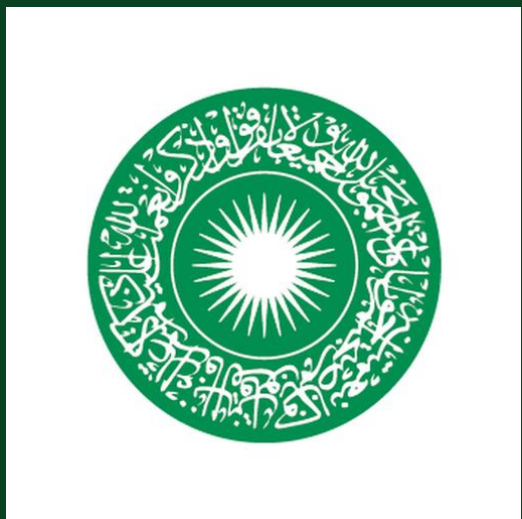


AN INTEGRATED SERVICE MODEL FOR PEDIATRIC PALLIATIVE CARE IN A RESOURCE-LIMITED SETTING



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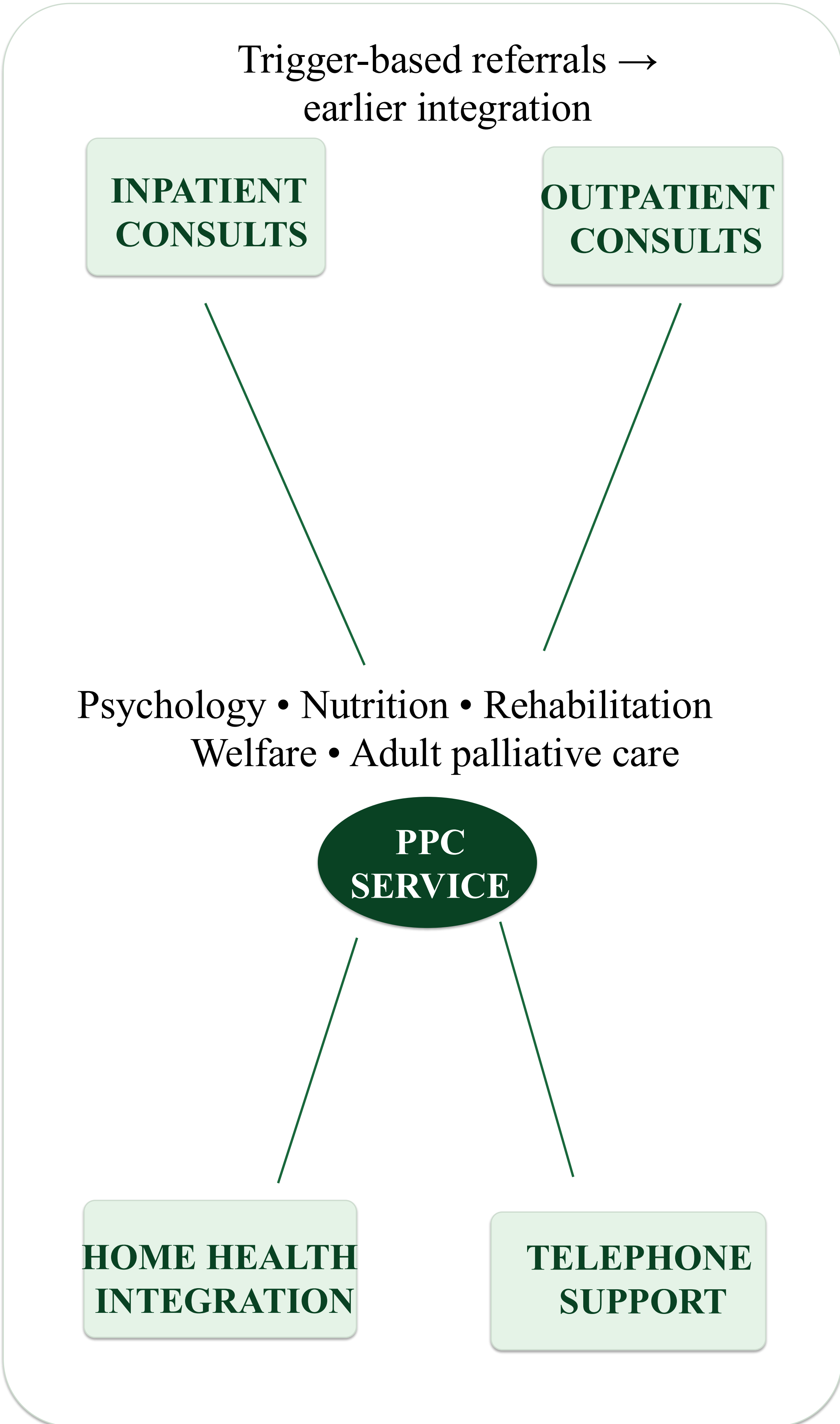
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INTRODUCTION

