BACKGROUND

Department of Health: Department of Health (DoH) is one of the seven departments of the Kashag (Cabinet) of the Central Tibetan Administration (CTA). DoH is registered under the name of Tibetan Voluntary Health Association (TVHA). The Health Kalon (Minister) and its administration provide governance and leadership to the Tibetan Health System. DoH directly oversees the health and well-being of more than 100,000 Tibetans living in India, Nepal, and Bhutan and administers around 50 health facilities: 7 hospitals, 5 primary health centers, and 38 clinics. The health facilities are able to provide primary health care including out-patient consultation, maternal and child health (MCH) services, minor surgeries, diagnostic, pharmacy, dental, physiotherapy, and referral services. The health facilities have been set up as charitable institutions to attend to the medical needs of Tibetans in the various settlements. As such, the cost of all available services including medicines were subsidized. Few of the hospitals–Delek Hospital in Dharamsala, Tsojhe Khangsar Hospital in Bylakuppe, and Dogueling Tibetan Resettlement (DTR) hospital in Mundgod–have in-patient facilities and are able to provide more advanced and wider range of care to the patients. The DoH health facilities currently do not provide advanced tertiary level medical care.

Core Programs under DoH: TB Control, Reproductive Health, Maternal and Child Health (MCH), Adolescent Health, Mental Health, and Community Outreach are the key programs currently implemented by the CTA-DOH. Since 2012, DoH has been running the Tibetan Medicare System for Tibetans in India–a self-insurance scheme–that provides coverage to its members through a reimbursement system based on claims submission. Additionally, an electronic Health Information System (HIS-3) that was initially launched in 2014 is currently being reformed and implemented along with piloting of an electronic medical record system.

HEALTH STATUS OF TIBETAN PEOPLE

Communicable Diseases: The health of Tibetan people has improved as compared to when Tibetans first came into exile. Death and disability due to infectious diseases have greatly decreased. Presently, TB, Hepatitis B, and HIV/AIDS remain important public health problems for Tibetan people. Annual new case rate of TB among Tibetan exiles in 2016 is around 600/100,000 people, about thrice that of India's case rate (211/100,000). The prevalence of chronic hepatitis B among Tibetans was reported at 7-9% in recent studies with higher prevalence (~13%) for Tibetans born in Tibet; the World Health Organization classifies a prevalence of >8% as high. TB and multi-drug resistant TB, Hepatitis B, and HIV/AIDS are urgent health problems in Tibet also. Despite reports of geographic hotspots, the magnitude of HIV infection in Tibetan population remains unclear.

