



The University of Hong Kong Symposium on End- of-Life Community Care



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PRESENTATION:

**Compassionate Communities: Together
for Palliative Care**

No Conflicts of
Interest to disclose



Topics to cover

Review of World Hospice & Palliative
Care Day for 2023

Overview Status of PC Worldwide from
Global Atlas of Palliative Care, 2nd Ed

The New WHO Public Health Model for
Palliative Care

The Barriers to and Opportunities to
Achieving Universal Access to PC

1st WHPCD 2005

World Hospice and Palliative Care Day (World Day) is a unified day of action to celebrate and support hospice and palliative care throughout the world. It is an annual event held on the second Saturday in October each year.



COMPASSIONATE COMMUNITIES

Together for Palliative Care

14 OCTOBER 2023

WORLD HOSPICE & PALLIATIVE CARE DAY

Who Organises World Hospice and Palliative Care Day?

- World Hospice and Palliative Care Day is organised by the Worldwide Hospice Palliative Care Alliance with input from the global palliative care community and people with lived experience of palliative care.



What are the aims of World Hospice and Palliative Care Day?

To share our vision to increase the availability of hospice and palliative care throughout the world

To raise awareness and understanding of the needs – medical, psychological, social, spiritual, practical – of people living with serious illness and their families

To raise funds to support and develop hospice and palliative care services around the world

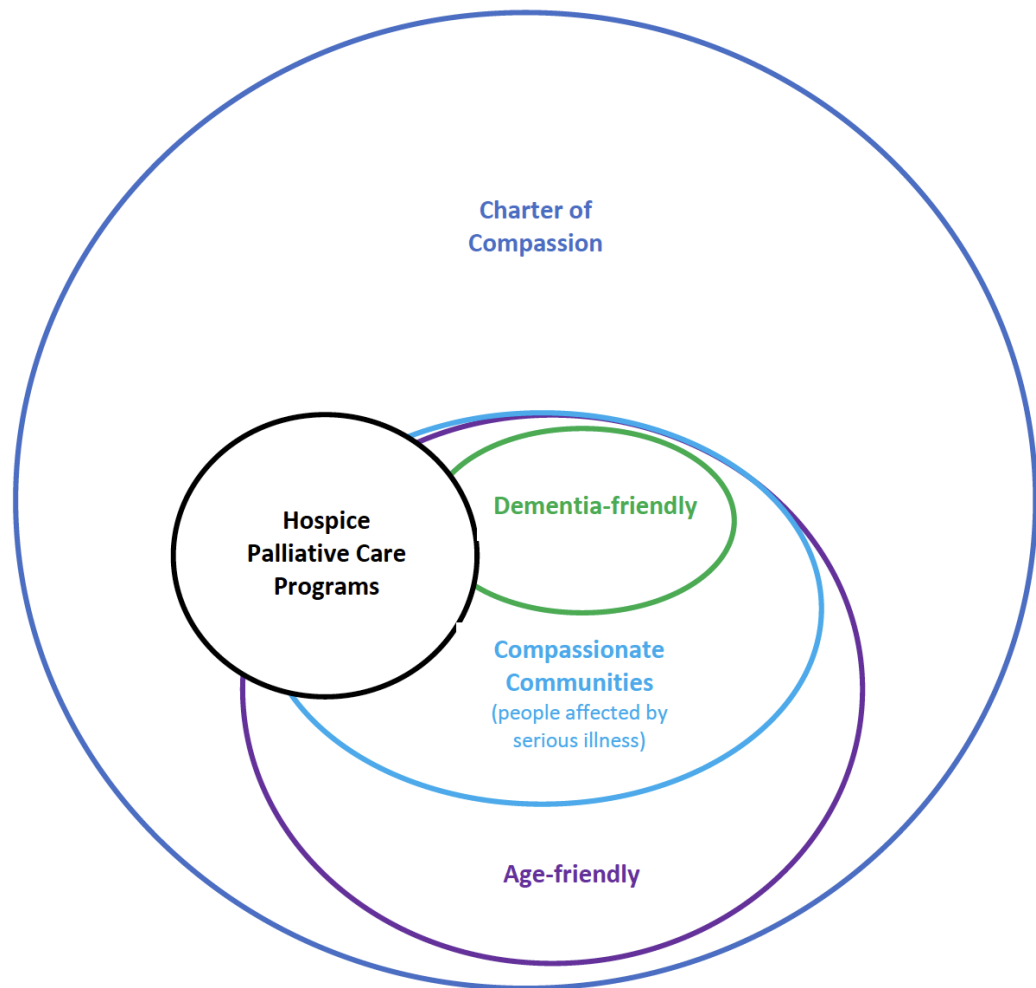
What Does Compassion Mean?

- The **definition** of compassion, is the 'sympathetic consciousness of others' distress together with a desire to alleviate it'.
- So, compassion literally means '**to suffer with**'. The connection of suffering with another person brings compassion beyond sympathy into the realm of empathy. However, compassion is much more than empathy.
- **Action** is the vital component that separates compassion from empathy, sympathy, pity, concern, condolence, sensitivity, tenderness, and commiseration

There are a number of compassionate community initiatives going on worldwide

- The Charter of Compassion
- Age Friendly Cities (WHO)
- Dementia Friendly
- Compassionate Communities

Figure 2.
We are working most closely with Public Health and Palliative Care International the home for Compassionate Communities



Compassionate Communities Makeup



Patient's and Families at Center of Community Caring





Patient Stories

The need for palliative care - a global perspective

- Almost 57 million need PC
(Not including COVID)
 - **25.7M at EOL**
- 82.5% LMIC
- 67% 50+ / 7% children
- >18 die million in pain
- + >100 million grieving people – 1 billion attend funerals





Global Atlas of Palliative Care

2nd Edition



Alleviating the access abyss in palliative care and pain relief— an imperative of universal health coverage: the *Lancet* Commission report



Felicia Marie Knaul, Paul E Farmer, Eric L Krakauer*, Liliana De Lima, Afsan Bhadelia, Xiaoxiao Jiang Kwete, Héctor Arreola-Ornelas, Octavio Gómez-Dantés, Natalia M Rodriguez, George A O Alleyne, Stephen R Connor, David J Hunter, Diederik Lohman, Lukas Radbruch, María del Rocío Sáenz Madrigal, Rifat Atun†, Kathleen M Foley†, Julio Frenk†, Dean T Jamison†, M R Rajagopal†, on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group‡*



How many
people
need
palliative
care
globally
each year?

