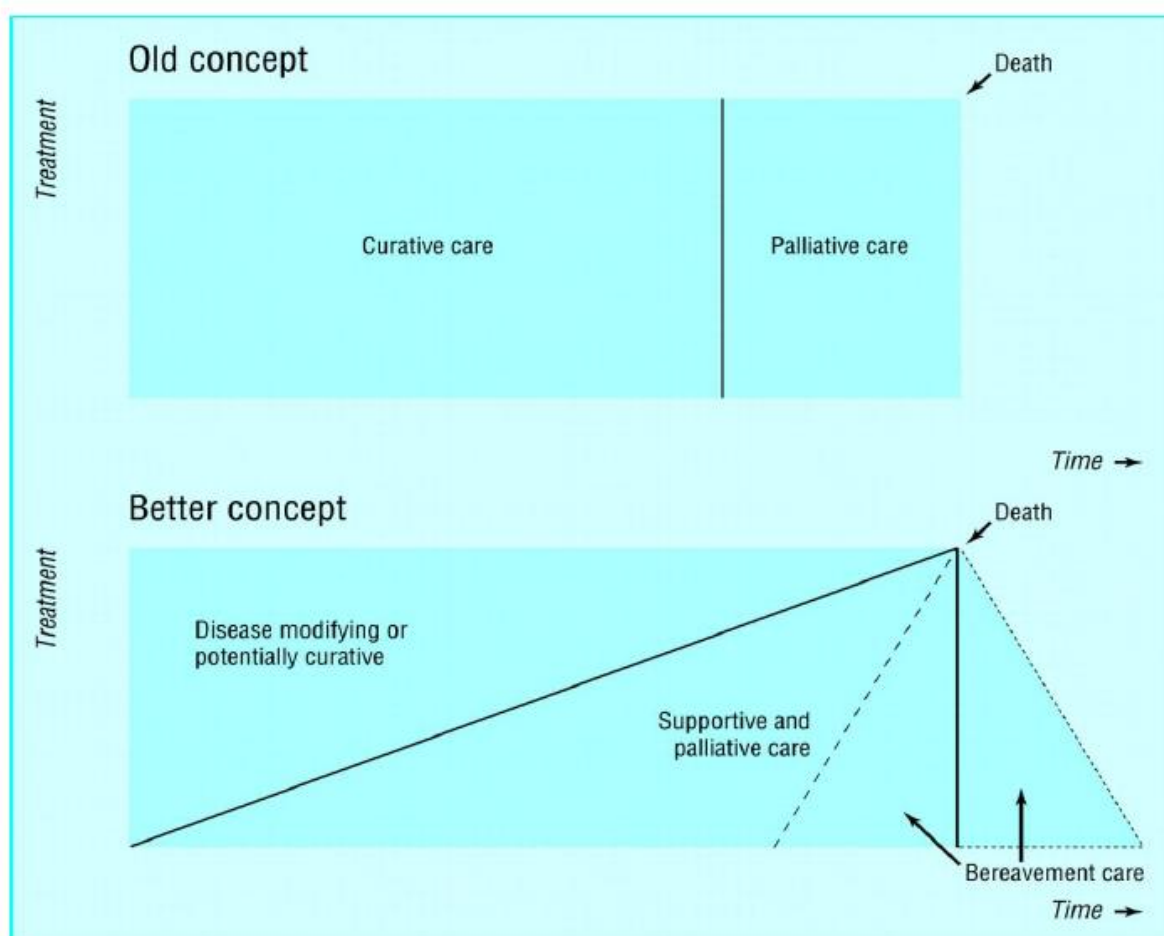


# National Strategic Framework for Palliative Care Development in Sri Lanka 2018 – 2022

## Introduction to Palliative Care

Palliative care is an approach that improves the quality of life of patients (adults & children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO)

Palliative care begins at the time of diagnosis of a life-threatening disease (eg. cancer) and continues throughout the disease process until death and into the family's bereavement period according to the current concept (better concept) as shown in Figure -1.



