A life-course approach to women's health - Reaching the NCD-related targets within the Sustainable Development Goals by 2030

Women’s Education & Empowerment, the Keys to Improving Outcomes for Breast Cancer Patients in Timor-Leste

Dr Kirsty Sword Gusmão, AO
Chair, Alola Foundation (Timor-Leste)
Timor-Leste and me

- Independence declared in 2002
- Population: 1.2 million
- Population residing in rural areas: 74%
- Population living in poverty: 49%
- Maternal Mortality Ratio: 215 deaths per 100,000 live births
My Cancer Story
HALIKU – I choose to get better

#WorldCancerDay #WeCanICan
Look what empowering women can do
Tradition & the patriarchy, amongst other challenges
Lifestyles matter

FACTSHEET  TIMOR-LESTE

GYTS  Global Youth Tobacco Survey 2013

TOBACCO USE (smoked and/or smokeless)

- 42% OVERALL
- 66% BOYS
- 24% GIRLS

TOBACCO USE (smoked)

- 35% OVERALL
- 61% BOYS
- 15% GIRLS
Strong partnerships get results

National Breast Cancer Committee of Timor-Leste
In a young nation like Timor-Leste, achievement of the NCD-related targets of the SDGs is unlikely. At the same time as improving community awareness, diagnostic and treatment facilities, strong partnerships and political will are required to address the social and economic factors in the wider environment that drive gender inequality in health.
Obrigadu barak / Thank you

Dr Kirsty Sword Gusmão, AO
Email: kirsty@alolafoundation.org
Project ECHO® (Extension for Community Health Outcomes)

Sanjeev Arora, MD, MACP
Distinguished Professor of Medicine (Gastroenterology/Hepatology)
Director of Project ECHO®
Department of Medicine
University of New Mexico Health Sciences Center

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sarora@salud.unm.edu
@ProjectECHO
UNMProjectECHO
At ECHO, our mission is to democratize medical knowledge and get best practice care to underserved people all over the world.

Our goal is to touch the lives of 1 billion people by 2025.
Moving Knowledge Instead of Patients and Providers
70 million in the world infected with HCV

In New Mexico estimated number was greater than 28,000 in 2004.

In 2004 less than 5% of patients in NM had been treated.
- 2,300 prisoners were HCV positive
Good news...
- Curable in 70% of cases

Bad news...
- Severe side effects:
  - anemia (100%)
  - neutropenia >35%
  - depression >25%
  - No Primary Care Physicians treating HCV
Goals of Project ECHO

Develop capacity to safely and effectively treat HCV in all areas of New Mexico and to monitor outcomes.

Develop a model to treat complex diseases in rural locations and developing countries.
The ECHO Model

**Amplification** – Use **Technology** to leverage scarce resources

**Case Based Learning** to master complexity

Share **Best Practices** to reduce disparity

Web-based **Database** to Monitor Outcomes
Steps

- Train physicians, physician assistants, nurse practitioners, nurses, pharmacists, educators in HCV
- Train to use web-based software — iECHO & ECHO Health®
- Conduct teleECHO™ clinics — “Knowledge Networks”
- Initiate case-based guided practice — “Learning Loops”
- Collect data and monitor outcomes centrally
- Assess cost and effectiveness of programs
Benefits to Rural Clinicians

- No cost CMEs and Nursing CEUs
- Professional interaction with colleagues with similar interest
  - Less isolation with improved recruitment and retention
- A mix of work and learning
- Access to specialty consultation with GI, hepatology, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator
ECHO model is not ‘traditional telemedicine’.
Treating Physician retains responsibility for managing patient.
Technology

- Web Cam
- Videoconferencing Software
- Video Recording System
- ECHO-Pearl Repository
- **ECHO Health** – Electronic Clinical Management Tool
- **iECHO** – Electronic TeleECHO Clinic Management Solution

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How well has model worked?

