

Implementation for Oncology Treatment Guidelines at Low - and Middle-Income Countries Challenges and Opportunities

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Abstract

Oncology field is one of challenges facing policy health care policy makers, service providers and payers the objective for this study is to analysis the answers for

- How can these guidelines enhance resources for the health care system?
- Impact on patient's Quality of life?
- Practicality on the field?
- Reliability and sustainability?

Keywords: Oncology; Health Care; Quality

Background

Oncology field is one of burdens facing health care policy makers, service providers and payers at low and middle-income countries due to following natures

- Nature of the patient due to special impact of treatment on quality of life
- Nature of disease
- Economic burden on Payers. especially new and innovative products are characterized with high prices these prices sometimes lead payers to make restrictions for approval or even refusing to reimburse.
- Social impact on society that impact led to strong voice for patients' groups in the last few years

The previous natures and challenges developed demand for creating and implementing treatment guidelines trying to answer the following questions for policy makers.

1. How can these guidelines enhance resources for the health care system?
2. Impact on patient's Quality of life?
3. Practicality on the field?
4. Reliability and sustainability?

The objective for this study is to analysis the answers for previous questions in low- and middle-income countries



Figure 1: Goals of any health system.

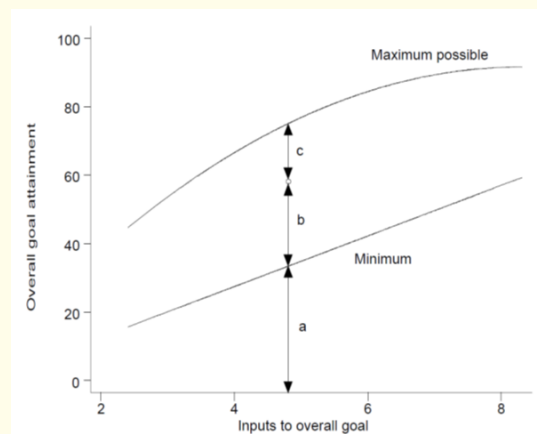


Figure 2: Health system performance (overall efficiency).

Methods

Integration between A systematic literature review and Descriptive analysis of (ESMO, NCCN, ASCO) and (local guidelines for Egypt, Algeria, Jordan, IRAQ, Kenia) Interviews was conducted with Key stock holders for health system in previous countries those stock holders included oncologists, nurses, clinical pharmacist. representors of patient's groups, payers, service providers using questionnaire as a survey tool for interview.

Sample size for those interviews was 150 different health care stock holders those interviews focused on challenges facing different stock holders for implementing local and international

guidelines and their opinions about impact of local guidelines on enhancement oncology health polices in these countries [1-15].

Policy analysis was conducted on local guidelines for evaluating the following objectives.

- Resources enhancement for health systems.
- Patient’s satisfactions, and Quality of life impact.
- Implementation, Practicality on the field.
- Reliability and sustainability.
- Gap analysis for implementation.

Data for national health accounts represented to World Health Organization are included in policy analysis.

