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Strengthening of palliative care as a component of integrated treatment within the continuum of care

Draft resolution proposed by Australia, Chile, Colombia, Ghana, Libya, Malaysia, Panama, South Africa, Spain, Switzerland, Turkey and United States of America

The Executive Board,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course,[1]

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

PP1 Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

PP2 Taking into account the Commission on Narcotic Drugs' resolutions 53/4 and 54/6 respectively entitled "Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse" and "Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse";

PP3 Acknowledging the special report of the International Narcotics Control Board entitled Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes,[2] and the WHO guidance document entitled Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;

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[1] Document EB134/28.

[2] Document E/INCB/2010/1/Supp.1.

PP4 Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;[1]

PP5 Bearing in mind that palliative care is an approach that improves the quality of life of patients (adults and children) and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual;

PP6 Recognizing that palliative care, when indicated, is fundamental to improving quality of life, well-being, comfort and human dignity for individuals, being an effective person-centred health service that values patients' need to receive adequate, personally and culturally sensitive information on their health status, and their central role in making decisions about the treatment received;

PP7 Affirming that access to palliative care and to essential medicines for medical and scientific purposes manufactured from substances under control, including opioid analgesics such as morphine, in line with the three United Nations international drug control conventions,[2] contributes to the realization of the right to the enjoyment of the highest attainable standard of health and well-being;

PP8 Acknowledging that palliative care is an ethical responsibility of health systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured, and that end-of-life care for individuals is among the critical components of palliative care;

PP9 Recognizing that more than 40 million people currently require palliative care every year, foreseeing the increased need for palliative care with ageing populations and the rise of noncommunicable and other chronic diseases worldwide, considering the importance of palliative care for children, and in respect of this acknowledging that Member States should have sufficient estimates of the internationally controlled medicines needed, including medicines in paediatric formulations;

PP10 Realizing the urgent need to include palliation across the continuum of care, especially at the primary care level, recognizing that inadequate integration of palliative care into health and social care systems is a major contributing factor to the lack of equitable access to such care;

PP11 Noting that the availability and appropriate use of internationally controlled medicines for medical and scientific purposes, particularly for the relief of pain and suffering, remains insufficient in many countries, and highlighting the need for Member States, with the support of the WHO Secretariat, UNODC, and the International Narcotics Control Board, to ensure that efforts to prevent the diversion of narcotic drugs and psychotropic substances under

[1] Document EDM/QSM/2000.4, Revised 2011.

[2] *United Nations Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol; United Nations Convention on Psychotropic Substances, 1971; United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.*

international control pursuant to the United Nations international drug control conventions do not result in inappropriate regulatory barriers to the medical access to such medicines;

PP12 Taking into account that the avoidable suffering of treatable symptoms is perpetuated by the lack of knowledge of palliative care, and highlighting the need for continuing education and adequate training for all hospital- and community-based health care providers and other caregivers, including nongovernmental organization workers and family members;

PP13 Recognizing the existence of diverse cost-effective and efficient palliative care models, acknowledging that palliative care uses an interdisciplinary approach to address the needs of patients and their families, and noting that the delivery of quality palliative care is most likely to be realized where strong networks exist between professional palliative care providers, support care providers (including spiritual support and counselling), volunteers and affected families, as well as between the community and acute and aged care providers;

PP14 Recognizing the need for palliative care across disease groups (noncommunicable diseases, and infectious diseases, including HIV and multidrug-resistant tuberculosis), and across all age groups;

PP15 Welcoming the inclusion of palliative care in the definition of universal health coverage and emphasizing the need for health services to provide integrated palliative care in an equitable manner in order to address the needs of patients in the context of universal health coverage;

PP16 Recognizing the need for adequate funding mechanisms for palliative care programmes, including for medicines and medical products, especially in developing countries;

PP17 Welcoming the inclusion of palliative care actions and indicators in the WHO comprehensive global monitoring framework for the prevention and control of noncommunicable diseases and in the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

PP18 Noting with appreciation the inclusion of medicines needed for pain and symptom control in palliative care settings in the 18th WHO Model List of Essential Medicines and the 4th WHO Model List of Essential Medicines for Children, and commending the efforts of WHO collaborating centres on pain and palliative care to improve access to palliative care;

PP19 Noting with appreciation the efforts of nongovernmental organizations and civil society in continuing to highlight the importance of palliative care, including adequate availability and appropriate use of internationally controlled substances for medical and scientific purposes, as set out in the United Nations international drug control conventions;

