



Global Palliative Care Development and the Former Soviet Republics

Dr. Stephen R Connor
Executive Director - WHPCA

Disclosure

No conflicts of interest



Content

- Global Situation for Palliative Care Development
- Palliative care development in the former Soviet Republics
- Evidence for the impact of PC on the cost of care
- Challenges and Vision for the Future of PC integrated into health care systems





Partnership for Palliative Care in Russian Federation & Commonwealth of Independent States



- American Eurasian Cancer Alliance – Dr. Sophia Michaelson
- Worldwide Hospice Palliative Care Alliance – Dr. Stephen Connor
- Harvard University – Prof. Eric Krakauer
- Johns Hopkins University – Prof. Tom Smith
- Paced – Dr. Robert Twycross
- St. Christopher's Hospice – Dr. Heather Richardson
- Hospice Care Professionals Association - Dr. Deana Nevzorova
- I.M. Sechenov First Moscow State Medical University - Prof. Petr Glybochko
- University of Indiana – Prof. Jim Cleary

The need - a global perspective



- >1 million deaths/week
- >60 million need
 - 25.6M at EOL
- Families (at least 2-4 each)
- <10% of need for PC met, 14% @ EOL
- at least 18 million die in pain

The need - a global perspective



- 67% 60+ / 8.6% children
- 80% LMIC
- 93.5% NCD
- ~75% of countries no or limited delivery of PC
- only 8% of countries good integration
- 92% of morphine used by 17% of world population

Global Need for Palliative Care

Global Atlas of Palliative Care at the End of Life



Global Atlas of Palliative Care at the End of Life



January 2014

Lancet Commission Report on Palliative Care & Pain Relief

The Lancet Commissions

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

Peter M. Kocourek, Paul F. Hamer*, Eric L. Kravitz†, Vikas DeLima, Ajay Bhadwal, Xiaochao Jiang, Karim, Héctor Almeida-Osorio, Octavio Gómez-Dantés, Natalia M. Rodríguez, George A. D. Nalysne, Stephen R. Connor, David J. Hunter, Dieter K. Lehman, Lukas Rätzl, Marialuz Rosillo Sáenz Macías, Bhar Anand, Massimo M. Fofani, Julia Frank, Dean T. Jensen†, M. R. Rajasekhar, on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group.



Global Need for Palliative Care

Global Atlas

- 20.4 million at EOL
- 40 million total need
 - 2.34M children
- 18 major Dz groups
- Pain as surrogate for PC

<http://www.who.int/cancer/publications/palliative-care-atlas/en/>

Lancet Commission Report

- 25.6 million at EOL
- 61.1 million total need
 - 5.3M children
- 20 major Dz group
 - Inclusion of Injury
- Suffering as surrogate
 - 15 types

www.thelancet.com/commissions/palliative-care

Need for PC in Russia and former Soviet Republics (Lancet)

Russian Republic

Decedents (1,870,000)

- 827,000

Non-Decedents

- 1,262,000

Total

2,089,000



Need for PC in Russia and former Soviet Republics (Lancet)

	Decedents	Non-Decedents	Totals
• Armenia	14,000	14,000	28,000
• Azerbaijan	27,000	26,000	53,000
• Belarus	47,000	65,000	112,000
• Georgia	22,000	22,000	44,000
• Kazakhstan	73,000	61,000	134,000
• Kyrgyzstan	15,000	11,000	26,000

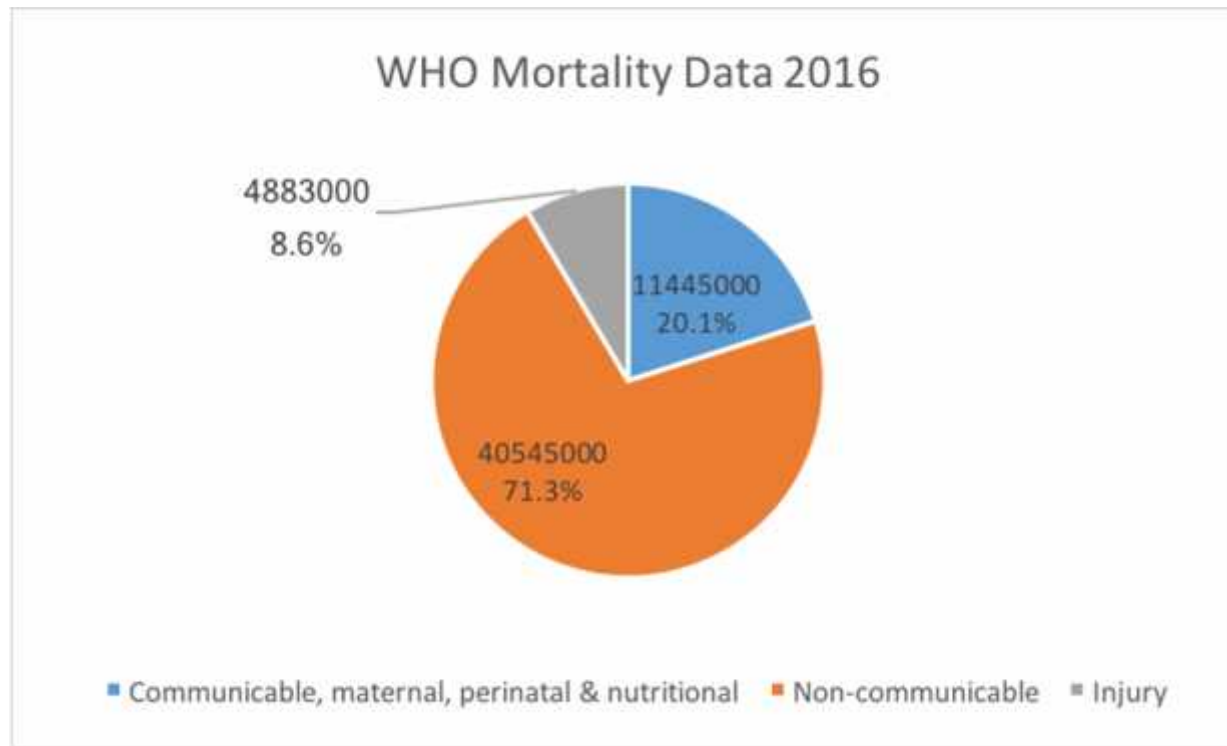


Need for PC in Russia and CIS Countries (Lancet)

	Decedents	Non-Decedents	Totals
• Moldova	18,000	13,000	31,000
• Tajikistan	18,000	24,000	42,000
• Turkmenistan	16,000	11,000	27,000
• Ukraine	226,000	327,000	553,000
• Uzbekistan	73,000	61,000	134,000
• TOTALS	549,000	635,000	1,184,000