- Access to pediatric palliative care (PPC) remains limited in many low-and middle-income countries due to workforce shortages and fragmented healthcare systems.
- We describe an integrated PPC service model designed to improve access, continuity, and early PPC involvement.

METHODOLOGY

- An integrated PPC service model was developed to provide coordinated care across multiple settings.
- Core components included inpatient and outpatient consultations, integration into an existing home health service, a dedicated telephone support line, trigger-based referrals, and multidisciplinary collaboration.
- Existing institutional and community resources including ambulance services, equipment, welfare support and philanthropic partnerships were leveraged to address practical and psychosocial needs.
- Data from 2023–2025 were reviewed descriptively.



RESULTS

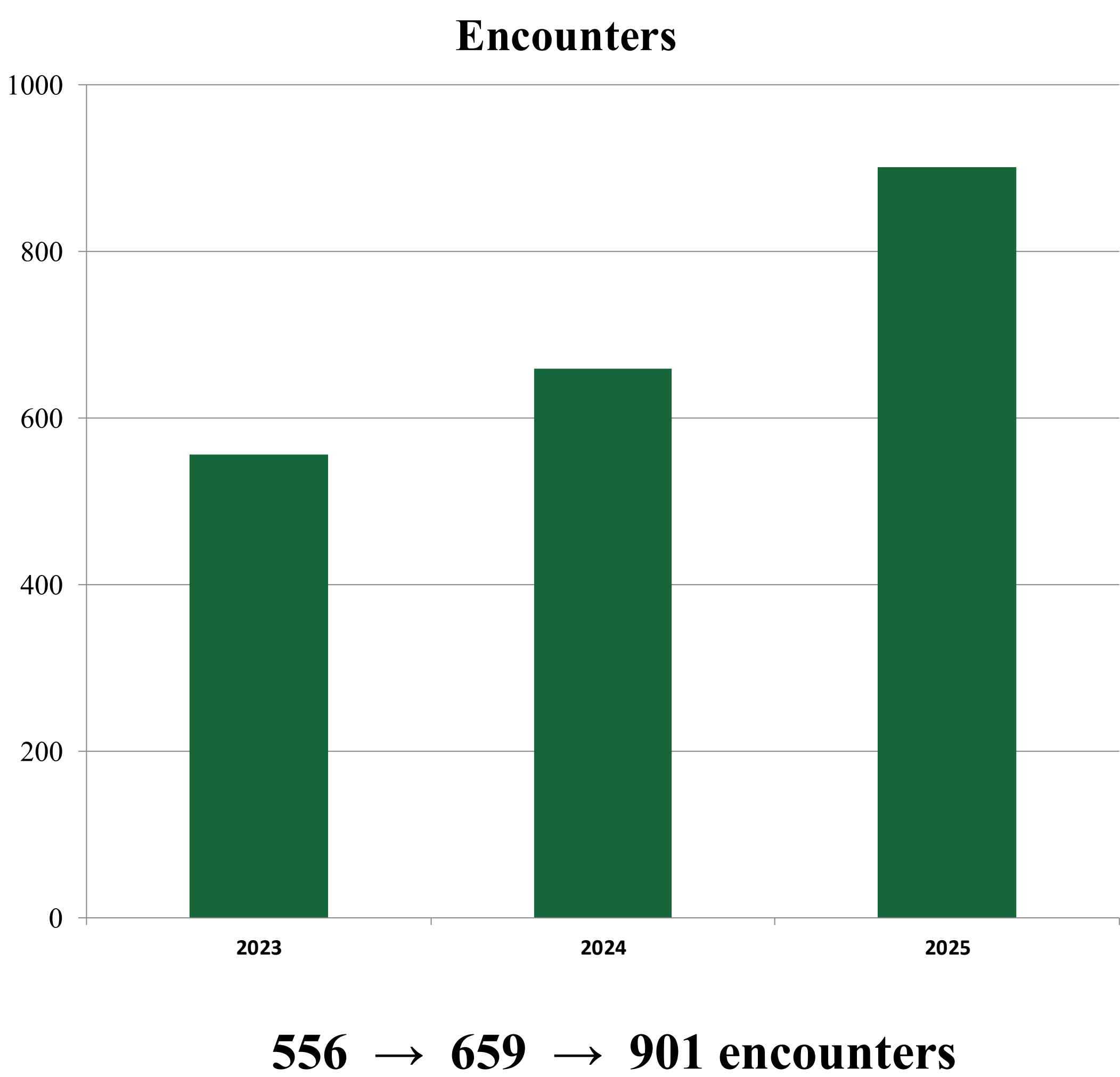
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Patients Encounters
2023–2025

