



WHO Civil Society Palliative Care Roundtable 2

Palliative care integration in WHO strategic priorities leading to comprehensive primary health care under universal health coverage

April 28, 2021

International Association for Hospice and Palliative Care
International Federation on Ageing
Worldwide Hospice Palliative Care Alliance



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WHO Civil Society Roundtable

Palliative care integration in WHO strategic priorities leading to comprehensive primary health care under universal health coverage

Background

The COVID 19 pandemic has revealed with agonizing precision the deficits in health systems that continue causing preventable suffering for millions of patients and families around the world with palliative care needs, including bereavement. Operationalization of the Thirteenth General Programme of Work (GPW13) and achievement of the Triple Billion Targets, as well as progress towards the 2030 Agenda for Sustainable Development are more urgent than ever. Robust partnerships between government agencies, civil society, and where appropriate the private sector, can begin to generate the political will and public support necessary to remedy the almost universal *lack* of access to basic palliative care and essential palliative care medicines in most healthcare systems, particularly in pediatric, rural, and long-term care settings. The WHO can promote such partnerships at all levels of governance to develop, implement, monitor, and evaluate member state implementation of WHA 67/19, WHA 73/1, and the Astana Declaration, among other key commitments that include palliative care policies and services. Palliative care also can address a new COVID related public health issue -- grief and bereavement -- to ensure no one is left behind.

This document outlines the second roundtable with WHO and Civil Society Organizations on issues relevant to palliative care and is based on the Thirteenth General Programme of Work (GPW 13) for the five-year period, 2019-2023. It focuses on measurable impacts on people's health at the country level.

Desired outcome:

To strengthen partnership for the strengthening and assessment of palliative care services with an aim to provide equitable access to good palliative care within UHC.

Desired outputs:

- 1) High-Level Regional Commissions (or WHO Member States Groups of Friends of Palliative Care) to stimulate and sustain political will in all relevant areas of work, including advocacy.
 - a. representatives of people living with palliative care needs.
 - b. providers, academia,
 - c. government officials
 - d. senior WHO country officers
- 2) An ongoing, funded Joint Program of work involving CSOs, member states, and Secretariat staff that meets at least quarterly to plan and review progress towards the desired outcome articulated above.



Normative and Technical Framework

- a. WHO [Thirteenth General Programme of Work \(GPW 13\) 2019-2023](#).
- b. Operational Paragraphs of WHA Palliative Care Resolution 67/19
- c. Operational Paragraph 7/7 in [WHA73/1](#) directs WHO member states “to provide access to safe testing, treatment, and palliative care for COVID-19, paying particular attention to the protection of those with pre-existing health conditions, older people, and other people at risk, in particular health professionals, health workers and other relevant frontline workers;”
- d. The [WHO Temporary Guidance on Clinical Management of COVID-19](#) (May 2020) contains a palliative care module that includes Appendix 3 -- the Essential Package of Palliative Care -- a tool for member states detailing essential interventions, medicines, equipment, human resources and social supports.
- e. The [Joint Declaration on Access to Medicines](#) calls on governments to ensure that the procurement and supply of controlled medicines in countries meets the needs of patients, both those who have COVID-19 and those who require essential palliative care medicines for other medical conditions.
- f. The UN Decade of Healthy Ageing strategy <https://www.who.int/initiatives/decade-of-healthy-ageing>
- g. WHO framework for national health policies, strategies, and plans: Engaging stakeholders <https://www.who.int/initiatives/decade-of-healthy-ageing> and https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_5
- h. International Year of Health and Care Workers 2021 <https://www.who.int/news/item/11-11-2020-2021-designated-as-the-international-year-of-health-and-care-workers>



Speakers (in order of appearance)

Ms. Victoria Diehl



Ms. Victoria Diehl is a physiotherapist living and working in Costa Rica. She is currently the main caregiver for her father, Thomas, who in early 2020 was diagnosed with stage 4 renal cancer. Mr. Diehl, Victoria, and the rest of the family are currently under the care of the palliative care service of the Costa Rican national social security service. Costa Rica has a robust UHC system in place, which includes palliative care. In 2007, the country also adopted a caregivers' law which guarantees employment security for the primary caregiver of a terminally ill patient and provides a financial subsidy to the caregiver, for as long as it is necessary.

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Dr. Carlos Centeno Cortes



Dr. Carlos Centeno Cortes is the Director and clinical consultant of the Palliative Medicine Unit at the University of Navarra ATLANTES Research Institute. Professor at the School of Medicine of the University of Navarra and currently leads the Global Observatory in Palliative Care. He is a physician specialized in oncology with a master's degree in Palliative Medicine.