- 600 HCV teleECHO Clinics have been conducted
- >6,000 patients entered HCV disease management program

**CME’s/CE’s issued:**
- Total CME hours 79000 hours at no cost for HCV and 19 other disease areas
# Project ECHO Clinicians

## HCV Knowledge Skills and Abilities (Self-Efficacy)

scale: 1 = none or no skill at all 7 = expert-can teach others

<table>
<thead>
<tr>
<th>Community Clinicians N=25</th>
<th>BEFORE Participation MEAN (SD)</th>
<th>TODAY MEAN (SD)</th>
<th>Paired Difference (p-value) MEAN (SD)</th>
<th>Effect Size for the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to identify suitable candidates for treatment for HCV.</td>
<td>2.8 (1.2)</td>
<td>5.6 (0.8)</td>
<td>2.8 (1.2) (&lt;0.0001)</td>
<td>2.4</td>
</tr>
<tr>
<td>2. Ability to assess severity of liver disease in patients with HCV.</td>
<td>3.2 (1.2)</td>
<td>5.5 (0.9)</td>
<td>2.3 (1.1) (&lt;0.0001)</td>
<td>2.1</td>
</tr>
<tr>
<td>3. Ability to treat HCV patients and manage side effects.</td>
<td>2.0 (1.1)</td>
<td>5.2 (0.8)</td>
<td>3.2 (1.2) (&lt;0.0001)</td>
<td>2.6</td>
</tr>
</tbody>
</table>

(continued)
### Project ECHO Clinicians
#### HCV Knowledge Skills and Abilities (Self-Efficacy)  

<table>
<thead>
<tr>
<th>Community Clinicians</th>
<th>BEFORE Participation MEAN (SD)</th>
<th>TODAY MEAN (SD)</th>
<th>Paired Difference (p-value) MEAN (SD)</th>
<th>Effect Size for the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ability to assess and manage psychiatric co-morbidities in patients with hepatitis C.</td>
<td>2.6 (1.2)</td>
<td>5.1 (1.0)</td>
<td>2.4 (1.3) (&lt;0.0001)</td>
<td>1.9</td>
</tr>
<tr>
<td>5. Serve as local consultant within my clinic and in my area for HCV questions and issues.</td>
<td>2.4 (1.2)</td>
<td>5.6 (0.9)</td>
<td>3.3 (1.2) (&lt;0.0001)</td>
<td>2.8</td>
</tr>
<tr>
<td>6. Ability to educate and motivate HCV patients.</td>
<td>3.0 (1.1)</td>
<td>5.7 (0.6)</td>
<td>2.7 (1.1) (&lt;0.0001)</td>
<td>2.4</td>
</tr>
</tbody>
</table>

(continued)
## Project ECHO Clinicians
### HCV Knowledge Skills and Abilities (Self-Efficacy)

<table>
<thead>
<tr>
<th>Community Clinicians</th>
<th>BEFORE Participation MEAN (SD)</th>
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<th>Paired Difference (p-value) MEAN (SD)</th>
<th>Effect Size for the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Competence (average of 9 items)</strong></td>
<td>2.8* (0.9)</td>
<td>5.5* (0.6)</td>
<td>2.7 (0.9) (&lt;0.0001)</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Cronbach’s alpha for the BEFORE ratings = 0.92 and Cronbach’s alpha for the TODAY ratings = 0.86 indicating a high degree of consistency in the ratings on the 9 items.

# Clinician Benefits
(Data Source; 6 month Q-5/2008)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Not/Minor Benefits</th>
<th>Moderate/Major Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=35 Enhanced knowledge about management and treatment of HCV patients.</td>
<td>3% (1)</td>
<td>97% (34)</td>
</tr>
<tr>
<td>Being well-informed about symptoms of HCV patients in treatment.</td>
<td>6% (2)</td>
<td>94% (33)</td>
</tr>
<tr>
<td>Achieving competence in caring for HCV patients.</td>
<td>3% (1)</td>
<td>98% (34)</td>
</tr>
<tr>
<td>Statement</td>
<td>Mean Score (Range 1-5)</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>Project ECHO® has diminished my professional isolation.</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>My participation in Project ECHO® has enhanced my professional satisfaction.</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Collaboration among agencies in Project ECHO® is a benefit to my clinic.</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Project ECHO® has expanded access to HCV treatment for patients in our community.</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Access, <strong>in general</strong>, to specialist expertise and consultation is a major area of need for you and your clinic.</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Access to <strong>HCV specialist</strong> expertise and consultation is a major area of need for you and your clinic.</td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>
Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Results of the HCV Outcomes Study

