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WHO events addressing public health priorities

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Introduction

Each year an estimated 40 million people globally need palliative care, 78% of whom live in low- and middle-income countries (1). Official country data from around the world shows that the WHO Eastern Mediterranean Region (EMR) has the second lowest availability of palliative care services and is far below the global average on the availability of oral morphine, inclusion of palliative care in national health care policies, funding for palliative care, and access to palliative care services at the primary health care and community levels (1).

Palliative care in most parts of the Region remains at an early stage of development, with insufficient strategic planning by governments for palliative care services. Only an estimated 5% of adults in need of palliative care in the Region have access to services (2). The situation is compounded by the complicated political contexts, weak health care systems, and conflicts in some of the countries.

The increasing noncommunicable disease burden, coupled with the fact that the Region is projected to have the highest increase in cancer incidence by 2030, makes the palliative care agenda a key part of the Region’s public health approach to cancer and other life-threatening illnesses (3).

Palliative care is explicitly recognized under the human rights to health and is fundamental to improving the quality of life, wellbeing, comfort, and dignity of individuals. In addition to cancer, palliative care is required for a wide range of chronic diseases including cardiovascular diseases, chronic respiratory diseases, AIDS, tuberculosis, diabetes, as well as for some acute conditions such as injuries and haemorrhagic fever. Palliative care is most effective when considered early in the course of an illness; it improves the quality of life for patients and helps minimize hospitalizations and the need for health-care services.

In 2014, WHO Member States adopted the World Health Assembly resolution WHA67.19 on strengthening palliative care as a component of comprehensive care throughout the life course, calling upon countries to improve access to palliative care services and emphasizing community-based care and integration at the primary health care level (4).

In 2017, the importance of palliative care was emphasized as part of World Health Assembly resolution WHA70.12 on cancer prevention and control in the context of an integrated approach (5). This partly led to the development of the WHO regional framework for action on cancer prevention and control, which recommends palliative care as one of the 6 key areas for strategic intervention.

To address the palliative care gaps in the EMR, WHO, the American University of Beirut, the Global Palliative Care Program at Massachusetts General Hospital and Harvard Medical School, and the Lebanese nongovernmental organization Balsam, convened a meeting of active regional and international palliative care experts in Beirut, Lebanon, on 26–27 September 2019 (6). Participants included 22 clinical doctors, nurses, pharmacologists, public health professionals, and academics from 9 countries. The meeting reviewed the situation of palliative care in the Region, developed a draft roadmap for strengthening palliative care in the Region, covering the four domains of WHO model of palliative care, and discussed the formation of a regional expert network on palliative care that will support the development and implementation of the roadmap.

Summary of discussions

Three working groups were constituted to discuss the four focus areas of the recently-released WHO guidance on integrating palliative care into health care – appropriate policies that integrate palliative care services into the structure and financing of national health care systems, adequate drug availability, education of health professionals and the public, implementation of palliative care services – and to develop a roadmap for the Region in alignment with the focus

areas. The following are excerpts from the group discussions:

Policy

To enhance policymaking on palliative care in the Region, Member States will embark on the collection of evidence about palliative care practices, cost, effectiveness, access, conceptions, regulation of opioid use, and conduct case studies. The evidence gathered will be used, among others, to develop policy briefs needed to convince policymakers on the need for a change in legislation and policies regarding palliative care in the Region. It will also be useful for actions to counter misinformation about palliative care, for example, the misconception that palliative care is only for individuals who are about to die.

Human resource

To build an effective workforce for the delivery of palliative care services in the Region, it is essential to provide appropriate training for the different cadres of care workers. Secondary level training is recommended because primary level training has already been integrated into the undergraduate curricula in many countries in the Region. Training will be conducted alongside the establishment of communication and referral systems between the different levels of care.

Jordan, Morocco and Sudan currently have curricula for providing secondary level training to physicians and nurses. The curricula being used by Morocco and Sudan will be reviewed alongside the palliative care diploma curriculum used by Jordan and the model WHO curricula, to develop a unified curriculum for the Region.

Capacity-building programmes will be developed and implemented with the involvement of the ministries of health, higher education, regulatory institutions, and other relevant stakeholders to ensure that every component of care is adequately covered, including licensing, standards setting, and practitioner monitoring.

Noting the need for corresponding policies and regulations, capacity-building programmes must have built-in processes to facilitate policy consensus, government buy-in, and ownership. WHO/EMRO will provide support in this aspect by sharing data and knowledge from other regions and by facilitating discussions with governments.

For effectiveness of integration, training will be country-based through specialized in-country centres. Trainers will be linked to regional experts for continued mentorship and technical support.

Clinical services

Interventions for the core and expanded palliative care packages will include those that prevent and treat physical, psychological, social, and spiritual suffering as well as provide psychosocial support for caregivers and palliative care providers. Such interventions should be available for patients of all ages and for different health conditions. There is a need for education and sensitization around palliative care at the community level to facilitate acceptability of community-based palliative care interventions, including sensitization and training of community and religious leaders to provide spiritual support for illness-related suffering and end-of-life care. Services should be available at all levels of care and in the community and should be provided by a multidisciplinary team consisting of physicians, nurses, social workers, and spiritual care providers, where possible. To ensure quality standards for palliative care, in alignment with international quality standards, the regional expert network will support the development of regional standards for palliative care services with indicators to measure outcomes and evaluate implementation.

Regional expert network on palliative care

A regional palliative care expert network will be established to provide technical support to WHO and governments in the implementation of national palliative care policies, structures and activities. The network will have 3 working groups – policy, human resource, clinical services – and will:

draft a roadmap on palliative care, guiding policy, and clinical service implementation for the Region;

develop a biannual work plan on palliative care by countries of the Region;

support the WHO/EMRO in providing strategic direction as well as operational and technical support to Member States in the implementation of palliative care services and advocating for policy change; and

establish a mechanism to regularly monitor and report progress on implementation of the regional roadmap.

This network has now being established.

Recommendations

In addition to supporting establishment and operations of the regional expert network on palliative care, WHO/EMRO will support the creation of an online community to facilitate communication and coordination within the network. WHO/EMRO will support the network in developing policy briefs on the regional burden of palliative care and the need for opioid availability and affordability, regional curricula for second-level palliative care training, case studies on models of palliative care, and a set of quality indicators for palliative care.

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