~50% of HIC need
being met
Only 4.2% of need
being met in LMICs

56,840,123 people in 2017

25,739,404
Decedents (45.3%)

31,100,719 Non-
decedents (54.7%)



Approximately 7 million
Receiving PC only ~12% of
Need Met

Need for Palliative Care in the PRC

18.6% Of Global Need

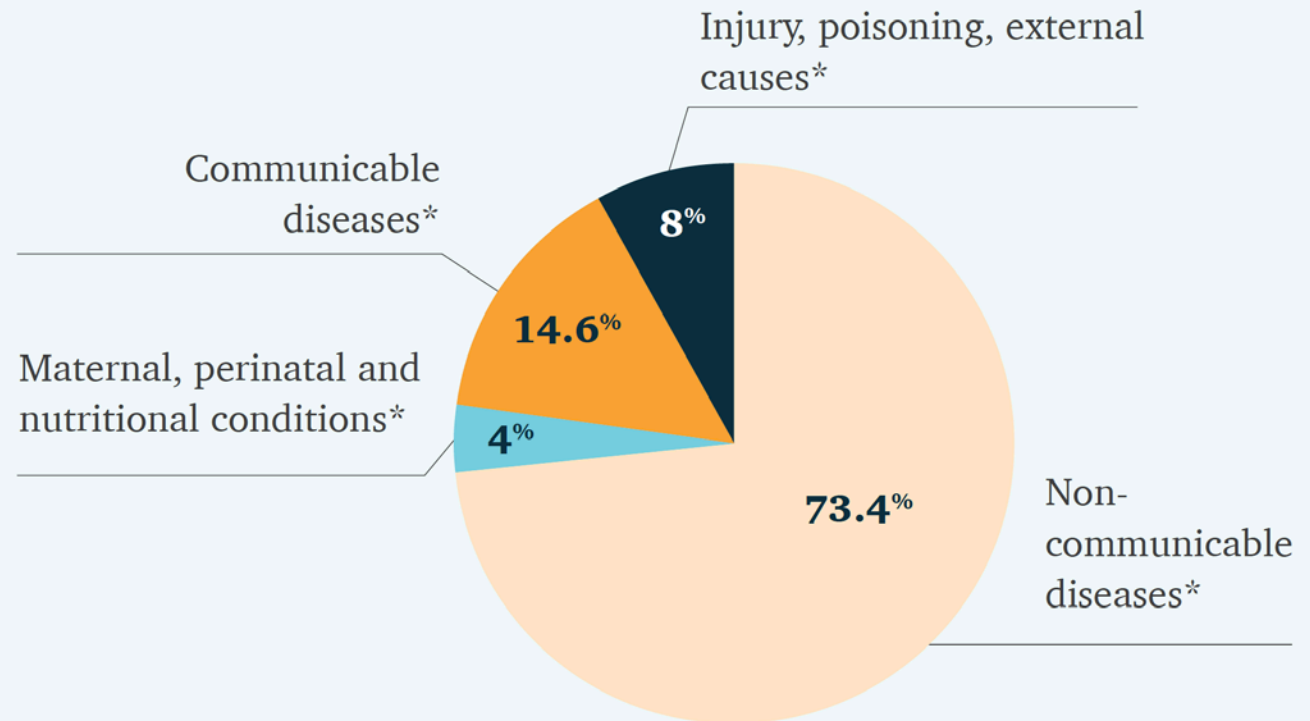
	Decedents	Non-Decedents	Totals
Adults	5,810,259	4,611,683	10,421,942
Children	100,022	84,597	184,618
Totals	5,910,281	4,696,280	10,606,560

Note: Hong Kong 5.2% of total = ~550,000 need



Death Worldwide

Figure 1
Distribution of major causes of death worldwide for all ages, males and females (2017)*