Objectives

- To train primary care clinicians in rural areas and prisons to deliver Hepatitis C treatment to rural populations of New Mexico

- To show that such care is as safe and effective as that given in a university clinic

- To show that Project ECHO improves access to Hepatitis C care for minorities
Participants

Study sites

- Intervention (ECHO)
  - Community-based clinics: 16
  - New Mexico Department of Corrections: 5
- Control: University of New Mexico (UNM) Liver Clinic
Principle Endpoint

Sustained Viral Response (SVR): no detectable virus 6 months after completion of treatment
## Treatment Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority</td>
<td>n = 261</td>
<td>n = 146</td>
<td>p &lt; 0.01</td>
</tr>
<tr>
<td>SVR* (Cure) Genotype 1</td>
<td>68%</td>
<td>49%</td>
<td>ns</td>
</tr>
<tr>
<td>SVR* (Cure) Genotype 2/3</td>
<td>50%</td>
<td>46%</td>
<td>ns</td>
</tr>
</tbody>
</table>

*SVR=sustained viral response

Conclusions

- Rural primary care Clinicians deliver Hepatitis C care under the aegis of Project ECHO that is as safe and effective as that given in a University clinic.

- Project ECHO improves access to hepatitis C care for New Mexico minorities.
Disease Selection

- Common diseases
- Management is complex
- Evolving treatments and medicines
- High societal impact (health and economic)
- Serious outcomes of untreated disease
- Improved outcomes with disease management
Bridge Building
Pareto’s Principle

UNM HSC  State Health Dept  Private Practice  Community Health Centers

Chronic Pain

Rheumatoid Arthritis + Rheumatology Consultation

Substance Use and Mental Health Disorders

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Force Multiplier
Use Existing Community Clinicians

Specialists
Primary Care
Physician Assistants
Nurse Practitioners

Chronic Pain
Rheumatoid Arthritis + Rheumatology Consultation
Substance Use and Mental Health Disorders

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ECHO now reaching a breadth of areas

- Antimicrobial Stewardship
- Autism
- Behavioral Health
- Bone Health
- Cancer
- Cardiology
- Chronic Lung Disease
- Chronic Pain
- Crisis Intervention
- Diabetes and Endocrinology
- Education
- Geriatrics
- Good Health and Wellness in Indian Country
- Hepatitis
- High-Risk Pregnancy
- HIV/AIDS
- Infectious Disease
- Integrated Addictions & Psychiatry
- Laboratory Medicine
- LGBT Health
- Opioid Use Disorder
- Palliative Care
- Pediatrics
- Prison Peer Education
- Quality Improvement
- Rheumatology
- Sexually Transmitted Diseases
- Trauma-Informed Care
- Tuberculosis
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through the Project ECHO telehealth clinics, I am learning best-practice care in chronic disease.</td>
<td>4.68</td>
</tr>
<tr>
<td>I am connected with peers in the ECHO telehealth clinic whose opinion I respect for professional advice and consultation.</td>
<td>4.55</td>
</tr>
<tr>
<td>I learn with guidance from Project ECHO academic specialists in chronic disease management whose knowledge and skills I respect.</td>
<td>4.73</td>
</tr>
<tr>
<td>I am connected to and respected by the academic specialists in the ECHO telehealth clinic in which I participate.</td>
<td>4.4</td>
</tr>
<tr>
<td>I am developing my clinical expertise through participation in Project ECHO.</td>
<td>4.48</td>
</tr>
<tr>
<td>After gaining expertise in the clinical diseases addressed in Project ECHO, I am comfortable teaching others what I have learned.</td>
<td>4.33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Benefit</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>My participation in Project ECHO benefits patients under my care whom I co-manage with ECHO specialists.</td>
<td>4.45</td>
</tr>
<tr>
<td>The patients under my care whom I co-manage with ECHO specialists receive best-practice care.</td>
<td>4.43</td>
</tr>
<tr>
<td>My participation in Project ECHO benefits the patients under my care whom I do not co-manage with ECHO specialists.</td>
<td>4.19</td>
</tr>
<tr>
<td>I apply what I have learned about best practices through Project ECHO to all of my patients with similar chronic diseases.</td>
<td>4.45</td>
</tr>
<tr>
<td>I feel comfortable applying the principles I learned from Project ECHO to other patients in my practice with similar chronic disease, independently, without presenting them on the network.</td>
<td>4.23</td>
</tr>
</tbody>
</table>

