ESSENTIAL PALLIATIVE CARE PACKAGE FOR UNIVERSAL HEALTH COVERAGE, SEPTEMBER, 2019

Adults and children with serious chronic illnesses must not be left behind in Universal Health Coverage (UHC)

INTRODUCTION

Universal health coverage (UHC) has a central place in achieving the Sustainable Development Goals (SDGs) by 2030, as it is a major target (3.8) under SDG 3 (Ensuring healthy lives and promote well-being for all at all ages). The World Health Organization defines Universal Health Coverage (UHC) as a means through which all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. UHC brings hope of better health and protection for the world's poorest [1].

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems. Palliative care is the prevention and relief of suffering of any kind – physical, psychological, social, or spiritual – experienced by adults and children living with life-limiting health problems. It promotes dignity, quality of life and adjustment to progressive illnesses, using best available evidence [2].

THE EVIDENCE OF THE NEED FOR PALLIATIVE CARE IN AFRICA

The WHO and the Worldwide Hospice Palliative Care Alliance (WHPCA), identify the diseases that require palliative care for adults to include: Alzheimer's and other dementias, cancer, cardiovascular diseases (excluding sudden deaths), cirrhosis of the liver, chronic obstructive pulmonary diseases, diabetes, HIV/AIDS, kidney failure, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, and drug-resistant TB. For children, diseases requiring palliative care are identified as: cancer, cardiovascular diseases, cirrhosis of the liver, congenital anomalies (excluding heart abnormalities), blood and immune disorders, HIV/AIDS, meningitis, kidney diseases, neurological disorders and neonatal conditions [3]. There is strong evidence to show that early palliative care interventions improve survival and patient outcomes and, for this reason, should be provided from the point of diagnosis [4].

In 2015, 35 million people experienced serious health-related suffering (SHS) from life-threatening and life-limiting conditions, or at the end of life, and 5.3 million of these were children. The majority of people with SHS do not have access to palliative care. Over 80% live in low- and middle-income countries (LMICs) where access is severely lacking and between 70 and 85% live in countries where even oral morphine which is critical to palliative care and is inexpensive and effective, is largely unavailable [5]. Of the 54.6 million global deaths in 2011, over 29 million people died from diseases requiring palliative care globally in the same year [3]. Data from the Lancet Commission report of 2017 [5], the *APCA Atlas of Palliative Care in Africa* [6] and the International Narcotic Control Board [7] show that access to palliative care and controlled medicines within the Africa region remains low compared to the need. Most African countries cover less than 15% of this essential service.

According to the 2018 Africa scorecard on domestic financing for health adopted by the African Union and the Global Fund [8], countries aspiring for UHC (as of 2015) needed to have a government expenditure on health of more than $86.3 per capita (target 1) and 5% of their GDP (target 2). Only 11 African countries met target one and 2 countries met target two. Two countries met the Abuja 2001 Declaration target of spending more than 15% of their annual government budget on health.

For the majority of African countries (89%), out of pocket health payments were more than 20%, which means, according to the WHO, that financial catastrophe or impoverishment caused by health payments is more frequent in these countries. All people have equal rights for UHC, and more so those with serious chronic life limiting illnesses given the financial burden involved in their treatment and care that is pushing many of them into poverty in Africa. Out of pocket payment for health services by patients and families who are experiencing overwhelming pain and suffering due to their disease conditions is an injustice and a human rights issue which must be addressed through the current momentum of states in taking action to make UHC a reality for their citizens.

In a study of palliative care patients and families in three sites in India, 66% of palliative care patients had lost their livelihoods due to illness, 26% of patients' families had members who had lost livelihoods due to the illness, 98% of enrolled households had debts, 59% had loans for which they had sold assets, 69% of households took out debt after their family member fell ill. Palliative care enabled 85% of patients and families to spend less on medicines, 31% of patients received free medicines, all patients reduced their use of out-patient departments (OPDs), 20% reduced their use of inpatient departments (IPDs), and therefore spent less on travel, 8% of patients had started earning again due to improved health, 10% of family members started earning again. Further, one hospital educated 171 village headmen and increased by 5% the number of patients and their families receiving government benefits. Palliative care has played a significant role in reducing poverty rates in India caused by chronic illness [9].

THE RECOMMENDED PALLIATIVE CARE PACKAGE FOR INCLUSION IN UNIVERSAL HEALTH COVERAGE

In order for palliative care to be included in Universal Health Coverage schemes across countries, it is important that a minimum package which is affordable, evidence based and that can be easily costed is included. The current palliative care package recommendation for inclusion in national Universal Health Coverage initiatives is based on the Lancet Commission Report on Palliative Care and Pain which aims to relieve in the most cost-effective way serious health related suffering (SHS) in Low and Middle Income Countries (LMICs). The minimum package has been developed and costed in the L*ancet Commission Report* [5]. In April, 2019, a global meeting of advocates, experts and direct beneficiaries of palliative care covened in Kampala, Uganda and adapted a palliative care package for inclusion in UHC, cognisant of the recommendations of the Lancet Commission Report and the WHO. A full report from this meeting is available at www.africanpalliativecare.org/resources-centre.

