



### **IAHPC Statement RC73 WPR Agenda Item 13**

Draft Regional Framework on Future of Primary Healthcare 73/9

The International Association for Hospice and Palliative Care (IAHPC) is a global membership organization whose vision is a world free from serious health-related suffering. Our mission is to serve as a global platform to inspire, inform and empower individuals, governments and organizations to increase access and optimize the practice of palliative care<sup>1</sup>.

The IAHPC welcomes the robust inclusion of palliative care as part of the spectrum of primary care in the Draft *Regional Framework on the Future of Primary Health Care in the Western Pacific*. We particularly welcome the aspiration to a paradigm shift that entails building systems that not only treat ill health, but also maintain well-being. Palliative care, introduced upstream, at the point of diagnosis of serious illness, maintains the well-being of patients and caregivers, enabling them to enjoy quality of life, retain employment, and participate in their communities.

Primary health care that includes palliative care can support healthy aging by improving mental and spiritual health as well as physical mobility and patients' abilities to engage in daily activities. Palliative care supports healthy household economies by preventing the burden of catastrophic out-of-pocket spending on futile hospital treatments and polypharmacy. When health systems integrate palliative care, they can meaningfully and organically engage communities to address the specific, dynamic needs of various demographic groups and marginalized populations along their life course. They will also ensure older persons live as well as possible for as long as possible, aligning with cultural priorities of member states in the region.

Effective integration of palliative care into primary health care entails basic training of the health workforce in clinical and communication skills, adequate access to internationally controlled essential medicines for the relief of pain and symptoms, and increased public and policymaker awareness of the benefits of palliative care for health systems and households.

The IAHPC recommends that WPR member states:

- 1) Integrate palliative care in the academic and practice curricula of all undergraduate health professionals, including nurses, pharmacists, and social workers, and offer continuing education to professionals in practice.

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<sup>1</sup> <https://hospicecare.com/home/>



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- 2) Ensure availability, accessibility, and affordability of essential medicines on the WHO Model List<sup>2</sup>, including the palliative care medicines in Part II. C, and that
  - a. regulatory agencies of member states consult the Learning Project<sup>3</sup> of the International Narcotics Control Board to accurately estimate their annual needs for palliative care medicines.
- 3) Adopt the WHO Essential Package of Palliative Care: Interventions, Medicines, Equipment, Human Resources, and Intersectoral Supports<sup>4</sup> designed to be lowest cost by including only off-patent formulations, affordable essential equipment, and an operational model based on competencies rather than professions, scaled to country income level.
- 4) Consult with regional associations such as the Asia Hospice and Palliative Care Network, and national associations of palliative care professionals, on regulations, evaluation, and indicators for palliative integration into PHC, assistance with healthcare worker training, and appropriate estimates for essential palliative care medicines.

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<sup>2</sup> <https://list.essentialmeds.org>

<sup>3</sup> <https://www.incb.org/incb/en/learning.html>

<sup>4</sup> <https://dcp->

[3.org/sites/default/files/chapters/Annex%2012A.%20Essential%20Package%20of%20Palliative%20Care.pdf](https://dcp-3.org/sites/default/files/chapters/Annex%2012A.%20Essential%20Package%20of%20Palliative%20Care.pdf)