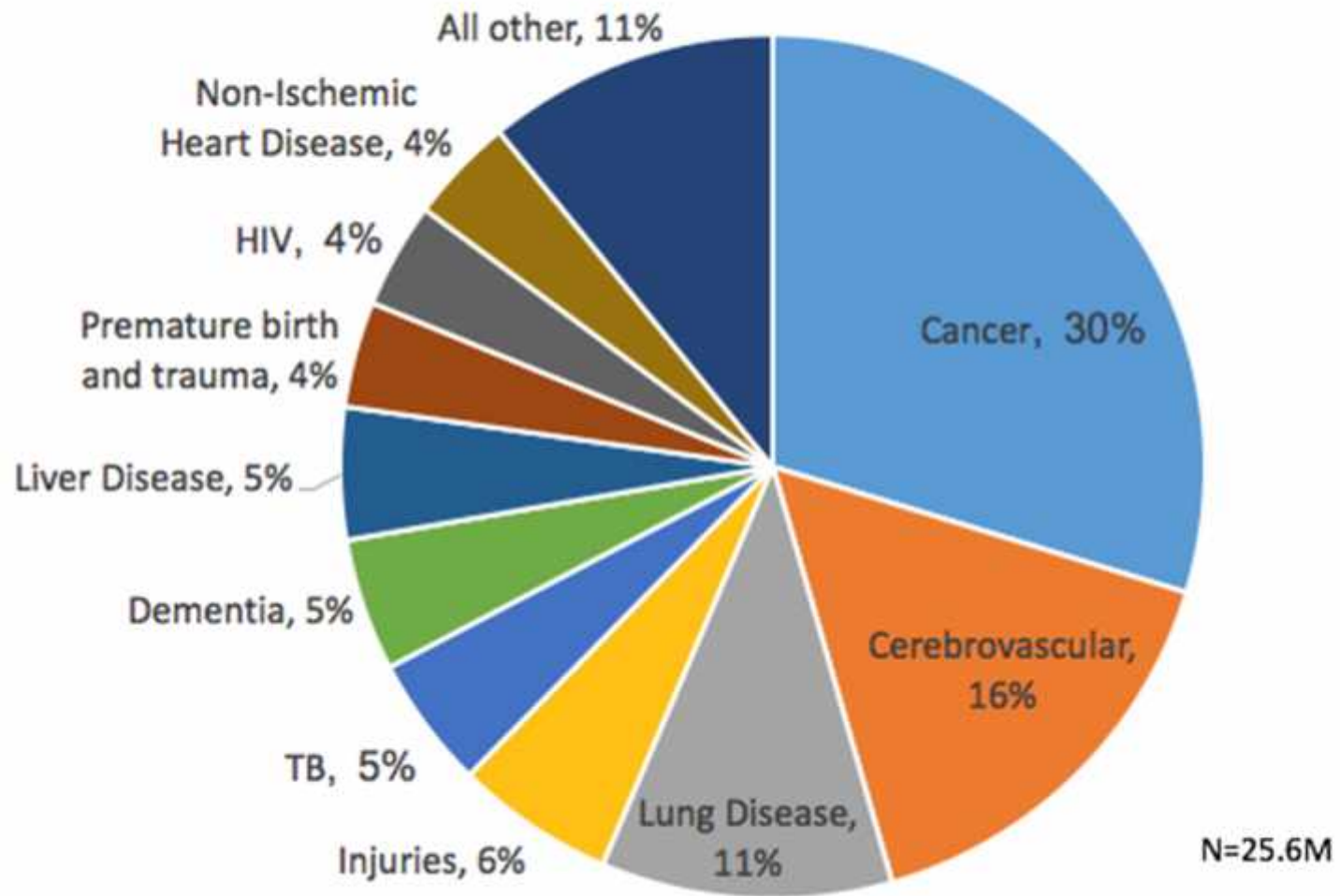
Distribution of major causes of death worldwide (2016*)



