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

November 13, 2017

International Association for Hospice and Palliative Care
Detailed Submission for Consultation on WHO Draft GPW13

1. **Overview and need for an indicator.** The International Association for Palliative Care and our over 1000 members worldwide, welcome the draft GPW focus on alleviating the financial hardship associated with access to healthcare. This ambitious program of work calls for visionary, ethical, and disciplined leadership, as well as technical expertise. As an organisation in official relations with WHO for more than seven years, we are more than willing to assist in this enterprise, and request that the GPW include a palliative care indicator (see below) in the Impact Framework.

2. **Inclusion of palliative care under UHC**. We agree with the premise of the GPW that the solution to this problem is for the WHO to assist countries to build Universal Health Coverage (UHC) within the context of Agenda 2030, and emphasise that UHC within Target 3.8, according to the WHO definition, includes palliative care. Target 3.8 also includes access to essential medicines, including essential *controlled* medicines such as morphine. Morphine must be available both as an oral, immediate release preparation and as an injectable preparation for any patient with moderate or severe pain or with terminal dyspnoea that cannot be adequately relieved by other means. These preparations tend to be the least expensive and are the most essential.

3. **Lancet Commission Report**. Worldwide, more than 25.5 million people a year (almost half of all deaths in 2015), including 2.5 million children, die with serious physical and psychological suffering as a result of disease, injury or illness. The costed "Essential Palliative Care Package," discussed in detail in the Lancet Commission Report published last month, "Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage," can begin to alleviate this suffering. The Essential Package is designed to relieve the most common and severe suffering related to illness or injury, to be cost effective in Lower and Middle Income Countries, to help strengthen health systems, and to provide financial risk protection for patients and families. It is the minimum upon which expanded packages must be built in alignment with each country's level of income. frugal innovation for necessary equipment, and by outlining staffing models based on competencies rather than professional status, the Essential Package is designed to be lowest cost.

4. **Serving the Vulnerable**. IAHPC, whose Board Chair and Executive Director formed part of the Lancet Commission that prepared that Report, is particularly well placed to support the portion of the WHO mission articulated in the GPW, "to serve the vulnerable." That is what palliative care does, by definition. It supports patients and families facing life limiting illnesses. We emphasise that these include both communicable and non-communicable diseases, and commend the Montevideo Roadmap, which recog-

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nises the role of palliative care for these diseases that account for more than 70% of deaths globally.

IAHPC requests that WHO work with member states, academia and civil society partners to include an indicator on palliative care progress within the Impact Framework. A suggestion is to utilise data on palliative care access from the WHO Global Atlas on Palliative Care At the End of Life with a longer term goal of including the 'Essential Package of Palliative Care services' within UHC in the recently published Lancet Commission Report on Palliative Care and Pain Relief.

5. We welcome the **Strategic Shifts and Strategic Priorities** of Universal Coverage outlined in the Draft GPW, all of which are compatible with palliative care, particularly the "lives improved" indicator. The Lancet Commission calculated that patients who live with Severe Health related Suffering accrue at least 6 billion physical and psychological symptom-days annually and up to 21 billion days summing each symptom; almost 80% of these days are accumulated in low-income and middle-income countries (LMICs). Increasing the number of countries that include the Essential Package will go along way to improving lives.

6. The GPW's directive to "**focus global public goods on impact**" seems tailor made for palliative care, as the impact on families lives of basic pain relief and support along multiple domains during a particularly vulnerable period supports public health, gender empowerment, and other domains.

7. Re "Health Coverage" in Box 2**.** on p. 6. The essential health services projected for the one billion more people who will need access under SDG Target 3.8, must include palliative care**.**

8. Also in Box 2 on P. 6 "The WHO Draft Impact Framework. We request that "specific health services" include the **Essential Palliative Care package** discussed above in Para.3.

9. We request that "Access to Health Products" *explicitly* includes **rational and evidence-based use of controlled medicines**, particularly generic oral morphine for the treatment of severe pain and dyspnea**.** Access to controlled medicines is extremely limited in lower and middle income countries, causing extreme suffering, particularly among the poorest and most vulnerable patients.

10. IAHPC welcomes the **Country Office Task Teams**: "Country teams of health systems experts will leverage WHO's expertise in governance, financing, health workforce, quality and safety, access to medicines, digital health, **ageing**, workplace health, gender, equity and rights, and in relation to specific diseases and interventions.

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These teams will be coordinated by the respective WHO country office and include other relevant partners according to the country's preference." **We look forward to encouraging involvement of our partners and member associations.**

11. **Displaced Populations.** We request that the Draft GPW address a gap on p.10, where the text reads "Populations that have been displaced are especially vulnerable. The Secretariat will work with national authorities and partners to ensure availability of essential life-saving health services to the people most in need." **Since only 5-10% of deaths are sudden deaths, the main goal should be to provide essential *health* services, not essential *life-saving* services.**

12. **Women's Children's Adolescent's Health.** Health of this demographic must include more than maternal/child & sexual and reproductive health. IAHPC and partners prepared a detailed submission on this topic for the 2016 Consultation, and we request that the following text be added.
    1. **ADD** "Ensure women, children, and adolescents have access to quality, age-appropriate palliative care."

13. Communicable Diseases p12
    1. ADD Ensure basic palliative care coverage for patients suffering from HIV, tuberculosis, malaria, hepatitis, neglected tropical diseases, antimicrobial resistance, and polio

14. Non-Communicable Diseases
    1. **ADD I**ncrease palliative care service coverage by 75% for all non-communicable diseases

15. **Gender Equality.** p.15 This section should explicitly refer to **older women** and **supporting women as majority of caregivers.**

16. **Financing** p.15 "WHO will make the case for domestic investment in health that minimizes outof-pocket expenses and reduces catastrophic expenditures on health." The Essential Package recommended by the Lancet Commission can assist with this.

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