Information note on palliative care for the Executive Board of the World Health Organisation – January 22-27 2018

Palliative care is a fundamental component of the essential spectrum of health services within Universal Health Coverage as defined by WHO. A recent Lancet Commission on Palliative Care and Pain Relief found that 61 million people are living with serious health related suffering and it is estimated that less than 10% of those who need palliative care can access it.

In regard to the major agenda item of the Executive Board, the Global Programme of Work, palliative care organisations request WHO member states and delegations to the Executive Board to:

1. Acknowledge the improved palliative care language in the Global Programme of Work including the standalone paragraph 38 and request that the palliative care language is protected and retained.

2. Ensure the inclusion of an agreed palliative care target and indicator within the Impact Framework

3. Ensure that palliative care is included within the Global Programme of Work budget

This document provides additional supporting information on palliative care relating to the following agenda items for use by delegations who are attending the Executive Board.

1. EB142/3 - Draft thirteenth general programme of work 2019–2023

2. EB142/13 - Addressing the global shortage of, and access to, medicines and vaccines

3. EB142/15 - Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

4. EB142/19 - Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development

For further information please contact the identified contacts or email cmorris@thewhpca.org

1. EB142/3 - Draft thirteenth general programme of work 2019–2023

(Contact kpettus@iahpc.com for further information)

Palliative care organisations welcome WHO's self-identification as "an organization focused principally on promoting health rather than merely fighting disease, and especially on improving health among vulnerable populations and reducing inequities."

The most vulnerable populations, and those living in situation of extreme inequity, are patients with severe health related suffering and their families, persons with mental illness, children, older persons, persons with disabilities, indigenous populations, refugees, and imprisoned populations. Within these groups, the poor are affected even more. For this reason we welcome the strong language on palliative care in the GPW and the new standalone paragraph 38 in the new GPW13 draft on the need to increase palliative care provision around the world which is a critical component of Universal Health Coverage

To improve access and availability of palliative care and measure progress, it is vital that a target and indicator on palliative care is included in the impact framework of the GPW to address the 61 million people with health related suffering worldwide as identified by the Lancet Commission on Palliative Care And Pain Treatment and we request support from WHO and its member states to ensure that this is agreed. In addition we request that the budget that is developed for the GPW includes clear and adequate resourcing to implement the activities required to increase access and availability of palliative care worldwide as a critical part of Universal Health Coverage.

We also welcome the focus on public health in paragraph 24, and remind member states about the excellent WHO Public Health Palliative Care strategy, developed over ten years ago, and WHA Resolution 69/17, both of which ground support Paragraph 38.

We welcome the GPW's focus on a life course approach and healthy ageing, and note the Secretariat's commitment to promote palliative care for older persons, in line with the Organisation of American States Convention on Protecting the Rights of Older Persons and the Open Ended Working Group on Ageing's upcoming session at the UN in New York. This meeting will focus on long term and palliative care for older persons, and will no doubt consider the revised GPW.

Palliative care organisations encourage member states to see upstream spend on training the health workforce as an investment that will help them achieve multiple SDG Targets, including that of Universal Health Coverage, rather than as a cost that drives budget deficits.

We welcome Para. 43, which applies equally to internationally controlled medicines. "Access to generic medicines and innovation; quality-assurance of products through effective regulation; domestic investment in coverage schemes that reduces out-of-pocket payments; fair pricing; corruption-free procurement and supply chains; and promoting appropriate use."

Regarding Alma-Ata 2, we respectfully request that palliative care be added to the list of services provided by primary care providers, which currently ends with rehabilitation. Palliative care is an essential component of care along with prevention, cure and rehabilitation. We look forward to working with WHO on developing "an SDG- based indicator of financial hardship," which can demonstrate the effectiveness of community based palliative care in protecting families from financial hardship, in line with the goals of UHC.

2. EB142/13 - Addressing the global shortage of, and access to, medicines and vaccines

(Contact kpettus@iahpc.com for further information)

Background information

Our global network organisations are glad to note that the availability of internationally controlled essential medicines for palliative care has improved in some WHO member states. However, there is still much work to be done to meet the palliative care needs of patients and families in countries reporting low to no consumption, according to the International Narcotics Control Board.

IAHPC works closely with the Commission on Narcotic Drugs and with CiCAD at the OAS, to ensure improved availability of controlled medicines while preventing their diversion and abuse. As such, we are committed to assisting WHO member states to implement the WHA 69/25 on access to medicines, which include internationally controlled essential medicines for the relief of pain and palliative care.

We commend the WHO Secretariat for including an indicator for palliative care development, and an attainable target for member states. The WHO Guidance states clearly that adequate palliative care provision requires access to essential medicines (including opioids), training and education of health care professionals, public policy, and a small share of the health budget.

As representatives of global palliative care organizations, we can draw on the expertise of our members from the field to offer technical assistance to assess the new indicator and target, and implement education and training programs to Member States. Basic training and education of providers is the most safe and appropriate way to relieve patient suffering while preventing diversion and non-medical use of controlled medicines.

IAHPC recently collaborated with The United Nations Office on Drugs and Crime (UNODC) to prepare its recently released "Technical Guidance on Increasing Access to, and Availability of Controlled Drugs for Medical Purposes: Key Areas of Focus". Our combined networks of global, regional, and national palliative care organisations can support member states on request of governments, by providing technical assistance to execute the recommendations of this Guidance.

