Interactive Civil Society Hearing as part of the preparatory process toward the third High-Level Meeting of the General Assembly on NCDs
July 5, 2018, New York City

***The below statement is the combination of fours statements drafted, one for each session of the Interactive Civil Society Hearing. However, IAPHC was not once permitted to provide an intervention***

The International Association for Hospice and Palliative Care (IAHPC) requests member states to expand the prevention and treatment narrative in the Political Declaration to prevention, treatment, AND palliation, as each are integral components of universal health coverage. The relief of suffering is a political choice. It is astounding that the relief of suffering has been largely ignored in the global health discourse and in fact, in the discussions at this “interactive civil society hearing”. Focusing on the economic, social, and environmental determinants of health, while absolutely key, neglects those who suffer from NCDs that have not been prevented or treated.

Each year more than 61 million people – the majority in low- and middle-income countries – are affected by serious health-related suffering, which could be mitigated by palliative care and pain relief. Globally, approximately 15 million cancer patients alone experience serious health related suffering. These are the patients and families behind the morbidity and mortality statistics, those whose right to health must be respected, protected, and fulfilled. Poor people in all parts of the world live and die with little or no palliative care or pain relief. Staring into this access abyss, one sees the depth of extreme suffering in the cruel face of poverty and inequity, a primary driver of NCDs.

The Lancet Commission on Global Access to Palliative Care and Pain Relief has designed an affordable, Essential Package of palliative care and pain relief interventions that can mitigate a large part of the burden of serious health-related suffering. For low-income countries, the Essential Package costs about US$2.16 per capita per year or just over 1% of LMIC per capita health care expenditures.
expenditure.\textsuperscript{1} This equates to approximately 3\% of the cost of the essential Universal Health Coverage package proposed by Disease Control Priorities.\textsuperscript{1} The Essential Package contains medicines and equipment that can all be safely prescribed or administered in a primary care setting where the health professionals have received basic training in palliative care. The list of medicines in the Essential Package is largely based on the World Health Organization’s list of essential medicines.

The core component of the package – off-patent immediate-release oral morphine – is absolutely indispensable for adequate pain relief and at best international prices costs just US$0.03 per 10mg tablet.\textsuperscript{1} Just over US$1 million or 63 cents per child at best international prices would address the unmet medical need for opioid analgesics for children experiencing SHS.\textsuperscript{1} An estimated US$145 million annually, at best international prices, would close the gap in palliative care need and provide relief to millions suffering worldwide from treatable pain.\textsuperscript{1} Countries and responsible global entities, through international collective action, must ensure a balanced approach to maximize access to morphine for medical and scientific use while minimizing the risk of diversion and non-medical use.

By supporting the mental health of family members and caregivers through psychosocial and spiritual care, palliative care may also help prevent and control stress related diseases that develop from loneliness, poverty, and lack of supportive social networks. Further, the additional caregiving responsibilities that result from inadequate access to palliative care often disproportionately impact women and girls. Expanding palliative care will have collateral effects on the health, education, empowerment, and earnings capacity of women and girls.

Palliative care is an ethical obligation of governments, as WHA Resolution 67/19 states. IAHPC has submitted textual suggestions for palliative care and are delighted that Panama is leading on inclusion of palliative care language, which is currently absent from the zero draft of the Outcome Document.

We call upon member states to ensure universal access to the palliative care and pain relief interventions by 2030 with dedicated, public, or publicly mandated
funding that spans all relevant health conditions and diseases, namely NCDs, for all families at risk of financial catastrophe or impoverishment.

Thank you.

Panel 3 Addition
Lack of training is a major barrier and multisectoral partnerships are necessary to strengthen training at the national level and through international collective action.

Panel 4 Addition
Political leadership and accountability mechanisms are necessary to achieve this goal. The Lancet Commission stresses that each country should: 1) adopt a balanced approach to guarantee access to controlled medicines for medical need while preventing non-medical use; 2) encourage priority-setting of public education and incorporate the alleviation of serious health-related suffering into the national health agenda; 3) implement comprehensive palliative care and pain treatment management guidelines and national plans; and 4) convene and coordinate the multisectoral actors and entities that engage in palliative care and pain relief through ministries of health.