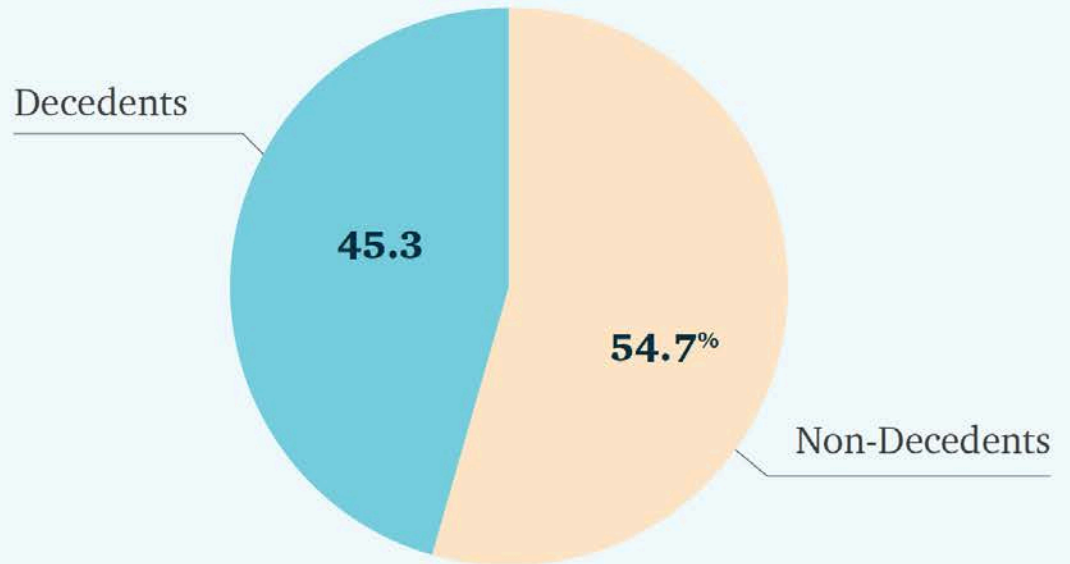


*Based on data for 354 diseases and injuries and 3484 sequelae

55,945,730 deaths from 195 reporting countries worldwide

55% Prior to End-of-Life

Figure 2
Need for palliative
care for decedents
and non-decedents,
(all ages all sexes;
2017)

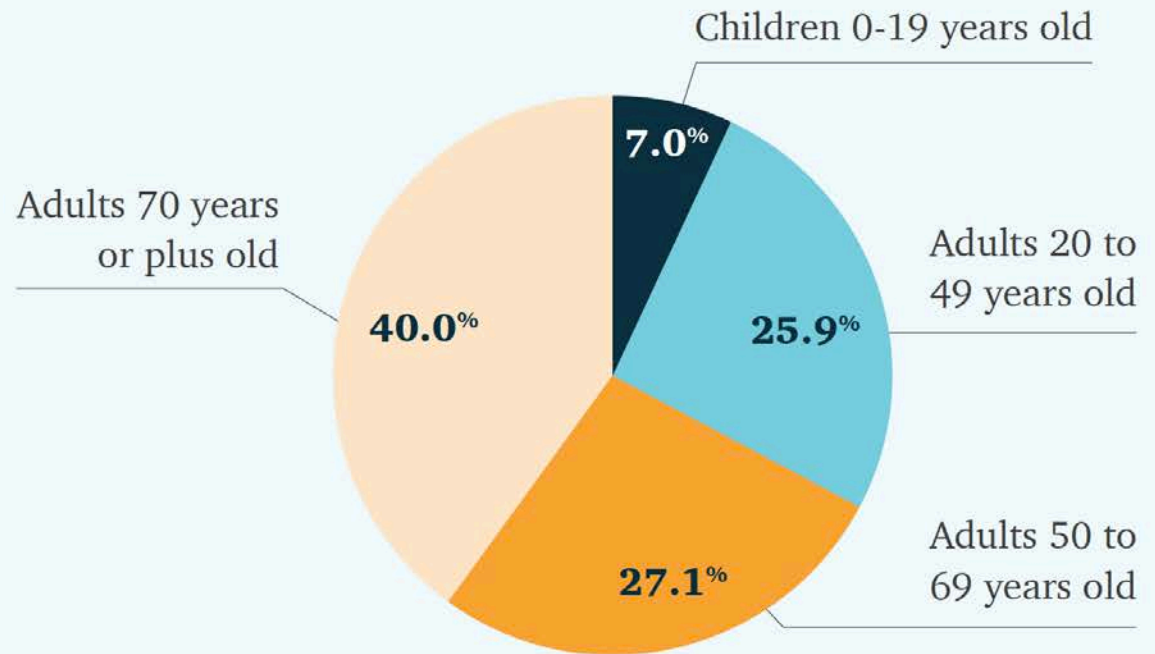


N = 56,840,123 people

EOL Need for PC increases from 25.7M to 48M by 2060 – Sleeman (2019)

67% 50+ years / 7% children

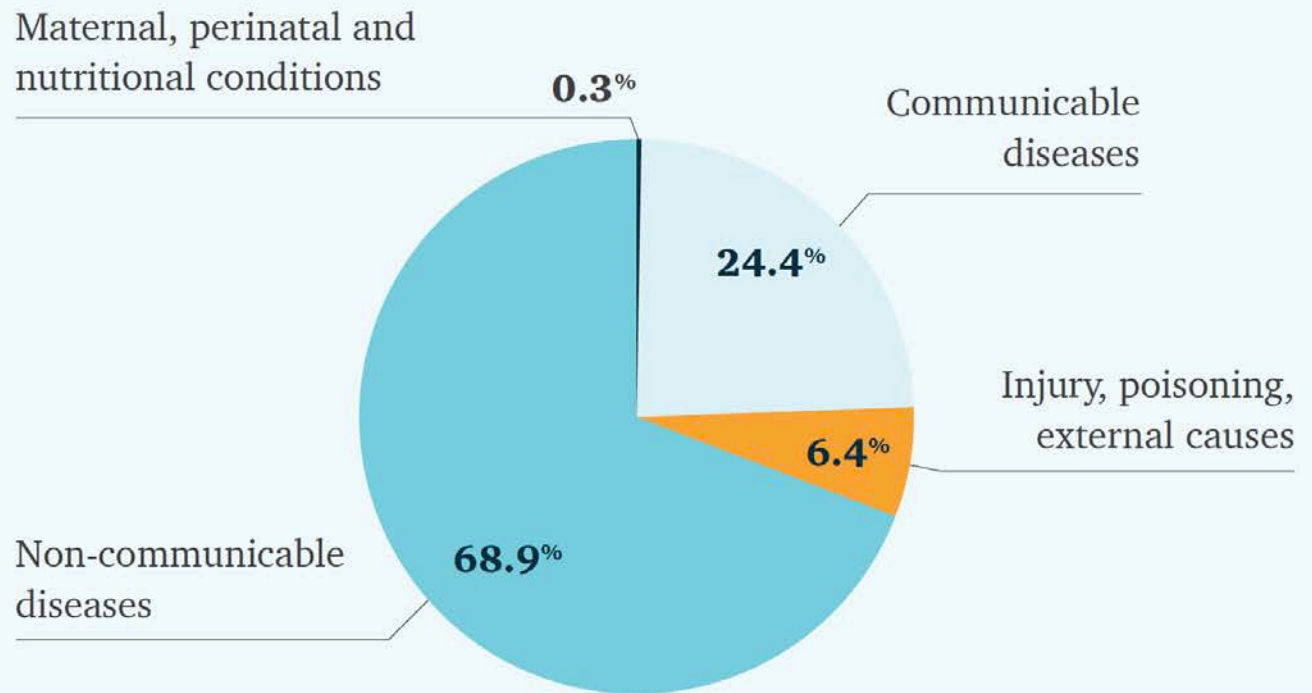
Figure 3
Worldwide need for
palliative care by age
group (2017)



