

## Webinar #15 Summary – Ten Years since the Resolution: How are we doing for Palliative Care in Humanitarian Settings and where are we going?



The 15th webinar, hosted by PallCHASE on October 23-24, 2024, coincided with the global celebration of World Hospice and Palliative Care Day. The focus was on the ten-year anniversary of the Resolution, assessing how well palliative care is being integrated into humanitarian settings and considering future directions. The webinar attracted over 50 participants from more than 15 countries.

The webinar opened by honoring the legacy of Dr. Robert Twycross, a pioneer in palliative care, who had a profound impact on pain management and palliative pharmacology, mentoring future leaders and shaping global practices.

### Dr. Roberta Ortiz

Dr. Roberta Ortiz, representing the World Health Organization (WHO), provided a comprehensive overview of global efforts to integrate palliative care into humanitarian responses. She emphasized WHO's strategic initiatives following the ten-year resolution aimed at expanding access to palliative care. Key points from her session included:

- The ongoing collaboration between WHO and various countries to address palliative care needs in humanitarian settings, particularly in the context of rising non-communicable diseases (NCDs) amid crises.
- The impact of humanitarian crises like natural disasters and conflicts on health systems, stressing the ethical responsibility to provide compassionate care.
- WHO's production of key guidance documents, including an operational manual for non-communicable diseases in emergencies, offering practical tools for policymakers.
- Specific examples of regional efforts, such as collaboration with the Pan American Health Organization (PAHO) in Latin America to address palliative care in regions like the Darién Gap, involving multi-stakeholder approaches for vulnerable populations.

Dr. Ortiz's session underscored the importance of normative guidelines, country-level support, and leadership in ensuring that palliative care becomes a core element of emergency responses globally.

### Smriti Rana

Smriti Rana, from Pallium India, shared an in-depth view of the challenges and successes in delivering palliative care in India, particularly in low-resource and rural settings. Her session focused on:

- The **current landscape of palliative care in India** highlights that nearly half of the country's non-governmental palliative care centers are in Kerala. She discussed the

unique strengths of the "Kerala model" while pointing out the challenges of translating it effectively to other regions.

- Pallium India's **multi-pronged approach**, encompassing demonstration, education, and facilitation:
  - Demonstrating proof-of-concept models through clinical services, including home care and telehealth.
  - Educating healthcare professionals and volunteers through in-person and virtual training, tailored to local needs.
  - Facilitating advocacy, technical support, and partnerships with state governments to integrate palliative care into healthcare systems.
- The critical issue of **opioid access for pain relief**, where Smriti shared a personal story highlighting the persisting difficulties even after policy changes in India. She underscored the bureaucratic barriers that remain despite amendments to the Narcotics and Psychotropic Substances Act.
- Her reflections on the balance between the availability and accessibility of palliative care services, emphasizing the need for patient-centered and culturally sensitive models.

Smriti's presentation conveyed the need for localized approaches, capacity-building, and advocacy, not only for access to essential medicines but also for empowering communities to lead the change.

## Panel Highlights

The panel discussion, featuring **Katherine Pettus**, **Rick Bauer**, and other key figures, provided a comprehensive look at the integration of palliative care in humanitarian settings.

Key takeaways included:

- **Katherine Pettus** emphasized the holistic nature of palliative care, advocating for a model that includes spiritual, psychological, and physical needs. She discussed the importance of the legal and normative framework, referencing international guidance documents, resolutions, and policy documents supporting palliative care inclusion in humanitarian contexts. Katherine noted the challenges and progress over the past decade, including ongoing advocacy for integrating palliative care into primary care and higher levels of the health system. Her focus was on **education and training**, stressing that without preparation, effective response is nearly impossible, particularly regarding access to essential medicines like opioids in emergencies.

Katherine also highlighted the unique circumstances during the COVID-19 pandemic, which spurred unprecedented collaboration between international bodies, resulting in statements advocating for controlled medicines during emergencies. Her emphasis was on training health and regulatory workforces to manage opioid distribution safely and effectively, avoiding potential public health issues.

- **Rick Bauer** and other panelists echoed the importance of community-level training and integration. The need for strong multi-sectoral collaboration was a recurring theme, with

particular focus on equipping local health workers with the skills to provide care in humanitarian settings.

- The panel also highlighted the **essential nature of palliative care in emergency triage**, especially for individuals unlikely to survive, ensuring their dignity and alleviating suffering. The WHO's guidelines on humanitarian triage, emphasizing care for patients in critical conditions, were discussed, showcasing the need for palliative care as a core component of emergency healthcare.
- There was an emphasis on **multi-sectorial collaboration** as a strategy to integrate palliative care effectively. Practical examples included WHO's work in conflict zones like Ukraine and their efforts to coordinate between local health systems and international partners. Dr. Roberta Ortiz highlighted successful initiatives, such as the provision of insulin for diabetic patients during crises and facilitating cross-border patient transfers.

The discussion concluded with a shared call to action: to continue strengthening community involvement, build policy support, and promote a culture of advocacy and education that spans local, national, and international levels. The panelists stressed that progress, though sometimes slow, is being made through persistent advocacy, training, and partnerships, setting the stage for palliative care to be recognized and integrated more fully into the global health landscape.