## Side event application / Formulaire de demande de réunion parallèle

### Contact

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### Member State Sponsors
- Panama
- Belgium
- Observer State Co-Sponsor: Holy See

### Concept

The side event is directly relevant to the priority areas of **Health for All** as palliative care is a component of the essential spectrum of health services within Universal Health Coverage as defined by the WHO. Universal Health Coverage “includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care”. To achieve target 3.8, and other goals and targets in the 2030 Agenda for Sustainable Development, national UHC packages must include palliative care. According to the Lancet Commission report on palliative care and pain relief, 61 million people throughout the world experience serious health related suffering due to life-limiting communicable and non-communicable conditions each year. Eighty percent of these patients are based in low and middle income countries, where access to the palliative care they need is limited or non-existent. There is an urgent need to address this global inequity in access to quality care to ensure health for all.

The side event is related to the following WHA agenda items on the draft agenda:
- 11.1 Draft thirteenth general programme of work 2019–2023
- 11.6 Addressing the global shortage of, and access to, medicines and vaccines
- 11.8 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
- 11.8 Preparation for a high-level meeting of the General Assembly on ending tuberculosis

### Description of side event

The proposed side event will facilitate dialogue around inclusion of palliative care within Universal Health Coverage (SDG Target 3.8) and how governments can achieve this by fully implementing WHA Resolution 67.19.

The October 2017 Lancet Commission Report on Palliative Care and Pain Relief found that 61 million people around the world who live with communicable and non-communicable conditions experience serious, avoidable, health related suffering. The Commission designed an essential package of palliative care medicines, basic equipment, and human resources that could alleviate much of avoidable serious health related suffering in Low and Middle Income Countries.
Despite robust research that palliative care improves patients’ and their families’ quality of life, reduces unnecessary hospitalisation, and is affordable and cost-effective, access remains unacceptably low worldwide, and political will to integrate palliative care into health systems where it is most needed, is still lacking. In many countries, member states and civil society are working together to improve access to palliative care services, to strengthen health systems, and alleviate suffering by implementing Resolution WHA 67.19 (“Strengthening of palliative care as a component of comprehensive care throughout the life course”). This side event will highlight the experience of those who are making this change happen by proposing and reporting on policies that include palliative care under UHC.

Key objectives of the side event are to:

- Highlight the lived experience of patients and family caregivers receiving palliative care as part of UHC through personal presentations and dialogue;
- Present data and evidence on the current global situation in relation to access to palliative care as a component of Universal Health Coverage on health systems and on health outcomes.
- Share the learning experiences of policy makers implementing, or planning to implement, palliative care packages as part of Universal Health Coverage

Proposed Program and Speakers

Moderator: H.E. Ambassador Morales (Panama)

Speakers

Dr Tedros Adhanom Ghebreyesus, (TBC) Director General World Health Organisation
Dr. Miguel Mayo, Ministry of Health (Panama)
Representative of the Holy See Mission in Geneva, Monsignor Jurkovič
Dr. Felicia Knau (US) (TBC) - Alleviating the abyss - a report from the Lancet Commission on Palliative Care and Pain Relief
Lucy Watts MBE (UK) (video link) and/or Huyaam Samuels (South Africa) (tbc) - The experience of a patient accessing palliative care in the UK through the NHS - Our UHC

Event details / détails de la réunion

Expected number of participants/Nombre de participants attendus : 100

Exact title of the meeting/Titre exact de la réunion: Strengthening health systems by including the essential palliative care package under Universal Health Coverage

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.

L’interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2561 CHF; 3 langues : 5123 CHF; 6 langues : 11953 CHF.

Are interpretation services requested? / L’interprétation est-elle requise ? Yes/Oui ☐ No/Non ☒

(If yes, which languages)/(Si oui, en quelle langue) ☐ English/Anglais ☐ French/Français ☐ Russian/Russe ☐ Spanish/Espagnol ☐ Chinese/Chinois ☐ Arabic/Arabe ☐

Other language/autre langue: ☐
Room Layout/Aménagement des salles

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see: [http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument](http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument)


‘Badges/ Badges d’accès

WHAside events are for participants of the WHA and, as such, panellists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l’Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l’envoyer à [hqgoverningbodies@who.int](mailto:hqgoverningbodies@who.int)