N = 56,840,123 people

69% Adults with NCDs

Figure 4
Worldwide need for palliative care for adults, by major diagnostic group (20+ years, 2017)

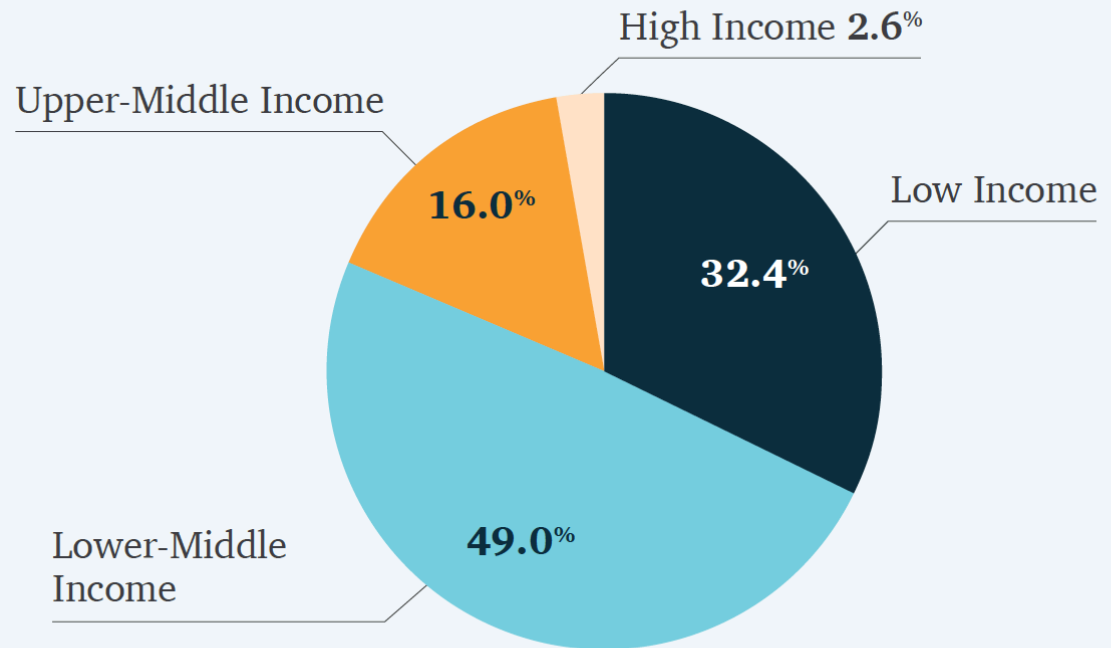


N = 52,295,120 adults

Only 2.6% of the need for CPC is in high income countries

Figure 20

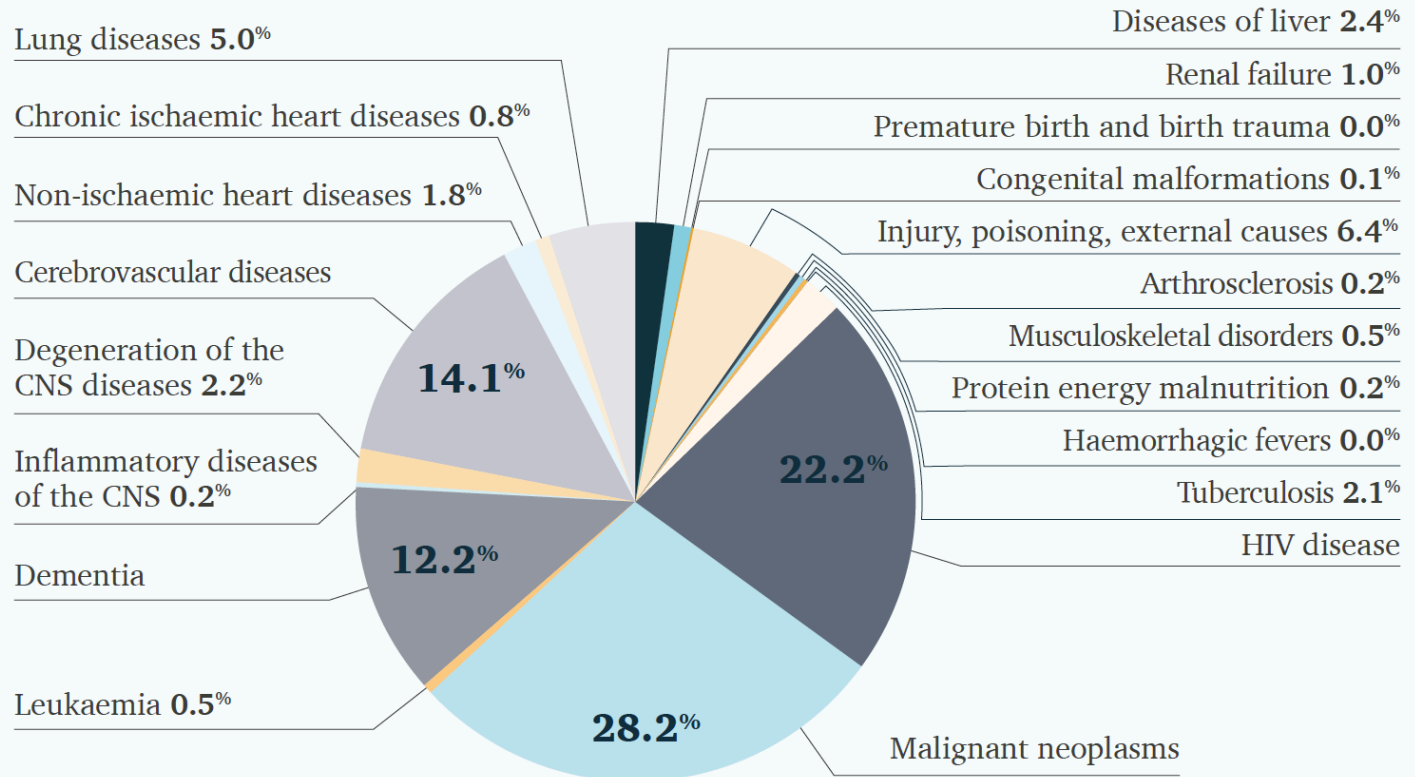
Worldwide need for palliative care for children (0-19) by income group (183 countries; 2017)