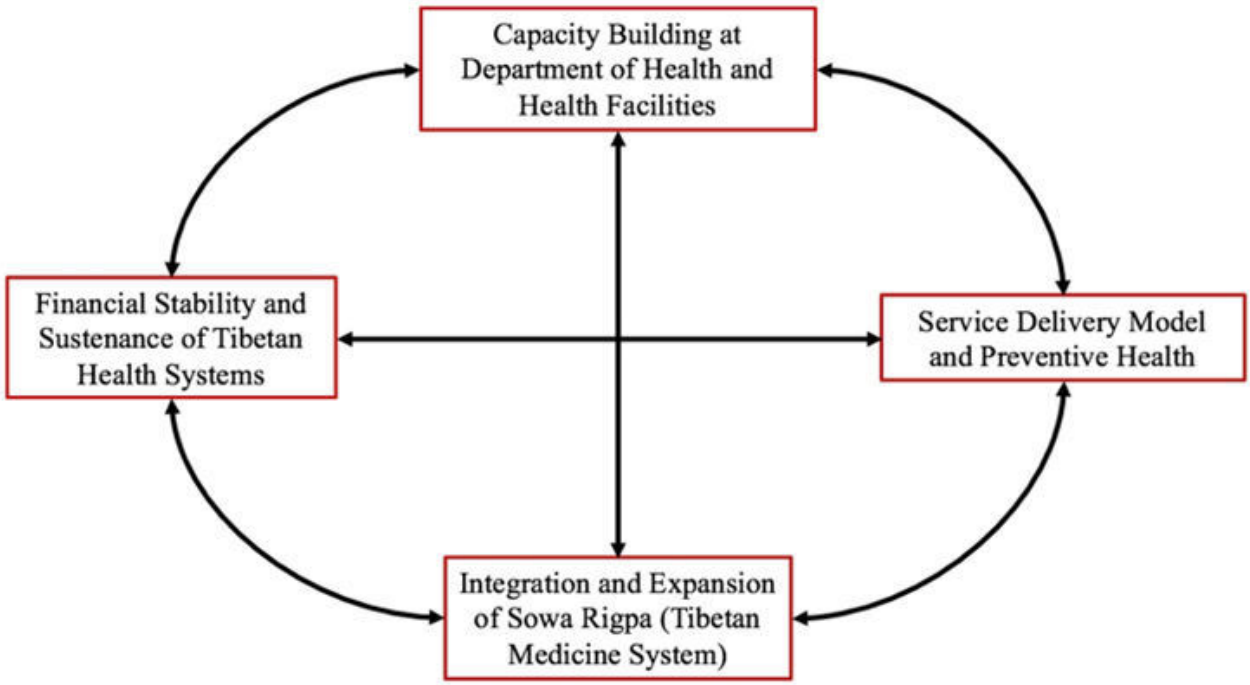
Non-Communicable Disease, Mental Health, and Behavioral Disorders: Non-communicable diseases such as hypertension, diabetes mellitus, heart disease; mental health conditions such as depression; and behavioral disorders such as substance and alcohol abuse are increasingly responsible for death and disability among Tibetan refugees. Stomach and liver cancers–the two most prevalent causes of death presently among Tibetans–are responsible for approximately 28% and 20% of all deaths among Tibetans, respectively (Delek Hospital 2017 Death Report). Hepatitis B, a vaccine preventable condition, is responsible for most liver cancers and Helicobacter pylori, a bacterial infection, may be responsible for significant proportion of stomach cancer among Tibetans. A recent study has found an extremely high prevalence (78%) of H. Pylori infection among Tibetans in Dharamsala (Study at Gyutoe Monastery). Additionally, study of medical claims submitted in the DoH Tibetan Medicare System (TMS) and accounts provided by Tibetan health care practitioners suggest a high and rising burden of mental health conditions, such as Major Depression and other psycho-social conditions, among Tibetans.

Mental health conditions can significantly affect individual's productivity and can essentially debilitate a person but a strong community stigma prevents people from seeking care.

CORE ISSUES ON HEALTH THEME FOR DISCUSSION DURING THE 5-50 FORUM

Challenges and opportunities exist in developing the road for a healthy and resilient Tibetan community. We have identified five core issues for discussion during the Five-Fifty Forum: 1) Health Challenges Faced by the Tibetan People, 2) Financial stability of the Tibetan Health Systems, 3) Capacity building and improvement of service at the Tibetan Health Facilities, 4) Integration and Expansion of Sowa Rigpa (Tibetan Medicine system), and 5) Service delivery model and Preventive Health. There may be interconnectedness and synergy between topics under the themes. The model below captures the essence of the themes for building a resilient healthcare system for the Tibetan people.

Model for a Resilient Tibetan Health Systems



1. Health Challenges Faced by the Tibetan Community

Infectious diseases such as tuberculosis, hepatitis B; non-infectious conditions such as hypertension, diabetes mellitus, stomach cancer; and mental health and behavioral problems such as depression,smoking and alcohol or substance abuse are important public health problems faced by Tibetans. Improving existing health programs such as that existing for tuberculosis and developing programs such as for hepatitis B, cancer prevention, hypertension and diabetes, mental health, etc., can be useful. The Department of Health is developing its Strategic Plan for TB control and likewise, Strategic Plans for other health conditions can be envisioned, developed, and implemented.

