Worldwide Palliative Care Alliance (WPCA) position paper on 'Palliative care: a needed and essential service within universal health coverage'

Purpose	Palliative care: a needed and essential service within universal health coverage
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Summary	This discussion document identifies how palliative care is a needed and essential health care service and a core component of universal health coverage. The document highlights WPCA's position on the positioning of palliative care with UHC, the monitoring of UHC and the recommendations for action by policy makers at the national, regional and international level.
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Introduction

The Worldwide Palliative Care Alliance (WPCA) is an international NGO focusing exclusively on hospice and palliative care development worldwide. Its members are national and regional hospice and palliative care organisations and affiliate organisations supporting hospice and palliative care. Our vision is a world with universal access to hospice and palliative care.

The WPCA strongly supports the ethos and principles of universal health coverage and calls on policy makers to ensure that equitable access to, availability and usage of palliative care is included in all plans to progress towards universal health coverage.

Summary of recommendations

The WPCA recommends that policy makers at the national, regional and at the global level should:

1. Recognise palliative care as an essential and needed health care service and that ensuring equitable access to, availability of and usage of quality palliative care services is a fundamental component, and part of the definition, of universal health coverage.

2. Ensure country level action plans to move towards universal health coverage include explicit actions, and allocated budget, to achieve equitable access, availability and usage of quality palliative care services for all those that need them as part of a minimum set of services.

3. Ensure that households with people who require palliative care, particularly during the last years of life, should not have to pay out of pocket financially for palliative care services.

4. Ensure that households with people that require palliative care are not devastated financially because of the usage of unnecessary and futile treatments.

5. Include a tracer indicator on palliative care as a core component of the monitoring framework to track progress on universal health coverage. This recommended tracer palliative care indicator is *'Morphine Equivalent Consumption of strong opioid analgesics per capita'.*

6. Encourage comprehensive indicator sets to be developed at the country level to monitor the availability of holistic palliative care looking at health care policy, service provision, education and medications. The indicator set should look at appropriate disaggregation to ensure equity of access as well as including impact measurements.

7. Support universal health coverage as a core component of the post 2015 development agenda and ensure that palliation is included as a key tracer indicator to ensure healthy, long lives with good quality of care throughout the life course.

Definitions

Palliative care is an approach that improves the quality of life of patients and their families facing the problem 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.[1] In many settings, palliative care also provides a more holistic response also looking at addressing social, economic, legal and human rights support.[1]

Universal Health Coverage is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, which are of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.[2]

Background

Universal health coverage is a concept that has been increasingly recognised and adopted by national governments in the last 50 years. It embodies three inter-related concepts focussing on equity of access to needed health care services for all those that need them, irrespective of their ability to pay; that the quality of health services is good enough to ensure the improvement of health of those receiving the services; and financial risk protection to ensure that the cost of using care does not put people at risk of financial hardship.

In order to achieve universal health coverage, it is not simply possible for financial risk protection measures to be put place, e.g. insurance schemes and the abolition of user fees. In addition, quality health services must be available, equitable and accessible and these need to be funded and utilised.

The concept and approach of palliative care is fully aligned with the principles of UHC bringing together coverage, quality, equity and financial protection.

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[1] World Health Organisation website - http://www.who.int/cancer/palliative/definition/en/
[2] World Health Organisation website - http://www.who.int/health_financing/en/

Palliative care within universal health coverage

Palliative care has been recognised as a needed and essential health service as part of universal health coverage by the World Health Organization. It is recognised as a fundamental component of health care by the World Health Organization for people living with and affected by many non-communicable and communicable diseases and improves quality of life. In addition, there is a strong argument that palliative care, including access to opioid medications, is a basic human right.[3][4]

However, there is still work to be done to review how progress in relation to universal health coverage impacts on the availability, accessibility and usage of palliative care for all people who need it. A significant challenge is looking at how universal health coverage and palliative care are monitored at the national level.

Universal health coverage does not mean that every needed health service will be immediately accessible to everyone who needs it when they need it but will rely on country prioritisation in relation to the health needs in their country and the budgetary and resource constraints. This relies on decisions around what a minimum set of health services are as progress is achieved towards UHC. Palliative care is rarely been prioritised as part of a minimum set of health services. Yet, countries such as Uganda show that progress in increasing the accessibility, availability and usage of palliative care is not dependent on high resources[5]. The WPCA reiterates that palliative care is not a luxury only available for high resource health systems but a human right; and an essential and needed service which can be made available within a health system at relatively low cost and should be part of a minimum set of services.

Coverage of palliative care and progress on UHC

To date, monitoring of UHC largely relies on countries self-declarations of achieving universal health coverage and is weighted towards financial protection measures for the whole population rather than the availability or usage of services. The availability and accessibility of a 'basic minimum package' of services can always be increased, as can the financial protection available, thereby progressive realisation is a key factor of UHC.

Currently, there are a number of countries that claim to have UHC. This claim is often based on a system having been put in place that financially protects users to access a minimum set of health care services. Palliative care is rarely if ever included in this minimum set of services, although access to essential medicines required for palliative care may be included.

It is clear when comparing the availability of palliative care services and the consumption of morphine that progress in achieving universal health coverage does not include the development of palliative care services within the country.

[3] Brennen F. Palliative care as an international human right. Journal of Pain and Symptom Management 2007; 33(5):494–499.

[4] Committee on Economic, Social and Cultural Rights (CESCR) General Comment 14, para. 25.