513 patients who had a liver SCAN-ECHO visit were found within the cohort. Patients who had completed a virtual SCAN-ECHO visit were more likely younger, rural, with more significant liver disease, and evidence for cirrhosis. Propensity adjusted mortality rates using Cox Proportional Hazard Model showed that a SCAN-ECHO visit was associated with a hazard ratio of 0.54 (95% CI 0.36-0.81, p = 0.003) compared to no visit.

Peer Reviewed Publications n=129

% of peer-reviewed publications (N=116)

- Provider Learning: 73%
- Quality of Care: 19%
- Access to Care: 15%
- Workforce Issues: 13%
- Efficiency and Cost Barriers to Adoption: 5%
- Implementation Science: 5%
ECHO Publications by Moore’s Outcome Levels

- Participation
- Satisfaction
- Learning
- Competence
- Performance
- Patient Health
- Community Health
ECHO Hubs and Spokes: State of New Mexico
ECHO Hubs and Superhubs: United States
ECHO Hubs and Superhubs: Global
Potential Benefits of the ECHO Model

- Quality and Safety
- Rapid Learning and best-practice dissemination
- Reduce variations in care
- Access for Rural and Underserved Patients, reduced disparities
- Workforce Training and Force Multiplier
- Improving Professional Satisfaction/Retention
- Supporting the Medical Home Model
- Cost Effective Care- Avoid Excessive Testing and Travel
- Prevent Cost of Untreated Disease (e.g.: liver transplant or dialysis)
- Integration of Public Health into treatment paradigm

Democratize Knowledge
What The Mind Does Not Know The Eye Cannot See

“Expanding the Definition of Underserved Population”
Cancer Incidence and Mortality Higher in Rural Areas

• Mortality rates higher for cervical, colorectal, kidney, lung, melanoma and oropharyngeal cancer

• Nonmetropolitan rural areas have lower average annual age-adjusted cancer incidence rates for all anatomic cancer sites combined but higher death rates than metropolitan areas. During 2006-2015, the annual age-adjusted death rates for all cancer sites combined decreased at a slower pace in nonmetropolitan areas (-1.0% per year) than in metropolitan areas (-1.6% per year), increasing the differences in these rates.
Opportunity to improve cancer care

**Prevention**
- Smoking cessation
- HPV vaccination
- Hepatitis B vaccination
- Sun safety & skin cancer prevention
- Community cancer intervention & prevention

**Screening**
- Dermatology
- Breast cancer
- Cervical & colorectal cancer
- Oral & lung cancer
- Pathology best practices
- Training peer and community health advocates

**Treatment**
- Hepatitis B and C
- Pain & toxicity management
- Tumor Boards
- Cancer care navigation
- Precision medicine & cancer genomics
- Palliative care
- Survivorship
- Clinical trial enrollment
Cancer ECHO Hubs & Programs

