

The Lancet Commission on Global Access to Palliative Care and Pain Relief

Health System Lessons

UNIVERSITY OF MIAMI
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Source: Knaul FM, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. The Lancet. 2017

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Strategies for integration of palliative care into national health systems exist to address the access abyss and universalize access to palliative care and pain relief.

- Various low and middle income countries (LMICs) provide effective lessons and identify opportunities for action by health system function – stewardship, financing, service delivery, and resource generation.

STEWARDSHIP

- **Incorporation of palliative care and pain relief into the national health agenda and development of comprehensive guidelines must occur to successfully implement and fully scale-up public programmes.**
 - Costa Rica, which serves as an exception, has a fully scaled program based at the National Centre for Palliative Care and Pain Control, which began with a pilot programme in the 1990s.
- **Public awareness of and support for palliative care through professional groups and non-governmental organisations (NGOs), often in association with international and regional civil society organisations, has the potential to catalyze change when government institutions lag behind in adopting palliative care initiatives.**
 - The Pain and Palliative Care Society in Kerala, India, the Rwanda Hospice Palliative Care Centre, the Hospice Palliative Care Association of South Africa, and Hospice Africa Uganda are examples of pioneering organisations that built strong alliances between palliative care providers and national research and advocacy groups to create the conditions for the eventual government-led implementation and scale-up of palliative care initiatives.
- **Normative and legal frameworks for the safe management of opioid analgesics and other controlled medicines, coupled with financial and organisational measures, are critical to guaranteeing the integration of palliative care and pain relief into health systems.ⁱ**
 - Lessons from Mongolia, Uganda,ⁱⁱ and Mexico show that legislation must be combined with affordable oral immediate-release morphine, palliative care training for clinicians and other providers, and implementation of model palliative care services for delivery to improve access.ⁱⁱⁱ
- **Evidence exchange and feedback between global advocacy groups and national policy makers can constructively inform the policy making process to drive systemic change.**
 - In India, Mexico, Nepal, and Uganda, this has occurred between organisations such as WHO, international NGOs such as Human Rights Watch and the International Association for Hospice & Palliative Care, and universities, including schools of medicine and public health.^{iv,v}
- **Monitoring and evaluation of palliative care interventions, programmes, or policies using an explicit outcomes scale, measuring coverage as well as effect is essential for effective scale-up.**
 - In Colombia, Asociación Cuidados Paliativos de Colombia and Asociación Colombiana de Cuidados Paliativos are collecting data on the progress of the implementation of Law 1733 on palliative care and monitoring changes in the status of palliative care in Colombia. In Kerala, Pallium India is monitoring implementation of the palliative care state policy.^{vi} The Mexican Ministry of Health has also begun gathering data on access to palliative care.

FINANCING

- **System-wide integration of palliative care is facilitated by the existence of a national universal health coverage platform and integration into the package of covered services. This underlined by a guarantee of public or publicly mandated funding through sufficient and specific budgetary allocations starting with the Essential Package.**
 - Expansion of palliative care in South Africa was greatly facilitated by the country's commitment to universal health coverage. The approval in Colombia of Law 1733 in 2014 and the national guidelines on palliative care in 2016 guarantee universal access to palliative services. In Mexico, palliative care and pain relief services were added to the package of essential health services of Seguro Popular in 2016.^{vii,viii}

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CÁNCER DE MAMA
TÓMATELO
A PECHO
ASOCIACIÓN CIVIL



Fundación
Mexicana
para la Salud

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DELIVERY

- In LMICs, initial adoption of palliative care interventions by governments is usually associated with cancer or HIV disease. Expansion of access to palliative care and pain relief to other health conditions and for children requires a disease specific model to a systemic approach.
 - The first palliative care unit in Vietnam was established at the National Cancer Hospital in 2001. Palliative care in India began through the creation of pain clinics at cancer centres in Gujarat, Maharashtra, Kerala, and Karnataka in the 1980s.^{ix} In Colombia, until 2014, most palliative care initiatives were limited to cancer. In Chile, the incorporation of palliative care into the Explicit Health Guarantees Programme continues to be limited to patients with advanced cancer. In South Africa and Rwanda, a large proportion of palliative care and pain relief services is offered only to HIV patients.^x
- Community involvement in the provision of palliative care is crucial given the limited capacity of health systems in LMICs and the important role of homebased care.
 - In the state of Kerala, India, success in providing palliative care is strongly dependent on its community-based nature. Organisations such as Neighborhood Networks in Palliative Care manage palliative care services, provide education to families, and build public awareness. In South Africa, which has a strong hospice tradition, a large proportion of outpatient and inpatient palliative care is provided by community-based organisations. These organisations can complement the efforts of governments to introduce palliative care in public clinics and hospitals.
- Strong small-scale or state-wide programmes can be a fulcrum for developing a national palliative care model and achieving systemic integration—especially in delivery.
 - Local and state-wide palliative care experiences should be used as reference to integrate palliative care into national health systems. In Costa Rica, a successful pilot programme grew into a national network of 54 clinics linked to tertiary hospitals through referral.^{xi} In Kerala, a single programme expanded into a network of 841 palliative care sites and prompted the design of palliative care policies in other states of India.^{xii}

RESOURCE GENERATION

- Training and capacity building for primary care providers, complemented by specialised medical education and certification, is essential in the expansion of access to palliative care.
 - In Panama, effective access to palliative care services has depended on the expansion of undergraduate and graduate medical and nursing training in palliative care.^{xiii} The same is true for South Africa, where the University of Cape Town now offers a master's degree in palliative care.^{xiv} In Chile, health authorities have recognised that the expansion of effective palliative care depends on the incorporation of palliative care content in doctors' and nurses' training curricula and on post-graduate training in palliative care.^{xv} In Mexico, largescale training of primary care doctors is underway to facilitate implementation of normative and legislative changes. Costa Rica has developed graduate-level, specialised training for doctors and nurses.
- Investment in research and data generation, including the incorporation of palliative care and pain relief access, quality, and financing indicators into health information systems, is necessary for on-going progress. An implementation research agenda should also be developed and implemented that includes high-risk populations with special needs (eg, victims of humanitarian emergencies, migrant communities, and children).
 - The report of the Lancet Commission on Global Access to Palliative Care and Pain Relief seeks to contribute to the evidence base on palliative care. Read the report at <http://www.thelancet.com/commissions/palliative-care>

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