[5] Connor S R, Sepulveda Bermedo M C. (eds.) *Global atlas of palliative care at the end of life*. [London]: Worldwide Palliative Care Alliance, 2014

Mexico – Mexico declared itself as achieving UHC when it completed the implementation of *Seguro Popular* scheme, which provided health insurance for the entire population who were not previously covered by the formal social security system. This does not mean however that all health care services are available for all the population groups that need them. In relation to access to palliative care, Mexico is classified in group 3a in the 'Mapping the development of palliative care report'[6] indicating only isolated provision of palliative care services. There is currently (2014) a campaign to change restrictive opioid laws in Mexico to improve access to opioid medication to help people who suffer needless pain.

Thailand – Thailand has been one of the notable and well discussed examples of progress in universal health coverage with a universal coverage system to reach the entire population implemented in 2002. A review of the Thai system showed that that health insurance (paid entirely from general government revenues) for the poor and the informal sector increased their access to the services they needed and improved financial risk protection. It required a multi-pronged approach including ensuring essential medicines were available and retaining health care workers.[7] However, in relation to palliative care, Thailand is also only ranked as having isolated provision across the country (group 3a in Global Atlas of palliative care at the end of life), highlighting that the majority of the population will not have access to palliative care services.[8]

Uganda – Despite the removal of user fees in Uganda, the incidence of catastrophic health expenditure increased from 1996-2006. This is likely due to the use of private providers by the poor. [9] Community Health Insurance (CHI) schemes are only accessible to just 5–10% of the population in the few areas where such schemes operate. Plans are underway to put into place a national health insurance scheme but progress has been challenging. Despite the challenges in progress towards universal health coverage, Uganda is a country with a relatively well-developed palliative care. In the Global Atlas mapping project it is ranked as being fully integrated into health system.[10]

Economic and financial protection

The importance of the inclusion of palliative care within UHC is particularly valid given that one aspect of UHC is to prevent people falling into hardship as a result of their health care requirements. It is well documented that health care costs are extremely high at the end of life. It is also well documented that many health care interventions at this stage can be expensive, unnecessary and futile, often causing increased distress and suffering, in addition to financial hardship. This is burdensome both on the households affected, and the health care system more broadly.[11]

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[6] Connor S R, Sepulveda Bermedo M C. (eds.) Global atlas of palliative care at the end of life. [London]: Worldwide Palliative Care Alliance, 2014

[7] UHC : Report by the WHO secretariat Jan 2013 http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_22-en.pdf

[8] Connor S R, Sepulveda Bermedo M C. (eds.) Global atlas of palliative care at the end of life. [London]: Worldwide Palliative Care Alliance, 2014

[9] Basaza (2013) Players and processes behind the national health insurance scheme – a case study of Uganda in *BMC Health Services Research* 2013, **13**:357 doi:10.1186/1472-6963-13-357

[10] Connor S R, Sepulveda Bermedo M C. (eds.) Global atlas of palliative care at the end of life. [London]: Worldwide Palliative Care Alliance, 2014

[11] Kelley, A Out of pocket expenditure in the last 5 years of life Journal of General Internal Medicine February 2013, Volume 28, Issue 2, pp 304-309

It has been shown that good availability and usage of palliative care services at the appropriate time not only improves the quality of care and life of people affected, but also may reduce the cost on households and health systems.[12] In many countries, NGOs provide palliative care free of charge relying on donations from the community and grants from funders to cover the cost of care.

Monitoring and evaluation of universal health coverage and palliative care
In order to monitor and evaluate progress towards achieving universal health coverage, and particularly access and coverage of services, it is vital the monitoring frameworks and tracer indicators are selected which cover the full breadth of health care services through promotive, preventative, curative, rehabilitative and palliative care services.
A single effective tracer indicator for palliative care is 'Morphine equivalent consumption of strong opioid analgesics per capita'. The benefits of this indicator are that the data is already collected and there is no addition burden on the country. While the indicator does not measure the holistic and comprehensive nature of the palliative care response, including physical, psychosocial and spiritual care, it does provide a good indicative tracer indicator. This indicator with a different denominator has been accepted by member states and WHO as part of the global monitoring framework on NCDs.

In addition, to a global indicator it is also recommended that national level government develop frameworks to monitor the comprehensive progress in relation to palliative care looking at health care policy, service provision, education and medications. The indicator set look at appropriate disaggregation to ensure equity of access as well as including impact measurements.

Universal health coverage and the post-2015 agenda
The WPCA supports the fundamental and vital positioning of UHC within the post 2015 agenda debate. As well as health coverage broadly playing a central role, it is also important that progress is not slowed in relation to achieving universal access to prevention, treatment, care and support (of which palliative care is part) for people living with HIV. In addition, the rapidly expanding issue of NCDs needs to be well included within the post 2015 framework. Palliative care as a cross-cutting issue should be a tracer indicator within the framework under UHC, looking at the availability, accessibility and usage of a needed and essential health service for people with communicable and non-communicable conditions. The availability, accessibility and usage of palliative care may be an indicator of the quality of care being provided within a health system.

WPCA position statement
The WPCA believes that UHC is an important and progressive concept in the move towards ensuring healthy, longer lives for people across the globe. The WPCA reiterates that palliative care is a needed and essential health care service and a fundamental component of UHC. Country level action plans on progress towards UHC should include actions towards ensuring palliative care is available, accessible and used by all those that need it. Monitoring of UHC should include a tracer indicator on palliative care, as well as recommending a more comprehensive set of palliative care indicators to be developed, adapted and utilised at the national level. WPCA believes that UHC should be at the core of the health component of the post 2015 development framework. It is a basic right of people living with, and affected by, communicable and non-communicable conditions to have the quality care they need throughout the life course to ensure long, healthy lives. Palliative care is fundamental to achieving this health right.

[12] Brumley Ret al. Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. Journal of the American Geriatrics Society 2007 55 (7): 993–1000