- Cancer ECHO Hubs: 24
- Countries: 7
- Programs: 65
University of Texas MD Anderson Cancer Center ECHO Superhub

- **Superhub: 2017, 11 active programs serving the United States, Latin America, and Africa**
- Championed by Ernest Hawk, MD, MPH – VP, Cancer Prevention, OVP, Cancer Prevention & Population Science and Kathleen Schmeler, MD – Associate Professor, Gynecologic Oncology & Reproductive Medicine
- Ellen Baker, MD, MPH – Director
- Melissa Lopez, MS – Program Manager
American Cancer Society ECHO

• Lung Cancer Patient Support ECHO serving the United States

• ACS Advisory Group: co-chaired by Sarah Shafir, MPH, Strategic Director of State and National Systems, and Dawn Wiatrek, PhD, Strategic Director of Cancer Treatment Access.

• ECHOs in design:
  • Tobacco Cessation in Public Housing
  • HPV Vaccination & Screening

Lung Cancer Patient Support ECHO Clinic:
Helping You Provide The Best Care For Your Patients
Kimberley Hospital Complex ECHO

• Lung Cancer & Mesothelioma ECHO serving the Norther Cape of South Africa
  • Addressing the entire Continuum of Care: Prevention, Screening, Diagnosis, Treatment, Survivorship and End of Life Care
  • Led by Daniel Osei-Fofie, MD – Medical Director and Brenda Masuabi, Oncology Specialist Nurse – Program Manager and Facilitator
National Cancer Institute – Center for Global Health ECHO

Active Programs: Participation from ministries of health, NGOs, UICC, WHO, CDC, AORTIC, international foundations, cancer centers.

- Asia-Pacific Economic Cooperation (APEC) ECHO: Cancer Control Planning ECHO with work in Cervical Cancer Implementation of evidence based practices
  - Participants from China, Malaysia, Peru, Papua New Guinea, Thailand, Vietnam, Canada and the United States

- Africa ECHO: Cancer Control Planning ECHO
  - Participants from Botswana, Ethiopia, Kenya, Malawi, Namibia, Nigeria, Rwanda, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

Cohort Program

- Caribbean ECHO: Cancer Control Planning specific to Cervical Cancer Caribbean ECHO Asian Pacific Economic Cooperation ECHO
  - Participants from Suriname, Jamaica, Trinidad and Tobago, Grenada, Barbados, Dominican Republic and Dominica
National Institute of Cancer Prevention and Research (NICPR), Noida, India

- **Goal:** to build capacity in the area of cancer screening services among health care providers which will empower them to carry out screening independently, thereby enabling their services to be accessible to every eligible citizen in India.

- Cancer screening pilot project with Community Health Workers in 2016 led to two publications in the *Journal of Global Oncology*.

- Currently running Oral Cancer Screening and Tobacco Cessation ECHO for Dentists.
Palliative Care Programs in India

1. Trivandrum Institute of Palliative Sciences, Thiruvananthapuram, India
   - Palliative care program launched January 2017 with 20-25 spokes per session.

2. Pain Relief and Palliative Care Society – Hyderabad, India
• Virtual Tumour Board ECHO launched December 2016 including 100+ spokes from 20+ centers of excellence from the National Cancer Grid

• Currently running three Virtual Tumour Board ECHO programs with 30+ centers of excellence.
Cancer ECHO Replication Sites in the United States

