



**International Association for Hospice and Palliative Care  
NSA in Official Relations with WHO  
NGO in Consultative Status, UN ECOSOC**

**Statement for Western Pacific 72<sup>nd</sup> Regional Committee**

18 October 2021

**RE: Agenda Item 9 Panel discussion on primary health care and Agenda Item 10 COVID-19**

The International Association for Hospice and Palliative Care is a global membership organization whose vision is a world free from health-related suffering. As an NSA in official relations, we welcome this opportunity to participate in RC72.

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially those near the end of life. Access to the essential palliative care medicines outlined in Section 2 of the [WHO Model List of Essential Medicines](#) is lacking in more than 80 percent of the world, including in many countries in the Western Pacific region.

On World Hospice and Palliative Care Day 2021, WHO Director General Dr. Tedros Ghebreyesus [informed a global audience](#) that he had written to all Heads of State urging them to integrate palliative care into their health systems.

**Primary health care**

Palliative care needs across the Western Pacific, already high with our ageing populations, are escalating rapidly.

The importance of palliative care as an essential service in primary health care was emphasised in the [Declaration of Astana](#) (WHO, UNICEF, 2018). Subsequent WHO documents, including the recent [Universal Health Coverage Compendium](#) (WHO, 2021), have further underscored the place of palliative care within the framework of integrated health services and universal health coverage. Given the inequity of access to palliative care across the Western Pacific region, we are disappointed that “palliative care” is missing from the RC72 primary health care panel discussion paper.

**COVID-19**

The pandemic has demonstrated the critical imperative of integrating palliative care into health systems. Palliative care needs arise due to the direct impacts of severe COVID-19 illness, the indirect impacts for people with other serious illness who have been unable to access services and medicines, and the impacts on grieving families. Health care providers are also severely impacted by the trauma of exposure to high levels of morbidity and mortality in their patient populations, and within their own communities and families. Many Western Pacific countries have experienced

shortages and stockouts of controlled medicines such as opioids and benzodiazepines needed for both COVID-19 management and palliative care.

The WHO publications [Integrating palliative care and symptom relief into responses to humanitarian emergencies and crises](#) (WHO, 2018) and [Living Guideline Management of COVID-19](#) (WHO, 2021) are clear in their recognition of palliative care as essential in humanitarian response, including in pandemics.

**The IAHPHC respectfully recommends that all Western Pacific Member States:**

- Begin to integrate palliative care services into primary health care as per the 2018 *Declaration of Astana*.
- Adopt the recommendations in the 2021 [Joint Statement on Access to Controlled Medicines in Emergencies](#).
- Strengthen their health workforces by including basic palliative care training in the curricula of all healthcare workers, including those at the community level.

The IAHPHC is willing to collaborate with Member States on work going forward to assist them in this urgent endeavour. [Read our full statement](#).