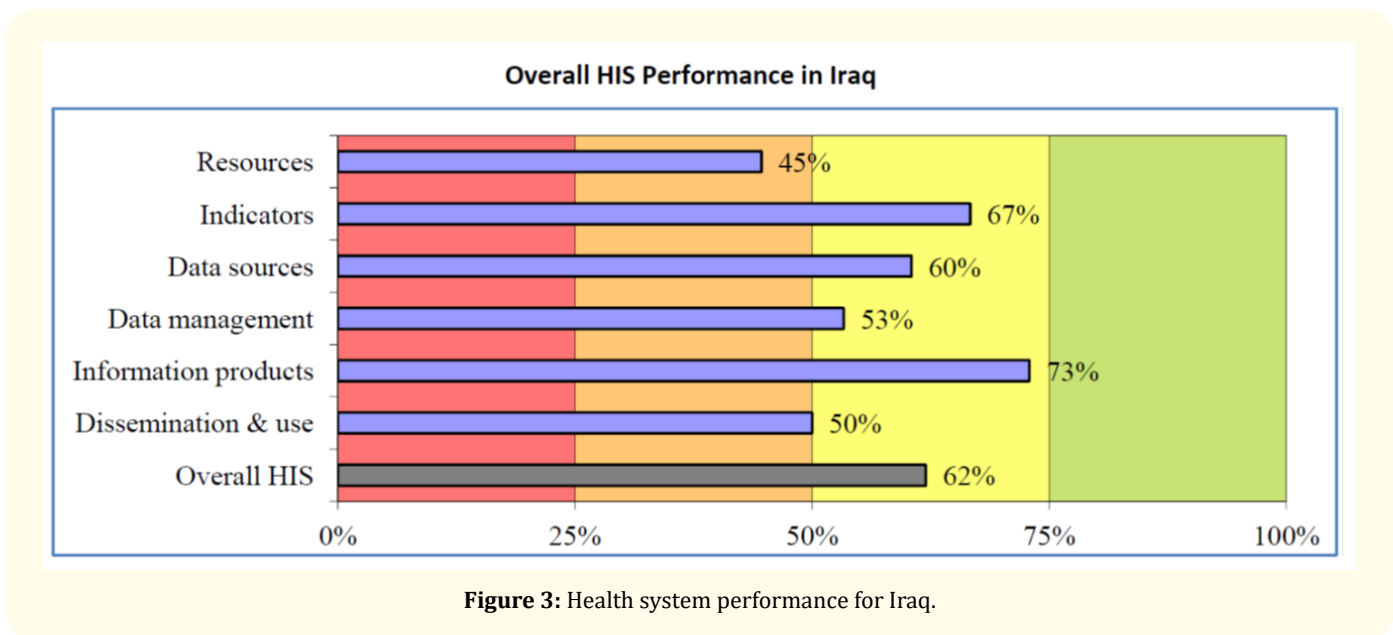


Figure 3: Health system performance for Iraq.

| Categories | Scores | | Percentage (%) |
|--------------------------------|---------|----------|--------------------------------|
| | Maximum | Assessed | |
| 1. Resources | 75 | 33.5 | Present but not adequate (45%) |
| 2. Essential Health Indicators | 15 | 10.0 | Adequate (67%) |
| 3. Data sources | 228 | 135.5 | Adequate (60%) |
| 4. Data management | 15 | 8.0 | Adequate (53%) |
| 5. Information products | 207 | 151.0 | Adequate (73%) |
| 6. Dissemination and use | 30 | 15.0 | Adequate (50%) |
| Overall HIS | 570 | 353.0 | Adequate (62%) |

Table 1: Efficiency Calculations items percentage.

| Overall efficiency | | | | | | | | |
|--------------------|----------------------|---|----|----------------------|------------|---------------------------|---|-------|
| Rank | Uncertainty Interval | | | Member State | In- dex | Uncertainty In- terval | | |
| 1 | 1 | - | 5 | France | 0.994 | 0.982 | - | 1.000 |
| 2 | 1 | - | 5 | Italy | 0.991 | 0.978 | - | 1.000 |
| 3 | 1 | - | 6 | San Marino | 0.988 | 0.973 | - | 1.000 |
| 4 | 2 | - | 7 | Andorra | 0.982 | 0.966 | - | 0.997 |
| 5 | 3 | - | 7 | Malta | 0.978 | 0.965 | - | 0.993 |
| 6 | 2 | - | 11 | Singapore | 0.973 | 0.947 | - | 0.998 |
| 7 | 4 | - | 8 | Spain | 0.972 | 0.959 | - | 0.985 |
| 8 | 4 | - | 14 | Oman | 0.961 | 0.938 | - | 0.985 |
| 9 | 7 | - | 12 | Austria | 0.959 | 0.946 | - | 0.972 |
| 10 | 8 | - | 11 | Japan | 0.957 | 0.948 | - | 0.965 |
| 11 | 8 | - | 12 | Norway | 0.955 | 0.947 | - | 0.964 |
| 12 | 10 | - | 15 | Portugal | 0.945 | 0.931 | - | 0.958 |
| 13 | 10 | - | 16 | Monaco | 0.943 | 0.929 | - | 0.957 |
| 14 | 13 | - | 19 | Greece | 0.933 | 0.921 | - | 0.945 |
| 15 | 12 | - | 20 | Iceland | 0.932 | 0.917 | - | 0.948 |
| 16 | 14 | - | 21 | Luxembourg | 0.928 | 0.914 | - | 0.942 |
| 17 | 14 | - | 21 | Netherlands | 0.928 | 0.914 | - | 0.942 |
| 18 | 16 | - | 21 | United Kingdom | 0.925 | 0.913 | - | 0.937 |
| 19 | 14 | - | 22 | Ireland | 0.924 | 0.909 | - | 0.939 |
| 20 | 17 | - | 24 | Switzerland | 0.916 | 0.903 | - | 0.930 |
| 21 | 18 | - | 24 | Belgium | 0.915 | 0.903 | - | 0.926 |
| 22 | 14 | - | 29 | Colombia | 0.910 | 0.881 | - | 0.939 |
| 23 | 20 | - | 26 | Sweden | 0.908 | 0.893 | - | 0.921 |
| 24 | 16 | - | 30 | Cyprus | 0.906 | 0.879 | - | 0.932 |
| 25 | 22 | - | 27 | Germany | 0.902 | 0.890 | - | 0.914 |
| 26 | 22 | - | 32 | Saudi Arabia | 0.894 | 0.872 | - | 0.916 |
| 27 | 23 | - | 33 | United Arab Emirates | 0.886 | 0.861 | - | 0.911 |
| 28 | 26 | - | 32 | Israel | 0.884 | 0.870 | - | 0.897 |
| 29 | 18 | - | 39 | Morocco | 0.882 | 0.834 | - | 0.925 |
| 30 | 27 | - | 32 | Canada | 0.881 | 0.868 | - | 0.894 |
| 31 | 27 | - | 33 | Finland | 0.881 | 0.866 | - | 0.895 |
| 32 | 28 | - | 34 | Australia | 0.876 | 0.861 | - | 0.891 |
| 33 | 22 | - | 43 | Chile | 0.870 | 0.816 | - | 0.918 |