N = 3,957,030 children

20 Adult Disease Conditions

Figure 5
Worldwide need for
palliative care for
adults by disease
groups (20+ years
2017)

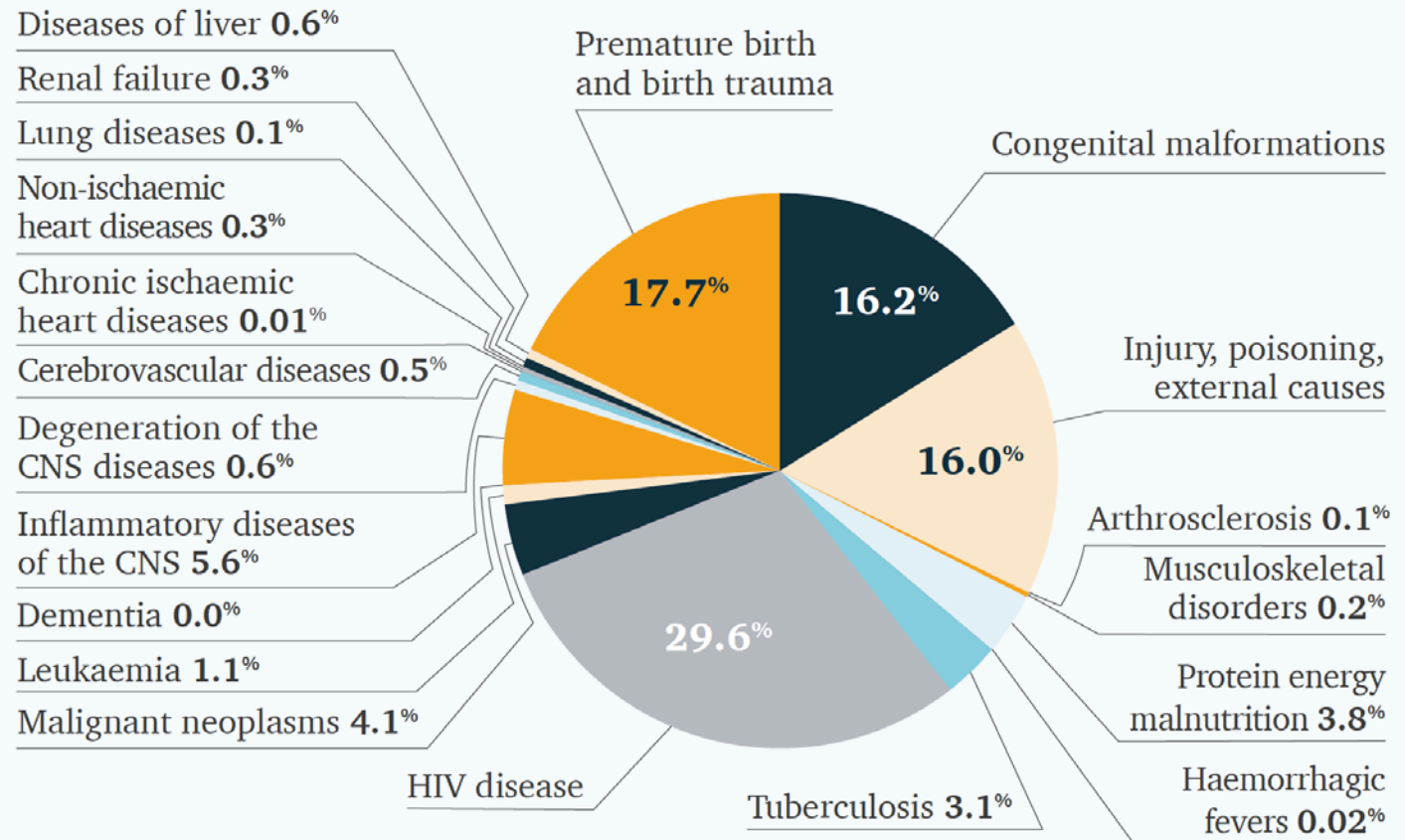


N = 52,883,093 adults

20 Childhood Disease Conditions

Figure 18
Worldwide need for
palliative care for
children by disease
groups (0-19 years;
2017)

