Influencing health systems; an essential approach to palliative care development

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Uganda, the pearl of Africa







Influencing health systems

WHA Resolution

to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, costeffective and equitable palliative services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, universal coverage schemes

June 2014







Health system strengthening

What? WHO 6 building blocks

- 1. Effective, safe, quality personal and non-personal health interventions
- A well-performing health workforce.
- A well-functioning health information system.
- Equitable access to essential medical products;
- A good health financing system; adequate funds for health, ensuring access with protection from financial risk.
- Leadership and governance



WHO. 2007. Everybody's Business: Strengthening Health Systems to Improve Health Outcomes.



Health system strengthening

Why?

- Current global health thinking
 - increasing trend over past 10 years



- disease specific and vertical planning has not achieved desired goals
- weak health systems thwart global health initiatives such as MDG, Global Fund, PEPFAR, GAVI
 TheGlobal Fund
- act as bottleneck to development



Hafner J and Shiffman J. The emergence of global attention to health systems strengthening. Health Policy Plan. (2013) 28 (1):41-50



Health system strengthening

How?

- Challenges
 - predominantly a national issue and driven by national governance
 - global agenda might influence finances, priorities and policy
 - measuring performance complex
 - effectiveness; access, quality, impact
 - equity; vulnerable groups, financial risk
 - efficiency; cost effectiveness

Kruk ME&Freedman. Assessing health system performance in developing $ar{\xi}$ countries: a review of the literature. Health Policy 2008 Mar;85(3):263-76

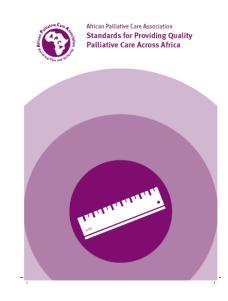
- Minimum standards tool for palliative care in India
 - Self evaluation tool (0-4 numeric scale) 2008
- 7 domains of care
 - Structure and processes of care / Training
 - Holistic dimensions / Drug availability
 - Ethical and legal aspects / Organizational aspects
 - Quality
- 8 essential and 22 desirable components



Rajagopal MR et al. Creation of minimum standard tool for palliative care in India and self-evaluation of palliative care programs using it Indian J Palliat Care 2014;20:201-7.

APCA standards

- 5 Domains
 - Organisational management
 - Holistic care provision
 - Children's palliative care
 - Education and training
 - Research and management of information







WHO NCD programme

 'Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer. '



WHO. 2010. Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies.





Boni







ALPC (Latin American PC Association)

- 1. existence of a current national PC plan/program
- 2,3. proportion of medical and nursing schools which include PC education in undergraduate curricula
- 4. number of specialized PC care educational programs for physicians, accredited by the national competent authority
- 5. inclusion of PC in the list of services in primary care
- 6,7. number of PC services and physicians per million
- 8,9. consumption strong opioids per cancer death / per capita
- 10. number of dispensaries for strong opioids per million



TATA MEMORIAL HOSPITAL

Tata Memorial Hospital, Mumbai

- Integrated PC within national cancer centre;
 - >12,000 patients treated since 1996
- Holistic care
 - including volunteer programme
 - IP/OP in TMC including paediatric programme (since 2002)
 - home care (since 1998), referral for hospice care at Shanti Avedna
- Active research programme
- Comprehensive education programme
 - 1st MD palliative care 2012
- Advocacy
 - Maharashtra state policy for palliative care 2013







Tata Memorial Hospital, Mumbai

 'The motto has always been to offer supportive care as early in the trajectory of illness as feasible; to provide the best possible quality of life. This has created a specialty service for cancer where holistic care is provided while palliative treatments may be continued and we can become known to the patient and family.'

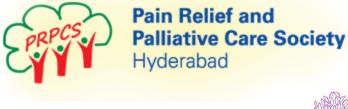




MNJ Institute of Oncology

- Integrated PC since 2008
 - IP care including paediatrics
 - 10,000 review patients and 2,000 new patients per year
 - Home care; 'Life at your doorstep'
 - >6500 patients since 2008
 - Rural outreach; Chevella Mandal Community Based Palliative Care Program
 - Hospice and Institute of Palliative Medicine; Kumudini devi palliative care centre/ hospice







MNJ Institute of Oncology

- Comprehensive service
- Collaboration and partnerships
 - government
 - NGO
 - local, national, international partners
- Education, training and research
 - Fellowship in paediatric PC
- Excellent model for state level developments















Alzhmeirs Related Disorders Society of India

















Mental Health Action Trust (MEHAC)