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Dr. Felicia Knaul



Dr. Felicia Knaul is Director of the Institute for Advanced Study of the Americas and the Office of Hemispheric and Global Affairs and Professor at the Miller School of Medicine at the University of Miami. She is also a Board member of the IAHP. Her research focuses on global health, health financing, health systems and reform, cancer in low-and middle-income countries, access to pain control and palliative care, poverty and inequity, and gender equity. She received her B.A. in international development from the University of Toronto and M.A. and Ph.D. in economics from Harvard University.

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Dr. Farzana Khan



Dr. Farzana Khan is a specialist in palliative medicine and pain research in Bangladesh. She has worked to develop and improve clinical palliative care services including children living in urban slum areas of Dhaka and in the Rohingya refugee camps. She also meets regularly with health policymakers to guide palliative care policy and guideline development, improve public awareness of palliative care, and ensure a consistent supply of palliative care medications.

farzanakhan04@yahoo.com

Dr. Silvia Librada Flores



Dr. Silvia Librada Flores is the Program Director of Compassionate Communities and Director of Research & Innovation in Palliative Care at the New Health Foundation, in Seville, Spain. Her background is in Biology, with postgraduate studies in Biomedical Knowledge Management and Health Research, and doctoral degree in Health Sciences, Epidemiology, Public Health and Health Management. Dr. Librada Flores is an expert in



design, innovation, research and management in social-health care integration, palliative care, and compassionate communities programs.

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Ms Zodwa Sithole



Ms. Zodwa Sithole is the Head of Advocacy for the Cancer Association of South Africa (CANSA) and is a Board member of the International Children’s Palliative Care Network. She has worked in the health sector in various disciplines including general nursing, midwifery, community health and palliative care. Ms. Sithole has worked in environments with limited resources, illiteracy, abject poverty, and general deprivation, hence covering a diverse content of first and third world care. She is formally trained in general nursing, Midwifery; Primary Health Care; Nursing Administration and Education; Community Health Care and Palliative Care. She holds a B. Cur degree and a master’s degree in Nursing.

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Moderators (in order of appearance)

Professor Lukas Radbruch – International Association for Hospice and Palliative Care (IAHPC)



Professor Lukas Radbruch is the Chair of the Board of Directors of the International Association for Hospice and Palliative Care since 2017 and is the Chair of Palliative Medicine at the University of Bonn since 2010. He is the Director of the Department of Palliative Medicine, University Hospital Bonn, and Director of the Palliative Care Centre, Malteser Hospital Bonn/Rhein-Sieg.

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Dr. Julie Ling – Worldwide Hospice Palliative Care Alliance (WHPCA)



Dr. Julie Ling is the Chair of Trustees of the Worldwide Hospice Palliative Care Alliance (WHPCA). She also holds the position of Executive Director of the European Association for Palliative Care (EAPC). Originally a nurse, Dr. Ling has worked in palliative care for over thirty years in both adult and children’s palliative care.

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Mr. Greg Shaw - International Federation on Ageing (IFA) (TBC)



Greg Shaw has a science and health administration background and is the Director, of International and Corporate Relations for the IFA. Prior to joining the IFA he held senior management positions within the Australian Government in the Department Health and Ageing. He represents the IFA at the United Nations, works closely with government and has responsibility for IFA elder abuse initiatives.

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Agenda

Palliative Care Civil Society Roundtable April 28th 3:00 - 4:30 pm (Geneva)

TIME	SCHEDULE OF EVENTS	REPRESENTATIVE
15:00 – 15:02	<i>Welcome</i>	Lukas Radbruch IAHPC
15:02 – 15:07	<i>Opening Remarks</i>	Tedros Adhanom Ghebreyesus - WHO Director General WHO staff
Objective 1 – One billion more people benefiting from UHC.		
15:07 - 15:09	<i>Introduction of speakers</i>	Lukas Radbruch IAHPC
15:09 – 15:16	<i>Palliative Care integration into UHC.</i>	Victoria Diehl Daughter and main caregiver of patient receiving palliative care in Costa Rica
15:16 – 15:23	<i>Monitoring and evaluation frameworks for palliative care</i>	Carlos Centeno Cortes, ATLANTES – U of Navarra Spain
15:23 – 15: 30	<i>Access to essential palliative care medicines for UHC.</i>	Felicia Knaul FUNSALUD and Tómatelo a Pecho Mexico
15:30 – 15:40	<i>Response – Session Objective 1</i> Moderated by Professor Lukas	WHO Secretariat
Objective 2 – One billion more people protected from preventable suffering during emergencies		
15:40 -15:41	<i>Introduction of speaker</i>	Julie Ling WHPCA
15:41– 15.48	<i>Palliative care integration to relieve suffering during emergencies, including COVID-19.</i>	Farzana Khan PALLCHASE, Bangladesh
15:48 – 15.58	<i>Response – Session Objective 2</i> Moderated by Dr. Ling	WHO Secretariat
Objective 3 – One billion more people enjoying better health and wellbeing		
15.58 -16:00	<i>Introduction of speakers</i>	Greg Shaw IFA
16:00 – 16:07	<i>Community involvement in the context of COVID19 and Decade of Healthy Ageing</i>	Silvia Librada Compassionate Communities, Program Everyone Together, Spain
16:07 – 16:14	<i>Nurses as agents of change</i>	Zodwa Sithole Cancer Association of South Africa
16:14 - 16:24	<i>Response - Session Objective 3</i> Moderated by Mr. Shaw	WHO Secretariat
16:24- 16:30	<i>Closing remarks</i>	Dr. Tedros