N = 3,957,030 children



New WHO Public Health Model for PC Development



Assessing the development of palliative care worldwide: a set of actionable indicators



Public Health Model

EMPOWER PEOPLE & COMMUNITIES



- Compassionate community development (World Day theme for 2023)
- Involvement of people with lived experience of PC in all aspects of PC
- Use of volunteers
- Community sensitization
- Involvement of family carers in PC

Public Health Model

HEALTH POLICIES



- Policy
 - Needs Assessment & Standards (>34)
 - Program Operating Standards
 - Health Service Recognition
 - Specialization
 - National Strategy
 - Funding

Public Health Model

RESEARCH



- National PC Indicators (14)
- Impact on health system
- Cost-effectiveness / Poverty ↓
- Structure – Process – Outcomes of care
- PROMs - RCTs
- Qualitative research
- Consumer evaluation of care
- Quality of care - Compare

Public Health Model

EDUCATION & TRAINING



- Curricula
 - Professional Schools (medical, nursing, mental health)
 - Post-Graduate
 - Residents
 - Specialization & Sub
 - Continuing Education
- Clinical Guidelines
- National Training Center(s)
- Primary, Secondary, Tertiary
- Community Engagement/awareness

Public Health Model

USE OF ESSENTIAL* PC MEDICINES



- Medicine Availability
 - Opioids
 - Oral forms (MS short + long)
 - Other Essential Medications
 - Anti-emetics
 - Anti-seizure
 - Anti-depressants
 - Co-analgesics
 - Steroids
 - Other
- Drug Control & Prescriptive Authority

*WHO Model List of Essential Medicines

Public Health Model

PROVISION OF INTEGRATED PALLIATIVE CARE



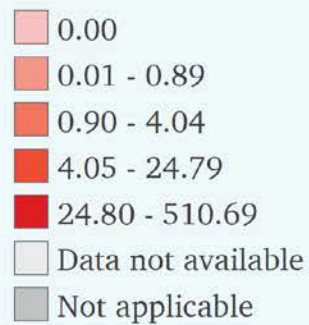
- Implementation
 - Scale up of care provision
 - **Home based care**
 - Inpatient & outpatient care
 - Consultative services
 - Primary care integration

What are the main barriers?

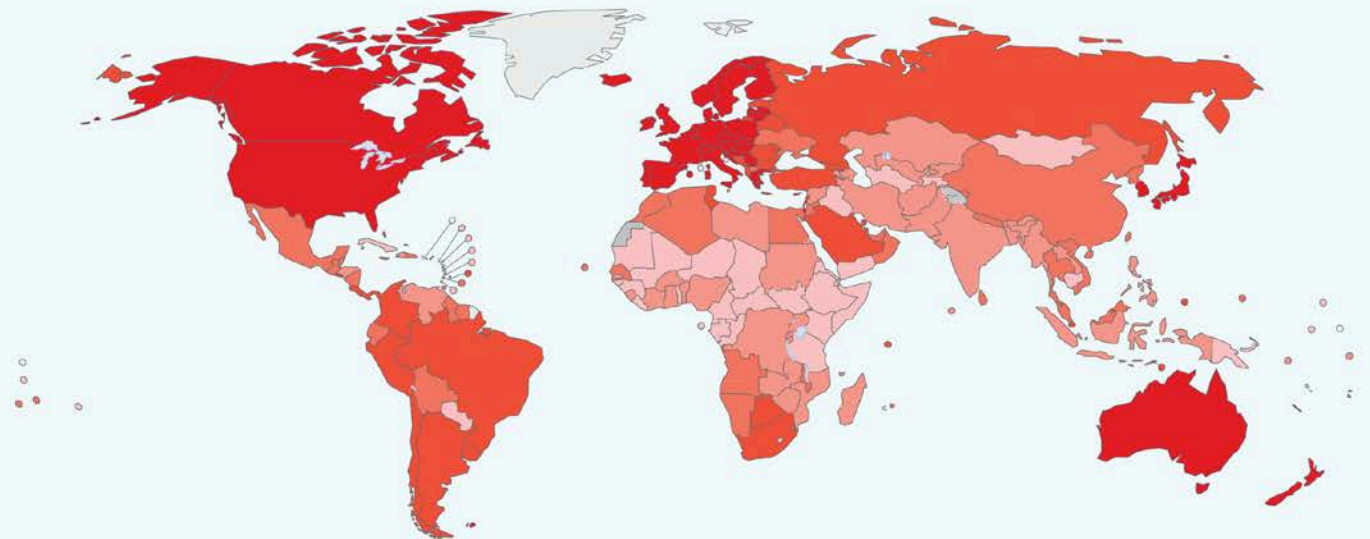
Lack	Lack of access to essential medicines
Lack	Lack of professional education & training in palliative care; lack of public awareness
Lack	Lack of health policies facilitating palliative care development
Lack	Lack of programs to deliver integrated palliative health services
Lack	Lack of research and evidence for PC benefit
Need	Need for more empowered people and communities

