3 April 2023

To: United Nations Office of the High Commissioner for Human Rights

From: Dr Stephen R Connor, PhD

Re: Input to Policy Brief Universal Health Coverage

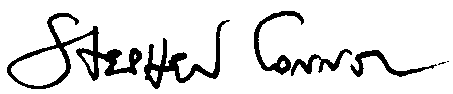
Via Email: [harumi.fuentes@un.org](mailto:harumi.fuentes@un.org) cc: [ohchr-registry@un.org](mailto:ohchr-registry@un.org)

Dear OHCHR: Attached please find our submission in response to your “Call for Input: Policy Brief Universal Health Coverage.” We are addressing two key questions asked:

* Addressing the needs of specific populations.
* UHC packages that were determined based on human rights principles and the right to health.

In this note we will be addressing the needs of seriously ill patients and their families that need palliative care.

With best regards,



Dr Stephen R Connor, PhD

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**Input to OHCHR Policy Brief Universal Health Coverage**

**Addressing the Needs of a Special Population**

Palliative care is defined by the World Health Organisation (WHO) as “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, whether physical, psychosocial, or spiritual” [[1]](#footnote-1)

Palliative care is part of the basic human right to health—and should provide care early in the trajectory of an illness that is accompanied by serious health-related suffering, not just at the end of life. Furthermore, palliative care may be delivered alongside active treatment of a disease or diseases including treatment aimed at cure. Palliative care provision should not include continuing potentially futile treatment. Each year an estimated 56.8 million people need palliative care, most of whom live in low- and middle-income countries (LMIC). For children, 98 per cent of those needing palliative care live in LMIC, with almost half of them living in Africa. It is estimated that 86 per cent of people who need palliative care do not receive it and 78 per cent of the people who need palliative care are in LMIC.

The *Lancet Commission on Palliative Care and Pain Relief*[[2]](#footnote-2) has devised an essential package of palliative care medicines, basic equipment, and human resources that could alleviate much avoidable suffering in LMICs. The WHO *Model List of Essential Medicines*[[3]](#footnote-3) and the *Model List of Essential Medicines for Children* also include a section on palliative care and pain relief which can inform palliative care implementation. Unequal access to morphine is of particular concern and ensuring affordable, accessible opiates in appropriate formulations, for pain relief and respiratory distress must be a priority for any palliative care programme.

Palliative care need not be expensive and indeed there is emerging evidence that PC may be cost effective in some circumstances as it potentially permits carers and/or patients to return to work and thus avoids the household being forced into poverty by out-of-pocket health-related spending.

According to WHO, UHC means that “all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course”[[4]](#footnote-4).

The Political Declaration aims to accelerate progress towards achieving UHC and reinforce the commitments taken in 2015 by UN member states towards attaining the health-related sustainable development goals (SDGs). This measure, SDG Target 3.8 aiming to achieve UHC, by 2030, includes implementation of PC.

Currently, especially in LMICs where it can least be afforded, much of healthcare is funded by out-of-pocket health-related spending pushing families into poverty or indeed catastrophic expenditure (more than 10 per cent of household income). If UHC is to be achieved, it is essential that PC is integral to the UHC package. As well as being affordable, healthcare should be of high quality and delivered in the most appropriate setting for the individual concerned.

Primary healthcare (PHC) is a whole of society approach which includes primary care, secondary care, and tertiary care. As a policy, it aims to achieve healthcare for communities and individuals as early as possible in the continuum from health promotion and prevention to treatment, rehabilitation, and palliative care. It also seeks to provide care as close to the patient’s environment as possible.

PHC is integral to effective delivery of UHC. However, there is currently a great shortage of healthcare workers, both voluntary and employed, to deliver PC. Financial investment, education, and training of all healthcare workers are essential if UHC including PC is to become universally available.

**UHC Packages that were Determined Based on Human Rights Principles and the Right to Health**

The *Lancet Commission on Palliative Care and Pain Relief*[[5]](#footnote-5) has devised an essential package of palliative care medicines, basic equipment, and human resources that could alleviate much of the avoidable suffering in LMICs (see box over the page) and was developed in the framework of human rights principles. This essential package must be part of Universal Health Coverage platforms and the drive to achieve the Sustainable Development Goals (SDG 3, particularly 3.4 and 3.8) by 2030. The cost of this essential package in LMICs is about USD 3 per capita. An essential package focused on children’s palliative care is under development.