**Fig. 1 Old concept & current concept of spectrum of palliative care**

Ref. Murray, S. A et al. BMJ 2005;330:1007-1011

It is a right of the every person with life-threatening illness to receive appropriate palliative care wherever they are. It is also a responsibility of every health care professional to practice palliative care according to the need, irrespective of the illness or its stage and any other characteristic of the patient including age, sex, ethnicity, religion or the income status.

It is estimated that palliative care is needed for 40%-60% (WHO 2016) of all deaths annually. The leading disease conditions which require palliative care for adults and children in global context are listed in table 1.

Table 1: Disease conditions which need palliative care in global context.

| Diseases among Adults                | Diseases among Children                    |
|--------------------------------------|--|
| Cardio vascular diseases (38.5%)     | Congenital anomalies (25.0%)               |
| Cancer (34%)                         | Neonatal conditions (14.6%)                |
| Chronic respiratory diseases (10.3%) | Protein energy malnutrition (14.1%)        |
| AIDS (5.7%)                          | Meningitis (12.6%)                         |
| Diabetes (4.6%)                      | HIV/AIDS (10.2%)                           |
| Chronic kidney disease               | Cardio vascular diseases (6.1%)            |
| Chronic liver disease                | Endocrine, blood & immune disorders (5.8%) |
| Dementia.                            | Cancer (5.6%)                              |
| Chronic neurological diseases        | Neurological conditions (2.3%)             |
| Congenital anomalies                 | Kidney diseases (2.2%)                     |
| Drug resistant tuberculosis          | Cirrhosis of the liver (1.0%)              |

(WHO 2016)

With the demographic and epidemiological transition, deaths due to chronic non communicable diseases are increasing and it has led to the increasing demand for palliative care services worldwide.

The need for palliative care in Sri Lanka also continues to grow owing to the rising prevalence of non communicable diseases and ageing of population. According to the cause of death data of year 2014 in Sri Lanka too it is shown that about 75% deaths are occurred due to the chronic non communicable diseases as shown in figure 2.

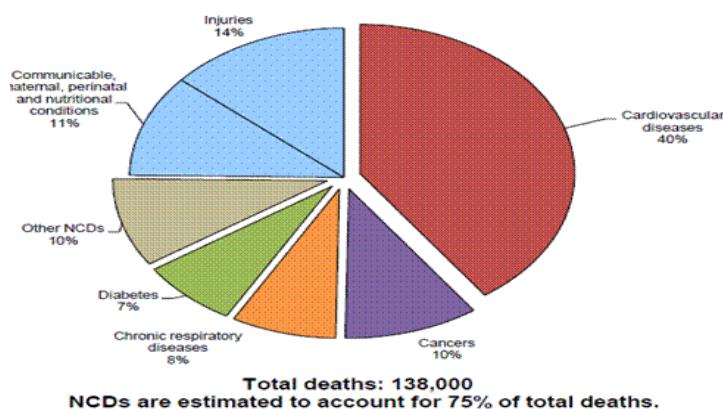


Fig. 2 Cause of death data of Sri Lanka – Year 2014

## **Palliative care in Sri Lankan context**

Palliative care has been identified under the broad strategic direction of 'Promotion of equitable access to quality rehabilitation care' at the '*Sri Lanka National Health Policy 2016 – 2025*'. It is mentioned that 'The mainstream health system should provide Palliative Care to all patients who are in need of such care for them to live and die with dignity.' In addition palliative care is identified as continuum of care of several other policy documents in Sri Lanka including National Policy & Strategic Framework for Prevention and Control of Chronic Non-communicable diseases (2010), National Policy & Strategic Framework of Prevention & Control of Cancers (2015) and National Elderly Health Policy (2017).

Palliative care has been identified at the Health Master Plan 2016 – 2025. Also palliative care is a prioritized activity of National Multi Sectoral Action Plan for the Prevention & Control of Non Communicable Diseases 2016 – 2020.

