

February 20, 2023

IAHPC response to Guiding question for the 13th OEWGA session

Focus area 1: Right to health and access to health services

Introduction People in the 21st century are living longer but not necessarily better. Ageing often entails the development of chronic conditions associated with communicable and non-communicable diseases whose serious impacts affect older persons' enjoyment of the highest attainable standard of physical and mental health. Serious illness when unsupported by the public health system or social insurance involves catastrophic pocket expenses and mires households in the medical poverty trap. The rapidly growing cohort of older persons worldwide faces systemic barriers in accessing preventive, curative and palliative care services, along with essential medicines to relieve preventable health related suffering.

The World Social Report 2023 states unequivocally that "[W]ith people dying further into old age, when dementia, multimorbidity and frailty are more common, and spousal, social and other forms of support are less available, end-of-life care provision requires urgent policy attention."ⁱ In 2021, Dr. Tedros Ghebreyesus, Director General of the World Health Organization, called on all 194 heads of state to "face this global challenge on palliative care with collective compassion." He referred to our "common moral duty" to alleviate suffering among the most vulnerable people, namely those suffering from a life-threatening illness.ⁱⁱ

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering¹ due to severe illness. It aims to improve the quality of life of patients, their families and their caregivers.¹¹¹ Experts estimate that by 2060, 67% of people who die with cancer and experience serious health-related suffering will be over 70 years old, compared to 47% in 2016.^{1v}

Fully integrating palliative care at the local level, including through compassionate communities and trained community health workers can benefit older patients and families by relieving symptoms of diseases that can no longer be cured. The evidence now shows that it can also benefit health *systems*, since palliative care prevents unnecessary hospitalizations, non-beneficial treatments, and polypharmacy.^v

Normative Framework

The right to the highest attainable standard of physical mental health includes the right to palliative care.^{vi} The Human Rights Council in 2021 approved a resolution on older persons that "recognised the difficulties faced by older persons in enjoying civil, political, economic, social and cultural rights in areas such as *access to ... long-term and palliative care;*" It "calls upon all States: to ensure the full enjoyment by older

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persons of all human rights and fundamental freedoms in areas such as long-term support *and palliative care*." ...[It] "Encourages all States to protect the human rights of older persons in areas such as ... access to and provision of health-care services, long-term support services *and palliative care*."^{vii}

The Inter-American Convention on the Rights of Older Persons, Article 6 (Right to Life and Dignity in Old Age), stipulates that "States Parties shall take steps to ensure that public and private institutions offer older persons access without discrimination to comprehensive care, including palliative care;" viii

Recommendation for policy development and implementation

To strengthen their health workforces and meet the goals and targets of the 2030 Agenda for Sustainable Development, policymakers, administrators, and regulatory authorities can consult recently developed WHO handbooks on development, funding and evaluation of palliative care services.^{ix} These guidelines and evidence-based standards provide medical, nursing, pharmacy and social work schools with basic tools to meet the challenge of educating their health and social care workforces in basic palliative care practices and rational use of internationally controlled essential medicines.

The IAHPC calls on member states and the international community to

- Integrate palliative care into their primary health care systems per WHA 67/19 and the Declaration of Astana (2018)
- Collect age-disaggregated data on serious health related suffering
- Provide social and clinical support to family caregivers
- Begin drafting a binding convention on the rights of older persons.

References

https://www.refworld.org/pdfid/4538838d0.pdf

viii https://www.oas.org/en/sla/dil/docs/inter american treaties A-70 human rights older persons.pdf

ⁱ "Leaving No-One Behind in an Ageing World" <u>https://www.un.org/development/desa/dspd/world-social-report/2023-2.html</u> ⁱⁱ <u>https://www.who.int/news/item/09-06-2022-feedback-from-member-states-in-response-to-who-director-general-s-call-to-strengthen-palliative-care-services</u>

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

^{iv} Sleeman, Katherine E., et al. "The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions." *The Lancet Global Health* 7.7 (2019): e883-e892.

^v Bates, M. J. et.al. (2021). Palliative care and catastrophic costs in Malawi after a diagnosis of advanced cancer: a prospective cohort study; *The Lancet Global Health*, *9*(12), e1750-e1757; Leng, M. E. et.al. (2022). Cancer burden and preparedness in fragile settings. *The Lancet Global Health*, *10*(10), e1367-e1368; Kundu, Tapas, E. Reitschuler-Cross, and Linda Emanuel. "Alleviating poverty: A proposal to mitigate the economic cost of disease." John & Gwen Smart Symposium, Chicago, IL.; Emanuel, Natalia, et al. "Economic impact of terminal illness and the willingness to change it." Journal of palliative medicine 13.8 (2010): 941-944. ^{vi} CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)

^{vii} https://documents-dds-ny.un.org/doc/UNDOC/GEN/G21/287/79/PDF/G2128779.pdf?OpenElement



^{ix} <u>https://www.who.int/health-topics/palliative-care</u>

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