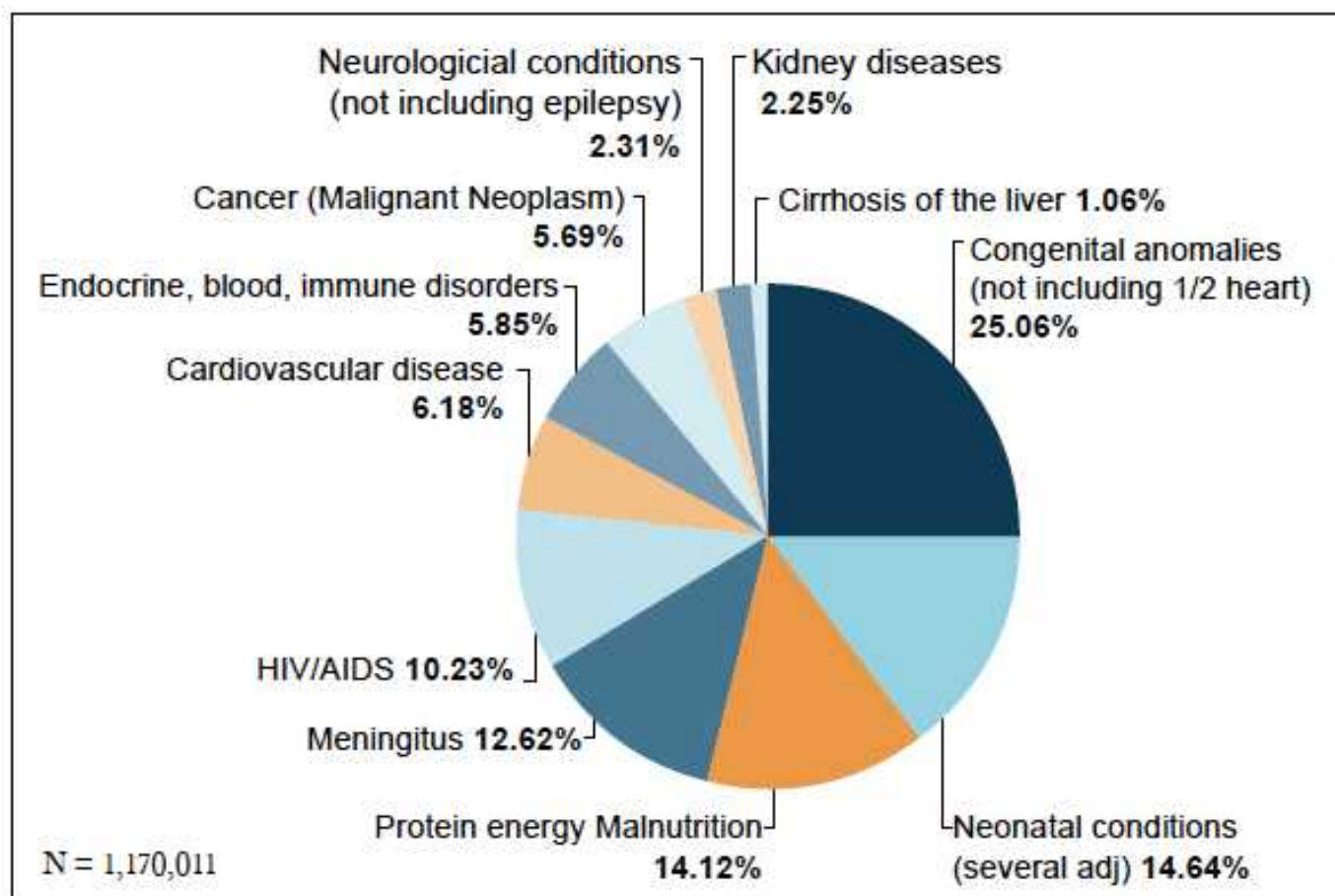
N = 56,874,000

*WHO Global Health Estimates Deaths by Age, Sex, & Cause

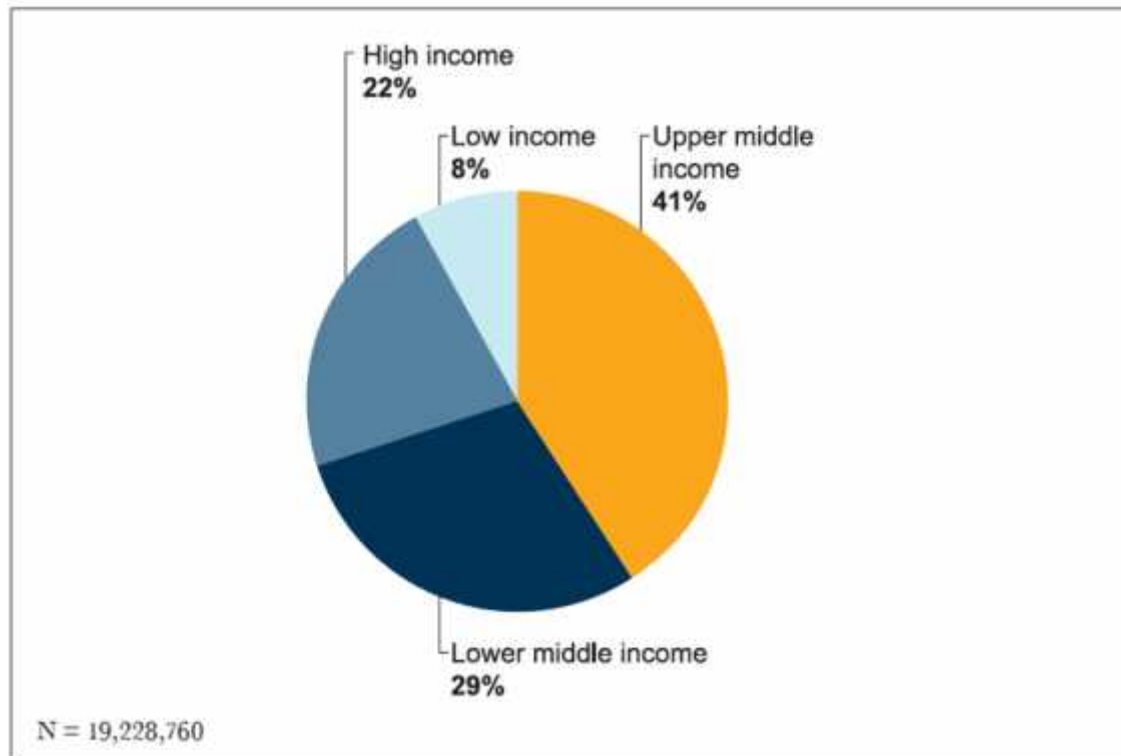
Decedent Need for Palliative Care by Diagnosis Lancet Commission Report - 2017



Distribution of children in need of palliative care at the end of life by disease groups



80% of the need for palliative care is in LMIC's

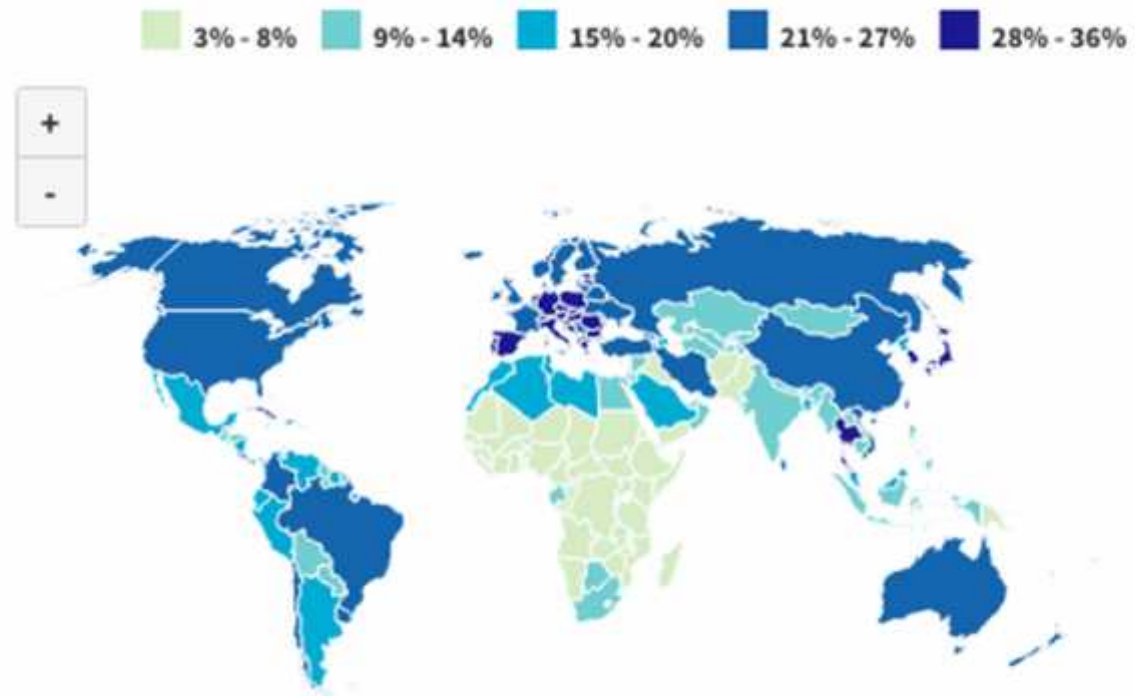


But 80% of current PC delivered in the 20 most integrated countries

Aging

- The Elderly Sub-Population
 - Young old 65-74
 - Old 75-84
 - Old Old 85+
- For the first time in history, people aged 65 and over outnumber children under the age of 5.
- By 2050, the U.N. estimates that the proportion of the world's population age 65 and over will more than double, from 7.6% today to 16.2%

PERCENT OF POPULATION AGES 65 AND OLDER, (2050)



- Russia 22%
- Armenia 23%
- Azerbaijan 17%
- Belarus 24%
- Georgia 23%
- Kazakhstan 13%
- Kyrgyzstan 11%
- Moldova 24%
- Tajikistan 9%
- Turkmenistan 11%
- Ukraine 25%
- Uzbekistan 13%

Population Reference Bureau 2018

Need for PC 2060

- By 2060 serious health related suffering (SHRS) will nearly double*
 - From 25.5M to 48 million deaths
 - 155% increase in SHRS in low income countries
 - 183% increase age 70 & older
 - 109% increase in cancer deaths
 - 264% increase in dementia

*Sleeman KE, et al. The escalating global burden of serious health-related suffering: projections to 2060... The Lancet 2019

