

# Palliative and medico-social homecare in Belarus: Belarus Red Cross case study

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## Mini review

In Belarus, the need for the development of palliative and integrated medico-social care is significantly increased due to the aging of population, the growth of non-infectious morbidity. Beneficiaries of medical and social services are elderly lonely people over 75 and with disabilities. Total population in Belarus is 9'504'700 inhabitants; the proportion of persons over 60 years old is 21%; aged 65 years and older – 14.7%; about 745,000 lonely and living alone, and 5.8% of the disabled. About 65% is people with severe disability (1n2 grade). Currently around 17 thousand HIV-positive people live in Belarus. A total of more than 6 thousand HIV-positive people (PLHIV), or 40% of all PLHIV in Belarus live in Gomel region. Most of HIV cases are revealed among people of 40 and older – 33.6%, the other important age group is 30-34 years old – 24.2%. Number of cases of AIDS (4th Stage) is 6 085 ; number of cases of AIDS (3th Stage) is over 6 135 in the country. All HIV-positive patients, if they have indications for use of specific treatment, receive free medicines for anti-retroviral therapy.

Care to the elderly is provided through the health and social structures of the Belarus Government system either in institutions or at home. Within the Ministry of Labor and Social Protection 146 Social centers and 70 homes for elderly and disabled people are functioning. Within the Ministry of Health 106 nursing hospitals (2'670 beds) work. Also nursing beds are functioning in the hospitals; availability of nursing beds is 4.8 beds per 10,000 populations (4'543 beds). There are 4 hospitals for elderly and disabled people in the country.<sup>1</sup> Palliative medical care is provided by state health inpatient and outpatient institutions. Inpatient care: 15 hospices, departments of palliative care in hospitals, in total 427 beds. Ambulatory care: 5 mobile visiting services, day care units in hospices, palliative care unit in the structure of oncological health center. In Belarus, 14'000 people are in need of a palliative medical care. Most of patient in palliative medical care institutions are oncological patients – about 91%; patients with chronic somatic diseases – about 9%. In 2015 about 8'500 people (60.7%) have got care. The norm of providing beds for palliative care in Belarus is 0,5 per 10 thousand of the population. The provision of beds for palliative care in 2016 amounted to 0.4 per 10 thousand of the population.

Belarus Red Cross Society (BRC) is one of the main providers of long-term palliative and medico-social care at home for elderly people, people with disabilities and people living with HIV. Visiting Nurses Service (VNS) of the BRC provides a range of medical care, individual care, social and household services. The visiting nurses of the BRC provide integrated medico-social and palliative home based care to the most vulnerable groups of the population: lonely and living alone elderly persons with multiple severe morbidity: average age of 82,2 years; people with severe disability: 60% of the VNS beneficiaries are the disabled; 41.5% of them are the disabled with the highest disability grade who lost self-care and mobility capacity. The BRC visiting nurses provide palliative and medico-social home based care for seriously ill PLHIV. As of now only VNS BRC

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provides this set of services at home. Infectious diseases including HIV/AIDS are contraindications for acceptance for service to state social centers; Health Organizations provide services at home at times of acute exacerbation of a chronic disease on a short-time basis. Thus, palliative home care provision for PLHIV by BRC visiting nurses is unique in its own way.

Palliative and medico-social home based care for elderly and disabled people is provided by 143 medical nurses, 29 juniour nurses and over 1 000 volunteers in all regions of Belarus. Palliative and medico-social home based care for PLHIV is provided by 11 medical nurses in 7 cities and towns with the highest number of HIV/AIDS cases: Gomel, Zhlobin, Minsk, Pinsk, Rechitsa, Svetlogorsk and Soligorsk. Palliative care was provided for more than 400 seriously ill HIV/AIDS patients, 75 % of them are in terminal stage. Goal of the VNS activities is to help elderly people stay at home as long as possible, with the highest level of independence and quality of life. Integrated long term palliative and medico-social home care by VNS BRC include services of mMedical care–dynamic observation, blood pressure control, injections, wound care, taking medications control and assistance; Individual care -- keeping of personal hygiene, basic body care, daily needs support (feeding, moving, etc.), teaching self-care using kinaesthetics approach; Social assistance – communication, delivering medications, food and other goods, communal and other payments, contacting organizations/authorities, accompanying in visiting the doctor; Psychological support; Household assistance – cleaning, laundry, delivering water and fuel, etc.

According to the study on VNS effectiveness which was carried out in 2012 the integrated medico-social home care provided by the BRC VNS is characterized by medical, social and economic effectiveness.<sup>2</sup>

Integrated medico-social home care provision by the VNS BRC allows to reduce utilization of ambulance and district doctor home calls by medico-social home care clients:

- i. 45% of integrated care clients did not call an ambulance when they were sick;
- ii. About 50% of the clients still called the medical emergency

services, but every fifth client (21%) preferred to remain at home and not be hospitalized.<sup>3</sup>

Integrated medico-social home based care provision by the VNS BRC allows preventing elderly persons from admission to an inpatient facility: only 1.7% of medico-social home care clients were admitted to a nursing hospital and no one was moved to 24 hours social facilities.<sup>3</sup> 65 % of VNS clients who received integrated home care admitted improvement of self-care and mobility capacity. 98.32% of the integrated medico-social home care clients demonstrated high satisfaction level of the quality of medical and social home care provided by the VNS BRC.<sup>3</sup> Costs of integrated home care for the elderly appeared to be from 1.5 to 6.2 times lower than costs of hospitalization and other inpatient services as well as home services provided by the state health and social institutions – the cost of one visit to the VNS BRC client aged 60 and over was almost 3 times lower than costs of one health specialist home visit and almost 2 times lower than the same costs of social worker and more than 6 times lower the one day costs in the nursing hospital.<sup>4,5</sup>

Merging health and social care services in home care prove to be an efficient service provision model at low costs and with high beneficiary satisfaction, which frees resources and takes off workload from the Government medical and social providers.<sup>6</sup> The integration of palliative and medico-social home care in one service provider has proved to be an efficient service model addressing holistically the needs of each client. BRC is actively involved in developing and testing out new service models of palliative and medico-social care within Belarus (team work, case and care management, kinaesthetics).

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## Conflict of interest

The author declares no conflict of interest.

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