



Accelerating Access to Palliative Care: Covid 19 and Beyond: Palliative Care in a Global Context

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Outline of presentation

I. Global Frameworks:

- 2002 WHO PC Definition
- 2014 PC – Resolution
- 2017 Cancer Resolution
- WHO Public Health Approach
- UHC Declaration

2. Regional and global data

- 2017 Lancet Commission Report
- APCA Atlas
- 2020 WHPCA Global Palliative Care Atlas

3. Regional and global models and packages

- The Palliative Care package for Inclusion in National UHC Plans

4. Palliative care for Covid19 and all now and after

APCA's work in Africa; Strategic Objectives

- Creating awareness
- Supporting integration of palliative care into health systems
- Evidence generation through research
- Sustainability for palliative care, the organization and our membership

2002 World Health Organisation Palliative Care Definition

WHO defines palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable (correct) assessment and treatment of pain and other problems, physical, psychological and spiritual” (World Health Organization, 2002).

Key facts

- Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well.
- Each year, an estimated 40 million people are in need of palliative care; 78% of them people live in low- and middle-income countries.
- Worldwide, only about 14% of people who need palliative care currently receive it.
- Unnecessarily restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate palliative care.
- Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access.
- The global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of non-communicable diseases and some communicable diseases **(HIV, TB, COVID 19 and others.)**
- Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services.
- Palliative care involves a range of services delivered by a range of professionals that all have equally important roles to play – including physicians, nursing, support workers, paramedics, pharmacists, physiotherapists and volunteers — in support of the patient and their family.

Source: <https://www.who.int/news-room/fact-sheets/detail/palliative-care>

The 2014 World Health Assembly Palliative Care Resolution

The 67th World Health Assembly sitting on 24th May 2014 unanimously passed the resolution **“Strengthening of palliative care as a component of comprehensive care throughout the life course”** with nine roles for members states:

(1) to develop, strengthen and implement, where appropriate, **palliative care policies** to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverages schemes;

(2) to **ensure adequate domestic funding** and **allocation of human resources**, as appropriate, for palliative care initiatives, including development and implementation of palliative care policies, education and training, and quality improvement initiatives, and supporting the availability and appropriate use of essential medicines, including controlled medicines for symptom management;

Ref : https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf?ua=1

The 2014 World Health Assembly Palliative Care Resolution

(3) to provide basic support, including through multisectoral partnerships, to families, community volunteers and other individuals acting as caregivers, under the supervision of trained professionals, as appropriate;

(4) to aim to **include palliative care as an integral component of the ongoing education and training** offered to care providers, in accordance with their roles and responsibilities, according to the following principles:

(a) **basic training and continuing education on palliative care** should be integrated as a routine element of **all undergraduate medical and nursing professional education**, and as part of in-service training of caregivers at the primary care level, including health care

workers, caregivers addressing patients' spiritual needs and social workers;

(b) **intermediate training** should be offered to all health care workers who routinely work with patients with life-threatening illnesses, including those working in oncology, infectious diseases, paediatrics, geriatrics and internal medicine;

(c) **specialist palliative care training** should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs;

The 2014 World Health Assembly Palliative Care Resolution

(5) to assess domestic palliative care needs, including pain management medication requirements, and **promote collaborative action to ensure adequate supply of essential medicines** in palliative care, avoiding shortages;

(6) to review and, where appropriate, **revise national and local legislation and policies for controlled medicines**, with reference to WHO policy guidance,¹ on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions;

(7) **to update, as appropriate, national essential medicines lists in the light of the recent addition of sections on pain and palliative care medicines to the WHO Model List of Essential Medicines** and the WHO Model List of Essential Medicines for Children;

(8) to **foster partnerships between governments and civil society**, including patients' organizations, to support, as appropriate, the provision of services for patients requiring palliative care;

(9) **to implement and monitor palliative care actions included in WHO's global action plan for the prevention and control of non-communicable diseases 2013–2020**;

Ref : https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf?ua=1

The 2017 WHA Cancer Resolution

Apart from the cancer-related action, this resolution calls on member states to fully implement the 2014 WHA Palliative Care resolution