### **Overall Goal**

To improve quality of life of patients with life-threatening illnesses and their families by offering them a holistic support system for prevention and relief of suffering through evidence-based, multi-disciplinary and cost effective approaches

The areas of support would include

- Pain and symptom management
- Psychological & emotional, social and spiritual support
- Support for families and caregivers to cope during the patient's illness and bereavement period

### **Guiding Principles**

1. The delivery of palliative care should be respectful and responsive to the needs, preferences and values of the persons receiving care and their families and carers
2. Care should be of high quality and evidence based
3. Should provide adequate integration across sectors and through various care settings
4. Services should ensure that care is accessible and equitable

### **Strategies**

1. Ensure that palliative care is recognised and resourced as an integral component of the health system by making palliative care as an essential component of comprehensive health care

2. Facilitate the effective integration of specialist palliative care and palliative care services across all levels of service settings, namely at tertiary, secondary, primary and at community level.
3. Develop and make available skilled multi disciplinary human resources and infrastructure for delivery of palliative care services at institutional and at community levels.
4. Ensure that patients and their families receive palliative care services they need when and where required & adherence to protocols & guidelines in palliative care
5. Ensure availability of essential drugs & technologies for provision of palliative care at all levels: tertiary, secondary, primary and community level
6. Build partnerships with government and non-governmental organizations for delivery of palliative care
7. Empower family members, care givers and general public for the provision of palliative care
8. Encourage research related to palliative care in assessing needs for palliative care and suitable models for implementation of palliative care services.
9. Ensure adequate financing & resource allocation for cost effective delivery of palliative care
10. Strengthen legislative framework for delivery of palliative care
11. Ensure monitoring & evaluation framework for palliative care services

**Strategies & Major activities****1.Ensure that palliative care is recognised and resourced as an integral component of the health system by making palliative care as an essential component of comprehensive health care**

| <b>Major Activity</b>  | <b>Expected output</b>  | <b>Indicator</b>   | <b>Means of Verification</b>  | <b>Time Frame</b> | <b>Responsibility</b>   |
|--|---|--|---|-------------------|---|
| 1. Include policies related to palliative care in the national health policy   | Palliative care is prioritized in delivery of health care   | Inclusion of palliative care in the national health policy           | National health policy document   | 2018-2019         | Secretary -Health<br>Director General of Health Services (DGHS)<br>Director -Policy Analysis & Development (PA& D)  |
| 2. Develop national palliative care policy linking national health policy & other related health & non health policies | Comprehensive approach to palliative care is facilitated.   | Availability of national palliative care policy (Stand alone policy) | National palliative care policy document  | 2019-2022         | DGHS<br>Director – PA & D   |
| 3. Identify palliative care as a component of other related health policies & non health policies                      | Palliative care is included in continuum of care linking primary prevention, early detection & treatment programmes | Inclusion of palliative care in other health related policies        | Other health related policy documents Eg.<br>1.NCD Policy<br>2.Cancer control policy<br>3.Primary care policy<br>4.Elderly health care policy<br>5. HIV/AIDS policy<br>6. Medicinal Drug Policy<br>7.Mental Health Policy<br>8.E-health policy<br>9. Social Services Policy | 2018-2020         | Director – PA & D<br>Director –Non Communicable Diseases (NCD)<br>Director –National Cancer Control Programme (NCCP)<br>Director -Primary Care<br>Director - Elderly & Disabilities<br>Director - National STD and AIDS Control Programme<br>Director - Information Ministry of Social Services |

|   |   |   |  |            |   |
|---|---|---|--|------------|---|
| 4. Strengthen National Steering Committee on Palliative Care                                    | Availability of functioning committee to coordinate and provide oversight for the implementation and monitoring of the national strategy at all levels. | No. of meetings conducted per year  | Reports & minutes of the steering committee meeting. | 2018-2022  | DGHS  |
| 5. Establish provincial & district steering committees to coordinate palliative care            | Availability of functioning committee to coordinate activities at provincial & district level.  | No. of meetings conducted per year  | Reports & minutes of the steering committee meeting  | 2018- 2022 | Provincial Director of Health Services (PDHS).<br>Regional Director of Health Services (RDHS)         |
| 6. Identify a separate focal point for palliative care at the Ministry of Health level          | Implementation of strategic framework for palliative care development is ensured.   | Availability of separate focal point with staff.  | Circular of Ministry of Health                       | 2018-2022  | Secretary- Health<br>DGHS   |
| 7. Incorporate palliative care at the national, provincial & district health development agenda | All stake-holders are actively involved in delivery of palliative care  | Number of palliative care related activities successfully implemented at national, provincial and district levels according to the development plan | Reports  | 2018- 2022 | DGHS<br>Provincial Director of Health Services (PDHS).<br>Regional Director of Health Services (RDHS) |
| 8. Conduct advocacy programmes to obtain support from all stakeholders                          | All stake-holders are actively involved in delivery of palliative care  | No. of advocacy programmes  | Report of advocacy programmes                        | 2018- 2022 | Director -NCCP<br>Director -Primary Care<br>Director -NCD<br>Director – Nursing                       |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  |  |  | Public Health & Medical Services<br>Palliative Care & End of Life Care Task Force of SLMA<br>Palliative Care Association<br>Professional Colleges |
|--|--|--|--|--|---|

