Internationally controlled essential medicines for palliative care







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What is IAHCP?

- A global non-profit membership organization governed by a board of directors
- A "non-governmental" organization (NGO) accredited by the UN Economic and Social Council (ECOSOC) and OAS
 - Vienna Commission on Narcotic Drugs, Open Ended Working Group on Ageing, High Level Forum on SDGs, High Level Meeting on NCDs and UHC, Human Rights Council,
 - All documented on our Advocacy Page in my newsletter reports
- A non-State Actor (NSA) in official relations with the World Health Organisation

Vision and Mission

Mission

We serve as a global platform to inspire, inform, influence, and empower individuals, governments and organizations to increase access to palliative care.

Vision

Towards a world free from health related suffering.

Four thematic areas

- Advocacy
- Education
- Research
- Information sharing

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.
- Aims to improve the quality of life of patients, their families and their caregivers

Based on the consensus of 400 palliative care professionals and volunteers from 88 countries.

International Association for Hospice and Palliative Care (IAHPC) 2018

https://hospicecare.com/what-we-do/projects/consensus-based-definition-of-palliative-care/definition/.

PC and PC medicines should be available in all the following settings

- Home care
- Outpatient (ambulatory)
- Hospital/clinic
- Hospice
- Nursing home
- Prison, refugee camp, hostel
- Faith based, private, philanthropic, public or mixture thereof

Selected *Essential* Palliative Care Medicines WHO Model List (alphabetical)

- Codeine
- Dexamethazone
- Fentanyl
- Lorazepam
- Morphine (oral and injectable) the "gold standard" of pain treatment according to WHO
- Oxycodone

Barriers to access I

- Ideology and cultural/political narratives (non-medical)
 - Global health (prioritises saving lives and reducing premature mortality)
 - Traditional supply control strategies
- Professional unfamiliarity with meaning of palliative care
 - Multiple definitions and perceptions
 - Lack of training (INCB report 2018)

Barriers to access II

- Public and policy environment
 - Legal and regulatory barriers (perception & reality)
 - Cultural barriers (stigma/taboos around death/dying/"drugs"/"addiction")
 - Euthanasia/assisted dying popular movements in some countries

Normative framework supporting > access

- International law
 - UDHR, ICESCR, CSPR, CAT, Inter-American Convention on Human Rights of Older Persons
- Political declarations
 - UNGASS 2016, Montevideo 2017, WHA67/19, Astana Declaration 2018
 - CICAD Hemispheric Plan of Action 2016-2020
- Statements of experts
 - SRs Torture, Health, Rights of Older Persons



Gracias! QUESTIONS!