Both resolutions emphasize the Public Health with pillars of

- Policy
- Education
- Access to essential medicines
- Service delivery

Palliative care in the Universal Health Coverage Declaration

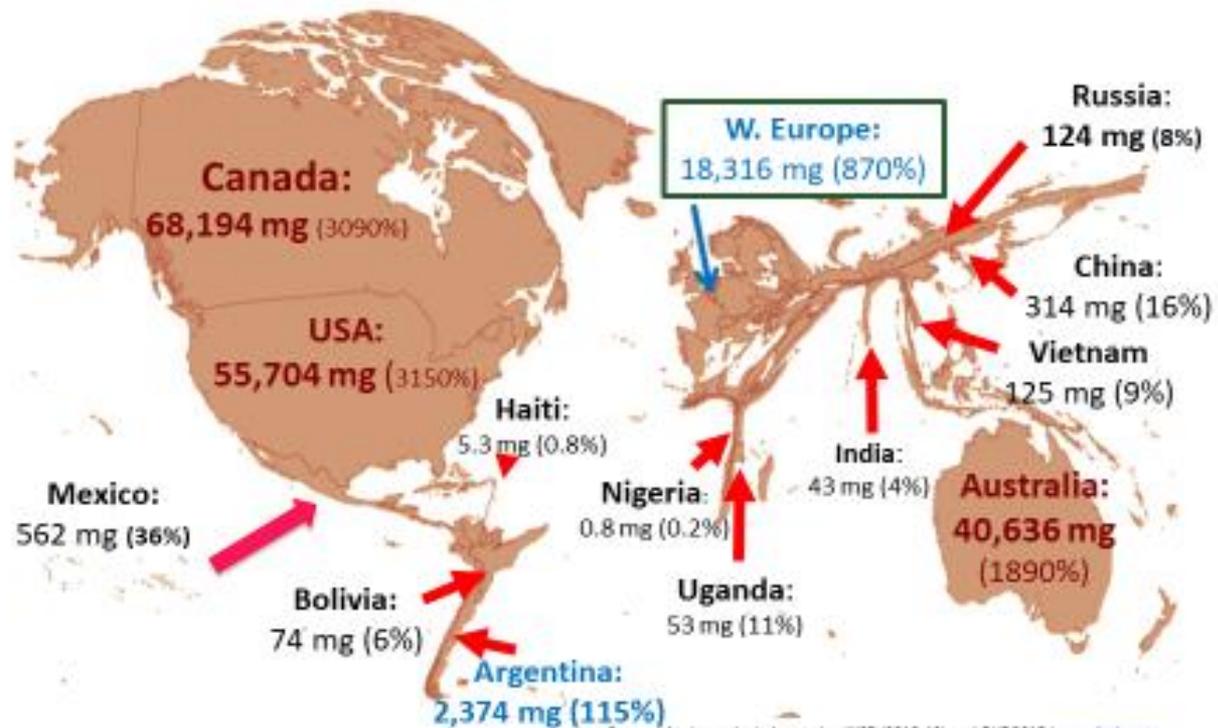
Universal Health Coverage (UHC) means that all people and communities can use the **promotive, preventive, curative, rehabilitative and palliative** health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Without palliative care it cannot be Universal Health Coverage

Access the UHC Political Declaration at <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

The Lancet Commission Report on palliative Care and pain medicines

Distributed opioid morphine-equivalent mg/patient & (% of SHS palliative care need)



Source: Author calculations using INCB (2010-13) and GHE 2015 (www.incb.org, http://www.vhsc.mt/healthinfo/global_burden_diseases/en/). See Data Appendix for methods.

Intervention: Essential Package

Medicine
Amitriptyline
Bisacodyl (Senna)
Dexamethasone
Diazepam
Diphenhydramine (chlorpheniramine, cyclizine, or dimenhydrinate, oral and injectable)
Fluconazole
Fluoxetine or other SSRI (sertraline and citalopram)
Furosamide
Hyoscine Butylbromide
Haloperidol
Ibuprofen (naproxen, diclofenac, or meloxicam)
Lactulose (sorbitol or polyethylene glycol)
Loperamide
Metoclopramide
Metronidazole
Morphine
Naloxone Parenteral
Omeprazole oral
Ondasetron
Paracetamol oral
Petroleum jelly

Medical Equipment
Pressure Reducing Mattress
Nasogastric drainage or feeding tube
Urinary catheters
Opioid lock box
Flashlight with rechargeable battery
Adult diapers/ Cotton and Plastic
Oxygen

Human Resources
Doctors (Specialty and General)
Nurses (Specialty and General)
Social Workers and Counsellors
Psychiatrist, psychologist or counsellor
Physical Therapist
Pharmacist
Community Health Workers
Clinical Support Staff
Non Clinical Support Staff



Aligned with Sustainable Development Goals (SDGs): Should be made universally accessible by 2030

Lancet Commission Report Key messages

Key Messages:

1. Alleviation of the burden of serious health-related suffering from life-threatening or life-limiting conditions and at end-of-life is a global health and equity imperative.
2. Universal access to an affordable Essential Package of palliative care can alleviate much of the burden of SHS.
3. LMICs can improve the welfare of poor people at modest cost by publicly financing the Essential Package of palliative care and through full integration into universal health coverage.
4. International and balanced collective action is essential to achieving universal coverage of palliative care and pain relief by facilitating effective access to essential medicines, while implementing measures to prevent non-medical use.
5. Better evidence and priority setting tools must be generated to adequately measure the global need for palliative care, implement policies and programs, and monitor progress towards alleviating the burden of pain and other Serious Health Related Suffering