**2. Facilitate the effective integration of specialist palliative care and palliative care services across all levels of service settings, namely at tertiary, secondary, primary and at community level.**

| <b>Major Activity</b>  | <b>Expected output</b>   | <b>Indicator</b>                            | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|--|--|---|------------------------------|-------------------|--|
| 1. Establish designated palliative care team within the hospital setting.  | Team members of the designated palliative team are aware about their clearly defined key tasks.  | No. of hospitals with palliative care teams | Reports                      | 2018- 2022        | DGHS<br>Nat. Steering Comm. on Palliative Care<br>DDG (MS 1), DDG (NCD)<br>Director /MS of the hospital  |
| 2. Commence 'Palliative care consult services' at the tertiary & secondary care level to deliver all aspects of palliative care ( <i>Annex 1 &amp; 1.1</i> ) | Palliative care consult services are available with the participation of Consultants, medical officers, nursing officers, physiotherapists, occupational therapists, pharmacists, social workers etc at tertiary & secondary care. | No. of palliative care consult services     | Reports                      | 2018- 2022        | DGHS<br>Nat. Steering Comm. on Palliative Care<br>DDG (MS 1)<br>DDG (NCD)<br>PDHS, RDHS<br>Director /MS of the hospital<br>Director -NCCP<br>Director -NCD |

| <b>Major Activity</b>   | <b>Expected output</b>  | <b>Indicator</b>  | <b>Means of Verification</b>                                 | <b>Time Frame</b> | <b>Responsibility</b>  |
|---|---|---|--|-------------------|--|
|   |   |   |  |                   |  |
| 3. Link , clinically supervise & monitor government, non government & private hospices by the closest palliative care consult services      | The hospices are linked with the closest palliative care consult service and their activities are clinically supervised | No. of hospices with direct links with palliative care consult services out of all the hospices | Reports  | 2018- 2022        | DGHS<br>Nat. Steering Comm. on Palliative Care<br>PDHS<br>RDHS   |
| 4. Integrate palliative care at primary care institutions & general practitioners   | Palliative care is delivered for those who need at the closest health setting   | No. of patients received palliative care at the primary care settings                           | Survey report  | 2018- 2022        | DDG (MS II)<br>Director -Primary Care<br>Director -NCCP<br>Director -NCD<br>Professional colleges  |
| 5. Conduct programmes on home based palliative care including involvement of primary care institutions & general practitioners and scale up | Experience is gained to scale up the home based palliative care   | No. of Initiatives, No. of patients received home based palliative care                         | Programme evaluation reports & Management Information System | 2018-2022         | DDG (NCD), DDG (MS II)<br>DDG (PHS I & II)<br>PDHS; RDHS<br>Director - NCCP<br>Director -Primary care<br>SLMA<br>Palliative Care Association<br>Other NGOs |



| <b>Major Activity</b>  | <b>Expected output</b>   | <b>Indicator</b>                         | <b>Means of Verification</b>            | <b>Time Frame</b> | <b>Responsibility</b>   |
|--|--|--|---|-------------------|---|
| 6. Ensure the role of Public Health Nursing Officer (PHNO) in palliative care at home based setting. | PHNO is actively involved in delivery of palliative care at family level | No. of PHNOs involved in palliative care | Management Information System for PHNOs | 2018-2022         | DGHS<br>DDG (PHS II), DDG (ET & R)<br>PDHS, RDHS<br>Director/Nursing (Public Health ) |