The World Health Organization aims to eliminate TB by 2035 and has set targets. As per the National Strategic Plan, the Government of India aims to reduce TB incidence to 44/100,000 in 2025. As such, it is imperative that the TB control efforts are scaled up to ensure decrease of Tibetan TB case rates in tune with India's and global targets. The Tibetan Delek Hospital is

leading a Zero TB initiative in collaboration with the Johns Hopkins University using a multi-pronged approach.

The count of patients with mental health problems such as depression, anxiety disorder, etc., presenting to the clinics may be tip of the iceberg. Stigma associated with the mental health conditions, subtlety of the symptoms, and poor awareness may be important reasons in keeping people with mental health problems away from seeking care. DoH has an ongoing Mental Health and Adolescent Health Programs that may be scaled up and expanded into the community under outreach programs. Incorporating the disease control activities into community outreach programs may more effectively generate health awareness among the public and also familiarize them on the available resources leading to better utilization of health services by the community.

Additionally, many elderly Tibetans are living by themselves in their settlement houses with their children overseas. Currently, there are no or limited support system for elderly Tibetans in the settlements apart from the Old People's Homes. Elderly Tibetans remain a vulnerable population group in the settlements and having a system to support them would be necessary.

The DoH is currently receiving support for its major health programs such as for TB through international grants including USAID and PRM (US Government), The Global Fund, etc. A long-term plan for sustaining support for the programs and also simultaneously explore alternative funding sources would be important. Additionally, developing such programs require technical expertise and experience. Committed and dedicated support is needed and programs be developed with an understanding of the sociocultural and political context of the Tibetan people.

2. Financial Stability of the Tibetan Health Systems (THS)

Background: Tibetan health facilities were set up as charitable institutions with the goal to provide affordable and quality care to the Tibetan people. The current system is largely donor dependent, including salary support for healthcare personnel and financing of the major health programs. Having a stable and sustainable mechanism to support the THS including the operating cost of the health facilities and support for the healthcare workforce is essential.

The Tibetan Medicare System: In other health systems, healthcare providers may be supported by insurance programs and by people through out-of-pocket expense. The Tibetan Medicare System (TMS); a self-insurance scheme; run by the Department of Health holds potential for funding Tibetan healthcare providers through its revenues. Success of the TMS is important for such a financing model. Discussion on how to strengthen the TMS, identifying possible means of enriching the fund pool for TMS, and improvement of services and benefits under TMS to increase enrollment would be important.

Understanding Healthcare Market Dynamics: It is critical for the DoH to understand the healthcare market dynamics and take advantage of the market forces to avail maximal benefit to the patients and to the health systems. For instance, centralized procurement of medicines, bulk purchasing of services from private providers, etc. could save cost. The Tibetan Health Assessment report by the USAID and Tibet Fund outlines this in detail and has provided useful suggestions

Self-Sustenance: While revenue generation is not the aim of DoH Health facilities, a balanced mechanism may be identified whereby even with subsidized services, such as through efficient pharmacy and laboratory services, there may be scope to generate cyclical funds that in turn could provide some level of support to the operation of health facility including support to

healthcare personnel. Improving the quality of and possibly widening the healthcare services provided at the health facilities would be necessary to achieve this.

Independence and Potential Partnerships: The DoH is currently running several health programs which are outlined above in the background. The programs are largely donor-dependent. While some level of grant support for programs and projects could be a norm for running health programs in low-middle income countries, an urgent effort to identify a means within the operation of the Tibetan community to avoid a 100% donor dependence is important. Department of Health has the platform and the scope of forming strategic local, national, and international partnerships. Partnerships may be sought with Governments, Non-Governmental Organizations including Foundations, and Universities. Developing the capacity within the Department of Health to identify, pursue and maintain such partnerships, and effectively implement and monitor projects resulting from the collaborations may be essential.