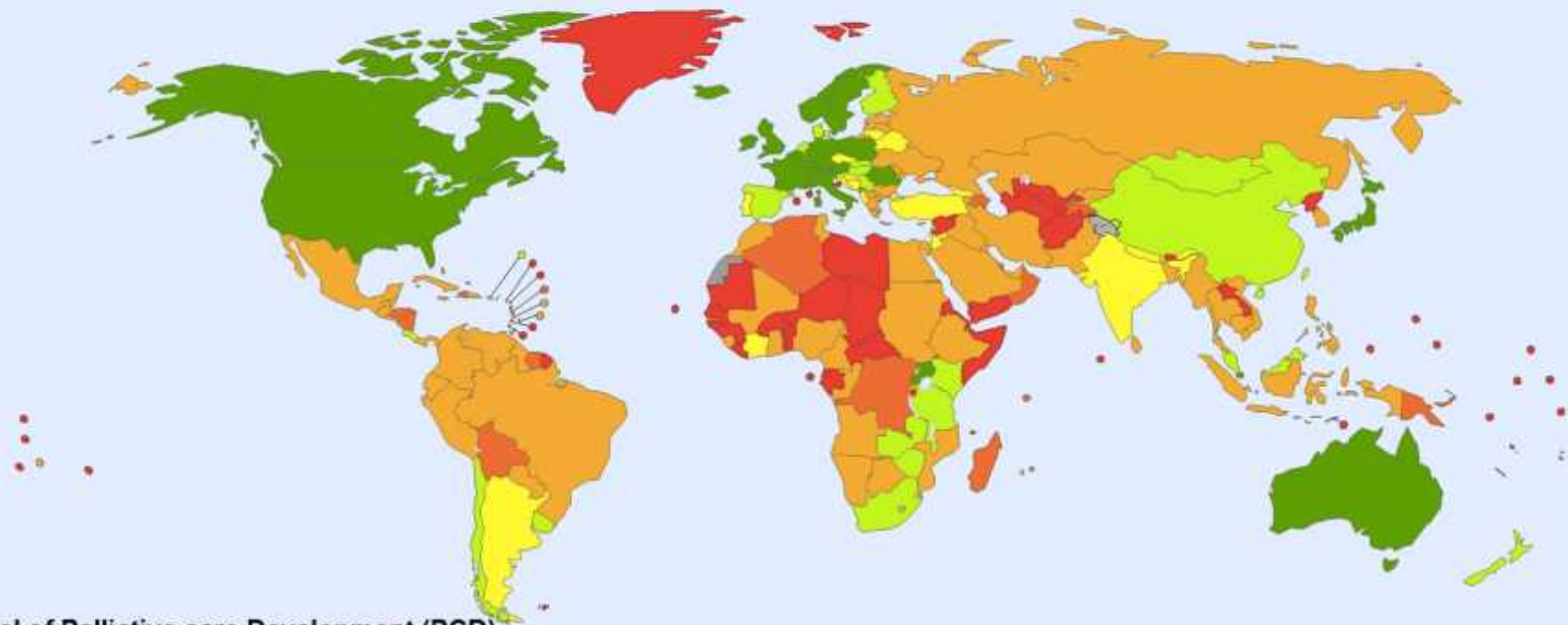


Global Development of Palliative Care (2012)

- +16,000 services
- +3 million patients
- 6-12 million family
- ~14% of EOL need met
 - >10% of total need



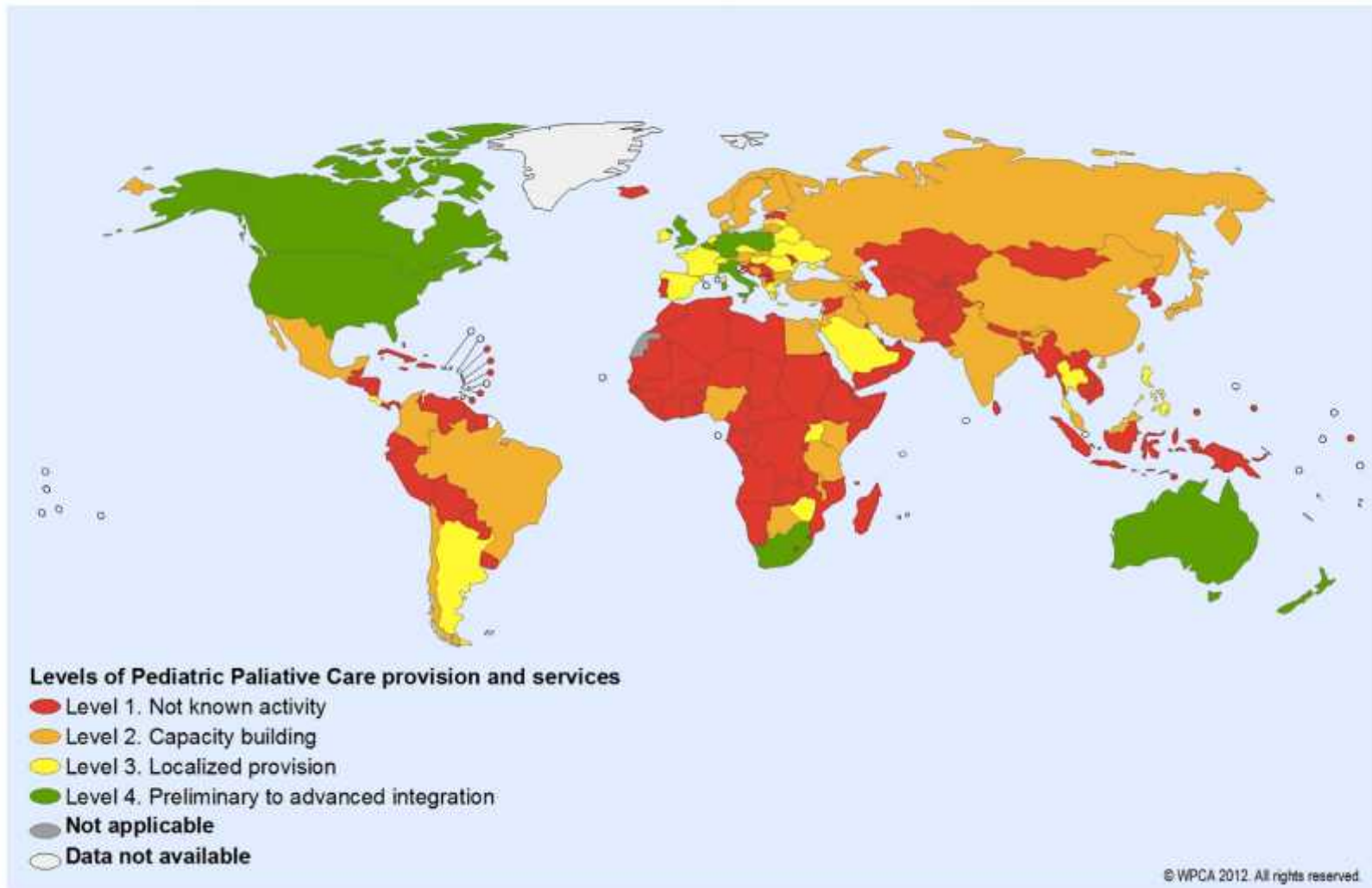
PC All Levels of Development



Level of Palliative care Development (PCD)

- Level 1: not known activity
- Level 2: capacity building
- Level 3a: isolated provision
- Level 3b: generalized provision
- Level 4a: preliminary integration
- Level 4b: advanced integration
- Not applicable