Global Average Consumption All Opioids 33.25 mg Per Capita

Morphine equivalent
total opioid use
worldwide (minus
methadone) 2017



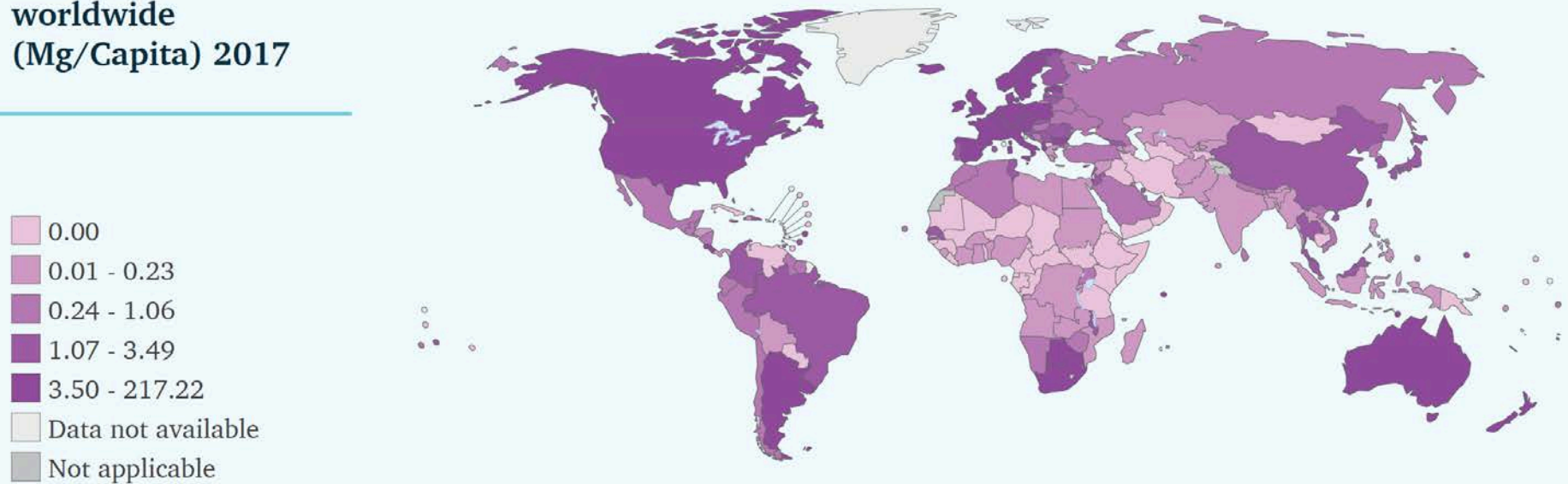
Total Opioid consumption (minus Methadone) per capita
Consumption in mg/person



Over 80% of population lacks adequate access to opioids for pain control
(INCB & WHO)

Global Consumption of Morphine Only 5mg Per Capita

Figure 28
Morphine use
worldwide
(Mg/Capita) 2017



Total Morphine consumption per capita
Consumption in mg/person

Left behind in pain

Extent and causes of global variations in access to morphine for medical use
and actions to improve safe access



**World Health
Organization**

How well &
where is
palliative
care
developed
in each
country?

Six Levels of PC Development

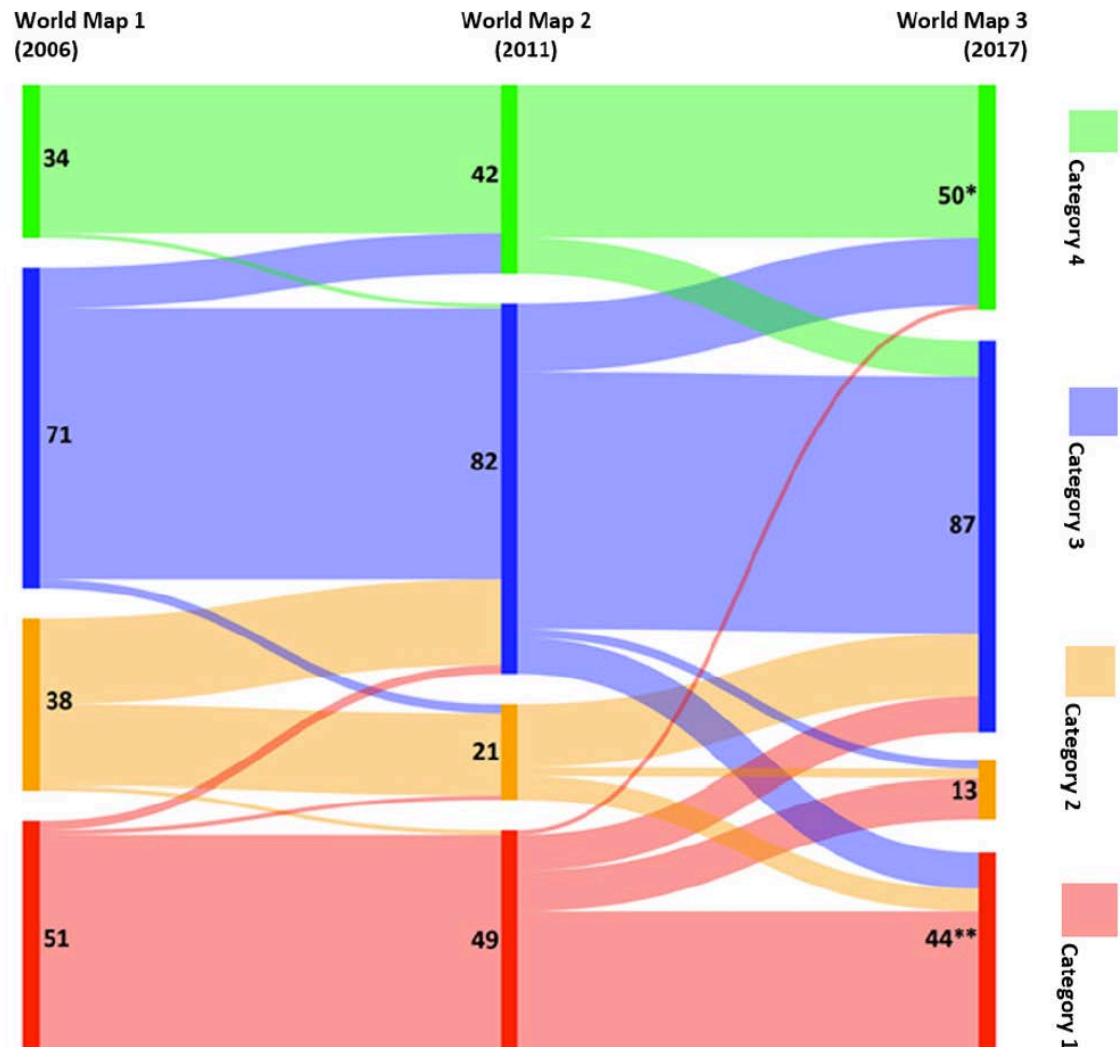
- One – No known PC Activity
- Two – Capacity-Building PC Activity
- Three A – Isolated Provision of PC
- Three B – Generalized PC Provision
- Four A – PC at Preliminary Stage of Integration
- Four B – PC at Advanced State of Integration

