

Statement of Ms. Gulnara Kunirova. Kazakhstan Palliative Care Association.

I took part in the Global Conference on Primary Health Care, held on 25<sup>th</sup>-26<sup>th</sup> of October, 2018, in the capital of Kazakhstan, Astana, as part of the delegation of the International Association for Hospice and Palliative Care (IAHPC) and on the invitation of the Vice Minister of Health Mr. Alexei Tsoy as a member of the Public Council of the Ministry of Health of Kazakhstan.

This experience was very both exiting and rewarding. It was a great pleasure to meet in person palliative care champions and advocates, Dr. Katherine Pettus, Sebastian Moine and Santiago Correa. I believe that we made up a small, but very active palliative care community in the conference, and each of us used every opportunity to network and spread awareness and knowledge.

I was glad to be a witness of this historical moment when the Heads, Ministers and representatives of States and Governments made a clear committed to making palliative care, in line with promotive, preventive, curative and rehabilitative care, accessible to all.

For the progress of palliative care, the most important change is the change in the minds of healthcare providers who should understand that palliative care is not only hospice beds or accessible essential medicines, but it is also knowledge and skills of all primary care physicians and nurses who encounter chronically ill and incurable patients in their everyday practice. For a country like Kazakhstan, the primary care system, which is relatively well-developed, is the only and natural way to achieve universal coverage for palliative care.

During the first day's sessions the term "palliative care" was mentioned 6 times by Dr. Rifat Atun, Professor of Global Health Systems at Harvard University and by the Ministers of Health of Iran, Nepal, Guinea and India. No specific attention was given to palliative care issues during that day, though.

I was proud to hear the Minister of Finance of Kazakhstan mention 'palliative care' in his speech devoted to healthcare budgeting. In Kazakhstan, palliative care is included in the so-called "guaranteed package of free medical care," which covers socially sensitive diseases like ischemic heart disease, diabetes, cancer, tuberculosis and others.

The second day started with the section where the role of primary care in prevention, early diagnostic, rehabilitation and palliative care for cancer patients was discussed. Speaking about palliative care, the urgency of education and training for primary care providers was stressed, especially such skills as assessment and treatment of chronic pain, symptom management and psychosocial assistance to cancer patients and their families.

The special section devoted to Primary Health and Palliative Care was one of the most interesting. Dr. Katherine Pettus was excellent in the role of a moderator, touching upon almost every significant aspect of palliative care provision and letting the audience view palliative care from various perspectives – from the point of view of healthcare decision makers, to palliative care providers and patient. The Minister of Health of Russia Veronika Skvortsova told about the recent significant achievements in Russia's palliative care, while the Minister of Health of Uzbekistan, Alisher Shadmeyev shared his realistic concerns and optimistic plans for future development of palliative care in his country. It was interesting to learn from the speech of Benjamin Koh, the Singapore Health Ministry representative, how strong are the superstitions about death in a country where the history of palliative care dates

back to early sixties of the last century. The presentation of the international expert, Eric Krakauer, was exhaustingly informative and supported by real stories from his practice. The participants of the IAHPC delegation, family doctors and palliative care champions, expressed their concerns about the existing barriers to palliative care development, while the video of the patient, who shared her experience as a recipient of palliative care, added an emotional note to the discussion.

I made my modest contribution to the session by reminding that accessible and affordable palliative care integrated into the healthcare system is not only an ethical responsibility of any Government; it is also beneficial to all, from the point of view of economic efficiency, social justice, patient satisfaction, improvement of clinical practice and prevention of professional burnout among medical workers.

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