

NCDappendix3

From: Francis Peel <francis.peel@wfsahq.org>
Sent: Sunday, June 26, 2022 10:21 PM
To: NCDappendix3
Subject: [EXT] feedback on the first draft of WHO Appendix 3 discussion paper

Dear WHO colleagues,

Thank you for the opportunity to comment on Appendix 3. The below are recommendations as made by the Board of the World Federation of Societies of Anaesthesiologists.

The italic text in black aims to identify the text from the current draft of appendix 3. The text in blue is the recommendation of WFSA's board members. If you need any clarification on any of the below please let me know.

Pg 13 Objective 4 – health system strengthening. *Bullet 4 of overarching/ enabling actions – train the health workforce and strengthen capacity of health systems particularly at primary care level to address the prevention and control of NCS.* *Workforce training and capacity strengthening cannot be limited to simply prevention and control measures.* Explicit mention should be made of capacity building and training of the workforce in engaged in treatment and palliative care.

Over 30% of the global burden of disease are amenable to anaesthesia and surgery as part of diagnosis and treatment. Essential anaesthesia and surgical services are vital yet under resourced component of NCD policy.

Pg 13 Objective 4. Penultimate bullet. *Develop and implement a palliative care policy, including access for opioids analgesics pain relief, together with training for health workers.*

5.5 of 7 billion people worldwide do not have access treatments for moderate to severe pain. Opioid analgesics are not only used for palliative pain but also treatment of acute pain, such as postoperative pain and pain due to injury. Ministries of health must work to ensure improved access to opioids and other analgesics. In addition, training of health workers is essential to improve management of different types of pain.

Pg 17 Chronic respiratory diseases. Specific Interventions with WHO-CHOICE analysis

Oxygen therapy must be included as a cost-effective intervention. Oxygen therapy is included in the WHO Model List of Essential Medicines – 22nd List (2021). The importance of oxygen therapy cannot just be pigeon-holed to CRD, oxygen therapy is an essential medicine for other critically ill NCD patients.

Pg 17 *Chronic respiratory diseases. Other interventions*

There needs to be an inclusion of words around access to stable and consistent supplies of medical oxygen as outlined in the International Medical Pharmacopoeia and the Global Access to Oxygen Agenda.

Pg 18 Cancer – CA7. *Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicines.*

The majority of cancer patients need anaesthesia and surgery as part of diagnosis and treatment. Provision of basic palliative care is cost-effective (Lancet Commission on Palliative Care and Pain Relief, Knaul et al) and humane. Good end-of-life pain relief usually includes provision of opioid analgesics, often not available in countries with limited resources.

Kind regards,
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