Morphine is the mainstay of pain relief and the most critical medicine but access to morphine is very unequal: LMICs account for only 0.1 metric tonnes of morphine equivalent opioids of the estimated annual 298.5 metric tonnes distributed globally. The Lancet Commission on Palliative Care and Pain Relief also notes that at best international prices, the medical need for opioid analgesia for children in low-income countries is estimated at just over $1 million dollars.

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| **INFO: Access to morphine varies**  In Haiti, only 5mg of morphine equivalent opioids are available per capita per year. The result is that 99 per cent of palliative care needs for morphine equivalent opioids goes unmet. In stark contrast, the equivalent figure in the USA is 55,000mg and in Canada 68,000mg.  Source:Lancet Commission on Palliative Care and Pain Relief |

Low- and middle-income countries have an opportunity to address serious health-related suffering at relatively low cost through the essential palliative care package.

Providing for the entirety of the essential package may not be feasible in an initial stage. In such circumstances, deciding what to provide will require policymakers to strike a balance of necessity, accessibility, ease of use and cost. For example, in terms of equipment, it may be necessary to prioritize opioid lockboxes and adult diapers (or their equivalent). In terms of medicines, opioid provision (with necessary training for prescribing and administering them) should be the top priority.

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| **The Lancet Commission**  **Essential Package of Palliative Care And Pain Relief Health Services**  The Essential Package contains the inputs for safe and effective provision of essential palliative care and pain relief interventions to alleviate physical and psychological symptoms, including the medicines and equipment that can be safely prescribed or administered in a primary care setting. The list of essential medicines in the Essential Package is based on WHO's list of essential medicines, and considers the medicines, doses, and administration routes for palliative care for both adults and children.  The Essential Package is designed to be lowest cost by including only off-patent formulations, frugal innovation for needed equipment, and a staffing model based on competencies rather than professions. Tasks often undertaken by specialised medical personnel in high-income countries can be performed by other specialised and general practitioners and nurses or by community health workers empowered with the necessary training and medical supervision to participate effectively in the delivery of palliative care and pain treatment at all levels of care, from the hospital to the home.  With the key exception of morphine, the medicines in the Essential Package are available in most countries even if supply is limited. For morphine, an essential palliative care medicine, assuring safety and accessibility is complex. Ensuring a balance between appropriate medical access to controlled medicines and the prevention of their diversion and non-medical use is crucial, and the Commission not only designed appropriate human resource models but also the strategies to provide the complementary policy and stewardship to expand access to an Essential Package that includes morphine.  The health services of the Essential Package must be complemented by interventions for the relief of social and spiritual suffering to preserve the dignity of patients, facilitate access to health interventions, and prevent financial hardship and impoverishment. Yet, these social supports are neither part of the remit of health ministries nor should they be financed from a health budget.  Antipoverty and social development policies, publicly funded safety nets, programmes, and ministries must give special attention to ensure that families do not sacrifice their basic needs in desperate attempts to care for loved ones. These persons with life-limiting or life-threatening health conditions and their families should be mainstreamed into existing social support and social welfare programmes, yet they are often ignored, excluded, or marginalised, preventing them from being effectively integrated into these programmes.  **Medicines**   * Amitriptyline * Bisacodyl (Senna) * Dexamethasone * Diazepam * Diphenhydramine (chlorpheniramine, cyclizine, or dimenhydrinate)   *Lancet Commission Essential Package continued …*   * 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   **Medical equipment**   * 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) * Oxygen   **Human resources (varies by referral, provincial or district hospital, community health center, or home**   * Doctors (specialty and general, depending on level of care) * Nurses (specialty and general) * Social workers and counsellors * Psychiatrist, psychologist, or counsellor (depending on level of care) * Physical therapist * Pharmacist * Community health workers * Clinical support staff (diagnostic imaging, laboratory technician, nutritionist) * Non-clinical support staff (administration, cleaning)   Source: [Lancet Commission on Palliative Care and Pain Relief](https://www.thelancet.com/commissions/palliative-care) |

1. WHO Fact sheet on Palliative Care (<https://www.who.int/news-room/fact-sheets/detail/palliative-care>) [↑](#footnote-ref-1)
2. <https://www.thelancet.com/commissions/palliative-care> [↑](#footnote-ref-2)
3. <https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists> [↑](#footnote-ref-3)
4. *Universal Health Coverage*. WHO.<https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)> [↑](#footnote-ref-4)
5. <https://www.thelancet.com/commissions/palliative-care> [↑](#footnote-ref-5)