

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

Key Messages and Recommendations

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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1. Alleviation of the burden of serious health-related suffering from life-threatening or life-limiting conditions and with the end of life is a global health and equity imperative.

- While most high-income countries have responded to serious health-related suffering with effective palliative care interventions, the needs of poor people worldwide have been neglected; these increasing inequities and widening gaps in access must be addressed and alleviated.
- Despite the number of paediatric patients being much lower than the number of adult patients, children and their families have specific and intensive palliative care needs and must not be overlooked.

2. Universal access to an affordable Essential Package of palliative care can alleviate much of the inequitable and preventable burden of SHS.

- An Essential Package of palliative care and pain relief health services should include only off-patent formulations of essential medicines, frugal innovation for necessary equipment, and competency-based human resources.
- Five medicines in the Essential Package are not included in the section on palliative care in WHO's Essential Medicines List, and we advocate for their inclusion.
- The Essential Package should be made universally accessible through public financing for all families that could face financial catastrophe or impoverishment.
- The Essential Package must make both oral, immediate-release and injectable morphine preparations available for any patient with moderate or severe pain or terminal dyspnoea that cannot be adequately relieved by other means.
- To comprehensively meet the need for palliative care, social and spiritual suffering must also be addressed; Basic social supports should complement this package and be financed over and above the health budget, in coordination with social welfare programmes

3. LMICs can improve the welfare of poor people at modest cost by publicly financing the Essential Package of palliative care through full integration into universal health coverage.

- All countries should ensure universal access to the Essential Package by 2030 with dedicated, public, or publicly mandated funding that spans all relevant health conditions and diseases, for all families at risk of financial catastrophe or impoverishment.
- Middle-income countries should strive to have the Essential Package in place as soon as possible and work towards augmenting the package to include palliative radiation, surgery and chemotherapy
- National palliative care and pain relief plans should take a system-wide and intersectoral approach (not disease-specific) and include accountability instruments to measure progress.
- Countries should expand human resources to include competency-based training in palliative care for all cadres of health workers and social workers, and at all levels of care.
- LMICs should apply a stepwise and balanced approach to ensure access to opioid analgesics and minimize risk of diversion. This requires investment in safe supply chains, strengthening of human resources, and restricting the marketing of opioid medications by for-profit companies.
- Cost-effectiveness models that include the full benefits of increased access to palliative care through reduced end-of-life hospital admissions, reduced risk of medical impoverishment, and integration into existing platforms should be applied in LMICs.

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4. International and balanced collective action is essential to achieving universal coverage of palliative care and pain relief by facilitating effective access to essential medicines, while implementing measures to prevent non-medical use.

- A global accountability mechanism led by a multistakeholder group that includes specific indicators, associated targets, and recommendations for corrective action is needed to measure, report on, and ensure progress on universal coverage of palliative care and pain relief
- A more balanced global policy is needed to ensure that patients have safe and secure access to medicines for pain treatment while still preventing non-medical use.
- The International Narcotics Control Board should include access to opioids for medical need in its annual reporting.
- Global collective action is needed to aggregate demand and support the negotiating capacity of countries to secure low and stable prices, especially for injectable morphine.
- Regional or global pooled purchasing facilities should be established and led by a global financing entity such as the World Bank and integrated into existing global and regional funds, WHO offices, and development banks.
- The World Bank, working with UNICEF, should spearhead an interinstitutional initiative to establish a special fund for children in low-income countries who are in need of palliative care and pain relief.
- We call on countries to launch new interinstitutional advisory committees (or to strengthen existing ones) that include palliative care and pain clinicians, civil society, and academics (including health economists and legal experts) to advise on policy related to palliative care and pain relief.

5. Better evidence and priority setting tools must be generated to adequately measure the global need for palliative care, implement policies and programmes, and monitor progress towards alleviating the burden of pain and other types of SHS.

- Global and regional actors, including civil society organizations, should invest in evidence to facilitate corrective policies that incorporate indicators and measures for monitoring in palliative care, the design of clinical guidelines, and standardized open-access training material.
- A strong set of metrics should be developed to more effectively estimate the burden of serious health-related suffering, to identify the associated need for palliative care and pain relief, and to measure the effect and effectiveness of future policies and programmes.
- A framework for measuring the value to patients and families of alleviating SHS that would complement existing metrics and enable balanced decision making should be developed.
- Implementation research and rigorous evaluation are key to identifying replicable and scalable models and to measuring potential for reducing SHS and for cost savings.
- Complete medicine price data should be gathered, the cost of improving supply chains analysed, and the role of the supply side and market organisation in generating these price differences should be analysed.
- Future research on women's disproportionate burden of caregiving and the collateral effects of expanding palliative care on the health, education, empowerment, and earnings capacity of women and girls should be conducted to promote gender proactive policies that value the contributions of women.
- To support the research streams, non-governmental and governmental research funding agencies and foundations should incorporate palliative care and pain relief in their health and social development priorities.