**3. Develop and make available skilled multi disciplinary human resources and infrastructure for delivery of palliative care services at institutional and at community levels.**

| <b>Major Activity</b>  | <b>Expected output</b>   | <b>Indicator</b>  | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|--|--|---|------------------------------|-------------------|--|
| 1. Develop human resource deployment plan for palliative care (Annex 1 & 2)                  | Human resource requirement in different categories and different levels of care is identified. | Availability of human resource deployment plan for palliative care      | Report                       | 2018-2020         | DDG (Planning)<br>Director (Planning)  |
| 2. Conduct specialist training programme for palliative medicine (MD in Palliative Medicine) | Consultants in Palliative medicine are available in Sri Lanka                                  | No. of trainees enrolled for MD palliative medicine                     | Reports of PGIM              | 2018- 2022        | Secretary - Health;<br>DGHS, DDG (Planning)<br>DDG (MS 1), DDG (ET & R)<br>Director - PGIM       |
| 3. Include module on palliative care in relevant specialist training programmes              | Palliative care services are delivered at the different specialist health settings.            | No. of specialist training programmes containing palliative care module | Reports of PGIM              | 2018-2022         | Director -PGIM<br>DDG (MS 1), DDG (ET & R)<br>Boards of Studies at PGIM<br>Professional colleges |
| 4. Commence and continue   | Medical officers are   | No of Medical   | Reports of PGIM              | 2018-2022         | Director -PGIM   |

|  |   |  |   |             |   |
|--|---|--|---|-------------|---|
| Post Graduate Diploma in Palliative Medicine for medical officers  | pecially trained on palliative medicine   | Officers completed the Post Graduate Diploma in Palliative Medicine  |   |             | DDG (MS II),<br>DDG (ET & R)  |
| 5. Commence and continue a post basic diploma programme in palliative nursing for Nursing Officers   | Nursing Officers are specially trained in palliative care   | Availability of post basic diploma programme in palliative care for nurses.<br>No of Nursing Officers completed the Post Basic Diploma in Palliative Nursing | Report of Post Basic School of Nursing  | 2018 -2022  | DDG (ET & R)<br>Director (Nursing Education)<br>Principal (Post basic Nursing School)   |
| 6. Include aspects of palliative care in basic / under graduate training programmes of Medicine, Nursing and other relevant health related disciplines | Health care workers are trained in palliative care at their basic trainings to develop the required competencies. | No. of study hours / length of course in palliative care in each training programme  | Reports of teaching programmes & audits | 2018 – 2022 | DDG (ET & R)<br>DDG (MS 1)<br>Director – Nursing (Training)<br>Dean / Faculty of Medicine, Nursing or Allied Health Sciences<br>Professional Associations |
| 7. Develop and conduct in service training programmes in palliative care for medical officers, nursing officers,                                       | Health care workers are trained regularly in palliative care  | Number of persons in each category undergone in-service training in  | Administrative Reports<br>Audits        | 2018 – 2022 | DDG (ET & R)<br>DDG (NCD), DDG (MS II)<br>Director -NCCP,<br>Director -Nursing  |

|   |   |   |                    |             |  |
|---|---|---|--------------------|-------------|--|
| pharmacists etc.  |   | palliative care delivery                  |                    |             | (Medical Services) Professional Associations           |
| 8. Establish a palliative care help line (web site, e mail access & telephone hot line) to give necessary information for palliative care teams including general practitioners | Health care workers have access to essential information according to the need. | Availability of palliative care help line | Report of helpline | 2019 – 2022 | DGHS<br>National Steering Committee on Palliative Care |

#### 4.Ensure that patients and their families receive palliative care services they need when and where required & adherence to protocols & guidelines in palliative care

