Statement to the 66th session of the WHO Regional Committee for Europe on session 5 (g) ‘Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery.

Thank you Chair for allowing the International Association for Hospice and Palliative Care to comment on this important agenda item at RC66.

Palliative care, is the ultimate person-centered, multi-disciplinary, multi-sectoral approach to life-limiting conditions throughout the life course. It ticks ALL the boxes, eliminates impoverishing expenditures for patients, families, and governments, and is an essential component of integrated 21st Century health systems.

We hear so much about mortality indicators, which are presented in beautiful publications, yet carefully avoid discussing, or developing policies to provide care for the subjects of those indicators – the people who are dying. I would respectfully remind distinguished delegates that mortality rates are still 100%, no matter if we push some rates down for some conditions in some places.

Palliative care, care beyond cure, when prevention and control are no longer viable options, is a core element of a life course approach. Yet with very few exceptions it continually falls through the policy cracks, and in the middle income countries is provided largely by charity funded NGOs and faith communities operating shoestring budgets. They are doing the job governments should be doing to achieve Goal 3 of Agenda 2030 -- delivering care to hidden and vulnerable patients and families, including refugees and migrants, in rural areas and urban slums across Europe.

This is not a sustainable model for population health. The commitment to leave no one behind entails mainstreaming palliative for the seriously ill and dying members of the population as well as for their caregivers, who are at higher risk for NCDs as a result of stress and isolation.

Let me close by reminding the distinguished delegates that their governments overwhelmingly approved WHA Resolution 67.19. They recognized, and I quote, “that palliative care, when indicated, is fundamental to improving the quality of life, well-being comfort, and human dignity for individuals, being an effective, person centered health service.” Member states committed to developing and adopting national palliative care policies in the context of Universal Health Coverage, and ensuring adequate access to palliative care medicines on the WHO model list.

I thank you.