

Current Health Event

Palliative Care

With the increase in life expectancy and the increase in non-communicable diseases worldwide, it is estimated that at least 60% of the 58 million people dying annually will suffer from a prolonged advanced illness and would benefit from palliative care (PC). Since usually two caregivers are involved in a patient's care, if PC services were made accessible, it would improve the quality of life of more than 100 million people annually worldwide (Stjernsward et al., 2007).

Editorial note:

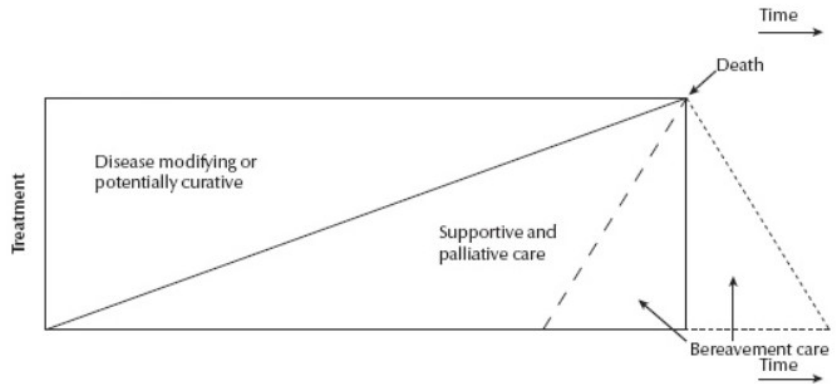
PC is defined by WHO as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness. PC prevents and relieves suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”. Patients should receive PC at the time of diagnosis of a chronic progressive illness, this type of care would gradually increase alongside curative treatment (Figure 1) (Murray et al., 2005).

58 million people die annually; 13 million in developed countries and 45 million in developing countries (World Mortality 2019, UN). Although PC and pain relief are essential elements of universal health coverage, there is a lack of global access to pain relief and palliative care throughout the life cycle. It is estimated that 25,5 million people's suffering could be alleviated annually through PC; instead, more than 6 billion days per year are lived with suffering (Lancet Commission Report on PC and pain relief, 2017).

In the Eastern Mediterranean Region, the average age at death is above 70 and the main causes of death are non-communicable diseases such as cancer and cardiovascular disease. Death usually occurs after a significant period of disability and suffering which PC can alleviate. Unfortunately, PC services in the region are limited and the number of healthcare providers trained in this medical specialty is below the needs of the countries' health systems (Murray et al., 2012).

In Lebanon, like other countries in the region there is a grave need for palliative care.

Figure 1: Appropriate care near the end of life (Murray et al., 2005)



In a KAP study conducted in Lebanon among healthcare providers, more than 90% of the physicians were able to identify the goals of PC. Although the majority believed that patients should be informed of the diagnosis; only 19% percent of physicians did so in their practice. Around 100% of the respondents believed that PC services are needed in Lebanon (Huijter et al., 2007)

The Ministry of Public Health has demonstrated strong political commitment to supporting the advancement of palliative care; a National Committee on Palliative Care, that includes representatives from hospitals, academia, and NGOs, was formed in 2011 and a national strategy for the development of palliative care was hence launched.

WHO Country Office plays an active role, as a member of the national committee; In close collaboration with the MOPH, WHO supported two specialized NGOs; Balsam and Sanad, in piloting models of PC. Based on these pilots, WHO supported an exercise for costing of PC services. This led to the Ministry of Public Health announcing on the 26th of March 2019 its decision to expand its service coverage to palliative care services inside and outside hospitals through a ministerial decree.

In the last decade, palliative care in Lebanon, has made some important strides but there is more to be done. There is a need for interventions at different levels; policy level advocacy activities, training of healthcare providers, financing scheme for the reimbursement of services, and adding modules to medical and nursing school curricula (Daher et al., 2008).

In line with Target 3.8 of Sustainable Development Goal 3, WHO calls for affordable, accessible and sustainable palliative care services under Universal Health Coverage. WHO Lebanon Country Office will continue to work closely with the MOPH and with specialized local nongovernmental organizations in order to support the enhancement of quality hospital- and home-based PC services in Lebanon.

Notifiable Diseases in Lebanon [Cumulative n° of cases among all residents] as of 15 January 2020				
Disease	2018	2019	Nov	Dec
<b>Vaccine Preventable Diseases</b>				
Polio	0	0	0	0
AFP	88	87	7	13
Measles	952	1070	11	12
Mumps	121	124	14	5
Pertussis	64	78	5	5
Rabies	3	0	0	0
Rubella	11	26	0	0
Tetanus	2	0	0	0
Viral Hep. B	253	278	18	7
<b>Other Notifiable Diseases</b>				
Brucellosis	242	224	9	6
Cholera	0	0	0	0
Hydatid cyst	8	30	1	2
Typhoid fever	237	257	20	16
Viral Hep. A	899	426	19	12
<b>Other Notifiable Diseases</b>				
Meningitis	420	448	16	13
Viral Hep. C	103	78	7	3