- [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)32513-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32513-8.pdf)

APCA African Palliative Care Atlas

All African countries are doing badly on all fronts as regards access to palliative care namely

- Access to controlled essential medicines especially **opioids**
- **Policy frameworks** are not enabling access and are in many cases barriers
- Government dedicate nothing to very little **financing** for palliative care
- **Palliative care** services are very poor and in some countries nonexistent
- **Data collection** on access to palliative care not developed in many countries
- **Human resources** for palliative care implementation are very limited among others

Ref https://www.africanpalliativecare.org/images/stories/pdf/APCA_atlas.pdf

Global Atlas of Palliative Care, 2nd Edition 2020

- Worldwide, over 56.8 million people are estimated to require palliative care every year including 31.1 million prior to and 25.7 million near the end of life.
- The majority (67.1%) are adults over 50 years old and at least 7% are children.
- The majority (54.2%) are non-decedents who need palliative care prior to their last year of life.
- The majority of adults in need of palliative care (76%) live in LMICs, and the highest proportion are in countries of low-income. Non-communicable diseases account for almost 69% of adult need.
- The Western Pacific, Africa, and Southeast Asia regions account for over 64% of adults in need of palliative care

The greatest need per population is in the Africa region (related to the high incidence of HIV/AIDS) followed by Europe and the Americas regions that have older populations.

Source: <http://www.thewhpc.org/resources/global-atlas-on-end-of-life-care>

Global Atlas of Palliative Care 2nd Edition 2020

- Only in the Africa region HIV/AIDS predominates over malignant and other non-malignant diseases. The vast majority (>97%) of children aged 0-19 years in need of palliative care live in LMICs.
- Children with HIV/AIDS and congenital malformations represent almost 46% of the need for palliative care, followed by children with extreme prematurity and birth trauma (almost 18%) and injuries (16%). The Africa region accounts for over half the need for palliative care among children, followed by South East Asia (20%), the Eastern Mediterranean (12%) and the Western Pacific (8%). Europe and the Americas together account for only 9% of child palliative care need.
- On a per capita basis, the need for children's palliative is by far the highest in the Africa region followed by the Eastern Mediterranean.
- Palliative care need for children occurs mostly due to progressive non-malignant diseases, which account for the greatest need all regions except Africa, where palliative care need is mostly associated with HIV.
 - Cancer accounts for a smaller percentage of overall need in children.

Ref: <http://www.thewhpca.org/resources/global-atlas-on-end-of-life-care>

Global Atlas of Palliative Care, 2nd Edition 2020

Group 1: countries with no known palliative care programmes:

Cape Verde, Central African Republic, Chad, Comoros, Congo (Republic),

Guinea-Bissau*, Lesotho, Mali, Seychelles, South Sudan

Group 2: Capacity-building palliative care activity

Angola, Burkina Faso, Burundi, Equatorial Guinea, Eritrea, Gabon, Liberia, Sao Tome e Principe

Group 3a: Isolated Palliative Care provision

Algeria, Benin, Botswana, Cameroon, Congo (DR), Ethiopia, Ghana, Guinea, Madagascar, Mauretania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Togo

Group 3b: Generalised palliative care provision

Gambia, Kenya, Zambia

Group 4a: Countries at preliminary stages of integration

Côte d'Ivoire, **South Africa**, Uganda, Zimbabwe

Group 4b: Palliative care at advanced stage of integration

Malawi, Swaziland

The Palliative Care package for Inclusion in National UHC Plans

APCA has developed a basic Palliative Care Package for inclusion in National UHC plans and implementation to cover both Communicable and Non-Communicable diseases. This package was adopted by African Ministers of Health at the African Ministers of Health Palliative Care session held in Kigali Rwanda in September 2019

This package includes:

- Essential palliative care medicines as recommended by the 2017 WHO Essential Medicines Lists for adults and children
- Essential Equipment, patient supportive devices, technologies and supplies
- Human resources
- Psychosocial interventions

Palliative care for Covid 19 and all now and after

- In order to provide palliative care for COVID19 and other emerging infectious diseases, Africa does not need to re-invent the wheel but to utilize existing regional and global frameworks and recommendations already in place to prevent unnecessary suffering.
- Any new disease specific actions can be added but when the need arises
- Without this prior consideration and investments, subsequent needs generated by COVID19 and other emerging infectious diseases as well as the traditional ones in addition to NCDs will be impossible to meet.

Thank you