Children's PC All Levels of Development



•

•

•

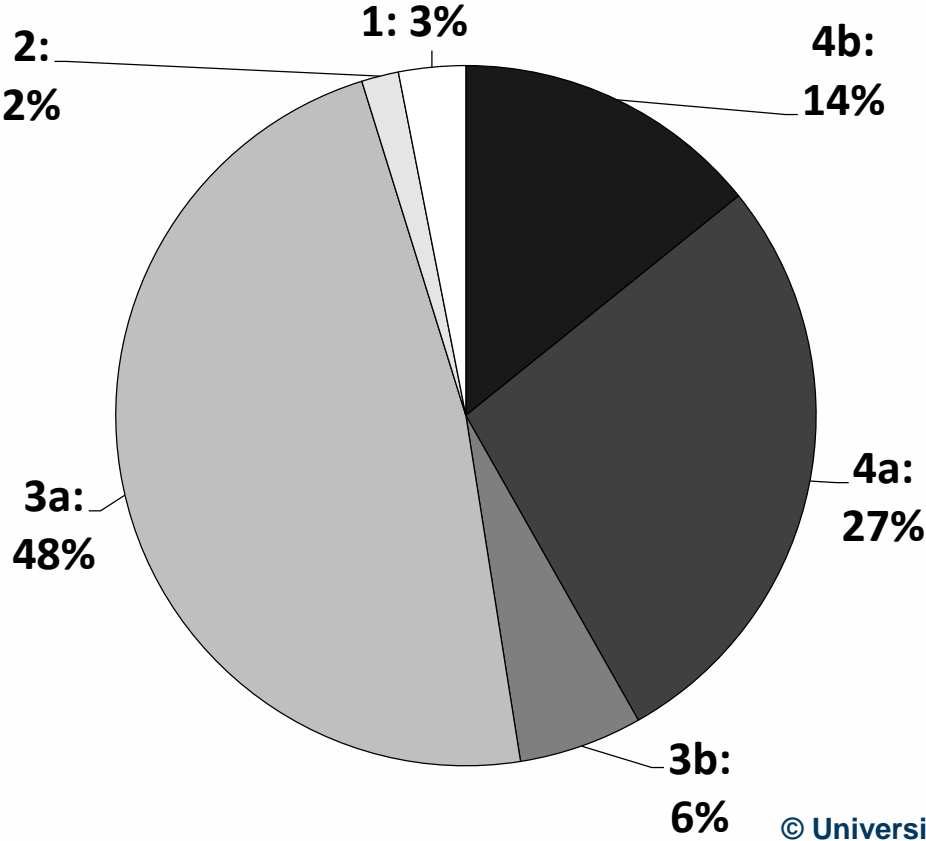


Indicators of Palliative Care Development

WHO Dimension	Indicator
Services (Q15)	Provision of services (per 100,000 people)
Services (Q17)	Geographical spread of services
Funding (Q18)	Range of available funding sources for palliative care
Strategy or National Plan (Q19 a/e/f/g/k)	Existence of national strategy or plan for palliative care
Law (Q19 b/c/d)	Existence of legal provision to support palliative care
Medicine (Q21/22)	Availability of morphine and other strong opioids
Medicine	Country consumption of morphine per capita (2015)
Education (Q23)	Training programmes for professionals in palliative care
Education (Q24/25)	Education for pre-qualification doctors / nurses
Vitality (Q19 h/i/j/l/m/n/o)	Existence of meetings, associations, journals, conferences, guidelines, collaborations in palliative care



Global population by level of palliative care development, 2017



Mapping Levels of Palliative Care Development Globally (2012)

- Six Levels of Development

1. No interest or development	32%
2. Interest but no service provision	9.8%
3a. Isolated provision of services	31.6%
3b. Generalized Provision	7.3%
4a. Preliminary Integration	10.7%
4b. Advanced Integration	8.6%

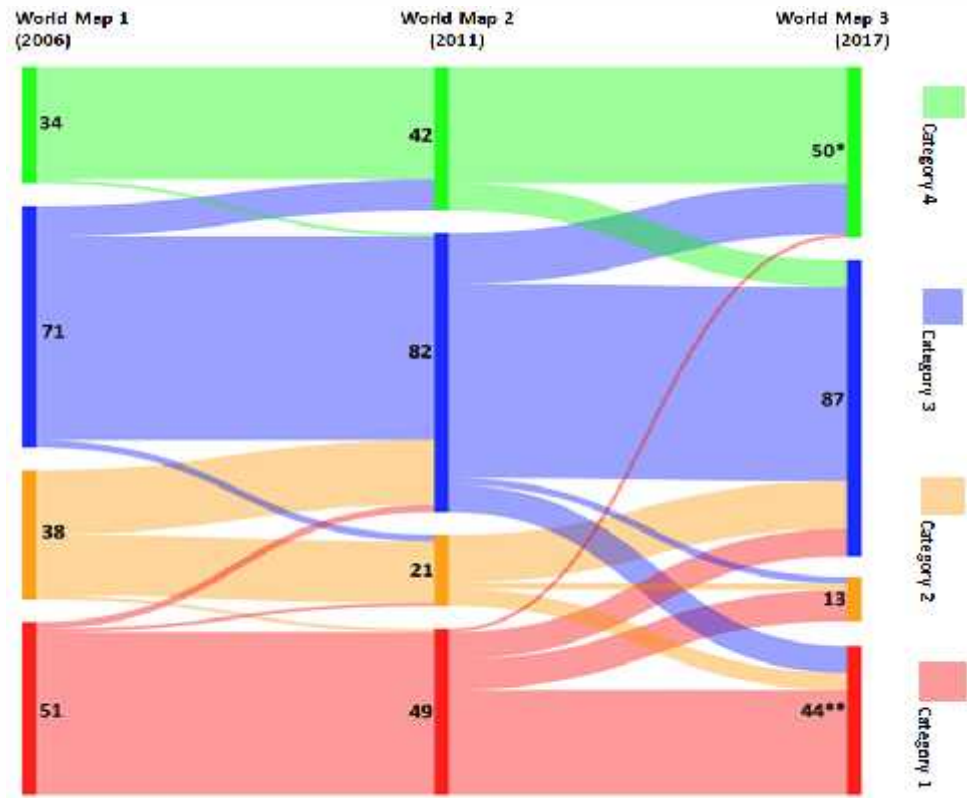


Country Level of Palliative Care Development by UN Universal Health Care Index Quartile

	Category 1		Category 2		Category 3a		Category 3b		Category 4a		Category 4b		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.
Q5 (High)	2	(6)	0	(0)	2	(6)	7	(19)	4	(11)	21	(58)	36
Q4	2	(6)	2	(6)	12	(34)	7	(20)	9	(26)	3	(9)	35
Q3	10	(26)	1	(3)	17	(44)	4	(10)	5	(13)	2	(5)	39
Q2	11	(31)	4	(11)	14	(40)	4	(11)	1	(3)	1	(3)	35
Q1 (Low)	10	(26)	6	(16)	19	(50)	-	-	2	(5)	1	(3)	38
No UHCI	12	(80)	-	-	1	(7)	-	-	-	-	2	(13)	15
All	47	(24)	13	(7)	65	(33)	22	(11)	21	(11)	30	(15)	198



Movement of Countries Between Levels of Palliative Care Development (4-part typology)



Note: * 1 additional country in Category 4 was not included in WM1 or 2
 ** 3 additional countries in Category 1 were not included in WM1 or 2

