POPULATION-LEVEL ACCESS TO PALLIATIVE CARE SERVICES IN INDIA: STATE-WISE ANALYSIS OF 526 FACILITIES

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Introduction: Globally, 56.8 million people require palliative care each year of which 7.2 million reside in India. We aimed to understand population-level access to palliative care centres and services across 36 Indian states.

Methods: Data on palliative care centres were retrieved from the directory compiled by Pallium India which is maintained by regional managers by identifying centres through a network of healthcare workers. It includes information on available services, administrative strength, and the availability of opioids. State-wise 2022 projected population was taken from the National Population Commission 2019 report. Accessibility was defined by the number of centres per 10 million people.

Results: As of November 2022, India had 847 palliative care centres, of which 526 (62.1%) were active. Nationally, there were nearly 4 centres per 10 million population. Lakshadweep had the highest accessibility with 147 centres while the union territories of Andaman and Nicobar Islands and Daman and Diu had no palliative care centres (Figure). State comparisons of access to specific palliative services are presented in the Table. Out-patient, in-patient, and home care were provided in 410 (77.9%), 324 (61.6%), and 381 (72.4%) centres, respectively. Of the 504 centres with relevant data, morphine was present in 333 (66.1%). At least one trained healthcare worker was present in 477 centres. Services were free at 371 (73%) out of 508 centres with 19 centres providing free service to only those from poor socio-economic backgrounds.
Conclusion: Palliative care accessibility varies widely across states with no care in some union territories. Policies need to create standards for minimum number of centres, number of trained healthcare workers, and the availability of morphine, for the states to follow. The current analysis did not consider the time taken to reach these centres, which is an important criterion for assessing accessibility.

Figure: Accessibility to palliative care centres in India
(link to edit - https://www.datawrapper.de/ OvElZ/)

Table: Accessibility to palliative care services in India in states with palliative care centres.

<table>
<thead>
<tr>
<th>Palliative care service</th>
<th>State with best accessibility</th>
<th>State with worst accessibility</th>
</tr>
</thead>
</table>
In-patient care

Mizoram
49 centres per 10 million population

Meghalaya, Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu, Meghalaya and Lakshadweep - Service not available

Out-patient care

Lakshadweep
147 centres per 10 million population

Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu - Service not available

Home care

Lakshadweep
147 centres per 10 million population

Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu, Odisha, Arunachal Pradesh, Sikkim - Service not available

Morphine availability

Lakshadweep
147 centres per 10 million population

Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu - Service not available

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Introduction
Globally, 55.8 million people require palliative care each year of which 7.2 million reside in India. However, palliative care is accessible to only 1% of them.

While cross-sectional assessments have investigated the status of palliative care services at specific centers in certain regions, knowledge on the assessment of accessibility of these services across the country is limited. We aimed to understand population-level access to palliative care centers and services across 36 Indian states.

Methods
Data on palliative care centers were retrieved from the directory compiled by Pallium India, a leading palliative care non-profit organization in India. The directory is maintained by regional managers by identifying centers through a network of healthcare workers. It includes information on available services, administrative strength, and the availability of opioids. The directory was accessed last in November 2022 for this analysis.

State-wise 2022 projected population was taken from the National Population Commission 2019 report. Accessibility was defined by the number of centers per 10 million people.

Table 1: Palliative care services in India

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of centers</th>
<th>Accessibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient care</td>
<td>49</td>
<td>0.004</td>
</tr>
<tr>
<td>Out-patient care</td>
<td>147</td>
<td>0.00147</td>
</tr>
<tr>
<td>Home care</td>
<td>147</td>
<td>0.00147</td>
</tr>
<tr>
<td>Morphine availability</td>
<td>147</td>
<td>0.00147</td>
</tr>
</tbody>
</table>

Table 2: Service-level distribution of palliative care services

<table>
<thead>
<tr>
<th>Service</th>
<th>State without services</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient care</td>
<td>Meghalaya, Andaman &amp; Nicobar Islands, Dadra &amp; Nagar Haveli and Daman &amp; Diu</td>
</tr>
<tr>
<td>Out-patient care</td>
<td>Meghalaya, Andaman &amp; Nicobar Islands, Dadra &amp; Nagar Haveli and Daman &amp; Diu</td>
</tr>
<tr>
<td>Home care</td>
<td>Meghalaya, Andaman &amp; Nicobar Islands, Dadra &amp; Nagar Haveli and Daman &amp; Diu</td>
</tr>
<tr>
<td>Morphine availability</td>
<td>Odisha, Arunachal Pradesh, Sikkim</td>
</tr>
</tbody>
</table>

Discussion
Palliative care accessibility varies widely across states with no care in some union territories. Policies need to create standards for minimum number of centers, number of trained healthcare workers, and the availability of morphine, for the states to follow. The current analysis did not consider the time taken to reach these centers, which is an important criterion for assessing accessibility.

References