Report of International Association for Hospice and Palliative Care (IAHPC) to UN Focal Point on Ageing for OEWGA9, July 23-26, 2018

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness.[1] Palliative care is now widely recognised as a component of the right to health for the population in general, and for older adults in particular.[2] Provided under Universal Health Coverage (UHC), palliative care can, in large part, alleviate the global burden of serious health-related suffering (SHS), particularly the suffering of older persons with many co-occurring conditions, and those facing end of life.[3]

A disproportionate number of persons (more than 80%) experiencing SHS live and die in low resource countries with severely limited access to palliative care, and to oral morphine for pain relief. Worldwide, only about 14% of people who need palliative care currently receive it.[4] The vast majority of unpaid caregivers are older women, who need training and basic income support. Lack of appropriately educated healthcare providers, combined with unduly restrictive regulations for morphine and other essential medicines, denies older persons access to pain relief and palliative care.[5]

The local, national, regional, and global need for palliative care for older persons will continue to grow as a result of the twin 21st century phenomena of ageing and non-communicable diseases. NCDs kill 40 million people each year, 70% of all global deaths. 25 million of which are persons over the age of 69.

Healthcare systems built to manage 20th century problems such as epidemics, communicable diseases, maternal child health, and traumatic injury, are unprepared to manage the impending crisis presented by the ageing/NCDs phenomenon. Restructuring public health systems to take a life-course approach that deploys strategies of health prevention, promotion, treatment, rehabilitation and palliative care under UHC can reduce preventable suffering and guarantee the right to health for the population of older persons afflicted with multiple chronic, and infectious diseases. Early palliative care provided in the community has been shown to reduce unnecessary hospital admissions and inefficient use of health services, assisting UN member states to meet Agenda 2030 targets and fulfil their pledge to "leave no one behind."

Given that more than 500 million older persons live in cities, governments aspiring to respect, protect, and fulfil their human rights obligations and achieve the goals and targets of Agenda 2030 (specifically Target 3.8), must develop palliative care programs for older urban older dwellers. The oldest old, those who by definition need palliative care as they approach end of life, are *especially* likely to reside in cities.[6] Collecting quality data disaggregated by age and gender on morbidity and mortality of persons over 69 will assist public health departments in planning palliative care services for older adults in rural and urban areas. IAHPC is currently collaborating with WHO to run a web-based course to teach palliative care providers from around the world to develop policy briefs on PC for older persons. A preliminary report can be found here. Answers provided by partners to the Secretariat's Guiding Questions can be found here.

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[1] For full definition see http://www.who.int/cancer/palliative/definition/en/

[2] See ICESCR, General Comment 14, 34.

[3] About 25·5 million of 56·2 million people who **died** in 2015 experienced SHS,and another 35·5 million **experienced** SHS from life-threatening and life-limiting conditions. See Lancet Commission Report

[4] Global Atlas of Palliative Care at the End of Life, 2014 WHO.

[5] INCB Supplement 2015

[6] Projections indicate that in 2050 the oldest-old will number 434 million DESA 2015