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

September 6, 2021

Comments on Agenda Item 3 COVID-19 lessons learned: getting ready for the next pandemic and Agenda Item 5, Reinventing primary health care in the post-COVID-19 era

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 RC71.

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers.

Our delegation was shocked that palliative care was not mentioned in either Agenda Item 3 or 5 reports and associated resolutions. Palliative care needs in Europe are escalating rapidly, and the pandemic has made the imperative of integrating palliative care into health systems more urgent than ever. It should be included in all pandemic preparedness response and primary health care planning.

Lessons Learned

COVID has been an abrupt wakeup call for health systems regarding what they lack to appropriately meet public health emergencies. That includes palliative care, which care has already demonstrated its value in these situations. Pandemic preparedness *must* include integrated palliative care service delivery, both for non-COVID patients, including older persons with chronic diseases who must not be neglected in emergencies and who suffer most from restrictive isolation measures. Additionally, WHO has documented that, due to the pandemic, many non-COVID patients missed diagnostic and treatment appointments, increasing the number of patients with advanced disease needing, for example cancer pain control

Basic palliative care can relieve the high symptom burden carried by patients suffering from chronic diseases and conditions as well as infectious diseases such as COVID, HIV/AIDS and MDR TB. It is part of the right to health to be cared for and to be symptom free during this vulnerable period of life.

IAHPC requests that

- All WHO Europe health systems ensure the integration of palliative care services into primary health care systems at all levels of care per the 2018 Astana Declaration;
- All health care professionals are trained to respond to patients with palliative care needs at both the undergraduate and postgraduate levels;
    - Currently, only 9/51 countries have palliative care as mandatory subject at medical schools and just over half the countries provide official accreditation

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- All essential controlled medicines for the management of symptoms, including pain and psychological distress, and, in particular, opioid analgesics for relief of pain and respiratory distress; and benzodiazepine for sedation (COVID) are available, accessible, and affordable.
    - Prepandemic opioid consumption was already low in many European countries, at the same level as the worst Latin American countries, where IAHPC is also working to improve availability.
    - Some European countries have experienced shortages and stockouts of controlled medicines (opioids and benzodiazepine) used for COVID and palliative care.
    - Prepandemic, 25% of European countries reported *no availability* of immediate release oral morphine countries, and some countries have no oral morphine at all. Kazakhstan has reported having just injectable morphine and fentanyl.
    - WHO Europe could partner with headquarters to support local and regional production and procurement of controlled essential medicines to reduce suffering in the region.

The IAHPC is happy to collaborate with EURO member states on any work going forward with regard to improving access to palliative care and palliative care medicines.

This statement is endorsed by the European Association for Palliative Care, Wonca Europe, and the Worldwide Hospice Palliative Care Alliance.

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