Concept Note

Group of Friends of Palliative and Long-Term Care

Prepared by The International Association for Hospice and Palliative Care, a Non-State Actor in official relations with the World Health Organization and a non-governmental organization in consultative status with the UN Economic and Social Council (ECOSOC). For more information, contact Katherine Pettus, PhD, Advocacy Officer at kpettus@iahpc.com

A Palliative Care Group of Friends (GoF) will provide the political support and advocacy necessary to help member states honor their commitments under WHA 67/19; the Declaration of Astana, and the Political Declaration of UHC, the Inter-American Convention on the Rights of Older Persons, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons and the Agenda 2030 for Sustainable Development.

It is envisioned that members of the GoF meet on a regular basis and consult with WHO Secretariat Staff, relevant Non-State Actors such as IAHPC, and civil society experts at the regional, national, and global levels. Discussions will include technical and normative issues for policy development, budgets, workforce training, and health system strengthening. GoF national focal points will coordinate and facilitate regular communication between GoF members at regional and global meetings. The GoF will assist member states to implement the multilateral commitments that require governments to

1. Adopt adequate policies and norms that include palliative care in health laws, national health programs and national health budgets;
2. Ensure that insurance plans integrate palliative care as a component of programs;
3. Ensure access to essential medicines and technologies for pain relief and palliative care, including pediatric formulations;
4. Ensure that palliative care is part of all health services (from community health-based programs to hospitals), that everyone is assessed, and that all staff can provide basic palliative care with specialist teams available for referral and consultation;
5. Ensure access to adequate palliative care for vulnerable groups, including children and older persons;
6. Engage with universities, academia and teaching hospitals to include palliative care research as well as palliative care training as an integral component of ongoing education, including basic, intermediate, specialist, and continuing education.

See here for more information.

Background: According to the World Health Organization

- Palliative care improves the quality of life of patients and their families who are facing problems associated with life-threatening illness, whether physical, psychosocial or spiritual.
- Each year, an estimated **40 million people** are in need of palliative care, 78% of them people live in low- and middle-income countries. For more information about your country's needs see this interactive database.
- Worldwide, only about 14% of people who need palliative care currently receive it.
- Unduly restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate pain relief and palliative care.
- *Lack of training and awareness of palliative care among health professionals is a major barrier to improving access*.
- The global need for palliative care will continue to grow as a result of the rising burden of noncommunicable diseases and ageing populations.
- Early palliative care reduces unnecessary hospital admissions and the use of health services.

Palliative care is explicitly recognised under the **human right to health**. It should be provided through person-centred and integrated health services that pay special attention to the specific needs and preferences of individuals.

Palliative care is required for a **wide range of diseases**. The majority of adults in need of palliative care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%). Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies and drug-resistant tuberculosis.

Pain is one of the most frequent and serious symptoms experienced by patients in need of palliative care. Opioid analgesics are essential for treating the pain associated with many advanced progressive conditions. For example, 80% of patients with AIDS or cancer, and 67% of patients with cardiovascular disease or chronic obstructive pulmonary disease will experience moderate to severe pain at the end of their lives.

Opioids can also alleviate other common distressing physical symptoms including breathlessness. Controlling such symptoms at an early stage is an ethical duty to relieve suffering and to respect the dignity of people.

The International Association for Hospice and Palliative Care is standing by to serve as an expert civil society advisor and facilitator for the GoF. We are currently working with focal points in six countries:

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Argentina, Australia, Bangladesh, El Salvador, Kenya, Zambia. These could be the core countries that convene a Palliative Care Group of Friends. See addendum for list of country focal points with contact information.

Example of Group of Friends on Climate Security (established by Germany includes Bangladesh)

ADDENDUM

Example of Organizational Guidelines of GoF

Addendum: Names and Contact Information of IAHPC Country Representatives

Argentina.

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Australia

Ms Kate Reed-Cox, RN Palliative Care Australia, Kate@palliativecare.org.au

Bangladesh

Dr. Rumana Dowla, Bangladesh Palliative and Supportive Care Foundation rumanadowla@hotmail.com, and Dr. Farzana Khan, Centre for Palliative Care at Bangabandhu Sheikh Mujib Medical University (BSMMU), farzanakhan04@yahoo.com

El Salvador

Dr. Marvin Colorado, Hospital Divina Providencia and newcolormed@gmail.com

Kenya

Dr. Zipporah Ali, Kenya Hospices and Palliative Care Alliance (KEHPCA) Zippy@kehpca.org

Zambia

Dr. Mwate Chaila, Ministry of Health, mwatejchaila@gmail.com and Dr. Abidan Chansa National Coordinator Palliative Care Services MOH chansaabidan@gmail.com

We also suggest inviting **Rwanda** as a convening partner in the GoF as Rwanda is one of the few countries in the world that has a national palliative care policy and is upskilling its palliative care workforce at the community and tertiary levels. See, for example https://abcnews.go.com/Health/wireStory/rwanda-avoids-us-style-opioids-crisis-making-morphine-67960830

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