 Promoting and strengthening systems in the community to provide long term care to chronic mental illness and chronic diseases with psychological issues

 incorporates palliative care principles with public health approach specific to mental health care with community

participation

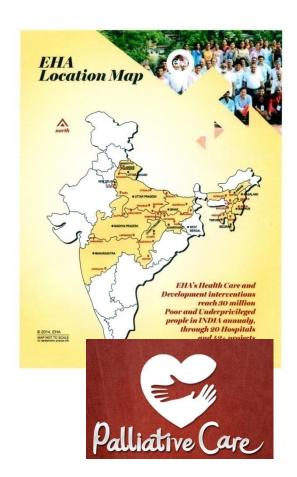
Kerala; based in Kochi





Emmanuel Hospitals Association

- non-profit health care
- 20 hospitals, 42 projects spread across 12 states
- integrate essential clinical services with primary health care
- healthy communities
- 7 services with integrated palliative care

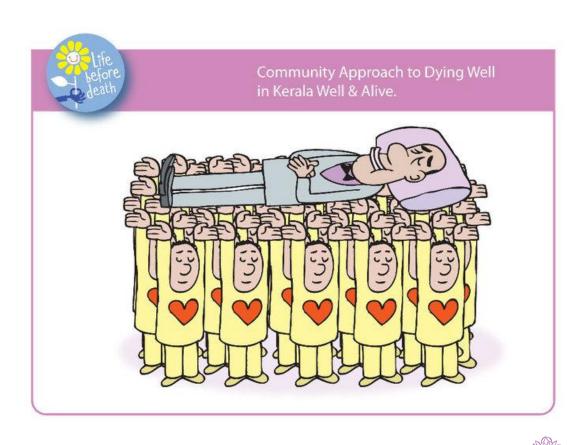


Striving to Serve – Stretching to Love



India

- Community empowerment
 - NNPPC
 - health promoting PC
 - compassionate communities





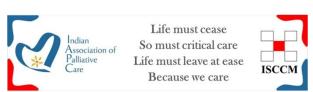
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India

- Mental health partnership
- Disease spectrum and vulnerable groups
 - children
 - elderly
- Journal
- Institutional integration
 - RCC and cancer centre integration
 - ICU and critical care integration





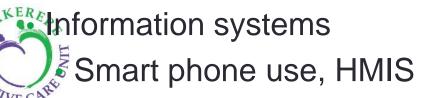






India

- Disease specific
 - end stage renal disease
 - HIV/AIDS
 - rehabilitation
- Education and training
 - IAPC courses / short courses
 - Undergraduate curriculums
 - MD palliative care / paed MD





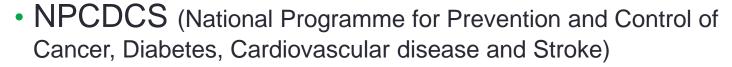






India

- Advocacy and policy
 - National initiatives
 - National Cancer Control programme
 - National Health Mission



- Narcotic legislation
- Human rights
- Palliative care policies
 - Kerala, Maharashtra





India

x2 WHO collaborating centres









Global health academy; THET project

- Strengthening and integrating palliative care into national health systems through a public health primary care approach
- integrated palliative care
 - 12 hospitals, 4 countries
 - advocacy
 - building capacity
 - supporting service delivery
 - building partnerships









THE UNIVERSITY of EDINBURGH Global Health Academy



Global health academy; THET project

- Rwanda
- Government led health system strengthening approach
- Oral morphine, hospitals as hubs, national scale up
- 'Global is me...if I impact it impacts my neighbour.'





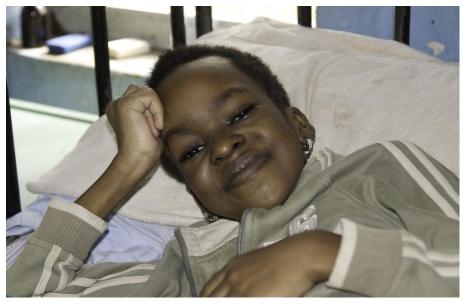
http://integratepc.org/



HSS; values based care

 What are the values we want to see in our health systems?

 How can palliative care support values based care?







HSS; values based care

 Palliative care offers values based care 'They look after people whom everyone else has rejected'

'you gave me hope, you gave me pain control, you gave me love....thank you and please pray for me...make sure everyone ...has this care.'

 Palliative care can challenge and change values 'Palliative care training makes better cardiologists' 'This has changed my life from today' Patients have become ours not theirs

Influencing health systems

Values based transformation

- Innovation
- Integration
- Influence

 'The highest education is that which does not merely give us information but makes our life in harmony
 with all existence.'







