Progress and Challenges since 2014

The adoption of the palliative care resolution has given a clear boost to palliative care as dozens of countries have begun implementing its recommendations and the WHO secretariat has increased its technical support and policy development. Yet, much remains to be done even in some developed countries palliative care needs higher priority. Availability of palliative care remains very limited in much of the world; many countries have yet to embark on a comprehensive effort to implement the resolution's recommendations; and donor countries have not made adequate resources available to allow the WHO or individual countries to facilitate this process. As a result, millions continue to face severe and needless suffering at the end of life.

It is essential that WHO and member states prioritize the development of palliative care, and that resources are earmarked to accelerate this process. Our organizations recommend specifically that:

1. **Donor countries make funds available to fully implement the resolution.**
2. **Countries should ensure palliative care is covered under national Universal Health Coverage plans.**
3. **All countries should adopt national strategies for palliative care implementation that includes universal health professional training and access to all essential palliative care medicines.**



Countries should ask the WHO to provide its next progress report on implementation of the palliative care resolution in to the World Health Assembly in 2018.

Selected Examples of Country Progress

Progress Integrating Palliative Care into Health Policy:

- *South Africa* has a draft policy framework for integration of palliative care into the country health system.
- The *Ethiopian* government announced in 2016 that it has made palliative care a priority area for development.
- In *India* a national palliative care policy has been drafted but not yet implemented by government.
- *Colombia* passed a national law on palliative care in 2014.
- In 2016, Hospis *Malaysia* published a needs analysis for palliative care that is intended to assist in the formulation of a national plan for palliative care.
- *Romania* included palliative care in its 2016 National Comprehensive Cancer Plan, and approved specialization for palliative care.
- *Mexico* integrated palliative care into its universal health coverage program Seguro Popular in 2016.

Education:

- Two medical schools in India now offer a 3-year specialization program in palliative medicine However, there is now a one-year distance learning fellowship for post graduates and a 3-year full time post graduate course in 2 medical colleges an MD course in palliative medicine.
- In Jordan a four-hour palliative care workshop was created with the goal of spreading awareness of palliative care among health care workers. In order to meet the need for publication and materials in the local language, 3 books about palliative care and pain management were published in Arabic. These materials are used in the public hospitals.
- In 2015 Malaysia celebrated the graduation of the inaugural batch of students for the advanced diploma in palliative care for nurses and allied health care workers.
- The Panamanian government has funded 20 seats for training palliative care specialists and 22 for specialized nurses from 2015 to 2019. The pharmacy school offers a masters' program in clinical palliative pharmacy.
- In 2015, Morocco introduced a mandatory 20-hours course on pain management and palliative care as part of undergraduate medical education.

Medicine Availability:



- *India* changed its national drug law in 2014 to simplify access to opioid analgesics. Due to slow pace of implementation, the changes have yet to take effect.
- In *Panama* coverage for strong opioid medicines is now included and an electronic prescription system has been introduced.
- In 2015, changes to *Mexico's* prescription rules for opioid analgesics greatly simplified prescribing these medicines, resulting in a significant increase in the number of physicians with prescribing privileges.

Effort to roll out palliative care services:

- WHPCA and Hospice *Ethiopia* with the Federal Ministry of Health are promoting culturally appropriate palliative care delivery that is being made available in communities and at home, with support from traditional burial societies, known as Iddir, a community network of mutual support.
- The *Indian* Ministry of Health and Family Welfare is now making grants to states to implement palliative care.
- *Panama* has greatly increased its palliative care services which are now available in all regions of the country—up from just one in 2010. After the adoption of the resolution the Social Security Fund, which covers 82% of the population, included palliative care in its coverage package.
- In *Romania t*he World Bank has included palliative care development in its health sector reform program, looking to develop and implement 29 inpatient services, 90 outpatient centers, and 90 home care teams by 2020.

UPDATE ON: IMPLEMENTATION OF THE 2014 WORLD HEALTH ASSEMBLY RESOLUTION ON PALLIATIVE CARE

In May 2014, the World Health Assembly unanimously adopted Resolution WHA67.19 on "Strengthening of palliative care as a component of comprehensive care throughout the life course"—a watershed event for global palliative care. Nearly 50 years after its inception, the world community recognized hospice and palliative care as an essential component of health care and called on all countries to integrate it into their healthcare and health insurance systems.

Background



The need for palliative care has increased dramatically—and will continue to do so—as the global population ages. At present, that need is estimated at 40 million patients and their families annually. While nearly 80% of the need for palliative care occurs in low and middle income countries currently 80% of such services are concentrated in high income countries. According to the INCB, an estimated 5.5 billion people still have limited or no access to medicines containing controlled substances such as codeine or morphine, leaving 75 per cent of the world population without access to proper pain relief treatment. Only 14% of the need for palliative care at the end of life, and less than 10% of the overall need is currently being met. A major effort to bring quality universal palliative care to low and middle income countries is needed.

The resolution calls for such action. It urges countries to:



1. Integrate palliative care in all relevant health care policies and health insurance
2. Ensure that essential palliative care medicines are available, accessible, and affordable
3. Ensure that all health care professionals receive at least basic training in palliative care and that specialist care is available
4. Invest in rolling out palliative care at all levels of the healthcare system.