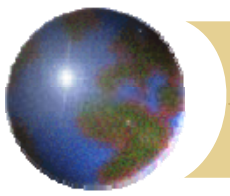


# Bridging the gap between palliative care research in Developed and Developing Countries - Setting a Global strategy

Dr Suresh Kumar

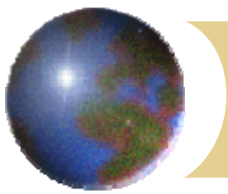
Institute of Palliative Medicine

Kerala, India



*The 90 / 10 rule true in the case of palliative care as well!*

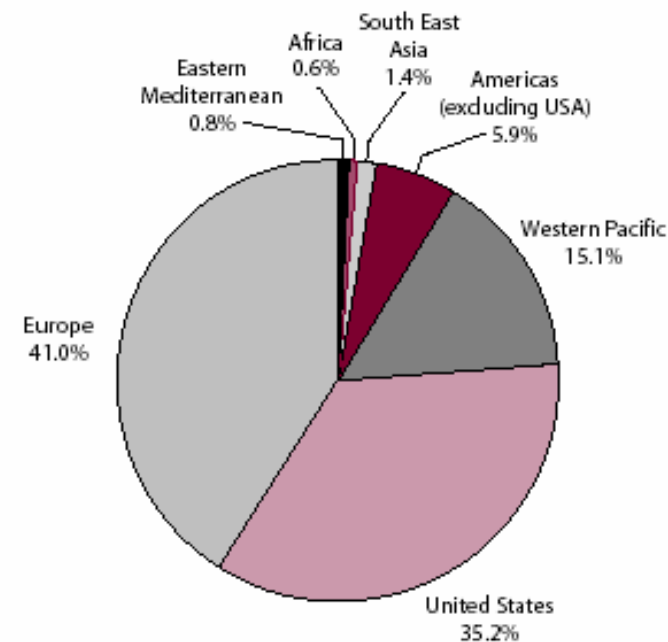
- Majority of people in need of palliative care live in the Developing World
- Most of the services are concentrated in the Developed World



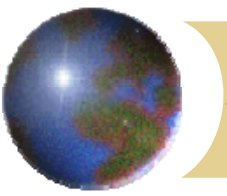
# *Research capacity and knowledge pool of regions vary*

- Most of the research happen in the Developed World on issues relevant to the region
- Research in the Developed World – How 'transferable' are the results to the low income countries?

Proportion of scientific publications addressing health topics from different regions\* in the world, 2001

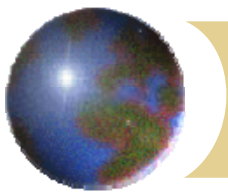


Source: World Health Organization, 2004, based on Institute for Scientific Information (ISI)'s Science Citation Index (SCI) database from 2001.



# *The palliative care situation in the poor regions of the World is different from the rich countries*

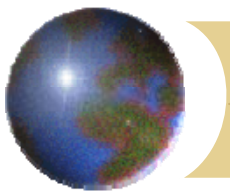
- The most effective treatment in an RCT in a rich country may not be the most effective treatment in the developing world.
  - The Health care experience of the patient differs
  - System of delivery of the care differs



## *Developing World participation in meta analysis projects*

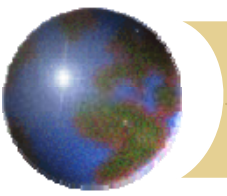
Number of people actively involved in Cochrane Collaborative groups		
Year	Total people	People from the Developing World
2002	7728	553
2003	9279	758
2004	11517	1078

Allen C, Clarke M (2004) International activity within collaborative review groups.  
In: 12th Cochrane Colloquium, 2004. Ottawa: The Cochrane Collaboration. p. 102



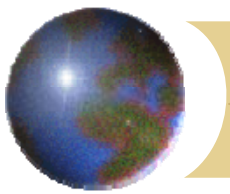
# *Research as a priority in the Developing World*

- Locally relevant issues/ technology
- Evidence base for proper use of scarce resources
- Advocacy at the International level



# *Barriers to research in the Developing World*

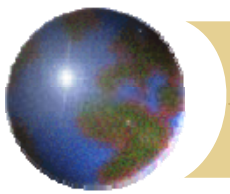
- Development and delivery of services assume priority
- Lack of skills/ expertise
- Lack of access to information
- Cultural issues?



# *North –South Collaboration in palliative care research – The key questions*

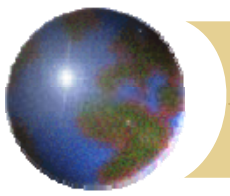
- How are research topics selected and by whom?
- How are research activities financed?
- What are the different values and objectives of those involved?
- To what extent are potential beneficiaries involved in the research process?
- How are results disseminated and to whom?
- How are research activities evaluated and made accountable to society?





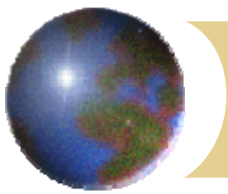
# *Strategy for improving research output from the Developing World*

- Encouraging to identify locally relevant issues for research
- Training and updates: On conceptual, technical and methodological advances
- Access and sharing of information
- Opportunities to present, discuss and publish results
- Transparency of funding process
- Being sensitive to local social ecology- know that people from the 'other side' may not see the World through the same lenses as the Developed world



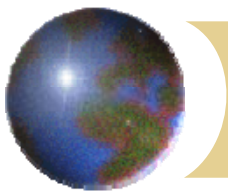
## *North –South Collaboration in Research: St Gallen – IPM project*

- Preliminary work on characterization of a community owned palliative care program in a Developing World situation
- Exploration of applicability of the concept to a Developed World situation



## *St Gallen – IPM project*

- 30-35 hours of protected time per week by a middle level physician at IPM- Funded by St Gallen
- 'Tele training' in qualitative research: 60 – 90 minute tele discussion every week with the resource person at St Gallen
- Information & technology support for the study from St Gallen
- The researcher at IPM to act as resource person for setting up a community project in Switzerland



*Thank You!*