PP20 Recognizing the limited availability of palliative care services in much of the world and the great avoidable suffering for millions of patients and their families, and emphasizing the need to create or strengthen, as appropriate, health systems that include palliative care as an integral component of the treatment of people within the continuum of care,

(OP1) 1. URGES Member States:[1]

(1) to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care and universal coverage schemes;

(2) to ensure adequate domestic funding and allocation of human resources, as appropriate, for palliative care initiatives, including development and implementation of palliative care policies, education and training and quality improvement initiatives, and support the availability and appropriate use of essential medicines, including controlled medicines for symptom management;

(3) to provide basic support, including through multisectoral partnerships, to families, community volunteers and other individuals acting as caregivers, under the supervision of trained professionals, as appropriate;

(4) to aim to include palliative care as an integral component of the ongoing education and training offered to care providers, in accordance with their roles and responsibilities, according to the following principles:

(a) basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers addressing patients' spiritual needs and social workers;

(b) intermediate training should be offered to all health care workers who routinely work with patients with life-threatening illnesses, including those working in oncology, infectious diseases, paediatrics, geriatrics and internal medicine;

(c) specialist palliative care training should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs;

(5) to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to ensure adequate supply of essential medicines in palliative care, avoiding shortages;

(6) to review, and, where appropriate, revise national and local legislation and policies for controlled medicines, using WHO policy guidance[2] to improve access and rational use of pain management medicines, in line with the United Nations international drug control conventions;

[1] And, where applicable, regional economic integration organizations.

[2] *Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines*. Geneva: World Health Organization; 2011.

(7) to update, as appropriate, national essential medicines lists, in the light of the recent addition of sections on pain and palliative care medicines to the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children;

(8) to foster partnerships between governments and civil society, including patients' organizations, to support, as appropriate, the provision of services for patients requiring palliative care;

(9) to implement and monitor palliative care actions included in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(OP2) 2. REQUESTS the Director-General:

(1) to ensure that palliative care is an integral component of all relevant global disease control and health system plans, including those relating to noncommunicable diseases and universal health coverage, as well as being included in country and regional cooperation plans;

(2) to update or develop, as appropriate, evidence-based guidelines and tools on palliation, including pain management options, in adults and children, including the development of WHO guidelines for the pharmacological treatment of pain, and ensure their adequate dissemination;

(3) to develop and strengthen, where appropriate, evidence-based guidelines on the integration of palliative care into national health systems, across disease groups and levels of care, that adequately address ethical issues related to the provision of comprehensive palliative care, such as equitable access, person-centred and respectful care, and community involvement, and to inform education in pain and symptom management and psychosocial support;

(4) to continue, through WHO's Access to Controlled Medicines Programme, to support Member States in reviewing and improving national legislation and policies with the objective of ensuring balance between the prevention of misuse, diversion and trafficking of controlled substances and appropriate access to controlled medicines, in line with the United Nations international drug control conventions;

(5) to explore ways to increase the availability and accessibility of medicines used in palliative care through consultation with Member States and relevant networks and civil society, as well as other international stakeholders, as appropriate;

(6) to work with the International Narcotics Control Board, the United Nations Office on Drugs and Crime, ministries of health and other relevant authorities, in order to promote the availability and balanced control of controlled medicines for pain and symptom management;

(7) to further cooperate with the International Narcotics Control Board to support Member States in establishing accurate estimates to enable the availability of medicines for pain relief and palliative care including through better implementation of the guidance "Guide on Estimating Requirements for Substances under International Control,

developed by the International Narcotics Control Board and the World Health Organization for use by Competent National Authorities (2012)";

(8) to collaborate with UNICEF and other relevant partners in the promotion and implementation of palliative care for children;

(9) to monitor the global situation of palliative care, evaluating the progress made in different initiatives and programmes in collaboration with MS and international partners;

(10) to work with Member States to encourage adequate funding and improved cooperation for palliative care programmes and research initiatives, in particular in resource-poor countries, in line with the approved Programme budget 2014–2015, which addresses palliative care;

(11) to encourage research on models of palliative care that are effective in low- and middle-income countries, taking into consideration good practices;

(12) to report back to the Sixty-ninth World Health Assembly in 2016, through the Executive Board, on progress in the implementation of this resolution.

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