- **Alaska Native Health Consortium** – Anchorage, AK
  - Palliative Care with Community Health Aides
- **American Academy of Pediatrics** – Itasca, IL
  - HPV Screening and Quality Improvement
- **American Cancer Society, Inc.** – Atlanta, GA
  - Lung Cancer Patient Support
- **Center for Asian Health Equity** – Chicago, IL
  - Colorectal Cancer Screening
- **Charleston Area Medical Center** – Charleston, WV
  - Breast Cancer Survivorship
- **Four Seasons Compassion for Life** – Flat Rock, NC
  - Palliative Care
- **International Gynecologic Cancer Society** – Louisville, KY
  - Management of Gynecologic Cancers (Belarus), Management of Gynecologic Cancers (Vietnam), Management of Gynecologic Cancers (Kenya), Management of Gynecologic Cancers (Ethiopia), Management of Gynecologic Cancers (Mozambique), Management of Gynecologic Cancers (Kazakhstan), Management of Gynecologic Cancers (Caribbean)
- **Missouri Telehealth Network** – Columbia, MO
  - Dermatology & Skin Cancer Prevention for PCPs
- **National Cancer Institute – Center for Global Health** – Bethesda, MD
  - Cancer Control Planning & Cervical Cancer (APEC), Cancer Control Planning (Africa)
- **University of Colorado School of Public Health** – Aurora, CO
  - Cancer Survivorship
- **University of Rochester Medical Center** – Rochester, NY
  - Palliative Care
Cancer ECHO Replication Sites in the United States

• University of Texas MD Anderson: Superhub – Houston, TX
  • Cervical Cancer Prevention in the Rio Grande Valley
  • Community Cancer Survivorship for CHWs
  • Early Diagnosis of Melanoma Using Dermoscopy
  • Survivorship Training for Family Medicine Residents
  • Tobacco Education and Cessation in the Health System (TEACH)
  • Palliative Care in Africa (PACA)
  • Cervical Cancer Management (Latin America)
  • Pathology (Zambia)
  • Pharmacy (Zambia, Tanzania)
  • Radiation (Zambia)
Cancer ECHO Replication Sites in the Worldwide

- **Highland Hospice** – Inverness, Scotland
  - Community Pharmacists, Nurse Specialists, Emergency Practitioners, Rural General Practitioners
- **Hospice UK** – Kings Cross, England
  - Care Homes and Palliative Care
- **Instituto de Oncología Ángel H. Roffo** – Buenos Aires, Argentina
  - Head & Neck Cancer
- **Instituto Alexander Fleming** – Buenos Aires, Argentina
  - Colorectal Cancer, Virtual Tumor Boards
- **Kimberley Hospital** – Northern Cape, South Africa
  - Lung Cancer & Mesothelioma
- **National Institute for Mental Health and Neurosciences** – Bengaluru, India
  - Tobacco Cessation
- **National Institute of Cancer Prevention & Research** – New Delhi, India
  - Oral, Breast and Cervical Cancer Prevention and Screening, Virtual Advanced Cancer Screening Training Program for Dentists
Cancer ECHO Replication Sites in the Worldwide

- **Northern Ireland Hospice** – Newtownabbey, Northern Ireland
  - Nursing Home NI Reach & Palliative Care

- **Pain Relief and Palliative Care Society** – Hyderabad, India
  - Palliative Care

- **Tata Memorial Centre** – Mumbai, India
  - Virtual Tumor Boards

- **The Hospital for Sick Children** – Toronto, Canada
  - Pediatric Palliative Care

- **Trivandrum Institute of Palliative Sciences** – Thiruvananthapuram, India
  - Palliative Care, Chronic Pain

- **Universidad de la República** – Montevideo, Uruguay
  - Cervical Cancer, Virus del Papiloma Humano (HPV), Cuidados Paliativos Pediatricos (Pediatric Palliative Care), Cuidados Paliativos de Adultos (Adult Palliative Care)
The “ECHO Act” (Expanding Capacity for Health Outcomes Act)
Passed House/Senate by unanimous vote, November-December 2016
Signed into law by President Barack Obama, December 2016

Asks the Secretary of Health and Human Services to study the impact of Project ECHO on:

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Mental and substance use disorders, chronic diseases and conditions, prenatal and maternal health, pediatric care, pain management, and palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce</td>
<td>Implementation of public health programs, including those related to disease prevention, infectious disease outbreaks, and public health surveillance</td>
</tr>
<tr>
<td>Public Health</td>
<td>Health care workforce issues, such as specialty care shortages and primary care workforce recruitment, retention, and support for lifelong learning</td>
</tr>
<tr>
<td>Rural and Underserved Populations</td>
<td>Delivery of health care services in rural areas, frontier areas, health professional shortage areas, and medically underserved areas, and to medically underserved populations and Native Americans</td>
</tr>
</tbody>
</table>
The ECHO Team
What Makes ECHO Work?