| Major Activity   | Expected output  | Indicator  | Means of Verification            | Time Frame  | Responsibility  |
|--|--|--|----------------------------------|-------------|---|
| 1. Develop protocols & guidelines for delivery of palliative care                                      | Palliative care protocols & guidelines are developed for health care staff.                                    | Availability of protocols & guidelines                                   | Reports on protocols & guideline | 2018 – 2022 | DDG MS I & II<br>Director -NCCP<br>Director -NCD<br>Director - Primary care<br>SLMA,<br>Professional colleges |
| 2. Facilitate availability of protocols & guidelines in palliative care at the service delivery points | Palliative care protocols & guidelines are available for health care staff (both hard copy and the soft copy). | Number and percentage of healthcare units where guidelines are available | Survey reports                   | 2019 -2022  | DDG MS I & II<br>Director /MS of the hospital<br>PDHS/RDHS<br>Consultants                                     |
| 3. Review the adherence of guideline at palliative care setting through clinical audits                | Best possible care is offered with the use of existing resources   | Proportion of patients received care according to guideline              | Audit reports                    | 2018 -2022  | Director /MS of the hospital<br>PDHS/RDHS<br>Consultants  |

| <b>Major Activity</b>  | <b>Expected output</b>   | <b>Indicator</b>   | <b>Means of Verification</b>               | <b>Time Frame</b> | <b>Responsibility</b>  |
|--|--|--|--|-------------------|--|
| 4. Include aspects of palliative care to the quality assessment tools and quality improvement projects | Quality of palliative care delivery is assured at every level of care at frequent intervals. | Proportion of palliative care settings quality assessment tools are introduced | Quality assurance reports<br>Audit reports | 2018 -2022        | DDG MS I & II<br>Director- Health Care Quality<br>Director /MS of the hospital<br>PDHS/RDHS<br>Consultants |

### 5. Ensure availability of drugs & technologies for provision of palliative care at all levels of care: tertiary, secondary, primary and community level

| <b>Major Activity</b>  | <b>Expected output</b>  | <b>Indicator</b>  | <b>Means of Verification</b>             | <b>Time Frame</b> | <b>Responsibility</b>  |
|--|---|---|--|-------------------|--|
| 1. Attend to the relevant amendments to the existing legislation regarding availability & prescription practices of controlled drugs especially Morphine | Pain relieving medications are adequately prescribed                          | Availability of amendments  | Amendments to Dangerous drug control act | 2018 – 2020       | Legal Draftsmen Dept.<br>National Dangerous Drug Control Board;<br>Legal Officer, Ministry of Health |
| 2. Include WHO model list of essential medicines (adult & children) for palliative care in national list of essential medicines                          | Essential medicines for palliative care are available at health care settings | Number of items of WHO model list of essential medicines for palliative care included in the National list of essential medicines | National list of essential medicines     | 2018 – 2022       | DGHS<br>NMRA<br>DDG- MSD,<br>Professional colleges   |

| <b>Major Activity</b>   | <b>Expected output</b>   | <b>Indicator</b>   | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|---|--|--|------------------------------|-------------------|--|
| 3. Prepare list of drugs need for palliative care for each level of health facility                         | Palliative care drugs are available at each level.   | Availability of palliative care drugs in the list in respective level of care                                  | Survey Report                | 2018- 2022        | DDG - MSD<br>Director –Medical Supplies Division<br>PDHS, RDHS<br>Professional colleges                    |
| 4. Ensure continuous supply & availability of palliative care drugs at all levels of care                   | Adequate amounts of palliative care drugs are available throughout the year.                                     | Proportion of hospitals of each district where oral morphine is available                                      | Reports & returns            | 2018- 2022        | Director –Medical Supplies Division<br>Director/ MS of TH, PGH, DGH, BH<br>PDHS, RDHS                      |
| 5. Determine & obtain medical technologies required for palliative care according to the need at each level | Necessary medical technologies (eg. Syringe drivers for pain management, infusion pumps, PEG tube) are available | Proportion of hospitals in each district where specific medical technologies for palliative care are available | Report                       | 2018-2022         | DDG (MSD)<br>DDG (BME)<br>D-MSD<br>Director/ MS of TH, PGH, DGH, BH<br>PDHS, RDHS<br>Professional colleges |

