



How civil society work to improve availability of controlled medicines (Ch. 2 UNGASS Outcome Document) will help countries achieve at least eight SDGs.

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Background: World leaders adopted the 17 Sustainable Development Goals (SDGs), whose slogan is "Leave No One Behind," in September 2015. The 2030 reporting goal, requires countries to develop policies to achieve these goals assisted by major funding from global donors. The UNGASS Document recognised that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing”.

The SDGs build on the success of the Millennium Development Goals (MDGs) and aim to end all forms of poverty. The majority of palliative care providers are unfamiliar with the SDGs and the majority of policymakers do not see how palliative care can help them achieve the SDGs. My organisation would like to see countries include palliative care in their reports at the High Level Platform on the goals below.

The aim of IAHPC advocacy in the next few years will be to teach providers how national policies to develop and integrate palliative care through health system strengthening and capacity building are key to countries’ achievement of interlinked SDGs:

Improving access to controlled medicines for palliative care can support achievement of the following Sustainable Development Goals and Targets

Goal 1 No Poverty: by providing communicative and clinical mechanisms to help families avoid falling into poverty through inappropriate care and catastrophic out of pocket expenses; primary income earners are often able to return to work through appropriate pain management;

Goal 3 "Healthy Lives for All," Target 3.8, calls for Universal Health Coverage and Access to Medicines. PC integration requires Universal Health Coverage and essential controlled medicines to support health of patients and caregivers;



morphine is an essential controlled medicine for palliative care, and unavailable in more than 80% of the world for pain relief.

3.8.1 indicator: Coverage of essential health services.

3.8.2 indicator: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

Goals 4 and 5 “Quality Education” : Palliative care, which supports families, pain relief and home care allow women and girls, primary caregivers, to return to school and work;

Goal 8 “Decent Work and Economic Growth”: integration of PC into healthcare systems will require training and licensing of tens of thousands of new providers; At the moment there is a workforce shortfall of more than ten million providers at all level to satisfy the growing palliative care needs, especially for older persons, by 2030.

Goal 10 “Reduced Inequalities”: increased availability of controlled medicines for pain and palliative care will narrow the "pain gap" within and between countries, rural and urban areas, and patients suffering from different diseases.

Goal 16 "Peace Justice and Strong Institutions” Appropriate pain management can facilitate patients and families participation in local and community decision making; PC exemplifies

Goal 17 “Partnership for the Goals”, which requires governments, the private sector, and civil society to collaborate in realisation of the goals. The Chair of CND emphasised this several times in terms of member state partnerships with civil society, including the VNGOC.

To conclude; Improving the accessibility and affordability of controlled medicines for pain control, palliative care, global surgery and medically assisted substance disorder treatment will support countries to achieve at least eight of the SDGs. Time prevents me from going into the specific targets and indicators, but the point was to give you an overview of how this approach can be beneficial. Work must be done to educate and update providers, policymakers, and the public about the potential synergistic benefits between the Operational Recommendations in Chapter Two of the Outcome Document and the SDGs.