- Technology
- Force Multiplication
- De-monopolizing Knowledge
- All Teach All Learn
- Team Based Care
- Task Shifting
- Interprofessional Consultation
- Guided Practice
- Mentor/Mentee Relationship
- Movement Building Vs. Organization Building
- Community of Practice (Social Network)
- Joy of Work
- Movement Building Vs. Organization Building
- Movement Building Vs. Organization Building
- Movement Building Vs. Organization Building
- Movement Building Vs. Organization Building
Thanks to our supporters
Join Us

Be part of the movement to improve 1 billion lives

For more information

echo.unm.edu
sarora@salud.unm.edu
Palliative care - a human right

Current status and Global overview
Ad in Colombian newspaper

“Cancer is killing us. Pain is killing me because for several days I have been unable to find morphine in any place. Please Mr. Secretary of Health, do not make us suffer any more.”

https://www.hrw.org/sites/default/files/reports/health0309webwcover_1.pdf
National crime records bureau of India, Nov 05, 2014

26,426 people in India suffering from various ailments, including cancer, AIDS and paralysis, chose to end their lives in 2013.

18% of global population consumes 83% of medical opioids

Global Pain Policy Group,
University of Wisconsin
# Morphine consumption - Per capita mg

<table>
<thead>
<tr>
<th>Country</th>
<th>Consumption (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>0.11</td>
</tr>
<tr>
<td>Kerala</td>
<td>1.56</td>
</tr>
<tr>
<td>Global average</td>
<td>6.27</td>
</tr>
<tr>
<td>UK</td>
<td>241.00</td>
</tr>
</tbody>
</table>

End-of-life care in the Global South

The poor die in misery in neglect;
The middle class die in misery of ignorance;
The rich die in misery on ventilators.
No one gets a pain-free and dignified death.

Sankha Mitra; personal communication.
The impact of health care

Castastrophic out-of-pocket health expenditure pushes 808 million people into poverty around the globe every year!

UN Special Rapporteur on Health and Torture

“The de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment.”

Right, not charity

Countries are obliged to take steps to ensure that patients have access to palliative care and pain treatment.

- Article 12 of the International Covenant on Economic, Social and Cultural Rights
- Article 7 of the International Covenant on Civil and Political Rights
How?

In the context of the political, economic and social realities in this world, how do we make this happen?

Answer 1: Engage the community.
The Usual Medical Model

Lewis JM et al; A social capital framework for palliative care:
Jour Pain Symptom Manage. 2013. 45:1; 92-103.
Proper use of social capital

Lewis JM et al; A social capital framework for palliative care: Jour Pain Symptom Manage. 2013. 45:1; 92-103.
The elements of the social capital - volunteers
Compassionate communities in Kerala, India
Support for children’s education: Kids’ Collective
Richard Smith;
The BMJ opinion

“The Kerala model does provide a feasible way of achieving Murray’s vision of palliative care covering ‘all patients, all diseases, all nations, all settings, and all dimensions’. It’s hard to see how it will be achieved in another way.”

https://blogs.bmj.com/bmj/2012/06/25/richard-smith-a-way-to-provide-palliative-care-globally/
Is social capital relevant to health care in rich countries?

“She waited..., Like a second suspended in time Until her clock stopped ticking For visitors who never came.”

Frances Shani Parker
The key to a new normal:

Advocacy for a global health care system that focuses on serious health-related suffering along with treatment of disease.

We have to be advocates; we have no choice.

To try to avoid the political fray through silence is impossible, because silence is now political.

Either engage, or assist the harm.

There is no third choice.