**May 17, 2018**

**IAHPC Report to Human Rights Council Resolution 37/42**

*“Implementation of our joint commitment to effectively address and counter the world drug problem with regard to human rights”*

**Background:** The International Association for Hospice and Palliative Care (IAHPC) is a global membership-based organization dedicated to the development and improvement of hospice and palliative care worldwide. The mission of IAHPC is to improve the quality of life of adults and children with life- threatening conditions. The vision of IAHPC is universal access to high-quality palliative care, integrated into all levels of health care systems in a continuum of care, with disease prevention, early diagnosis, and treatment, to assure that any patient’s or family caregiver’s suffering is relieved to the greatest extent possible.

IAHPC focuses on the advancement of four areas of palliative care: education, access to medicines, health policies, and service implementation. We work on three levels: at the grass roots, developing resources, and educational strategies that enable health workers to provide cost-effective palliative care; at the national level, working with government representatives to improve national policies to ensure adequate care and access to medicines; and at the international level, advocating with the UN organizations to ensure that access to palliative care and to essential medicines for palliative care and pain treatment is stipulated and incorporated as an obligation of member states.

IAHPC is accredited with ECOSOC and is a non-state actor in official relations with the World Health Organisation. Our advocacy team also works in Vienna, at the Commission on Narcotic Drugs, in NYC at the UNGA (Open Ended Working Group on Ageing) and consults worldwide on the invitation of governments and national and regional palliative care associations.

**Resolution 37/42:** IAHPC welcomes the Preambular paragraph in Resolution 37/42 that notes “with concern that (…) the availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes, including for the relief of pain and suffering, remains low to non-existent in many countries of the world, and highlighting the need to enhance national efforts and international cooperation at all levels to address that situation by promoting measures to ensure their availability, affordability and accessibility for medical and scientific purposes, within the framework of national legislation,.“

**In our work to address that situation and “ensure availability, affordability, and accessibility, for medical and scientific purposes”, IAHPC**

1) Convenes regular workshops that teach a human rights framework for improving rational availability of internationally controlled essential medicines such as morphine for the relief of severe pain and palliative care in countries where consumption of these medicines is “low to inadequate” in the words of the International Narcotics Control Board; Human rights experts recognise that equitable access to palliative care and controlled medicines is derived from stipulated rights in the UDHR, ICESCR, CRPD, CRC, CAT, and the Inter-American Convention on the Rights of Older Persons’

2) Participates in the Lancet Commission on Palliative Care and helped to produce the Report: [Alleviating the Access Abyss in Palliative Care and Pain Relief](http://www.apple.com)*.* We will house the implementation phase of the Commission, which originated at Harvard Medical School and the University of Miami, with participation from colleagues in every WHO region.

3) Convenes advocacy workshops grounded in human rights law in order to train palliative care partners to interface with government officials at all levels as appropriate;

4) Includes our partners, providers, and most affected populations in speaking opportunities and video presentations at the Commission on Narcotic Drugs intersessionals and regular sessions that consider Chapter 2 issues;

5) Participates in an Expert Group at the United Nations Office on Drugs and Crime with WHO, INCB, and civil society leaders to develop a human rights based Guidance for CND member states on improving access to controlled medicines as per Chapter 2 of the Outcome Document.

6) Has ongoing and close cooperation with WHO focal points in the Service Delivery and Safety, and Essential Medicines Departments to promote increased access to palliative care and controlled medicines within the framework of UHC and Agenda 2030 for Sustainable Development;

7) Engages with CICAD and the Organisation of American states, within the framework of the Inter-American Convention on the Rights of Older Persons, as an approved CSO to help countries implement the aspects of the Hemispheric Drug Policy concerning access to controlled medicines, including through the [Monitoring and Accountability Mechanism](http://www.apple.com).

8) Engages with DESA at the United Nations Headquarters to promote palliative care and improved access to controlled medicines as human rights for older persons via the mechanism of the [Open Ended Working Group on Ageing](http://www.apple.com), which will consider access to palliative care as a human right for older persons during its session this July in New York.

9) Works directly with regional and national palliative care organisations in India, Uganda, Romania, Vietnam, Colombia, Argentina, Panama, El Salvador, and Guatemala, and many other countries to support their policy and advocacy to improve education of professionals, and rational access to controlled medicines.

10) Participates on the European Association for Palliative Care Task Force on Palliative Care in Prison, in order to guarantee that prisoners can benefit from their right to palliative care stipulated in General Comment 14, the ICESCR.

11) Participates in the [Pal-Life Working Group](https://www.liebertpub.com/doi/abs/10.1089/jpm.2017.0237) at the Vatican Academia Pro-Vita to promote access to palliative care and controlled medicines as a human right within the faith based communities that provide healthcare throughout the world.

Sincerely

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| Profesor Lukas Radbruch  Chair | Roberto Wenk, MD  Past - Chair | Liliana De Lima, MHA  Executive Director | Katherine Pettus, PhD  Advocacy Officer |