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

May 13, 2021

WHA74 Advocacy by IAHPC – Statements on two agenda items

Pillar One

13.3 Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products

WHA A73 calls for "intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences through responses that are people-centred and gender-sensitive, with full respect for human rights." Access to essential palliative care medicines is a component of the right to health and necessary to be free from cruel and inhumane treatment. However, the excellent discourse on access, including the tabled resolution on local production, *excludes* consideration of barriers to access to essential medicines scheduled under the international conventions. The mainstream access narrative prioritises Intellectual Property Rights, price transparency and licensing, all of which are also relevant to controlled medicines, but sidesteps the unique set of barriers preventing adequate access to those under international control. Limiting factors to their availability and affordability include interpretive, regulatory, historical, cultural, and educational barriers that have been well documented by the WHO, the Commission on Narcotic Drugs, and the International Narcotics Control Board. Local production, joint procurement, supply chain strengthening, and focused health worker training, all recommended by the above UN entities, can overcome these barriers. We urge member states to review and revise their policies and regulations to ensure they are *balanced*: to provide for access and to prevent harmful non-medical use. We also recommend that member states consider local production of internationally controlled essential medicines – those included in Section II of the WHO Model List – in their plans for local production and manufacture specified in the tabled resolution, and to work with the WHO EM Division, the UN Office of Drugs and Crime, and the International Narcotics Control Board, to address this global public health inequity that causes tremendous health related suffering.

Relevant UN background documents:
Single Convention on Narcotic Drugs, 1961/1972 & Commentary on the SC
Agenda 2030 for Sustainable Development
Joint Statement on Access to Controlled Medicines During the Pandemic, August 2020.
UNGASS Outcome Document 2016 , Chapter Two
Ensuring Balance in National Policies on Controlled Substances

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Pillar Two – 16 and 16.1. Grouping One

Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured.

Re Objective 1: IAHPC recommends enhancing WHO Capacity to advise member states on regional and national supply chain strengthening for essential critical and palliative care medicines under international control including local production, training of health workers in appropriate use of opioids, and in the mobilization of all of government responses to address shortages and stockouts. WHO staff at regional and country offices should be aware of the excellent *Integrating palliative care and symptom relief into responses to humanitarian emergencies and crises: a WHO guide* to understand barriers to access, availability and affordability of palliative care and medicines and continuity of care.

Re Objective 2: Needs assessments must map national services providing palliative care, inventorying unmet service needs for COVID and non-COVID patients experiencing health related suffering, and stress testing pharmaceutical supply chains for critical and palliative care medicines. Needs assessments must also determine whether PC and critical care staff, as well as emergency care respondents, are trained in basic palliative care including use of opioids, and serious illness communications.

Re Objective 3: Promoting equitable and nondiscriminatory access to safe, quality emergency care services for all people entails inclusion of palliative care in all responses. We draw member states attention to Chapter 2.2 of WHO's *Maintaining essential health services: operational guidance for the COVID-19 context,* and to the humanitarian response guide, which in addition to raising awareness about the need to prevent mortality, provides recommendations on palliative care and directs member states to deliver this essential service both when mortality is and is not avoidable.

Re Objective 4: Any additional emergency care tools and training materials being developed to support clinical capacity, including community first aid responder courses, prehospital standards and protocols, quality improvement guidelines, and hospital emergency, critical and operative care capacity assessment tools should also include palliative care assessment tools.

Relevant WHO documents

Integrating palliative care and symptom relief into responses to humanitarian emergencies and crisis, a WHO guide. https://apps.who.int/iris/handle/10665/274565

Maintaining essential health services: operational guidance for the COVID-19 context, https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1

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