Clark D, Baur N, Clelland D, Garralda E, Lopez-Fidalgo J, Connor S, & Centeno C. (2020). Mapping Levels of Palliative Care Development in 198 countries: The Situation in 2017. *J Pain Symptom Mgmt*, 59(4):794-807.

Has palliative care development improved over time?

Changes in PC Development from 2006 to 2017

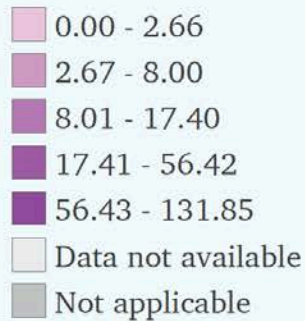
- 32 fewer countries with no PC
- 16 more countries beginning to provide PC
- 17 more countries integrating PC into mainstream health care



7 million receiving PC – only 12% of need for PC met - from 25,000 PC services (2017)

Figure 40

**Services/providers to
base population (per
1M population) 2017**



Rates of number of services delivering Palliative Care
Number of services (per '000'000 pop.)

Up from 16,000 services caring for 3 million patients in 2011
(Connor et al, 2021)



SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD



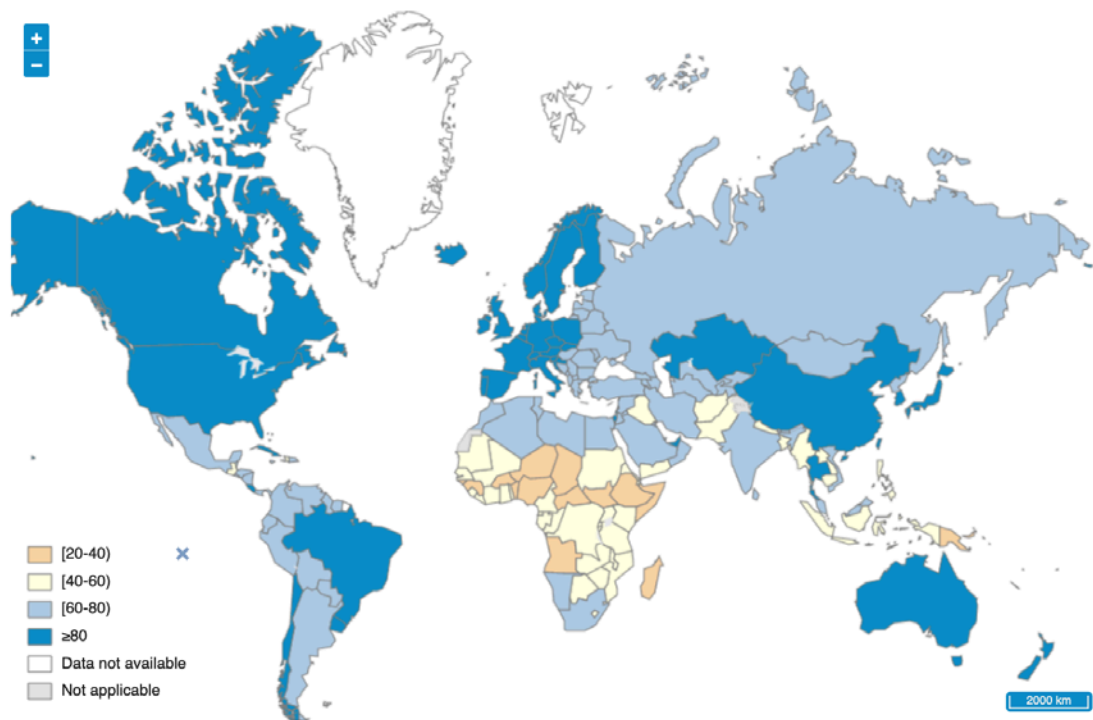
Palliative Care helps achieve Goals 1, 3, 4, 5, 8, & 10

UHC Service Coverage Index (SDG 3.8.1)

FILTERS

Year

Latest



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World Health Organization

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Global Health Policy Progress

- Advocacy for Palliative Care has resulted in inclusion of palliative care in key UN policy documents:
 - 1990's WHO Definition of Palliative Care (PC)
 - 2013 Inclusion of PC in the UN Universal Health Coverage Continuum
 - 2014 World Health Assembly Resolution on Palliative Care
 - 2016 UN Gen Ass Spec Session World Drug Problem
 - 2017 World Health Assembly Resolution on Cancer
 - 2017 World Health Assembly Resolution on Dementia
 - 2018 Astana Declaration on Primary Care
 - (2023 HLMs UHC, TB, PPPR)

Achieving Universal Access to PC

- More compassionate communities (World Day theme)
- PC in all country UHC packages
- Increased PC education for all health professionals
- Shifting existing resources from acute to community care
- Increased capacity to deliver home based care, leading to reduction in unnecessary hospitalizations
- Available, accessible, and affordable PC medicines
- More research – high grade evidence
- More services – integrated into existing systems
- Palliative care is the model for the health care system of the future





Thank you!

For questions about this presentation contact me at
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