International Conference on Palliative Care
“Emerging Palliative Care Developments in the World”

11-13 November, 2013
Best Western Congress Hotel, Yerevan, Armenia

CONFERENCE BRIEF

The Open Society Foundations–Armenia (OSFA) in cooperation with the East East Partnership Beyond Borders program of the Open Society Foundations is organizing an International Conference on Palliative Care to highlight needs in palliative care.

The Conference aims to provide support to policy makers, decision makers and professionals in the field in developing effective educational programs, as well as legal and funding mechanisms for integrating palliative care services at the national level. The initiative will promote creation of a platform for exchange of experience among local and international partners, as well as enhance the network of supporters for promoting palliative care.

Global Challenges in Palliative Care

Over fifty-four million people die each year worldwide. According to the World Health Organization (WHO), almost 40 percent of these people would benefit from palliative care. The majority – four fifths – of these deaths are in developing countries. In 2012, WHO estimated that 5.5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain. Despite repeated reminders by the Commission on Narcotic Drugs to States of their obligations, 83 per cent of the world population has either no or inadequate access to treatment for moderate to severe pain. Tens of millions of people, including around 5.5

Palliative care is central to improving value because the palliative care patient population is driving most of the spending. These are people with multiple chronic conditions, cognitive impairment, functional impairment, or perhaps with one really serious illness.

“Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” (WHO definition)

It utilizes an interdisciplinary approach to patient care, relying on input from physicians, pharmacists’ nurses, chaplains, social workers, psychologists and other allied health professionals in formulating a plan of care to relieve suffering in all areas of a patient’s life.
million terminal cancer patients and 1 million end-stage HIV/AIDS patients, suffer from moderate to severe pain each year without treatment.

Care for the dying is not new, and different cultures have different approaches to helping people at the end of their lives. There are existing models of palliative care approaches in developing countries. Some of these were initially developed to respond to the needs of people with cancer and have expanded to include people with HIV, and others which have developed palliative care processes as part of their response to the HIV epidemic. Both face their own particular challenges and there are lessons to be learned from each – both for each other and for meeting the challenges of increasing the scale of access to such treatment.

Social progress, development of democracy and humanist ideas, recognition of the exceptionality of human life, on the one hand, and the development of medicine and biology and new technologies have made the issues of bioethics, human rights and patient’s rights more topical. In particular, human rights and patient’s rights have been recognized as fundamental values, as well as human dignity, democracy, equality before law, and solidarity. These provisions have been stipulated in major international documents, e.g., the Universal declaration on human rights, the European social charter, the Human rights convention, etc., and in the constitutions adopted legislatively by many countries including the Republic of Armenia. Man shall be entitled not only to live in dignity but also to die in dignity.

“In a statement issued jointly with the Special Rapporteur on the right to health, the Special Rapporteur on the question of torture reaffirmed that the failure to ensure access to controlled medicines for the relief of pain and suffering threatens fundamental rights to health and to protection against cruel, inhuman and degrading treatment. Governments must guarantee essential medicines – which include, among others, opioid analgesics – as part of their minimum core obligations under the right to health, and take measures to protect people under their jurisdiction from inhuman and degrading treatment.”

The UN Special Rapporteur calls upon all States:

“Ensure full access to palliative care and overcome current regulatory, educational and attitudinal obstacles that restrict availability to essential palliative care medications, especially oral morphine. States should devise and implement policies that promote widespread understanding about the therapeutic usefulness of controlled substances and their rational use.” (UN Doc. A/HRC/22/53)
Initiating Palliative Care in Armenia:

National Progress
In 2009 at the request of the Pain Control and Palliative Care Association and in cooperation with the RA Ministry of Health, OSIFA and the International Palliative Care Initiative commenced an overall assessment of need for palliative care that was used as a basis for development of a national plan for implementation of palliative care. The assessment showed that out of total annual mortality cases in Armenia (27,000 – 28,000 deaths) 60-70% will need palliative care. It also estimated that 3,200-3,600 patients in Armenia daily are of need for palliative care. Due to needs assessment conducted in 2009 the total need for palliative care has been estimated at up to 3,000 patients per day and approximately 18,000 patients per year. Up to 24 palliative home care teams are needed just for Yerevan and there is an estimated need for 150 inpatient beds for stabilization and treatment of severe symptoms throughout the Republic.

Palliative care provision has begun in Armenia in 2010 with support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and RA Ministry of Health. Since then the country succeeded in adoption of a Concept on Palliative care and revision of the Law on Narcotic Drugs that will loosen restrictive mechanisms to allow patients’ access to strong opioids. The country developed a national strategic plan for palliative care and included oral morphine in the list of medicines to be centrally purchased. The OSFA’s role was crucial in providing international and local expertise in shaping policies, revising restrictive laws and developing capacity of health professionals in the field.

Conclusion
In spite of the efforts made there is still no source of funding and no recognition of palliative care as a specialty or sub-specialty. Health care resources are quite limited in Armenia, particularly since independence was gained from the Soviet Union. Most patients have to pay something for their care even when it is fully covered. Essential medications for palliative care are very difficult to obtain in the country and achieving pain control outside the hospital setting is nearly impossible due to restrictions in how pharmacy rules and regulations are practiced. The most pressing problem is the lack of oral opioids for pain relief. Morphine is available in injectable ampoule form only.
Call for Action

A funding mechanism needs to be established to encourage the expansion of palliative care. Reductions in cost for hospitalization could be used to grow interdisciplinary palliative home care and palliative care should be included in the basic benefits package. An economic impact analysis is needed.

Oral opioids need to be made available and limitations on prescribing need to be removed. National standards and guidelines for the provision of palliative care in Armenia have been drafted and need to be approved.

Palliative care educational programs and training centers need to be established in collaboration with the National Center for Pain Control and Palliative Care, using agreed upon curricula.

A program of public education about the importance of palliative care needs to be developed and implemented.

Gradual scale up of home based care teams and inpatient units should be undertaken to meet the need identified in the strategic plan for palliative care.

Modifications to the National Anti-drug Program need to be developed to prevent anti-drug programs from interfering with the appropriate medical and scientific use of narcotics.

A system for monitoring and evaluation of palliative care should be developed and implemented from the inception of palliative care delivery.

For further information please contact:
Open Society Foundations-Armenia
Anahit Papikyan - panaida@osi.am; Tel: +37410 53 38 62