## 6. Build partnerships with government and non-governmental organizations for delivery of palliative care

| <b>Major Activity</b>   | <b>Expected output</b>   | <b>Indicator</b>   | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>                                      |
|---|--|--|------------------------------|-------------------|--|
| 1. Identify government and non-government organizations involved in palliative care | Facilitate networking among palliative care providers & understanding of their roles and areas of work | Availability of list of organizations at national & sub national level | Reports                      | 2018 – 2022       | D NCCP<br>PDHS<br>RDHS<br>Director/ MS of TH, PGH, DGH, BH |

| <b>Major Activity</b>  | <b>Expected output</b>  | <b>Indicator</b>   | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|--|---|--|------------------------------|-------------------|--|
| 2. Develop networks nationally & regionally among organizations coordinating or providing palliative care      | Coordinated service provision is ensured  | No. of functional coordinated services.  | Reports                      | 2018– 2022        | Ministry of Health<br>Ministry of Social Services<br>Director -NCD<br>Director -NCCP,<br>Director -Primary care<br>SLMA<br>Palliative Care<br>Association of Sri Lanka<br>NGOs |
| 3. Advocate to obtain support of community and religion based organizations in the delivery of palliative care | Aspects of palliative care are delivered at home level by the community based organizations & volunteers. | Number of community and religion based organizations involved in palliative care | Survey Reports               | 2018 – 2022       | DGHS<br>D NCCP<br>Ministry of Social Services<br>PDHS<br>RDHS<br>District Secretariat  |
| 4. Expand networking with international organizations to strengthen palliative care                            | International experience & support is received to strengthen palliative care                              | No. of international organizations contributed in palliative care                | Reports                      | 2018 – 2022       | D NCCP<br>DDG NCD<br>Professional Colleges<br>WHO Country office   |

### **7. Empower family members, care givers & general public for the provision of palliative care**

| <b>Major Activity</b>   | <b>Expected output</b>   | <b>Indicator</b>            | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|---|--|-----------------------------|------------------------------|-------------------|--|
| 1. Create awareness & their responsibility amongst general public on palliative care and service availability | General public is aware about palliative care needs, services & their responsibility | No. of programmes conducted | Survey                       | 2018 - 2022       | Director- NCD<br>Director -NCCP<br>Director - Primary Care<br>PDHS; RDHS<br>Professional |

| <b>Major Activity</b>   | <b>Expected output</b>                                      | <b>Indicator</b>  | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|---|---|---|------------------------------|-------------------|--|
|   |   |   |                              |                   | Organizations<br>Professional Colleges   |
| 2. Empower family members & care givers for delivery of palliative care           | Family members & care givers are trained and are empowered. | No. of programmes conducted.<br>No. of educational materials developed. | Reports                      | 2018- 2022        | Ministry of Health<br>Ministry of Social Services<br>Ministry of Women & Child welfare<br>Director- NCD<br>Director -NCCP<br>Director - Primary Care<br>Director –Elderly & Disability<br>PDHS; RDHS<br>Hospices<br>NGOs |
| 3. Facilitate establishment of self-help / support groups for palliative patients | Community organizations are formed.                         | No. of groups   | Reports                      | 2018- 2020        | Ministry of Health<br>Ministry of Social Services PDHS; RDHS<br>NGO<br>Civil Society organizations   |

**8. Encourage research & clinical audit related to palliative care in assessing needs for palliative care and suitable models for implementation of palliative care services.**

| <b>Major Activity</b>  | <b>Expected output</b>                      | <b>Indicator</b>  | <b>Means of Verification</b>   | <b>Time Frame</b> | <b>Responsibility</b>                                |
|--|---|---|--------------------------------|-------------------|--|
| 1. Incooperate palliative care research into national health research agenda | Updated palliative care research repository | Availability of updated palliative care research repository | Reports of research repository | 2018 – 2022       | DDG - ET & R<br>Director - Research<br>Director NCCP |

| <b>Major Activity</b>  | <b>Expected output</b>   | <b>Indicator</b>  | <b>Means of Verification</b>                   | <b>Time Frame</b> | <b>Responsibility</b>  |
|--|--|---|--|-------------------|--|
| 2. Identify research needs on palliative care  | Priority research needs on palliative care are identified.   | Availability of list of prioritized research needs in palliative care | Reports of palliative care research needs      | 2018 – 2022       | Nat. Steering Comm. on Palliative Care<br>DDG -ET & R<br>Director -Research  |
| 3.Facilitate research (financial and technical grants )related to palliative care  | Palliative care research is conducted at all levels  | No. of research related to palliative care                            | Reports of research related to palliative care | 2018– 2022        | DDG - ET & R<br>Director - Research<br>Universities                          |
| 4. Disseminate & apply findings of research related to palliative care   | Delivery of palliative care services are changed based on research evidence.                       | No. of research evidence used for palliative care practice            | Published research reports                     | 2018-2022         | DDG- ET & R<br>Director - Research<br>Professional colleges<br>Universities  |
| 5.Conduct clinical audits at palliative care setting to compare with international standard / adherence to guidelines<br>Identify standards and suitable models for implementation | Palliative care services are compared with international standard or locally developed guidelines. | No. of clinical audits related to palliative care conducted.          | Report of clinical audit                       | 2020-2022         | Directors/ Medical Superintendents of the hospitals<br>Professional colleges |

