Global perspectives for palliative care; Integration and health system strengthening

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How do you strengthen health systems? How do you really integrate palliative care? How do you meet the huge need for sustainable palliative care in the world? Is there evidence of transformation in the international settings of palliative care delivery?

These were the questions being addressed at a day conference hosted by the Global Health Academy and Cairdeas International Palliative Care Trust at Edinburgh University on Friday 19 June, 2015.

Leading international palliative care specialists and UK practitioners gathered to focus on the topic of integration, to consider how to marry the old with the new, to adopt innovative approaches in international settings and to bring palliative care onto the global health agenda.

"Something is happening in global health in the world today", observed Dr Liz Grant, Director of the Global Health Academy, "the WHO's timely recognition of palliative care provides an immediate opportunity to make significant change, and it affects us all". Under the heading "For such a time as this" Dr Grant questions why Palliative Care was not on the global health agenda for so many years, "Palliative Care is not niche, and we need to develop an essential value for money health package for the best returns which include palliative care. Palliative care is the "ultimate buy", the best buy of any health system."

What has been happening to highlight the urgency? Firstly there is a recognition of the importance of systems to manage the whole pathway of the emerging Non Communicable Diseases (NCD) pandemic. NCDs particularly affect people in poverty, as people are living longer and people are more ill for longer. There is a critical need for integration: regardless of the numerous interventions to prevent untimely deaths; the global mortality rate will always remain at 100% - an incontestable fact to which Professor Scott Murray frequently returns. Immortality on earth is beyond our grasp.

Secondly Healthcare is uncompromisingly complex. Structures are needed to manage complexity. Palliative Care systems do not function with a simple, single vertical structure, instead what is needed, and what palliative care demonstrates is a whole systems approach. Thirdly with the new Sustainable Development Goals being framed there is a need to promote healthy lives for all, from cradle to grave, to guarantee accessible, available, appropriate and affordable health care. One of the fundamental principles of the Global Health Academy is the principle that humanity is equal. It is this principle that must underpin the new SDG focus of health for all. This focus should include palliative care which

delivers a network of cross community, cross hospital care and cares for the most vulnerable equally.

With the WHO resolution to move forward in Palliative Care, global delivery as a value base must inform any strategic thinking. The vehicle for change includes a moral imperative, robust evidence and a global commitment. The £1.53 million THET (DFID funded) Integrate project has been timely in developing and providing models for change in every country.

Focussing on the THET Integrate project, Dr Grant described the needs that have driven the project: the need for evidence of what works and its cost; for more practitioners at every level and across every discipline able to adopt a palliative care approach when it is timely and right; the need to share knowledge across borders; for stronger referral systems to ensure continuity of care at every level; integrated holistic care and a recognition of the power of patients and their communities. The *THET Integrate project to strengthen and integrate palliative care into four African national health systems* is led by the University of Edinburgh working with partners, African Palliative Care Association and Makerere Palliative Care Unit and working with national associations and organisations in Kenya, Rwanda, Uganda and Zambia. Three hospitals in each country were selected with the goal of strengthening their current palliative care programmes and building a set of models of an integrated vision and practice that were shaped by the individual hospitals and their cultures and contexts. Linked to each of the twelve hospitals is a UK based mentor hub to provide support and help with embedding training and practice. By the end of the project later this summer there will be 12 prototypes in 12 hospitals, 12 sets of evidence of how to strengthen and integrate palliative care with an assessment of the overall added value.

In looking at the WHO building blocks and current global thinking, Dr Mhoira Leng, Medical Director of Cairdeas and Head of Makerere Palliative Care Unit, presented the challenges and barriers to health system strengthening and how the THET Integrate project team set out to overcome them. The four pillars of the project over the past three years and going forward are Advocacy, Staff capacity, Service delivery and Partnership. In terms of Advocacy MoH engagement has been a priority with Palliative Care now incorporated in the strategic plan for Nyeri County in Kenya, national Zambian indicators including palliative care and a MoH stand-alone policy in Uganda. Community empowerment has also been a feature of the project with a world hospice day march in Rwanda and a film produced by KEHPCA and launched at their conference in Nairobi in 2014.

Following extensive evaluation exercises in each of the four countries Dr Leng shared clear evidence of capacity building on the THET project. 935 professionals trained, 6 clinical placement sites established, 123 training of trainers, 519 trained through hospital sensitisations and morphine.

Service delivery was built around a baseline mapping exercise at the start, the creation of referral pathways and models of care within the three basic hospital settings at national referral, regional and district levels. Integration is at different stages with different visions and different models of care and all with different types of clinical leadership, be it the Social Worker, Doctor, Lab technician or Nurse.

What has been the value of the THET Integrate project? The transformative power of the project is clear as Dr Leng recounted what some of the beneficiaries of all the training and input and care had to say.
Transforming practice,
"…our patients used to be in torture but now we can help them"
Transforming lives,
"The training was fantastic – life changing. Not only in the workplace but also at home."
Transforming societies
"The hospitality reflects the heart of humanity in health providers. Learning from you empowers us to transform the whole Rwandan society in having a therapeutic culture. We don't doubt that other countries can learn from us as we have learned from you." PC lead CHUK, Rwanda
And to conclude Dr Leng spoke of the key factors in transforming systems, issues around leadership and governance, building a critical mass, access to medication, ownership, modelling and passion.

Fresh off the plane from Kigali where she had been doing project evaluation, Professor Julia Downing of Makerere University gave some early feedback on the THET Integrate project in Rwanda. From small significant changes where the recently appointed co-ordinator for palliative care at CHUK was able to network and function at every level of the hospital, to national significant changes where the Ministry assumed the lead of Palliative Care provision in Rwanda, transformation was obvious.
"Now after coordination of PC with RBC since the plan of September last year, PC is amongst the plan and hope that within the next one year etc there will be positions for PC and they will give us a team, and the NCD manager is involved and aware the minister herself knows the project and can recommend things and give guidance – there is clear leadership."

Considerable numbers have been trained and even when hospital leaders have moved on, others have been trained and are competent to step into their shoes. Palliative Care is being integrated into the health system and plans are now in place to roll out the THET model across the country. Access to medication graphs show a dramatic rise over the three year period of the project and with training in the use of opioids palliative care workers are more confident in prescribing appropriate pain relief. *"There has been significant change – I learnt so much at the Pharmacy training – the mentors from the UK in the training could share experiences of using morphine – it made a difference." (Pharmacist).*

Modelling has been a key component of the project with mentors, the steering committee and national associations. Modelling helped reinforce the training, build confidence and increase knowledge as it enabled the health care workers to apply their leaning at the bedside.

There has been a sea change in terms of ownership. Led by the Ministry of Health and the communication of strategy through the Rwanda Biomedical Centre, ownership of palliative care has cascaded down throughout the health system. Professor Downing illustrated her point quoting the CHUK Director, *"Myself as a clinician I understand PC and now as the*

Director I am bringing it to the hospital…. The staff are aware - it would continue even without me… we will do our best…. It is important and we don't have a choice"

Passion for palliative care is evident in the change of values and the drive for change. Professor Downing shares a deep conviction for palliative care in Rwanda with its care providers …"Palliative Care is everywhere, everybody should be doing Palliative Care, not just a few with it written into their job descriptions, it needs to be fully integrated across the hospital community".

Mary Robertson (2015)