

National Program for Palliative Care (NPPC)

Brief Description:

Palliative care is also known as supportive care which is required in the terminal cases of Cancer, AIDS etc. and can be provided relatively simply and inexpensively. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources. It can be provided in tertiary care facilities, in community health centres and even in patients' homes. It improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and bereavement.

The Ministry of Health & Family Welfare, Government of India constituted an expert group on Palliative care which submitted its report 'Proposal of Strategies for Palliative Care in India' in November, 2012. On the basis of the Report, an EPC note for 12th Five Year Plan was formulated. No separate budget is allocated for the implementation of National Palliative Care Program. However, the Palliative Care is part of the 'Mission Flexipool' under National Health Mission (NHM).

A model PIP, a framework of operational and financial guidelines, for the states has been designed. On the basis of a model PIP, the states/UTs may prepare their proposals related with Palliative Care and incorporate them in their respective PIPs to seek financial support under NHM.

Beneficiaries:

The terminal cases of Cancer, AIDS etc.

How to avail:

On the basis of a model PIP (Guidelines), the states/UTs may prepare their proposals related with Palliative Care and incorporate them in their respective PIPs to seek financial support under NHM.

Details of scheme:

Goal: Availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

Objectives:

- a) Improve the capacity to provide palliative care service delivery within government health programs such as the National Program for Prevention and Control of Cancer, Cardiovascular Disease, Diabetes, and Stroke; National Program for Health Care of the Elderly; the National AIDS Control Program; and the National Rural Health Mission.
- b) Refine the legal and regulatory systems and support implementation to ensure access and availability of Opioids for medical and scientific use while maintaining measure for preventing diversion and misuse
- c) Encourage attitudinal shifts amongst healthcare professionals by strengthening and incorporating principles of long term care and palliative care into the educational curricula (of medical, nursing, pharmacy and social work courses).
- d) Promote behaviour change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.
- e) Develop national standards for palliative care services and continuously evolve the design and implementation of the National program to ensure progress towards the vision of the program.

(Note: NHM flexi-pool has mandate for the activities for district level and below and hence the PIPs should be for seeking financial assistance for district palliative care unit and activities as well as state palliative care cell for implementing the program)

Implementation mechanism

It is envisaged that activities would be initiated through National Program for prevention and control of cancer, CVD, Diabetes & Stroke. The integration of national programs are being attempted under the common umbrella for synergistic activities. Thus, strategies proposed will provide essential funding to build capacity within the key health programs for non-communicable disease, including cancer, HIV/AIDS, and efforts targeting elderly populations. Working across ministries of health and finance, the program will also ensure that the national law and regulations allow for access to medical and scientific use of Opioids.

The regulatory aspects, as mentioned in the Program, for increasing Morphine availability would be addressed by Department of Revenue in coordination with Central Drug Standards Control Organization. Cooperation of international and national agencies in the field of palliative care would be taken for successful implementation of the program.

The major strategies proposed are provision of funds for establishing state palliative care cell and palliative care services at the district hospital.

Budget for District Hospital:

Non-Recurring:

Infrastructure strengthening: (renovation of Palliative Care unit/OPD/beds/ miscellaneous equipments etc.): Rs. 15 lakhs.

Recurring:

Manpower:

One Physician @ Rs 60,000 per month x 12 months

Four nurses @ Rs. 30,000 per month x 12 months

One Multi task worker @ Rs. 15,000 per month x 12 months

Training: Rs. 2 lakh per training program consisting of 50 participants.

Miscellaneous (Including travel/POL/stationary/communication/drugs etc.): Rs. 8 lakh

Total for a Palliative Care Unit at District: 48.4 Lakhs

Budget for State Palliative care cell:

One Co-ordinator: Rs. 60,000 per month x 12 months

One Data Entry Operator: Rs. 15,000 per month x 12 months

Miscellaneous (Including workshop/stationary/POL/communication etc.):

Rs. 50,000 to Rs. 1,00,000 per year

Total for Palliative Care Cell at state: Rs. 9.5 – Rs. 10.0 lakhs for a year.

Note: The GOI:State share would be 60:40 and in NE & Hill states it would be 90:10. State Govt. may submit the PIPs for consideration under 'Mission Flexipool' of National Health Mission.