Vision under Kashag: A vision and plan for the DoH and Tibetan Health Systems' financial stability and sustenance under Kashag's framework would be essential for a resilient Tibetan health systems. A universal healthcare for Tibetans can promote unity within the exile community and build resiliency.

3. Capacity Building and Improvement of Health Services

Capacity Building at Local Health Facilities and DoH: In the past, DoH health facilities were the only or one of the few care providers in the settlements. Nowadays, other public and private providers have emerged, many of which are able to provide specialized care. Patient turn-over at the DoH health facilities remain sub-optimal resulting in under-utilization of the health facilities. Ability of the Medical Officer to provide a quality patient care is important for people in the settlements to have confidence and satisfaction in visiting the health facility. Given the current infrastructure and human resource, it may not be feasible or necessary to provide routine specialized health care at all or most DoH health centers. However, a good and compassionate primary care is possible and necessary. Identifying ways to support the physicians serving the Tibetan community to improve their patient-care and communication skills such as through opportunities for post-graduate training in mainstream clinical fields, for e.g., Internal Medicine, Family Medicine, Pediatrics, Gynecology etc. could benefit the community and the health systems, and also encourage physicians to join and stay in the community. Capacity building at the Central Department of Health is important. There is an unmet need for technical expertise within the DoH to efficiently carry out its various functions including policy making, strategic planning, resource management, and program implementation.

Improvement of Services at the Health Facilities: Healthcare service improvement can focus on prevention, diagnosis, treatment, and follow-up. Operation within the health facility may include improved coordination between divisions within the health facility. Standard operating procedures for the various divisions in the Health Facility (out-patient, in-patient, pharmacy, lab, and nursing division, etc.) can improve performance. Additionally, it is necessary to research on health needs of people and then accordingly make services available, such as screening for hypertension, diabetes, heart disease and various cancers: cervical, breast, gastro-intestinal, etc. Ultrasonography is an efficient and useful diagnostic and therapeutic tool for physicians and patients.

4. Integration and Expansion of Sowa Rigpa (Tibetan Medicine System)

With its indigenous foundation in the Bon tradition, Tibet developed its own unique medical system incorporating certain elements from the medical systems of India, Persia and China. Tibet

was, in fact, the first country to convene an international conference on medical science, which took place as early as the eight century AD. Tibet's medical treatises and practices developed to a highly sophisticated level. A medical treatise of the eighth century, for example, contains descriptions of the human brain and blood cells, and even discusses the concept of vaccination. With a huge corpus of literature and an uninterrupted rich tradition of practice, Sowa-Rigpa, has the potential to offer a great service to humanity.

Tibetan Medicine (Sowa Rigpa) constitutes an important component of the Tibetan healthcare system for Tibetans in Tibet and in exile. Tibetan Medical and Astrological Institute (TMAI) based in Dharamsala is the authority for the promotion and practice of Tibetan Medicine. TMAI has around 53 branch clinics in Tibetan settlements and Indian cities providing various preventive and curative health services through out-patient consultation, counselling, healing, prescription of Tibetan herbal medicines, and other interventions. A large majority of Tibetans seek care at the TMAI clinics in India and Nepal.

Despite the fact that Sowa-Rigpa has been recognized as a formal medical system in India, and there is an increasing demand for its service in India, the shortage of medical practitioners and challenges to the production of medicine are issues that still need to be addressed. There is inadequate research on disease, treatment, drugs and herbal materials. This research must be carried out maintaining international standards in terms resource persons, equipment and methodology. Sowa-Rigpa has a rich literature of pharmacopeia but this needs to be formally defined with scientific provisions. There is still no hospital of Tibetan medicine where patients can be hospitalized and given intensive treatments with complete care.

