Advocacy Factsheet for Palliative Care and Universal Health Coverage

Palliative care is a fundamental human right and an integral component of Universal Health Coverage (UHC). UHC is essential to achieving the Sustainable Development Goals (SDGs), particularly SDG 3 relating to health.

The High-Level Meeting on UHC and the Political Declaration

In September 2019, participants at the UN High-Level Meeting on UHC unanimously approved the political declaration on UHC. The right to have the highest standard of physical and mental health is highlighted in the first paragraph of the political declaration. It is specified that UHC should include a broad range of health services, including prevention, promotion rehabilitation and palliative care, not only treatment of diseases. The political declaration urges action to tackle non-communicable diseases and mental health disorders. The importance of achievement of UHC to achieve the SDGs 2030 is emphasized. Finding resources to finance health services, to avoid catastrophic expenditures and the high share of out-of-pocket expenses, with a special emphasis on the vulnerable and the marginalised is highlighted. The declaration urges governments to find solutions to the lack of health workforce and its uneven distribution. The need to promote gender equality is stressed.

Universal Health Coverage

UHC means that everyone, irrespective of their age, sex, gender, financial situation, or living standards, can access the health services they need, without experiencing financial hardship. Health services should cover the entire life span of individuals, be of high quality and be affordable. A core set of essential interventions can be implemented according to the national context and priorities, but coverage should be expanded over time as more resources become available.

Primary healthcare is the core of UHC because it covers all the aspects of care, from prevention and health promotion to treatment, rehabilitation and palliative care, and is more likely to be within geographical reach than secondary / tertiary care. Primary care workers can serve as the focal point of the multidisciplinary team necessary to ensure holistic care and can provide comprehensive care including palliative care in those settings where access to specialist care is limited.

ACKNOWLEDGEMENT
This fact sheet evolved from – and in some cases quotes directly - materials developed by the International Federation of Psoriasis Associations (IFPA). IFPA granted WHPCA permission to make this adaptation with a focus on palliative care. WHPCA is sincerely grateful to IFPA for their generosity.

Palliative care – a human right

Palliative care is an approach that aims to improve the quality of life of patients (adults and children) and their families / carers who are experiencing serious health-related suffering associated with life-limiting disease. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. Palliative care is not just about end-of-life care but covers the whole trajectory of illness including when potentially curative treatment is being undertaken.

The International Covenant on Economic, Social and Cultural Rights "recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health". This includes "the creation of conditions which would assure to all medical service and medical attention in the event of sickness". Access to health services such as hospice and palliative care, including access to opioids and other essential medications, must be available to all. Currently, 88% of those in need of palliative care do not receive it. 78% of those people in need of palliative care live in low- and middle-income countries.

Palliative care development

In 2014 the World Health Assembly passed a resolution calling for the expansion of palliative care throughout the continuum of healthcare systems. Palliative care development should be guided by the conceptual model developed by the World Health Organisation (the 'house model') and assessed using the set of WHO actionable indicators. The house model is designed to 'assist policy-makers and programme managers consider how to strengthen and integrate palliative care throughout their health system, including social and long-term care'.



info@thewhpca.org www.thewhpca.org

Company Limited by Guarantee, Registered in England and Wales No 6735120, Registered Charity No 1127569. Registered Office: Hospice House, 34-44 Britannia Street, London, WC1X 9JG, UK.

How can you use UHC to support Palliative Care Advocacy?

Non-communicable diseases

The declaration encourages governments to take action against non-communicable diseases (NCDs). WHO states that 'Palliative care is an essential component of a comprehensive response to NCDs. It is ideal that palliative care is included within NCD action plans in all countries'. Effective management of NCDs is an essential component of UHC and key to the achievement of SDGs 2030.

Financial hardship

Families affected by life-limiting illnesses often experience considerable financial hardship. Income may be reduced and out-of-pocket expenses may be increased. The financial implications of being a person living with palliative care needs, or a person supporting someone with palliative care needs should be addressed, and actions must be taken to avoid people being pushed into poverty.

People with palliative care needs

Meaningful engagement of people living with palliative care needs is critical to the effective integration of palliative care in Universal Health Coverage in practice. People living with palliative care needs must be involved at every stage of advocacy for palliative care in the context of UHC.

Palliative care indicators

Progress in implementing palliative care in keeping with the 'house' model should be measured against the WHO actionable Indicators for assessing the development of palliative care worldwide. This enables robust evaluation of progress.

Access to medicines

Pain is one of the most common and distressing symptoms that people with serious illnesses and those at the end of life face. Pain management is a core component of palliative care. The simplest, least expensive and most effective method to treat pain is the use of oral morphine. Unfortunately, access to opioids may be limited; oral morphine is reported to be generally available in only 32% of countries. Multiple factors contribute to this including fears of addiction, overregulation, lack of training in pain management, and lack of understanding of the use of opioids. Increased access to affordable, safe, effective and quality medicines should be promoted to ensure health for all. Medicines for pain and palliative care – as a minimum those included in the WHO Model List of Essential Medicines (sect. 2) - should be provided by public and private facilities. Access to opioids must increase.

Mental health

Mental health is an important issue for palliative care since 'Mental health conditions contribute to poor health outcomes, premature death, (and) human rights violations' (WHO, 2019) and also because the experience of being diagnosed with or living with, a life-limiting illness can itself negatively impact on mental health. The declaration reaffirms 'the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health'.

Health workforce

Human resources for health are vital to achieve UHC and address the range of people's health needs including promotion, prevention, treatment, rehabilitation and palliation. Many countries lack staff trained in palliative care and/or display an uneven distribution of staff trained in palliative care. The political declaration pushes governments to address these issues by training more healthcare professionals and community workers and creating incentives for them to work in underserved areas. All healthcare professionals, especially those working in primary healthcare, should learn about palliative care as part of their training.

Disabilities

People living with life-limiting illness face multiple barriers in their daily lives. The 2014 declaration acknowledges the existence of 'physical, attitudinal, social, structural and financial barriers' faced by people with disabilities and urges governments to work to remove them. Without this one of the most marginalized groups cannot gain meaningful full access to Universal Health Coverage.

Primary healthcare

Primary healthcare practitioners can be coordinators of the multidisciplinary care team necessary to ensure palliative care needs are met. Moreover, primary healthcare practitioners can provide comprehensive care in those settings where access to hospices and palliative care specialists is limited. To appreciate the numerous benefits that primary healthcare can offer to the management of palliative care, primary healthcare should be strengthened and adequately financed in keeping with the attainment of SDG 3.

'We cannot achieve Universal Health Coverage without palliative care'

Dr Tedros Adhanom Ghebreyesus, Director General, WHO

Sources:
https://www.ohchr.org/en/instruments-mechanisms/instruments/internationa l-covenant-economic-social-and-cultural-rights
https://www.uhc2030.org/un-hlm-2019/a-history-of-universal-health-coverage-in-the-un/
https://www.who.int/news-room/fact-sheets/detail/palliative-care
https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
The Political Declaration https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/311/84/PDF/N1931184.pdf?OpenElement
WHO (2019) *WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health*
WHO (2020) *Palliative Care for Non-Communicable Diseases. A global snapshot*
WHO (2021) *Assessing the development of palliative care worldwide: a set of actionable indicators*
WHPCA (2014) *Universal Health Coverage and Palliative Care: do not leave those suffering behind*
World Health Assembly. *WHA67.19 Strengthening of palliative care as a component of comprehensive care throughout the life course*