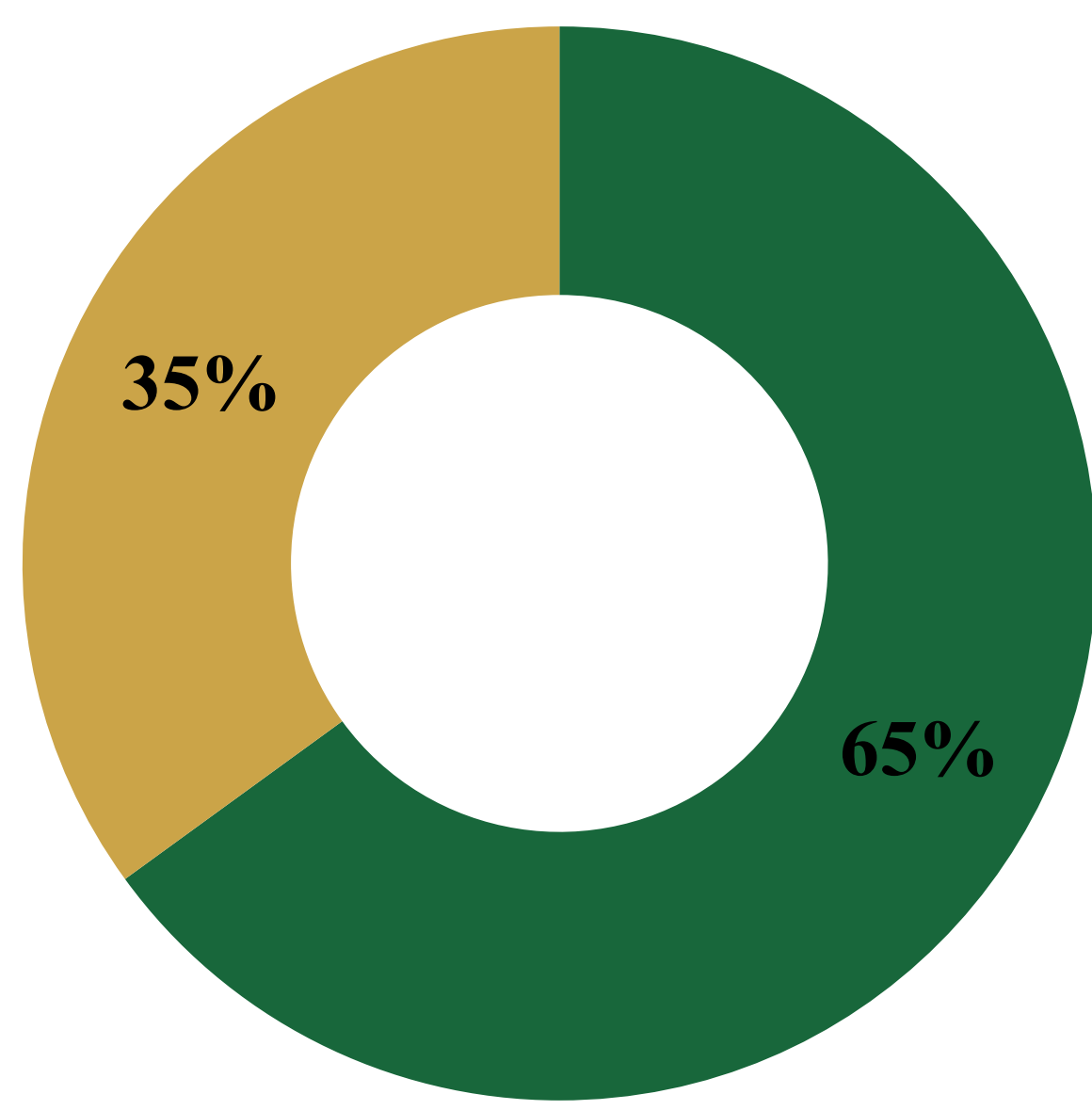
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Children with Life-Threatening or Life-Limiting Illnesses Supported

