

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.

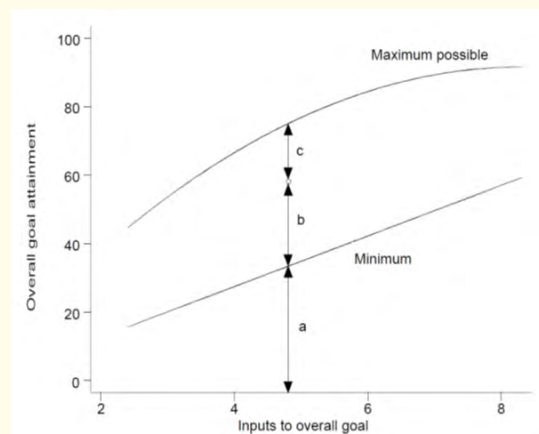


Figure 2: Health system performance (overall efficiency).

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.

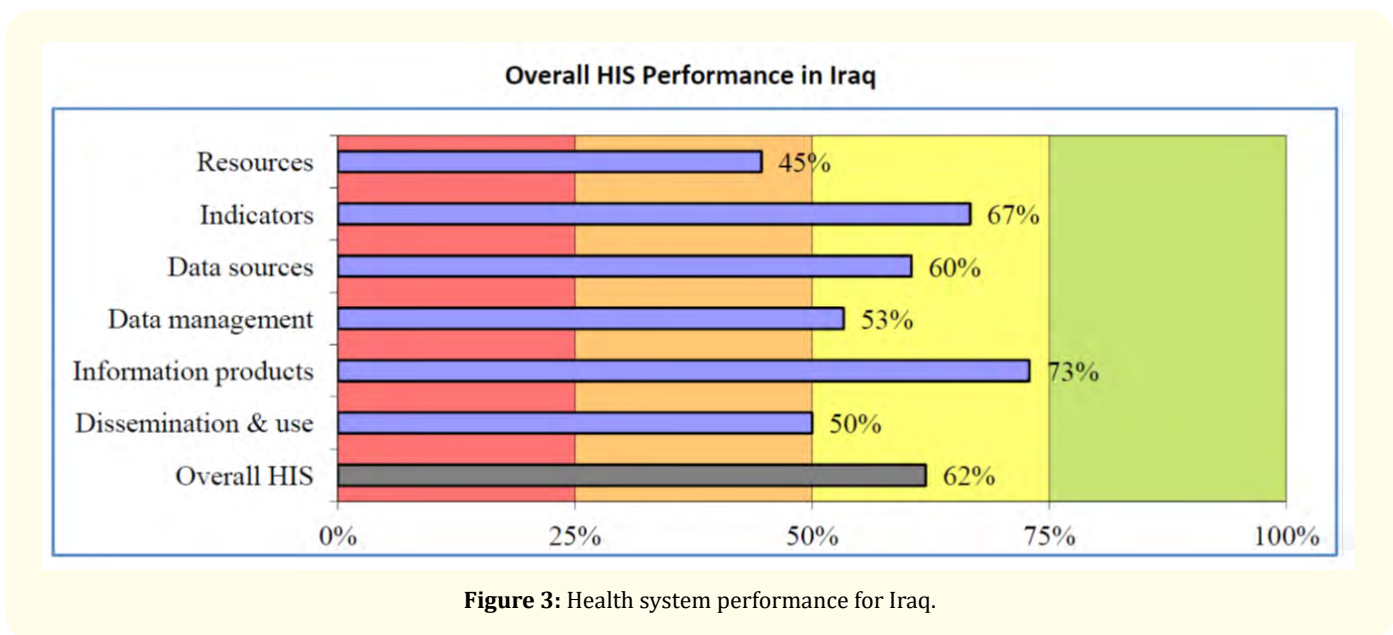


Figure 3: Health system performance for Iraq.

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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