



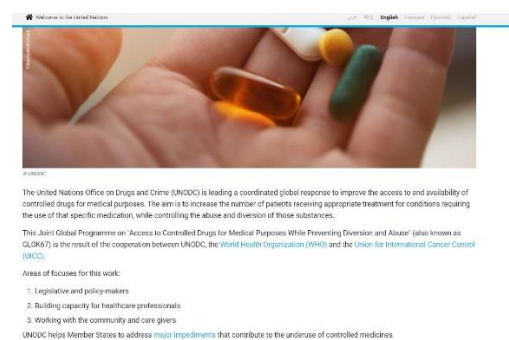
Western Pacific Palliative Care Advocacy Network (WPPCAN)

19th May 2021

This third WPPCAN virtual workshop focused on improving access to controlled medicines. The importance of advocacy to improve access has been tragically revealed during the COVID-19 pandemic with global supply chains and capacity broken under the weight of new and increased demand for these medications. Even before the impact of COVID-19, 83% of the global population, mostly, but not exclusively, in low-and-middle-income had inadequate access, a true opioid crisis of global proportions.

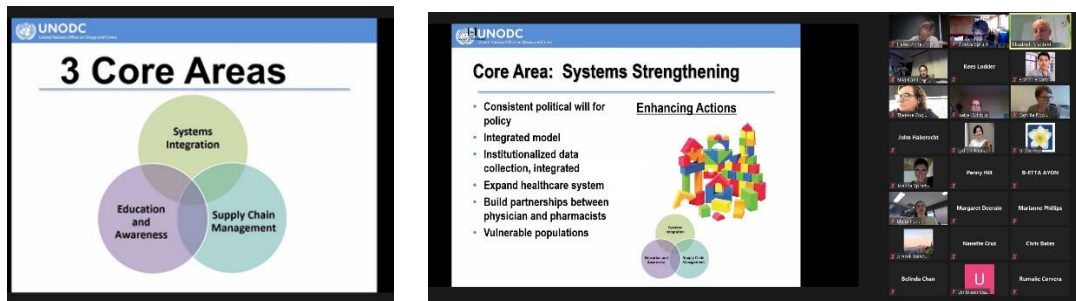
There were 28 participants from Philippines, Hong Kong, Fiji, New Zealand and Australia. While most of the participants had attended the previous workshops, it was good to welcome new members and to see awareness of the Network growing.

Our first speaker was Elizabeth Mattfeld from the UN Office of Drugs and Crime (UNODC). Beth is the Global Program Manager for Increasing Access to and Availability of Controlled Medicines and palliative care and also represents UNODC on the United Nations Interagency Task Force on Non-Communicable Diseases (NCDs). In her talk, she reviewed the importance of the foundation documents of the INCB, WHO and UNODC, the formation of the [Joint Global Program](#) between UNODC, WHO and UICC, and the highly influential [UNGASS 2016 joint commitment](#) to effectively address and counter the world drug problem.



But despite these efforts, we know that gross imbalance of access remains and that the dominant international narrative continues to be about avoiding opioid misuse and harms. The drama of COVID-19 vaccination inequity mirrors the international crisis of opioid access in LMICs. Beth stressed the concepts of rational use of opioids, namely for the right patient, the right drug, at the right dose, by the right route and for the right period of time. Data confirms that high access does not lead to high misuse with Nigeria cited as a case in point. Here access to controlled medicines for patients remains very low, but there is high opioid misuse in the community. Similar data exists in Serbia. In the second part of her talk, she reviewed the [UNODC Technical Guidance document](#),

and the three core areas which are critical and interconnected for improvement: Systems strengthening and integration, Supply chain management and Education and awareness. For each core area, Foundation and Enhancing measures have been developed to guide strategic actions by countries as they work towards improving availability of controlled medicines.



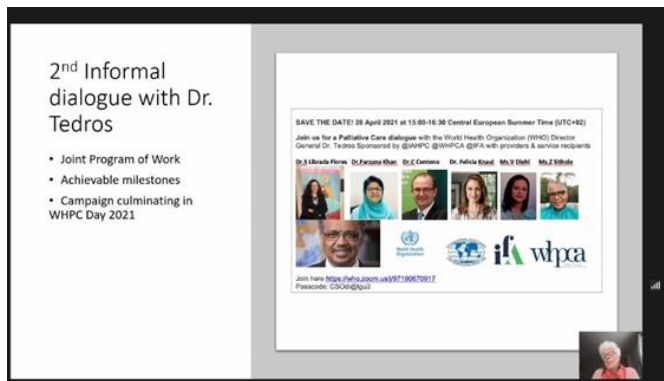
She reminded us that while COVID-19 has led to some short-term policy changes including in access to medicines, our challenge is to work toward strengthening our health systems with a well-trained workforce who have access to the tools they need, including medicines, as further crises are to be expected in the future.

Beth's talk was inspiring and encouraging of our efforts to build a network with which to engage in the international efforts and to advocate directly for colleagues and patients who are directly experiencing the effects of inadequate access on a daily basis.

Unfortunately, internet connectivity issues prevented Dr Liliviwa Waqa from presenting on the VNGOC side event during the 64th CND, at which she presented. Dr Lili was the only participant from Polynesia, Micronesia or Melanesia at this event. We hope to hear from Dr Lili at another workshop. However, Penny Hill, Deputy Secretary of the VNGOC attended the workshop, reviewed the work of the ad hoc Asia Pacific working group in developing a Common Position on drugs for this region and invited close collaboration with WPPCAN as an NGO working to advocate for improved access.

I spoke about APLI, Project Hamrahi and WPPCAN at the UNODC organised side event on improving access to controlled medicines. It was both heartening to hear the awareness of the importance of this demonstrated by Directors of ICNB, IAEA, WHO and UNODC, and distressing to listen to the impact of COVID-19 on access, in many LMICs, from the expert panel practitioners and patient voices.

Our final speaker was Katherine Pettus, IAHPAC advocacy officer, Katherine pre-recorded her talk due to the time issues, and updated us on the intense advocacy undertaken by IAHPAC over the past 2 months. These include the Open forum on Healthy Ageing in April, and the 2nd informal dialogue with Dr Tedros Adhanom, Director General of WHO.



Katherine also outlined ways to streamline national and regional advocacy efforts, from designating a focal point(s) for a team or organisation, developing an inventory of palliative care needs including serious health related suffering, building relationships with relevant civil society organisations such as older persons, refugee organisations, human rights organisations, and keeping WPRO contacts informed. She also mentioned plans to develop an advocacy academy, in keeping with the increasing interest in the palliative care community to engage in advocacy.

The workshop concluded with discussion about a WPPCAN-facilitated advocacy to delegates of member states in the WPRO region, who will be attending the 74th WHA 24th May – 1st June. IAHPC have prepared statements to accompany intra-country letters to be sent to these delegates. A draft letter prepared by WPPCAN was shared with the participants to adapt, including the SHS data relevant to their country or region.

After the workshop, the Network members were surveyed for their feedback on the workshops and asked to indicate which of Network's objectives were priorities for them. We also are exploring research priorities and interests among the Network, in relation to barriers to palliative care development in their country.

We look forward to our next workshop in 3 months time.