

QUALITY HEALTH SERVICES AND PALLIATIVE CARE

Practical approaches and
resources to support policy,
strategy and practice



Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice

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ACRONYMS

PHC primary health care
UHC universal health coverage
WHO World Health Organization

KEY MESSAGES

Delivery of quality palliative care is a moral imperative and a human right. Quality health services and palliative care are inextricably linked and both vital for achievement of universal health coverage (UHC).

What do we mean by quality?

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge. Quality health services should be effective, safe, people-centred, timely, equitable, integrated and efficient.

What is palliative care?

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 or serious health-related suffering. It includes, but is not limited to, end-of-life care. It is not the “last resort”, but should be integrated early in the care of people affected by a life-threatening condition.

Summary of key actions for quality palliative care



National level:

- Incorporate quality considerations into all levels of palliative care planning, including policy, strategy and service delivery plans with attention to resources, implementation and monitoring.
- Align national palliative care planning with a clearly articulated national strategic direction on quality.
- Integrate palliative care across the health system, embedding it in a primary health care (PHC) approach, across relevant health programmes and all levels of the health system.
- Develop robust measurement systems, aligned across the health system, to drive improvement in the quality of palliative care; use this measurement to drive further action, including advocacy, resource mobilization and service planning.
- Utilize existing quality assurance mechanisms such as licensing, registration and quality standards to assure quality palliative care services. Account for special considerations in palliative care such as multiple providers, opioids and task shifting.



District level:

- Commit to quality palliative care at the district level, acting as a strong linkage point between national plans and operational activity at the point of care.
- Use data at the district level to improve the quality of palliative care with a particular focus on understanding and addressing health inequalities at the district level.
- Engage communities to improve the quality of palliative care, creating models of service delivery that are truly people-centred and addressing misconceptions about palliative care.



Point-of-care level:

- Maintain and improve quality palliative care, including care provided at home, through adaption and implementation of evidence-based quality interventions at the point of care.
- Collect and use data at the point of care to drive improvement efforts.
- Integrate quality improvement methods into usual practice at the point of care, focusing on provision of compassionate care to those facing serious health-related suffering.



BACKGROUND

Palliative care improves the lives of patients and their families who face the challenges associated with life-threatening illness and serious health-related suffering, which includes but is not limited to, end-of-life care. Each year, it is estimated over 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care, of whom 78% live in low- and middle-income countries (1). Worldwide, only 12% of palliative care need is being met and the global need will continue to grow as a result of ageing populations and the rising burden of noncommunicable disease (1). By 2060, the need for palliative care at the end of life is expected to nearly double (1).

In response to the growing need for palliative care worldwide, in 2014, the World Health Assembly (WHA) adopted resolution 67.19, which requires Member States to provide palliative care across multiple disease types and all age groups, including children (2). This global commitment also insists on the urgent need for equitable palliative care services to be provided by Member States through comprehensive primary health care (PHC) services (2). The Astana Declaration on Primary Health Care, adopted in 2018, included a call to strengthen palliative care within PHC by meeting peoples' health care needs across the life course from prevention, promotion, curative care, rehabilitation to palliation. This is to be achieved through integrated health services with a focus on primary care and essential public health functions, multisectoral policy and action, and empowered people and communities. The political declaration on universal health coverage (UHC) adopted during the United Nations General Assembly in September 2019 (3) reiterated the need to include palliative care in UHC, as well as the need for continued attention to the quality of all health services.

Quality and palliative care are both linked and embedded at the heart of the global ambition to achieve UHC. As countries commit to achieving UHC, it is imperative to ensure that the design and delivery of palliative care services focus attention on quality of care. These considerations need to address all domains of quality health services: effective; safe; people-centred; timely; equitable; integrated; and efficient care. To ensure quality palliative care is part of UHC, it has to be integrated through a PHC approach, in coordination with all levels and platforms of care, including with social- and community-based care. Providing compassionate, dignified and person-centred palliative care is a moral imperative and an "ethical responsibility of health systems" (2). Progress towards UHC is at risk unless urgent action is taken to increase the provision of quality palliative care to relieve serious health-related suffering and guarantee dignity during the end of life for all people, irrespective of income or social status, and including marginalized groups and those living in fragile, conflict-affected and vulnerable settings.

Objective

This document provides a practical resource to support implementation of sustainable improvements in the quality of palliative care through:

- describing approaches to quality policy, strategy and planning for palliative care programmes and services;
- presenting learning on quality of care arising from palliative care programmes in low- and middle-income countries;
- highlighting essential World Health Organization (WHO) resources available that further support the development of quality palliative care services; and
- presenting considerations on measurement of quality palliative care services at all levels of the health system.

Audience

The audience for this document is a general one that includes policy-makers, palliative care service planners, managers, practitioners and health care providers at all levels, particularly in low- and middle-income countries, including those working in fragile, conflict-affected and vulnerable settings.

Scope

Despite increasing attention globally to quality of care, there remains a significant need for action on quality across the whole spectrum of services under UHC, particularly health promotion and palliation. Likewise, there remains a significant focus within the palliative care community on access with less emphasis specifically on quality of care, despite palliative care being a world leader in terms of the provision of person-centred compassionate care. Therefore, this document seeks to bring together these two communities, drawing on existing sources of knowledge and guidance and synthesizing this for a quality palliative care audience. It seeks to highlight a range of important topics relating to quality palliative care, though it does not explore each

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