Speakers' Topics

Roundtable II Program: Triple Billion Framework

- I. One billion more people benefiting from UHC.
 - a. WHO member states have an ethical, legal, and political responsibility to integrate palliative care into relevant policies and health laws per WHA 67/19, the Political Declaration of the High-Level meeting on UHC, and the Declaration of Astana.
Speaker: Victoria Diehl (person living with palliative care needs, Costa Rica).
 - b. Standardized yet context sensitive monitoring and evaluation frameworks with user friendly indicators will allow relevant data gathering to allow for government accountability for multilateral commitments re palliative care.
Speaker: Carlos Centeno (ATLANTES- U of Navarra, Spain)
 - c. Supply chain strengthening, local manufacturing, workforce training, and joint procurement strategies will ensure adequate access to essential palliative care medicines for UHC.
Speaker: Felicia Knaul (Tomatelo a Pecho, Mexico) (continuity from 1st RT)

- II. One billion more people protected from preventable suffering during emergencies.
 - a. How civil society initiatives can help to integrate palliative care services and essential palliative care medicines to relieve suffering during emergencies, including COVID-19.
Speaker – Farzana Khan (PALLCHASE, Bangladesh)

- III. One billion more people enjoying better health and wellbeing.
 - a. Palliative care practitioners, appropriately trained health workers, and community volunteers can address problems in the context of COVID19 and Decade of Healthy Ageing
Speaker: Silvia Librada – (New Health Foundation, Spain)
 - b. Palliative care nurses can support resilience of patients, families, communities, and providers to enable health and wellbeing as member states build forward better to strengthen health system deficits exposed and aggravated by COVID-19.
Speaker: Zodwa Sithole (Cancer Association of South Africa)



Suggested Next Steps

We respectfully suggest the following next steps:

1. Form a Palliative Care Working Group that includes WHO Senior Staff and representatives of relevant civil society organizations and experts from the field, to plan integration of palliative care across all relevant WHO divisions.
2. Develop an associated WHO Palliative and Long-Term Care Charter.

A follow up meeting could take place after the WHO EB meeting in May to take stock and strategize about next steps.

Sponsoring Organizations

International Association for Hospice and Palliative Care (IAHPC)

The International Association for Hospice and Palliative Care (IAHPC) is a global non-profit, membership organization dedicated to the development and advancement of palliative care to assure that any patient's and family caregiver's suffering is relieved to the greatest extent possible. IAHPC works with UN agencies, governments, associations, and individuals, to develop and implement appropriate policies for the inclusion of palliative care as a component of Universal Health Coverage. Our Vision is Towards a world free from health-related suffering and our Mission is to serve as a global platform to inspire, inform and empower individuals, governments, and organizations to increase access and optimize the practice of palliative care.

<https://hospicecare.com/home/>



International Federation on Ageing (IFA)

The International Federation on Ageing fondly known as "IFA" is an international non-governmental organization (NGO) whose members are government, NGOs, academia, industry, and individuals in nearly 80 countries. IFA believes that all these members working together are essential to help shape and influence policy and good practices. IFA stands to drive the agenda for the world's population ageing. We are proud to have general consultative status at the United Nations.

<https://ifa.ngo/>



Worldwide Hospice Palliative Care Alliance (WHPCA)

The Worldwide Hospice Palliative Care Alliance (WHPCA) is an international non-governmental organization focusing exclusively on hospice and palliative care development worldwide. The WHPCA is a network of national and regional hospice and palliative care organisations and affiliate organisations. We believe that no-one with a life-limiting condition, such as cancer or HIV, should live and die with unnecessary pain and distress. Our vision is a world with universal access to hospice and palliative care. Our mission is to foster, promote and influence the delivery of affordable, quality palliative care.

www.thewhpc.org