| | | | | | | | | |
|----|----|---|----|--------------------------|-------|-------|---|-------|
| 34 | 32 | - | 36 | Denmark | 0.862 | 0.848 | - | 0.874 |
| 35 | 31 | - | 41 | Dominica | 0.854 | 0.824 | - | 0.883 |
| 36 | 33 | - | 40 | Costa Rica | 0.849 | 0.825 | - | 0.871 |
| 37 | 35 | - | 44 | United States of America | 0.838 | 0.817 | - | 0.859 |
| 38 | 34 | - | 46 | Slovenia | 0.838 | 0.813 | - | 0.859 |
| 39 | 36 | - | 44 | Cuba | 0.834 | 0.816 | - | 0.852 |
| 40 | 36 | - | 48 | Brunei Darussalam | 0.829 | 0.808 | - | 0.849 |
| 41 | 38 | - | 45 | New Zealand | 0.827 | 0.815 | - | 0.840 |
| 42 | 37 | - | 48 | Bahrain | 0.824 | 0.804 | - | 0.845 |
| 43 | 39 | - | 53 | Croatia | 0.812 | 0.782 | - | 0.837 |
| 44 | 41 | - | 51 | Qatar | 0.812 | 0.793 | - | 0.831 |
| 45 | 41 | - | 52 | Kuwait | 0.810 | 0.790 | - | 0.830 |
| 46 | 41 | - | 53 | Barbados | 0.808 | 0.779 | - | 0.834 |
| 47 | 36 | - | 59 | Thailand | 0.807 | 0.759 | - | 0.852 |
| 48 | 43 | - | 54 | Czech Republic | 0.805 | 0.781 | - | 0.825 |
| 49 | 42 | - | 55 | Malaysia | 0.802 | 0.772 | - | 0.830 |
| 50 | 45 | - | 59 | Poland | 0.793 | 0.762 | - | 0.819 |
| 51 | 38 | - | 67 | Dominican Republic | 0.789 | 0.735 | - | 0.845 |
| 52 | 41 | - | 67 | Tunisia | 0.785 | 0.741 | - | 0.832 |
| 53 | 47 | - | 62 | Jamaica | 0.782 | 0.754 | - | 0.809 |
| 54 | 50 | - | 64 | Venezuela, Bolivarian | 0.775 | 0.745 | - | 0.803 |

Table 2: WHO efficiency ranking for countries.

Results

The following results was obtained

| | |
|--------------------------------|-----|
| Resources enhancement | 30% |
| patient’s satisfactions | 25% |
| Quality of life impact | 30% |
| Implementation | 60% |
| Practicality on the field | 50% |
| Reliability and sustainability | 35% |

Table 3: Results about guidelines implementation.

Gap analysis findings

| Item | Percentage of gap analysis | Percentage of gap analysis | Percentage of gap analysis | |
|--------------------------------|---|--|---|------------|
| Resources enhancement | 60% health economic point of view did not take into consideration specially for innovative products | 20 % low quality of generic products | 20 % Other factors (looking for prices not costs lack of value definitions for products lack of data analysis | |
| Patient’s satisfactions | 90% no serves conducted for that issue | | | |
| Quality of life impact | 40% patients’ files or guidelines doesn’t contain item for Quality of life impact | 30% no serves conducted for that issue | 20 % lack of valid data | 10% others |
| Practicality on the field | 60% juniors and med seniors’ needs were not taking into consideration | 30% training and follow up | 10 % the guidelines were not effective in implementation | |
| Reliability and sustainability | 50% lack of covering practice needs | 30% training and follow up | 10 % no integration | 10% others |

Table 4: Results for gap analysis.

Conclusion

To achieve the following objectives following objectives resources enhancement for health systems, patient’s satisfactions, and Quality of life impact, Implementation, Practicality on the field, Reliability and sustainability. Gap analysis for implementation. And challenges towards practical and efficient treatment polices for cancer. Health economic point of view did not take into consideration especially for innovative products developing purchasing system for chemo thereby products guaranteeing quality of that products different stock holders should be represented and taking decision for those polices is a major role into achieving that polices data and, follow up, continuous training is the effective tools into efficient cancer health policy.

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