Suggested national delegation text for Agenda Item 3.6 (Adapt as needed)

The (country name) delegation is **happy/disappointed** to report that availability of internationally controlled essential medicines for palliative care has **increased/remained inadequate** as a result of XXX policies. However, consumption remains inadequate to need in our country, according to International Narcotics Control Board reports. We respectfully draw the Board's attention to the recently released Lancet Commission Report on Palliative Care http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32513-8/fulltext and request that the Executive Board support the proposed palliative care target and indicator in the Draft Impact Framework on improving access to morphine by from 25-50% while preventing diversion and non-medical use. Our competent authorities and health ministry will work with the INCB, UNODC, our WHO country office, and the global, regional, and national palliative care organisations, to meet the requirements of this target and indicator.

We are paying close attention to pricing, affordability, and availability of generic essential medicines such as morphine. Our National/Regional Palliative Care Association [name] participates in an ongoing IAHPC research project that is documenting the prices of controlled palliative care medicines in selected countries. Called the Opioid Price Watch https://hospicecare.com/about-iahpc/projects/opioid-price-watch/, this project picks up market distortions and overpricing that leave many vulnerable patients and consumers behind, and in preventable suffering. The Lancet Commission Report provides practical recommendations and costing for a basic package of services, including morphine availability, for even the most resource limited countries.

Finally, we respectfully draw the Executive Board's attention to excellent national models such as Colombia's *Fondo Nacional* https://www.minsalud.gov.co/salud/MT/Paginas/fondo-nacional-de-estupefacientes-fne.aspx; and Uganda's National Medical Stores http://treatthepain.org/uganda.html, the Mongolian model http://www.independent.co.uk/news/long_reads/a-surprisingly-good-place-to-die-mongolia-and-palliative-care-a7663806.html, Kenyan http://kehpca.org/morphine-production-scaled-up-in-kenya/, and Uruguayan system, as examples of cost effective uses of scarce resources to make controlled medicines safely available to vulnerable populations. Feel free to add other countries with best practices.

3. EB142/15 - Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

(Contact sconnor@thewhpca.org for more information)

Palliative care is a crucial component in the response to Non-Communicable Diseases as outlined in the Global Action Plan on Non-Communicable Diseases and the accompanying evaluation framework. It provides a people centred response which addresses the physical, psychosocial, economic, legal and spiritual needs of people living with and affected by NCDs from the point of diagnosis. The recent Lancet Commission report on Palliative Care and Pain Relief highlighted that in 2015, non-communicable diseases accounted for 60% of the global disease burden (in disability-adjusted life-years), compared with 43% in 1990. More than 70% of deaths in 2015 were attributable to non-communicable diseases, and more than 75% of these deaths occurred in LMICs. Non-communicable diseases such as cancer, dementia, cerebrovascular disease, and lung disease cause a large proportion of serious health related suffering, and they are expected to cause increasing serious health related suffering, and hence need for palliative care, as LMICs undergo epidemiological transition.

In response to the WHO update on the preparations for the High Level Meeting on Non-Communicable Diseases we request WHO and its member states to ensure that:

1. Palliative care is included in the preparations for the High Level Meeting

2. Note that Palliative care is not only for adults and children living with cancer but for those living with other NCDs including cardiovascular disease, lung conditions and organ failure.

3. Note that Palliative care is a fundamental part of the essential health service spectrum within Universal Health Coverage as defined by WHO. Efforts to achieve

UHC must incorporate action to ensure accessibility and availability of palliative care for adults and children with NCDs.

4. Note that progress to date on implementation the palliative care components of the Global Action Plan on Non-Communicable Disease and the resolution WHA67.19 on strengthening palliative care have been limited. WHO, member states, and non-state actors must commit more resources, both human and financial, to achieving the agreed actions in relation to improving access and availability of palliative care for adults and children with NCDs as well as ensuring effective and adequate monitoring of progress in relation to palliative care access

In addition, we support the proposals that:

5. The UN summit is held in New York rather than Geneva to ensure the highest level attendance and demonstration of political will

6. A civil society hearing is arranged with at least 2-3 months' notice to enable those living with NCDs and people from LMIC to be able to attend and access visas

4. EB142/19 - Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development

(Contact sconnor@thewhpca.org or julia.downing@icpcn.org)

Palliative care organisations welcome the report on progress in relation to the implementation of the Global Strategy for Women's, Children's and Adolescent's health.

Palliative care is an essential part of the spectrum of essential health services within Universal Health Coverage and yet it is not mentioned anywhere in the report or strategy on women's, children's and adolescent health.

1. We note with distress that 266,000 women died of cervical cancer in 2015 and support work to eliminate this preventable condition. Due to the absence of palliative care and access to medications for the treatment of pain, it is likely that the majority of those women will have lived and died in substantial pain and distress which could have been avoided.

2. A third of children aged 15 years or younger (almost 2·5 million) who died in 2015 experienced serious health related suffering and more than 98% of children aged 15 years or younger who die with serious health related suffering live in low and middle income countries. (Knaul, F et al, The Lancet Commission on Palliative care and Pain Treatment)

3. For low-income countries, the cost of meeting the need for morphine-equivalent for children with serious health related suffering is only $1 million—a cost that would cover all children with serious health related suffering because almost 100% of need is currently unmet. (Knaul, F et al, The Lancet Commission on Palliative care and Pain Treatment)

In addition, we highlight to WHO and its member states that:

4. At least 20 million children and at least 40 million adults globally need palliative care. It is estimated that 18 million women, men, children and adolescents die in unnecessary pain and distress each year.

5. Paediatric, including Perinatal, palliative care is critical to ensure the reduction of suffering of babies, infants and children with life-limiting conditions and the appropriate support including bereavement support for family members and carers. This care is critical and yet rarely available worldwide.

6. WHO member states have obligations to ensure palliative care is available and accessible for women, children and adolescents with life-limiting illness as a component of their commitment to respect, protect, and fulfil persons' rights to the highest attainable standard of physical and mental health

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