Levels of PC Development in Former Soviet Republics

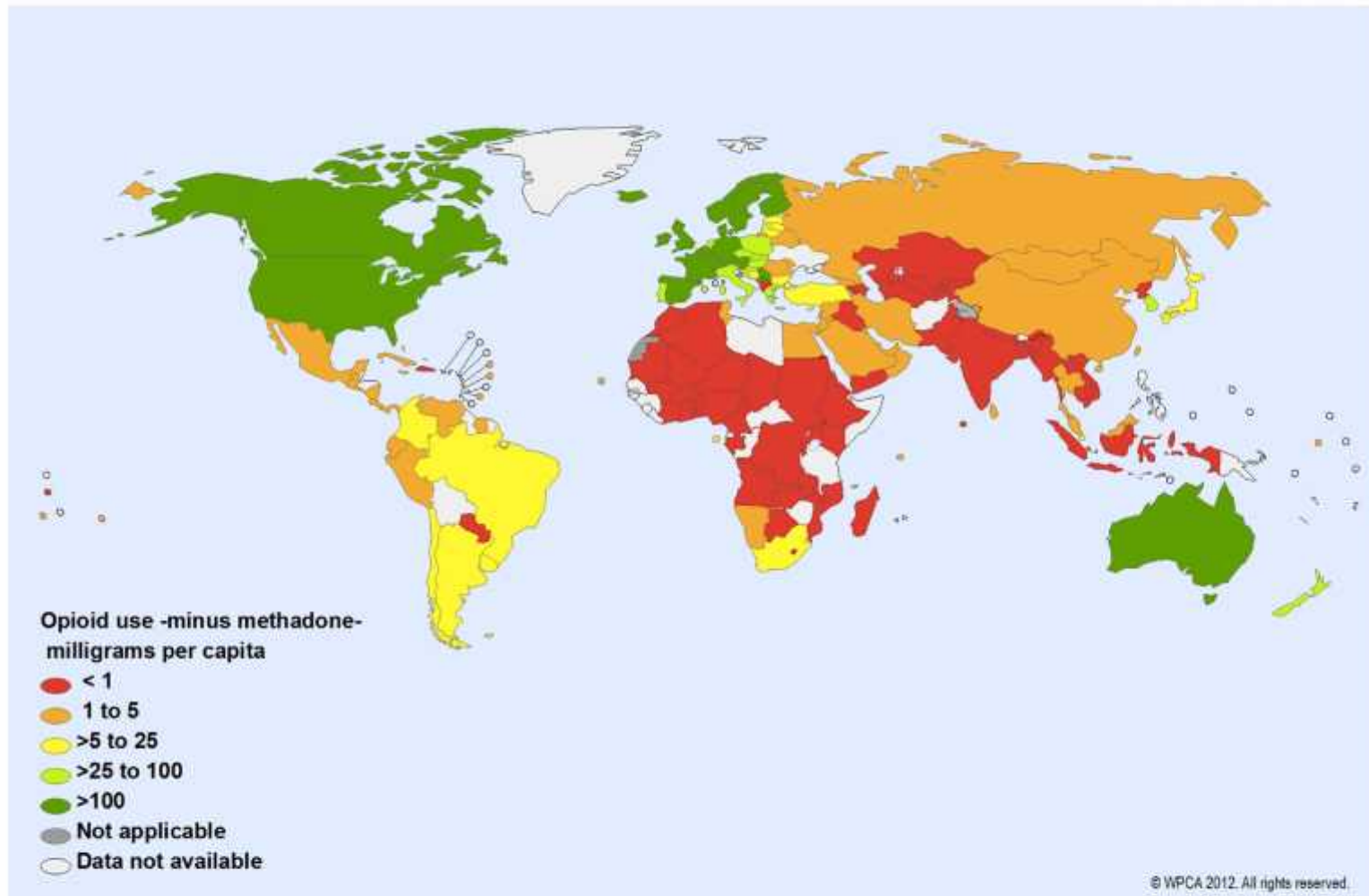
- Armenia 3A
- Azerbaijan 2
- Belarus 3B
- **Georgia 3B**
- Kazakhstan 3A
- Kyrgyzstan 3A

Levels of PC Development in Former Soviet Republics

- Moldova 3A
- Tajikistan 3A
- Turkmenistan 1
- Ukraine 3A
- Uzbekistan 1

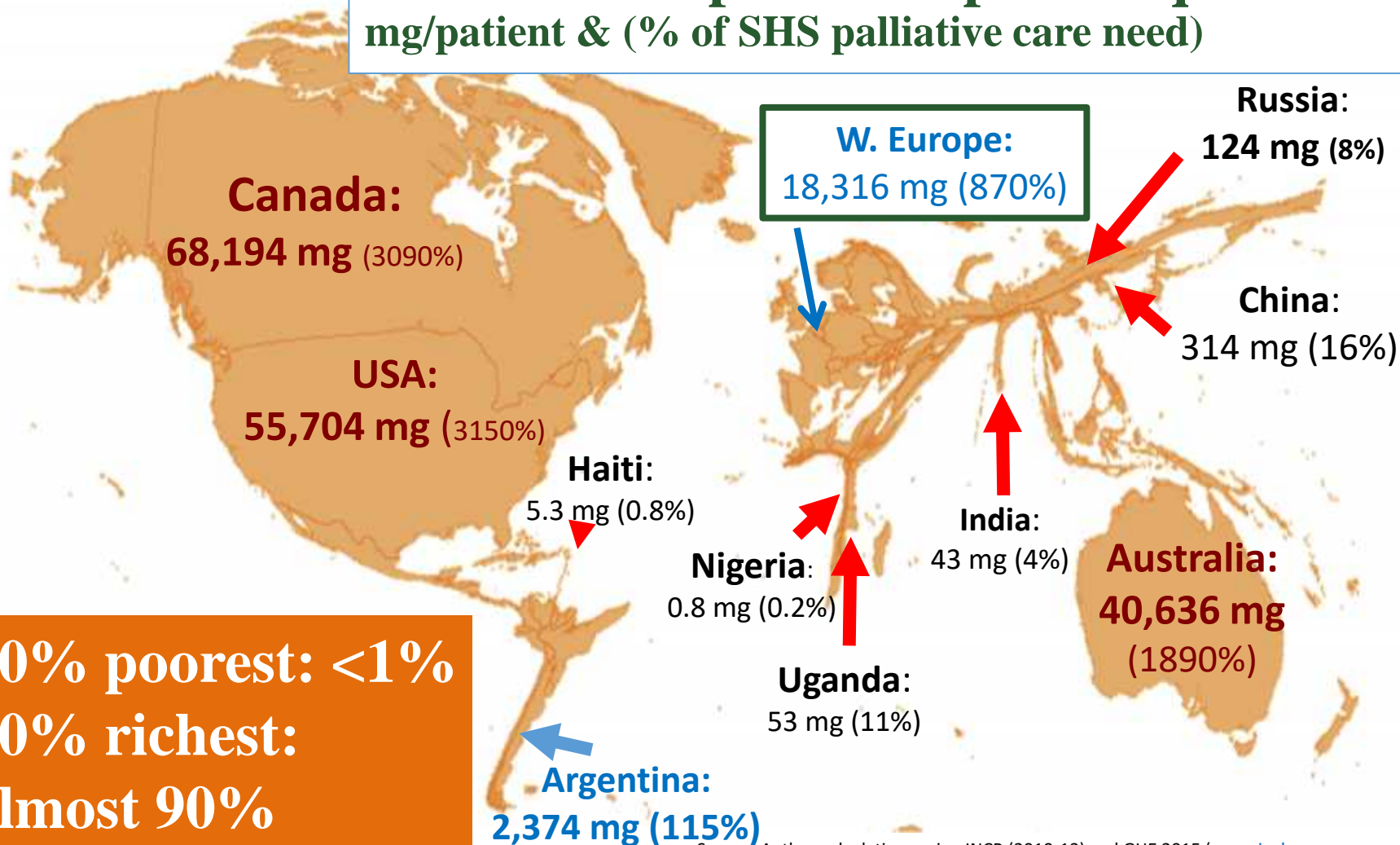


Opioid Use Worldwide



Inequity of access: distributed opioid morphine-equivalent (DOME)