Now that Sowa-Rigpa is a legally recognized medical system in India with increasing demand for its services, CTA must take it both as a responsibility and an opportunity to establish more clinics and further the production of Tibetan medicine. Independent pharmacies should be established. This can be a great source of revenue and employment. Such enterprises need to be undertaken that meet the norms of international standards without diluting traditional characteristics

A better understanding of the functioning of Tibetan Medicine can enable effective partnerships and integrative approaches. There may be areas for strengthening the Tibetan Medicine system including the clinical practice of Tibetan Medicine, research capacity, medical record systems, and disease surveillance capacities. Because a large number of Tibetans seek care simultaneously at both allopathic and Tibetan Medicine systems, establishing referral channels between the two systems and creating forums for interaction between traditional and allopathic doctors in mutually supportive ways should be considered. A model whereby both allopathic and Tibetan Medicine system are housed in one DOH health facility could be imagined but experience from a pilot project may be necessary.

5. Alternative Service Delivery Models and Preventive Health Care

Currently, the model of providing care is largely facility based. Adopting a simultaneous community-based service delivery model could be beneficial and feasible. Recently, the DoH has started a Community Outreach Program for point of care service delivery at the doorsteps of people; this experience can provide insights into approaches for further strengthening of the community outreach programs and other models of community based care provision.

Preventive health care is particularly important in the context of epidemiologic transition witnessed by the Tibetan community whereby lifestyle related conditions are becoming increasingly prevalent. A report by the 2009 Tibetan Demographic Survey and a recent Tibetan Health Systems Assessment showed nearly 50% of all ailments among Tibetans to be life-style

related. Primary prevention through immunization, health education and life-style modifications, i.e., smoking cessation and regular exercise, etc.–and secondary prevention with screening programs–such as for cervical cancer, breast cancer, diabetes, blood pressure, and lipid disorders–could improve overall health of the Tibetan people and reduce death and disability.

Presently, most Tibetans seek health care when they develop symptoms of a disease or when the symptoms do not improve or aggravate. Health seeking behavior for preventive health is suboptimal. Community mobilization through traditional and innovative means such as through newer communication technologies and social media could improve community's knowledge, attitude, and practice around important health seeking behaviour.

A community based preventive care strategy can also save out of pocket expenditure for patients and TMS Funds for the DoH as the overall health of the population improve and prevalence of chronic illness decrease.

References:
1. *Department of Health Tibetan TB Control Program*
2. *Batham et al. Systematic review and meta-analysis of prevalence of hepatitis B in India. Indian Pediatr 2007; 44: 663-674.*
3. *Tibetan Health Assessment Report supported by the USAID and Tibet Fund.*

QUESTIONS AND ISSUES TO BE CONSIDERED FOR A HEALTHIER TIBETAN COMMUNITY THEME

Question 1: How can the major health problems faced by Tibetan people be addressed?

1. What are the important health challenges faced by various sectors of the Tibetan community? How can these public health problems for the Tibetan community be best addressed? What could be available resources and organizations from which to seek support?

2. How can we develop or improve health programs for individual health conditions such as for TB, hepatitis B, stomach and other cancers, mental health disorders, behavioral conditions such as smoking/alcohol/substance abuse, life-style related conditions such as hypertension and diabetes? What can we learn from the success of the existing programs such as for TB?

3. What sections of the community are most vulnerable? What support systems exist for elderly people in the settlements and how can that be enhanced?

4. How can the various health programs be sustained in the long run? Can individual fund pools be created under the Department of Health for the various health programs? How can we generate support for such pools? What steps should be taken to retain the existing support for the health programs?

Question 2: What steps should be taken to financially stabilize and sustain the Tibetan Health Systems?

1. How can the salaries of the cadre of Tibetan healthcare professionals be supported in the long-run? Can a revenue generation system through the Tibetan Medicare System be feasible? If yes, what steps should be taken to strengthen and financially support the TMS? What is the first step that the DoH should take to bring this into fruition. What could be other

possible long-term means of funding healthcare personnel?