This recommended package is presented below:

1 Essential palliative care medicines as recommended by the 2017 WHO Essential Medicines Lists for adults [10] and children [11] and to include the following:

- Amitriptyline
- Bisacodyl (Senna)
- Dexamethasone
- Diazepam
- Diphenhydramine (chlorpheniramine, cyclizine, or dimenhydrinate)
- Fluconazole
- Fluoxetine or other selective serotonin-reuptake inhibitors (sertraline and citalopram)
- Furosemide
- Hyoscine butylbromide
- Haloperidol
- Ibuprofen (naproxen, diclofenac, or meloxicam)
- Lactulose (sorbitol or polyethylene glycol)
- Loperamide
- Metoclopramide
- Metronidazole
- Morphine (oral immediate-release and injectable)
- Naloxone parenteral
- Omeprazole
- Ondansetron
- Paracetamol
- Petroleum jelly

OPEN SOCIETY FOUNDATIONS

2 Essential Equipment, patient supportive devices, technologies and supplies

- Pressure-reducing mattress
- Nasogastric drainage or feeding tube
- Urinary catheters
- Opioid lock box
- Flashlight with rechargeable battery (if no access to electricity)
- Adult diapers (or cotton and plastic, if in extreme poverty)
- Colostomy bags
- Prostheses as may be appropriate
- Radiotherapy for palliative modality for cancer patients where it is available in the national system
- Mobile phone based platforms for medicine and patient tracking as well as for patient-health-worker interaction
- Oxygen

3 Human resources

Skilled human resources for palliative care as defined by the WHO and *APCA Palliative Care Standards* [12], cognisant of the role of multi-disciplinary teams – general doctors, specialist doctors, nurses, pharmacists, psychosocial support workers, spiritual support workers, other allied health workers and community care givers. There should be recognition of palliative care specialists with appropriate deployment and remuneration.

4 Psychosocial interventions

A range of psychosocial interventions, including spiritual care, legal aid and social support such as subsidies for the most vulnerable. These subsidies can include public transport and nutrition support drawing from social support funds secured through collaboration with other ministries such as Gender and Social Development/Social Security, government departments and Civil Society Organizations.

As a cross cutting action, to revoke taxes on medical supplies and equipment for palliative care where these still exist.

WHY THE ESSENTIAL PALLIATIVE CARE PACKAGE FOR INCLUSION IN UHC?

To provide readily available guidance and evidence based information that can enable governments, development partners and all key actors in UHC processes to adopt or adapt the palliative care essential package for inclusion in UHC.

The package provides a tool for planning, budgeting for and monitoring access to the essential elements of palliative care within the wider scope of essential health services within health systems to ensure equity and sustainability.

WHERE CAN ONE ACCESS TECHNICAL SUPPORT FOR ADAPTATION OR ADOPTION OF THE PACKAGE?

Further technical support in regards to this package and its adoption or adaptation to the needs of countries is accessible from the African Palliative Care Association (APCA), the Worldwide Hospice Palliative Care Alliance (WHPCA), and national palliative care associations based on resource availability.

REFERENCES

1. ***Universal Health Coverage and Financing:*** https://www.who.int/health_financing/universal_coverage_definition/en/

2. ***World Health Organization, 2016.*** Planning and implementing palliative care services: a guide for programme managers. http://apps.who.int/iris/bitstream/handle/10665/250584/9789241565417-eng.pdf;jsessionid=156B555105C98E38972F324F3D6B54BD?sequence=1

3. ***World Health Organization and Worldwide Hospice Palliative Care Alliance, 2014. Global Atlas of Palliative Care at the End of Life.*** [pdf] Available at: <http://www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf>

4. Temel. J., Greer, J., Gallagher, E, et al, 2010. ***Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer***. New England Journal of Medicine 363(8). [pdf] Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1000678>

5. Knaul FM, et al. A***lleviating the access abyss in palliative care and pain relief – an imperative of universal health coverage: the Lancet Commission report***. The Lancet. 2017. Available at: http://www.thelancent.com/commissions/palliativecare

6. Rhee JY, Luyirika E, Powell RA, Garralda E, Pons JJ, de Lima L, Centeno C. ***APCA Atlas of Palliative Care in Africa.*** IAHPC Press, 2017. Available at: https://www.africanpalliativecare.org/images/stories/pdf/APCA_atlas.pdf

7. ***Pain & Policy Studies Group, University of Wisconsin Carbone Cancer Center WHO Collaborating Center, 2015.*** Source: International Narcotics Control Board; World Health Organization population data. http://www.painpolicy.wisc.edu/sites/default/files/sites/www.painpolicy.wisc.edu/files/afro_morphine.pdf

8. ***African Union and the Global Fund, 2018. Africa Scorecard on Domestic Financing for Health, 2018.*** [online] http://aidswatchafrica.net/index.php/africa-scorecard-on-domestic-financing-for-health/document/75-2018-africa-scorecard-on-domestic-financing-for-health-english/12

9. Ratcliff C, Thyle A, Duomai S, Manak M. ***Poverty Reduction in India through Palliative Care: A Pilot Project***. Indian J Palliat Care. 2017 Jan-Mar; 23(1): 41–45. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5294436/

10 ***WHO Model List of Essential Medicines***. https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1

11. ***WHO Model List of Essential Medicines for Children***. https://apps.who.int/iris/bitstream/handle/10665/273825/EMLc-6-eng.pdf?ua=1

12 African Palliative Care Association (2011). ***APCA Standards for Providing Quality Palliative Care Across Africa***. Online: https://www.africanpalliativecare.org/images/stories/pdf/APCA_Standards.pdf

AFRICAN PALLIATIVE CARE ASSOCIATION

PO Box 72518, Plot 95 Dr Gibbons Road, Kampala, Uganda

Tel: +256 312 264 978/312 265 978

info@africanpalliativecare.org

www.africanpalliativecare.org

NGO Registration Number 4231

OPEN SOCIETY FOUNDATIONS

OSIEA THE OPEN SOCIETY INITIATIVE FOR EASTERN AFRICA