



1 September 2022

Statement on agenda item 9 Roadmap to accelerate the elimination of cervical cancer as a public health problem in the WHO Region.

The International Association for Hospice and Palliative Care is a global membership organisation whose vision is a world free from health-related suffering. As an NSA in official relations, we welcome this opportunity to participate in RC72.

The IAHPC and other co-signatories commend the Roadmap's recognition of palliative care as a component of universal health coverage and the statement that "As of 2019, 65% of the population in the Region lacked access to palliative care services.... Barriers to palliative care include excessively restrictive regulations for access to essential medicines (opioid pain relief), poor public and professional awareness of how palliative care (including radiotherapy) can help, and cultural and social barriers."

We particularly welcome the inclusion of palliative care in Strategic Pivot 2 on trained and competent workforce to deliver high quality integrated care. We recognise that palliative care is included in Strategic Pivot 3 (b) of the Roadmap and in more detail in Pillar 3. Delays in timely access to essential cancer services as a result of the COVID pandemic and conflict in the Region have increased the need for palliative care, including for patients suffering from cervical cancer.

Palliative care is an essential part of cancer treatment, as stated in Pillar 3, paragraph 18, yet this is not reflected in the implementation section of the Roadmap. We respectfully suggest WHO Europe amend implementation targets to include the provision of palliative care to women with invasive cancer in a place of their choosing.

We also respectfully request the inclusion of "home based services" in quality national data registries, as set out in Strategic Pivot 4 (b), and that data collected is age-disaggregated at a level which is meaningful. The absence of palliative care in Strategic Pivot 1 (a) is disappointing given that it is recognised component of universal health coverage. We therefore request that equitable access to palliative care be included in Strategic Pivot 1(b) alongside cervical cancer prevention, control, treatment.

This statement is endorsed by:



INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE
Advancing Hospice & Palliative Care Worldwide

European Federation of Nurses Associations
International Federation on Ageing
World Organization of Family Doctors