Distributed opioid morphine-equivalent mg/patient & (% of SHS palliative care need)

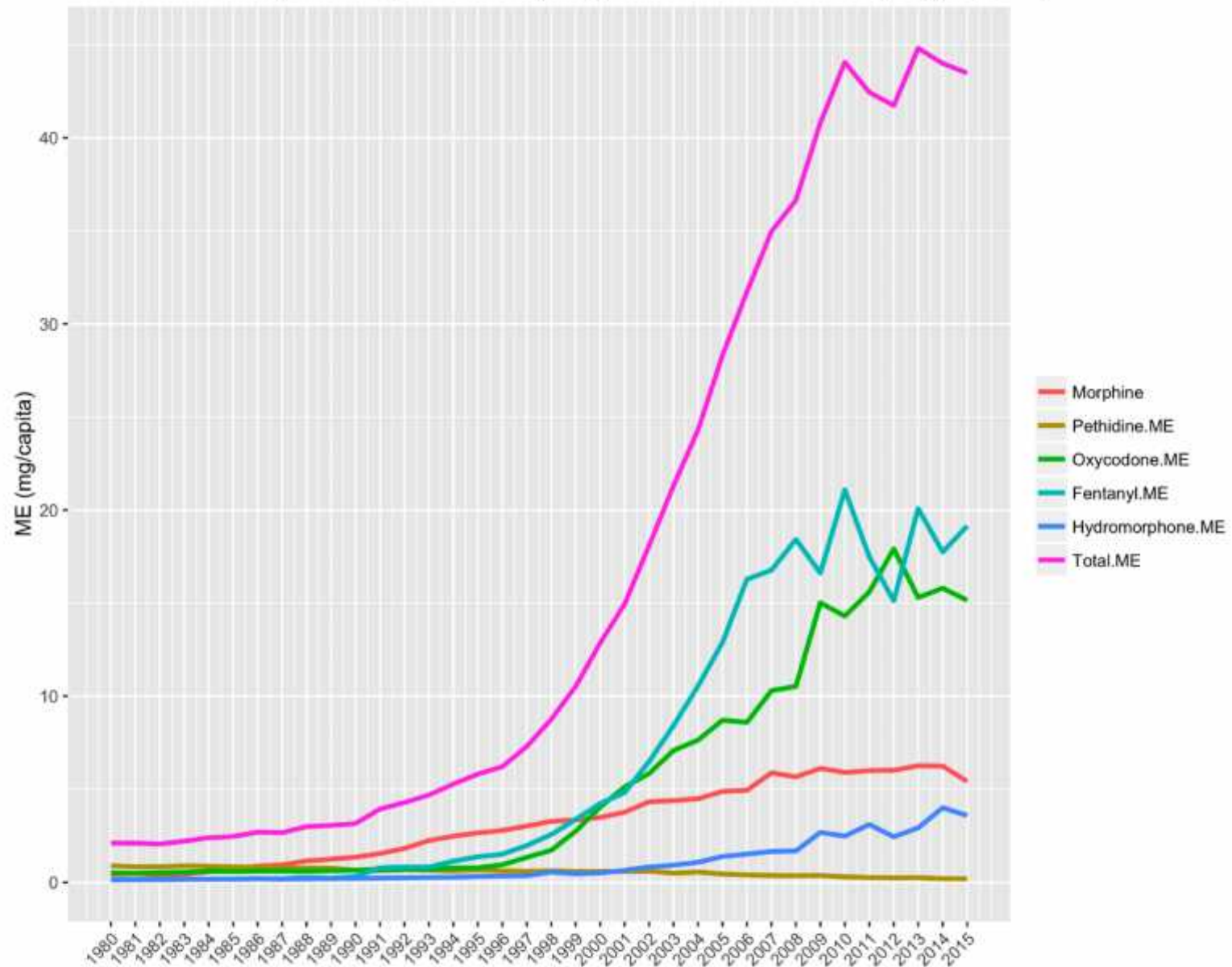


- 50% poorest: <1%
- 10% richest: almost 90%

Source: Author calculations using INCB (2010-13) and GHE 2015 (www.incb.org, http://www.who.int/healthinfo/global_burden_disease/en/) . See Data Appendix for methods.

Global Opioid Consumption

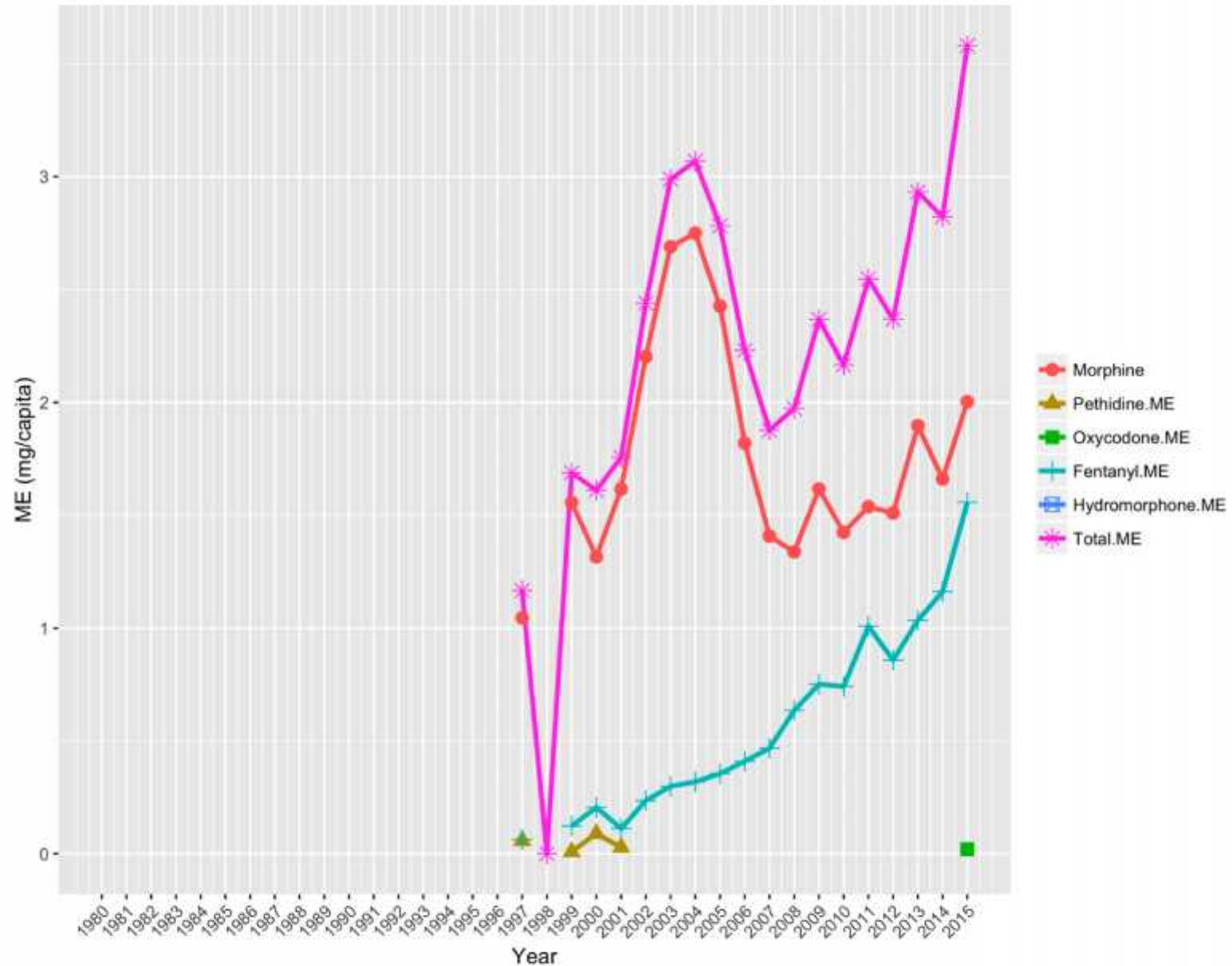
Morphine Equivalence (ME) minus Methadone, (mg/capita)



Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015

Georgia

Opioid Consumption in Morphine Equivalence (ME) minus Methadone, mg per person



Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015

Evidence review for the impact of palliative care on the cost and quality of health care

- Basic premise of cost effectiveness:
 - Palliative care reduces unnecessary hospitalization, diagnostic testing, and treatments
 - Consultations reduce cost and length of hospitalizations, reduced ER and re-hospitalization
 - Increased cost of home care more than offset by reduction in unnecessary care and futile treatments



Evidence review for the impact of palliative care on the cost of health care

- Overall level of evidence: moderate
- Recent review articles supporting cost effectiveness
 - May et al 2018 Meta Analysis
 - Increasing palliative care capacity to meet national guidelines may reduce costs for hospitalized adults with serious and complex illnesses.
 - Smith et al 2013
 - Palliative care is most frequently found to be less costly relative to comparator groups, and in most cases, the difference in cost is statistically significant.



Evidence review for the impact of palliative care on the cost of health care

- Methodological Issues
 - Ethical & appropriate use of RCT's
- Lack of studies from LMIC's
 - Des Rosiers et al 2013
 - A Hospital-Based Palliative Care Service for Patients With Advanced Organ Failure in Sub-Saharan Africa Reduces Admissions and Increases Home Death Rates
- Studies in process
 - Cochrane Pain, Palliative and Supportive Care Group



Challenges and Vision for the Future of Palliative Care

- Challenges

- The world has two opioid crises
- 75% of countries have severely limited access to opioids
- 42% of countries have no PC services
- Over 60 million need PC but less than 10% receive it
- 80% of this need is in resource limited settings
- Children are less likely to receive PC services than adults
- Slow progress in educating and retaining workers
- Lack of public awareness of hospice & PC



Challenges and Vision for the Future of Palliative Care

How do we get to a more integrated model of palliative care?

- Increasing the capacity of primary care providers to integrate palliative care (PC) into practice
 - Increased PC education for all health professionals
 - Shifting existing resources from acute to primary palliative care – advanced illness management
 - Increased capacity to deliver home based care
 - Available, accessible, and affordable medicines



Challenges and Vision for the Future of Palliative Care

How do we get to a more integrated model of palliative care?

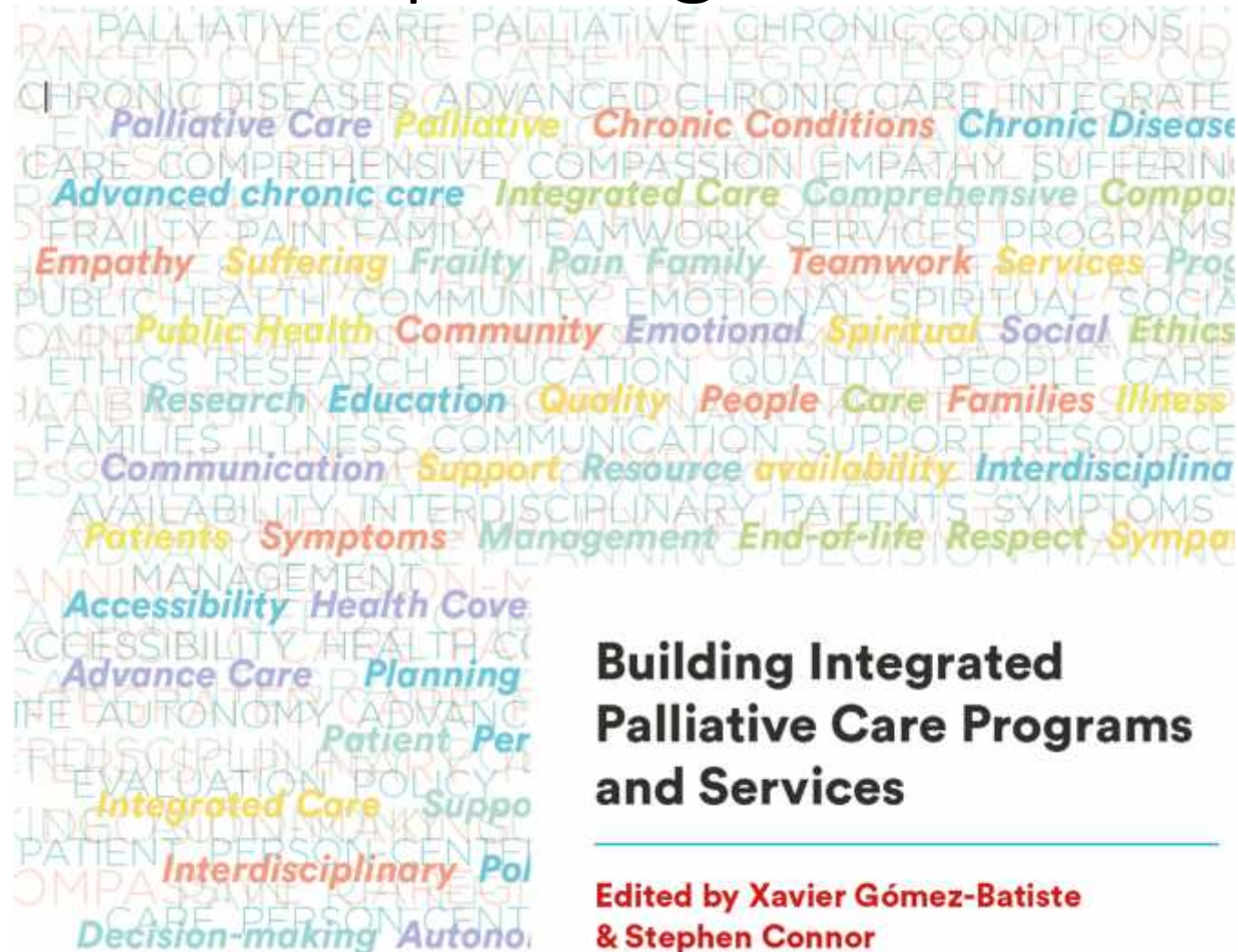
- Integration of specialized PC into existing health care delivery structures & primary care, not stand alone
- Better continuity of care between levels of care
- More community involvement/ownership and volunteerism
- Palliative care as a model for the health care system of the future





Free to Download

www.thewhpca.org/resources





Thank you!

**For questions about this presentation contact me at
sconnor@thewhpca.org**