SERVICE UTILIZATION

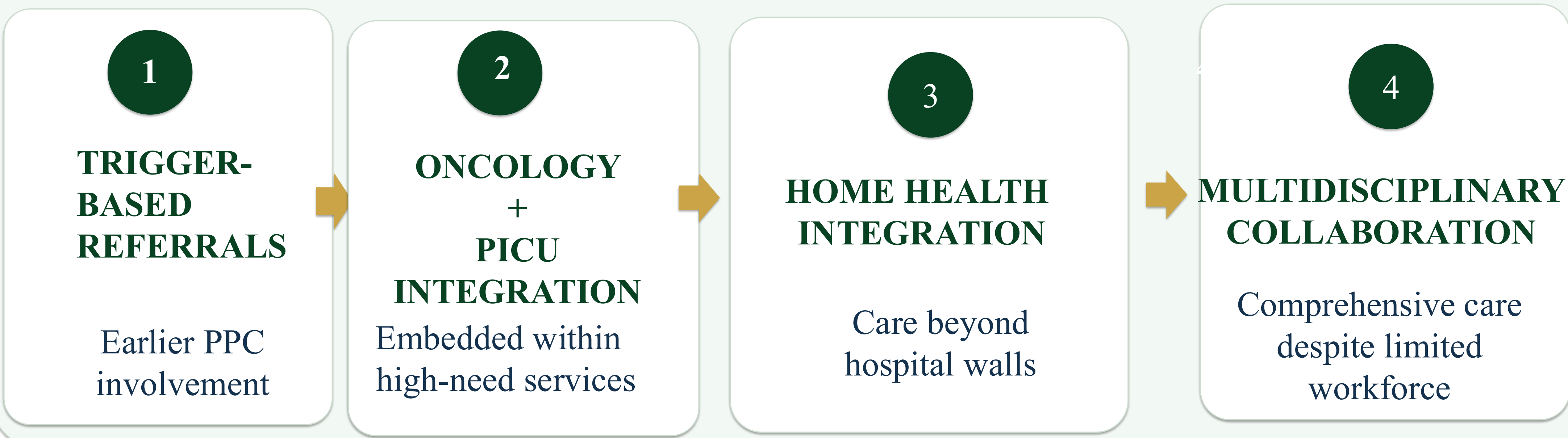


PATIENT POPULATION REPRESENTATION



65% Non-malignant Illness
35% Malignant Illness

HOW THE MODEL EXPANDED ACCESS & CONTINUITY



Collaboration with psychology, nutrition, rehabilitation, welfare support, and adult palliative care teams enabled comprehensive multidisciplinary care despite a limited PPC workforce.

CONCLUSIONS

- Leveraging existing healthcare systems and partnerships enabled sustainable growth of a comprehensive PPC service despite limited specialist resources.
- This model offers a practical framework for expanding pediatric palliative care in similar settings.

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