

Written Submissions to 148th session of the WHO Executive Board by the IAHP
(Note: all statements were shortened to 125 words – one minute -- for oral submission)

Agenda Item: 7. Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, etc...

Statement

We thank the Secretariat for the Report and for its recognition of palliative care as an essential service. We respectfully request that the Report be amended to include at least a paragraph on issues of procurement and pricing of essential medicines for pain and palliative care that are included in Section Two of the WHO Model list. The International Association for Hospice and Palliative Care is working with the WHO medicines division to assemble a database on pricing, and we plan to hold seminars on procurement and supply chain strengthening to which we will invite national competent authorities, experts and other civil society organizations. Our global membership, grounded in every WHO region reaches out to us daily with urgent messages reporting shortages, stockouts and price hikes of essential medicines. They are in the field, doing their utmost to relieve patient and family suffering, but do not have the medicines their patients need. The IAHP respectfully urges member states to heed the INCB, WHO and UNODC statement on access to internationally controlled medicines during COVID-19 pandemic, which "calls on governments to ensure that the procurement and supply of controlled medicines in countries meet the needs of patients, both those who have COVID-19 and those who require internationally controlled medicines for other medical conditions." (1) IAHP requests member states to fund initiatives that will enable the Essential Medicines and Health Products division of WHO to work across UN organizations and create a positive political and technical space for countries to improve access to essential medicines and reduce patient suffering. Indeed, the Joint Statement commits INCB, WHO and UNODC "to continue to work together to address this critical issue and to expand joint efforts to engage with other partners and increase advocacy and technical assistance to countries." IAHP is prepared to assist.

(1) https://www.incb.org/incb/en/news/news_2020/incb--who-and-unodc-statement...

Close

Agenda Item: 14.1 COVID-19 response

Statement:

The aim of palliative care is to relieve serious health related suffering. COVID--19 has released a tsunami of severe health related suffering that a competent, publicly deployed, palliative care competent workforce could mitigate. Some member states are beginning to do this, building palliative care into their emergency response and preparedness plans yet WHO reports show that existing services on the ground in all but a handful of countries are inadequate both for COVID response and for building back better. Member states explicitly committed to integrating palliative

care into their COVID-19 response in WHA 73/1, OP 7.7, to mainstream it throughout health services in WHA 67/19, and included it as an essential element of primary health coverage in the Astana Declaration. UN member states further recognized palliative care in the Political Declaration on the High Level meeting on UHC. WHO has the technical tools, and civil society organizations such as ours have the human resources to assist member states in getting public health palliative care services off the ground. IAHPIC urges member states to use these resources to allocate staff time and funding to the urgent task of integrating palliative care into the national COVID response plans..At a recent civil society roundtable with Dr. Tedros, the DG stated that "WHO's collaboration with civil society organizations on palliative care has included the development of guidance documents and assessment tools, and advocacy for equitable access. These partnerships should be strengthened, especially with regard to knowledge dissemination, capacity-strengthening in countries, and coordination between different levels of care. Today's dialogue gives us an opportunity to renew our commitment to fight the escalating global burden of serious health-related suffering, a situation which is ethically unacceptable." We thank WHO for signing onto the Joint Statement for Access to Essential Medicines in the Pandemic with the INCB and UNODC in August 2020.

Close

Agenda Item: WHO global disability action plan 2014–2021: better health for all people with disability

Statement:

The IAHPIC respectfully requests any work the Secretariat undertakes in the future to include palliative care for persons with disabilities. We applaud the section in the report on rehabilitation and appreciate the one mention of palliation, but would like to collaborate to strengthen future work by showcasing examples of how our partners worldwide work with patients with disabilities, particularly with older persons.

According to UN Desa almost half the world's people, your people, the majority of them older persons, are living with a disability.(1) Their care during periods of severe health related suffering and end of life must be supported through partnerships with the organizations providing palliative care services on the ground. IAHPIC is committed to supporting these providers, who are being stretched to the limit by the pandemic, with our global, regional, and national partners. They are well positioned to help states with training and expansion of service delivery, including essential medicines required for palliative care. According to the UN Special Envoy on Disability, Ms Maria Soledad Cisternas Reyes, the right to palliative care is not subject to progressive realisation. It is a fundamental pillar of the right to life and integrity of the people who need it, and is not limited only to the exercise of their right to health.Failure to provide it classified as a form of abandonment and neglect. It can even be construed as cruel, inhuman or degrading

treatment.” The WHO has included older persons in the updated WHO Guidance of Management of COVID-19, recommending palliative care where appropriate to fulfill the ethical principle of non-abandonment when treatment is no longer an option. IAHPC urges member states to consider the WHO recommendations and we ask the Secretariat to explicitly include palliative care for persons with disabilities in any future work across divisions of the organization.

1. <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>
-