

**Advancing knowledge-led  
development through the  
right to science in Africa**

11 November 2019  
Addis Ababa University - School of Law

# [Palliative care]

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# Outline

Background about  
MWECS

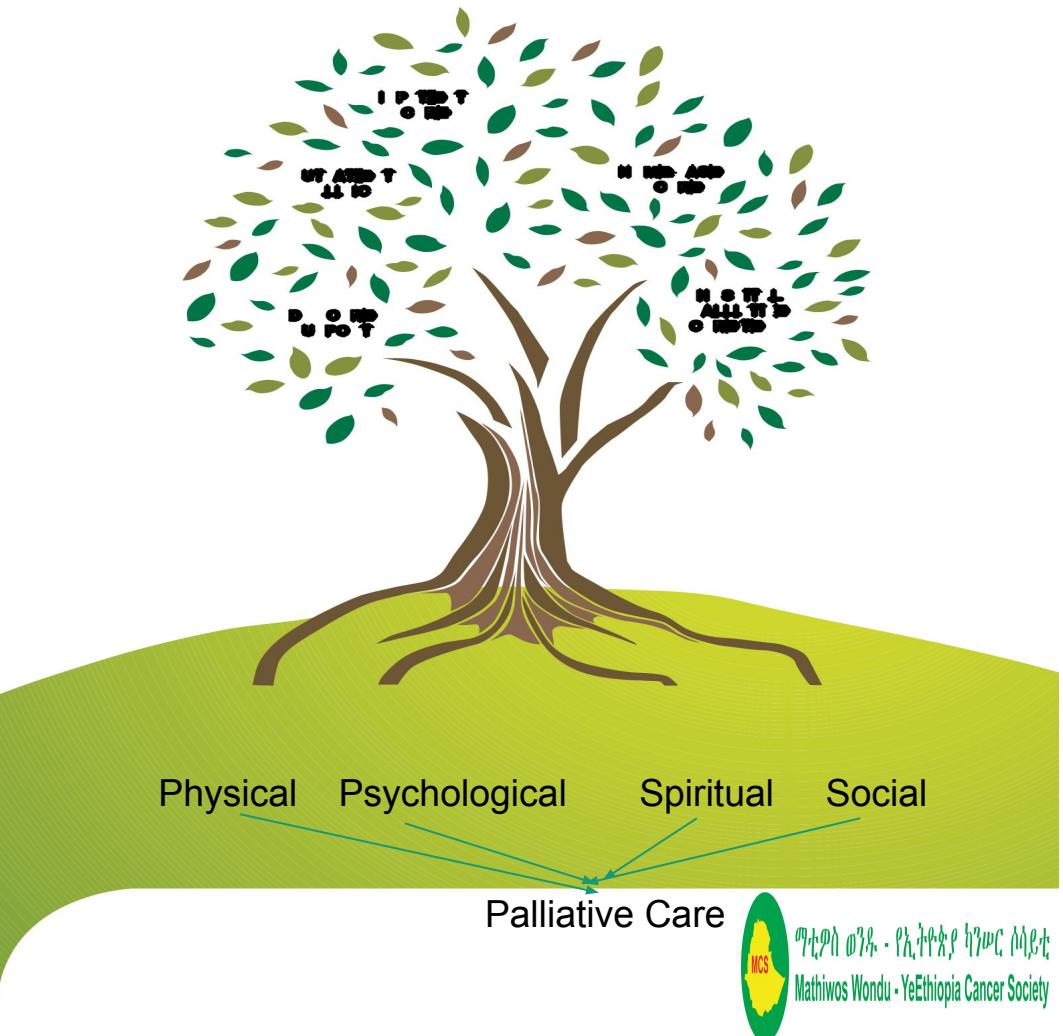
The concept behind  
palliative care

Palliative care in  
Africa

Palliative care in  
Ethiopia

Challenges of  
palliative care

Way forward



# MWECS Background



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Mathiagos Wondu - YeEthiopia Cancer Society

Pediatrics cancer care and support

Women (Breast and cervical cancer)  
Prevention, care and support

Tobacco control

# Palliative Care

- Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
- Only 14% of patient are receiving PC world wide.