2. Can we identify a mechanism whereby the Tibetan Healthcare Workforce, especially the strong network of Tibetan nurses and other healthcare professionals working overseas in the US, Canada, and Europe contribute towards supporting the Tibetan Health Systems? Can the Offices of Tibet and Tibetan Associations located overseas play a role in building and coordinating such a support?

3. How can the various health programs under the DoH be financially sustained over time? Would it be possible to build a Fund Pool that could support the programs in the future? If so, how can such a Fund Pool be created and enriched over time?

4. It would be important for the individual health facility to be able to support its operation to certain level through revenues generated from the service it provides. What level of self-sustenance can be reasonably achieved and expected of the facilities? What can be done to facilitate such self-sustenance? What steps should be taken at the DoH level for this and what expertise is needed at the DOH to develop an initial strategy?

Question 3: What can be done to improve the human resource capacity under the Tibetan Health System? How can the quality and range of health care services provided at the DoH facilities be improved?

1. What can be some incentives for the physicians to encourage younger Tibetan physicians to join the Tibetan Health System and existing Tibetan physicians to continue to serve the community?

2. Are there specific primary care services that could be uniformly scaled up across DoH health facilities based on the health need of the community?

3. What steps can be taken to ensure the quality of health care provided by physicians and nurses at the DoH health facilities? Is a system of peer evaluation feasible? Could there be an organized mechanism and portal for the community to provide feedback regarding the service provided by the health facility in the settlement, both to ensure continued growth and also so that individual care providers are not targeted or confronted directly by community members?

4. How can the capacity at the Central DoH be built overall for its various functions including governance, human resource and program management, strategic planning, resource allocation, public relations, national and international partnerships, etc.?

Question 4: What steps can be taken to strengthen, integrate, and expand Tibetan Medicine system?

1. How can the practice of Tibetan Medicine under the TMAI be strengthened? Would it be useful to have a separate desk at the DoH for dealings regarding TMAI? What areas under the TMAI could be strengthened with support from the DoH? Would the development of electronic medical record system at the TMAI be beneficial and feasible?

2. How can research work be formally started on diseases, treatment, drugs and herbal materials by having qualified professionals in their respective areas following international guidelines?

3. Should we have standard hospitals where patients can be hospitalized and given intensive treatments with complete care and pharmacopeia following international standard?

4. Would integration of allopathic and Tibetan Medicine system be feasible? If so, what would such an integration look like? What can be done to improve the referral channel between the two systems? Is it possible to imagine a system whereby TMAI and allopathic services are housed under one DoH health facility? What could be the pros and cons of having a parallel system under one health facility? Can a pilot project in which allopathic and Tibetan Medicine system run side by side in one facility be conceived? What could be the first steps for such a venture?

Question 5: What should be the service delivery model of the Tibetan health facilities under the DoH? What can be done to ensure a proactive health seeking behavior including primary prevention by Tibetans?

1. What could be a good service delivery model suitable to the Tibetan population. Is a community based service delivery model focused on preventive health care feasible in the long run addition to the existing health facility based delivery of service?

2. What steps should be taken to generate awareness about preventive health care in the community? How can we promote participation from the community in generating awareness about preventive health care and in adopting a proactive health seeking behavior? What could be incentives for the community members in participating in outreach activities? Are there innovative means of generating and maintaining community awareness on daily basis?

3. What are the key health conditions for which preventive health care should be focused? Can we develop a robust system whereby individuals identified with life-style related or other disorders during the outreach activities are linked to care with timely follow ups?

4. How can preventive healthcare be provided synergistically by both the allopathic and Tibetan medicine systems with maximum benefit to the patients and community members?

5. How can we maintain support for programs emanating out of such a service delivery model? Can community members participating in the outreach programs or facility based preventive care program be linked to the Tibetan Medicare System?