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Editorial

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At the 2014 World Health Assembly (WHA), the ministers of health of all 194 World Health Organization (WHO) Member States affirmed that palliative care, the prevention and alleviation of pain and suffering of any kind associated with serious illness, “is an ethical responsibility of health systems” (1). The Assembly acknowledged “the urgent need to include palliation across the continuum of care, especially at the primary care level,” and emphasized that “inadequate integration of palliative care into health and social care systems is a major contributing factor to the lack of equitable access to such care.” This WHA Resolution (WHA 67.19) (1) differs from other resolutions regarding specific diseases, interventions, populations, humanitarian crises, or other aspects of health care systems. It differs not only because palliative care is essential to the care of adults and children affected by serious illness or humanitarian crisis of any type, but also because the Resolution draws attention to the essence of medicine and nursing, the prevention and relief of human suffering. It does so by amplifying the too-often unheard call of suffering of the poorest, sickest, and most vulnerable.

The Resolution is a powerful call to action. But what actions must be taken? WHO acknowledges that the specific types and severity of suffering vary by geopolitical situation, socioeconomic condition, and culture (2). People in low- and middle-income countries often endure less healthy social conditions and have less access to disease prevention, diagnosis and treatment facilities and resources, than people in high-income countries. Palliative care should never be considered a substitute for disease prevention and treatment or critical care, and palliative care providers have a responsibility to advocate for these interventions wherever they are not yet accessible. However, palliative care should respond to current local needs. If psycho-social or spiritual suffering, for example, is different in two populations, the palliative response also should differ.

How, then, should each of the world's regions and countries go about integrating palliative care into their health care systems? Intra-regional and local differences in culture and socioeconomics may be as great as those between regions, but there are cultural and socio-economic commonalities within regions or sub-regions, and these commonalities are the basis for the current special edition of the Eastern Mediterranean Health Journal on palliative care. The concept of the special edition of the journal was initiated by the Eastern Mediterranean Palliative Care Expert Network, first convened in 2019 by WHO/EMRO, to discuss and seek consensus on how best to improve access to culturally-sensitive, people-centered palliative care throughout the Eastern Mediterranean Region. Membership of the network includes physicians, nurses, and a pharmacist, representing most of the 22 Member States in the Region, which includes most Arab countries, in addition to Afghanistan, Islamic Republic of Iran and Pakistan. The network aims to interpret and adapt the WHO guidance documents on integrating palliative care into health care systems (2, 3-6) to the Region's cultures and countries. Recognizing the enormous diversity within the region, the network is helping to create model policies, curricula, and implementation models relevant to the Region and easily amenable to further adaptation by individual countries.

This special edition of the journal addresses crucial aspects of palliative care implementation. For example, Al-Shammary, Rassouli, Rizkallah, Osman and colleagues report on successful palliative care models and innovations in Saudi Arabia, Islamic Republic of Iran, Egypt, and Lebanon, respectively. Ghaly describes agreements and disagreements within the Islamic world about optimum use of life-sustaining treatment. Erthal-Williamson and colleagues report on trends in the region's opioid consumption, an important surrogate measure of palliative care development, while Garralda and colleagues describe their research to create more accurate and robust indicators of this development specifically for the Eastern Mediterranean Region. We hope that this special edition will inform efforts by the Region's public health policy and decisionmakers and humanitarian responders to implement people-centered palliative care, catalyze further discussion of integration models and tools, and guide clinicians on best palliative care practices. We encourage colleagues in other regions around the world to

organize similar regional palliative care networks, projects, and publications to further integrate palliative care into health care systems to improve the quality of life and reduce suffering.

The verb “integrate” literally means to “make whole.” Health care systems are not whole, and fail to adequately heal, unless they include palliative care services that are accessible by all. May the papers in this special edition contribute to the healing.

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