

Jamaica : Paediatric Cancer

- *Organization/ Governance and Health System Challenges*
 - *PAHO Presentation*
 - *February, 2020.*

Governance and Organization

Policy

- Ministry of Health and Wellness

Implementation

- Regional Health Authority



Clinical Standards

- National Protocol for service delivery and clinical standards of care is usually prepared by the Ministry of Health in conjunction with consultants who provide the care
- SOCs are being developed with assistance of SCI
- Currently no accreditation process for centres providing paediatric oncology care
- Shared paediatric ward, nurse to patient ratio 1: 8 -10
- Nurses rotate due to severe shortage



Key Institutions for Service Delivery

- Bustamante Hospital for Children
- University Hospital of the West Indies
- Cornwall Regional Hospital
- Protocols discussed may be delivered by paediatricians at regional hospitals



UHWI

- Semi private institution: partial funding received from the government
- Potentially contributes to delays in delivery of drugs on time
- Assistance provided from CHASE and Compassionate fund through Ministry of Health (set limits per patient)
- Paediatric wards – 42 bed capacity; one room specially designed for oncology patients

International Assistance

- Regular case discussions are done with overseas institutions eg SCI, adhoc discussions with St Jude
- SCI collaboration fostered more accurate diagnosis in some cases as we lack IHC
- This allows for transparency and quality control and also facilitates workforce training





Human Resources

- Paediatric Oncologist
- General Paediatricians
- Paediatric Residents
- Paediatric Surgeon
- Nurses with Oncology Training
- Social worker
- Pharmacist ..does not mix/ handle chemotherapy, not trained in sterile technology

Nursing Standards

- Shared paediatric ward
- Nurse to patient ratio 1: 8-10 or more
- Teleconference and teaching sessions
- Chemotherapy administered by the doctors



- Government of Jamaica responsible for patients in public hospitals – general taxes, ear-marked taxes
- Payment for service at UHWI (out of pocket)
- All healthcare staff within the public health system and at UHWI are salaried



Funding cont'd

- Universal health coverage is available for all children in the Government funded hospitals in Jamaica
- Most investigations including imaging and pathology are available and funded
- Issues with availability of IHC and trained expertise (pathology), levels for HDMTX
- Cost barriers to care may exist for those children who access care at UHWI
- Able to administer linear accelerator external beam radiation (LINAC) to older children and adults. Centres not adequately equipped for young children
- Cannot administer focal radiation



Institutional Service Delivery BHC,CRH UHWI

- Average number of in-patients seen daily – 8+2
- Average number of admissions per month – 15+6
- Average number of patients seen as outpatients per day – 4
- Average number of new patients diagnosed annually – 30 +12 +9





Aspects of Concern for Service Delivery

- Continuous delivery of drugs especially , second line medication
- Shortages of IV pumps and central lines/ports
- Pathology processing time
- Periodic shortages of blood products
- Abandonment of therapy
- Failure to access clinical trials
- Psycho-social support and palliative care
- Dedicated space for treating Oncology cases
- Lack of specialized surgical equipment which hinders ability to perform certain types of surgery