### 9. Ensure adequate financing & resource allocation for cost effective delivery of palliative care

| <b>Major Activity</b>   | <b>Expected output</b>  | <b>Indicator</b>   | <b>Means of Verification</b> | <b>Time Frame</b> | <b>Responsibility</b>  |
|---|---|--|------------------------------|-------------------|--|
| 1. Ensure regular budgetary allocations for the sustainable delivery of palliative care at national & provincial level. | Financing mechanism is available for the cost effective delivery of palliative care | Financial allocation for palliative care as a percentage of total budget | Annual budget allocation     | 2018-2022         | Ministry of Finance<br>DGHS<br>DDG (Planning)<br>DDG (MS I), DDG (MS II),<br>DDG (NCD) |



|  |  |   |         |           |   |
|--|--|---|---------|-----------|---|
|  |  |   |         |           | DDG (Finance)<br>Hospital Directors / MS<br>PDHS /RDHS  |
| 2. Encourage private sector to develop palliative care services in the private sector. | Palliative care services are available at the private sector         | Number of private health institutions with palliative care services | Reports | 2018-2022 | Director – Private Health Sector Development<br>Private Health Services Regulatory Council<br>Director NCCP                                     |
| 3. Encourage Public Private Partnership (PPP) to develop palliative care initiatives   | Public private partnership projects on palliative care are commenced | Number of PPP projects on palliative care                           | Reports | 2018-2022 | Director – Private Health Sector Development<br>Private Health Services Regulatory Council<br>Hospital Directors<br>Director NCCP<br>PDHS, RDHS |

## 10. Strengthen legislative framework for delivery of palliative care

| Major Activity  | Expected output  | Indicator                                 | Means of Verification | Time Frame | Responsibility  |
|---|--|---|-----------------------|------------|---|
| 1. Identify existing legislative provisions and utilize those for delivery of palliative care       | Patients with palliative care needs and palliative care service providers are protected legally. | Availability of legislative framework     | Legislative Reports   | 2018-2022  | DGHS<br>Legal officer -Ministry of Health<br>Director NCCP  |
| 2. Identify legislative needs for provision of palliative care & develop new legislative procedures | Patients with palliative care needs and palliative care service providers are protected legally. | Availability of new legislative framework | Legislative Reports   | 2018-2022  | Secretary -Health<br>DGHS<br>Legal officer-Ministry of Health<br>Attorney General's Department<br>Director NCCP |

## 11. Ensure monitoring & evaluation framework for palliative care services

| Major Activity   | Expected output   | Indicator   | Means of Verification                                   | Time Frame | Responsibility  |
|--|---|---|---|------------|---|
| 1. Set up indicators to develop monitoring & evaluation framework for palliative care                        | Monitoring & evaluation indicators for palliative care service are developed at all levels          | Availability of M & E Framework   | Report  | 2018-2022  | Director NCCP   |
| 2. Incorporate palliative care monitoring & evaluation indicators at the management information system (MIS) | Palliative care indicators are included in the management information system at each level of care. | Availability of MIS with palliative care M & E indicators incorporated. | Management information system (MIS) for palliative care | 2018-2020  | DDG -Planning<br>Director - Information<br>PDHS /RDHS<br>Hospital Directors / MS<br>Director NCCP |

The Implementation of National Strategy will be guided by a detailed implementation plan. Accordingly the monitoring & evaluation plan to measure how the national strategy is progressing will be developed in consultation of all stakeholders, once approval is obtained for the strategic framework.

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