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Title: Home-based palliative care provisions in Kerala, India: do government-run and community-owned centers differ in their operations and efficacy?

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Abstract: Background: Palliative care provisions have been operative in Kerala, India, predominantly through a home-based model for the last three decades. Over time, the community- and home-based model has evolved into a widely recognized and sustainable model, providing almost universal palliative care access to people in need in Kerala through community-owned and government-run centers. However, a significant gap exists in explaining how these models' efficacy and operations vary. In this context, this study aims to compare the nature of operations and the effectiveness of interventions at government-run palliative care centers (GPCs) and community-owned palliative care centers (CPCs) in Kerala, India. Methods: We employed a qualitative research approach, guided by a comparative case study design. We have chosen ten palliative care centers, five each from government-run and community-owned centers, for the comparison. We have conducted in-depth interviews with key service providers and beneficiaries of the palliative care services. Results: We have identified 8 dimensions for comparison. The medical services offered by both categories of palliative care were similar. However, the results revealed significant differences in community participation, socioeconomic and psychosocial support provided, and sustainability measures adopted across the centers. CPCs demonstrate a broader, more holistic approach by integrating services, resulting in better operations and greater effectiveness than GPC initiatives. Conclusion: The findings of the study emphasizes that community-based healthcare models grounded in organic civic networks offer a unique advantage in delivering services more effectively, while government-run frameworks operate with minimal community participation. Replicating Kerala's community- and home-based palliative care model in resource-constrained and low- and middle-income contexts requires considering the state's unique socio-political, cultural, and policy context for successful translation.



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