding, R. (2019). The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *The Lancet Global Health*, 7(7), e883-e892.



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health workers. This entails training in the appropriate use of internationally controlled essential palliative care medicines such as morphine, as well as adequate availability of those substances for the relief of pain and breathlessness. IAHPC thanks the Secretariat and looks forward to future collaboration.

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