# Why Palliative care???

provides relief from pain and other distressing symptoms;

affirms life and regards dying as a normal process;

intends neither to hasten or postpone death;

integrates the psychological and spiritual aspects of patient care;

offers a support system to help the family cope during the patients illness and in their own bereavement;

uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;

will enhance quality of life, and may also positively influence the course of illness;

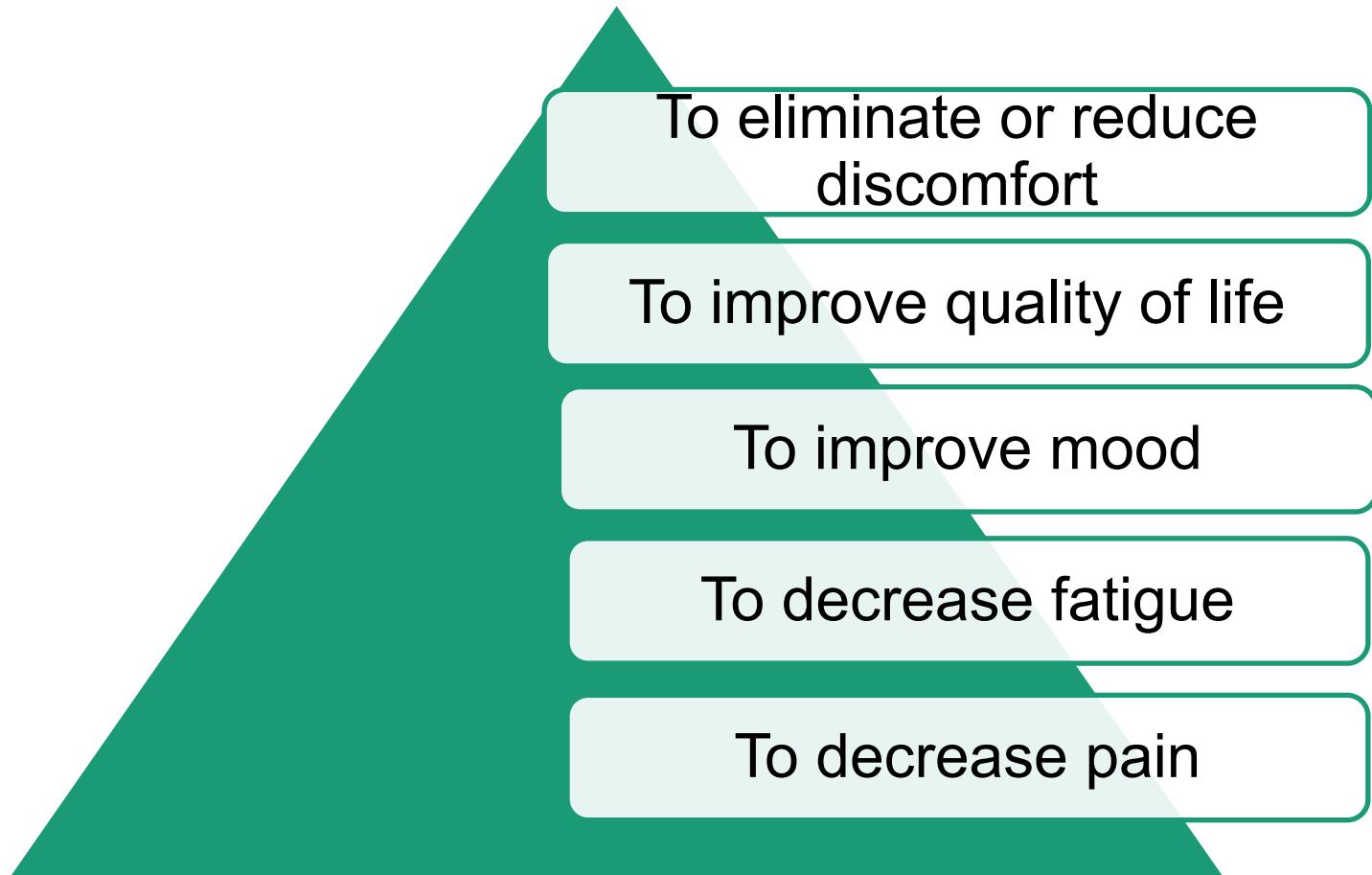
# Cont...

is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

offers a support system to help patients live as actively as possible until death;

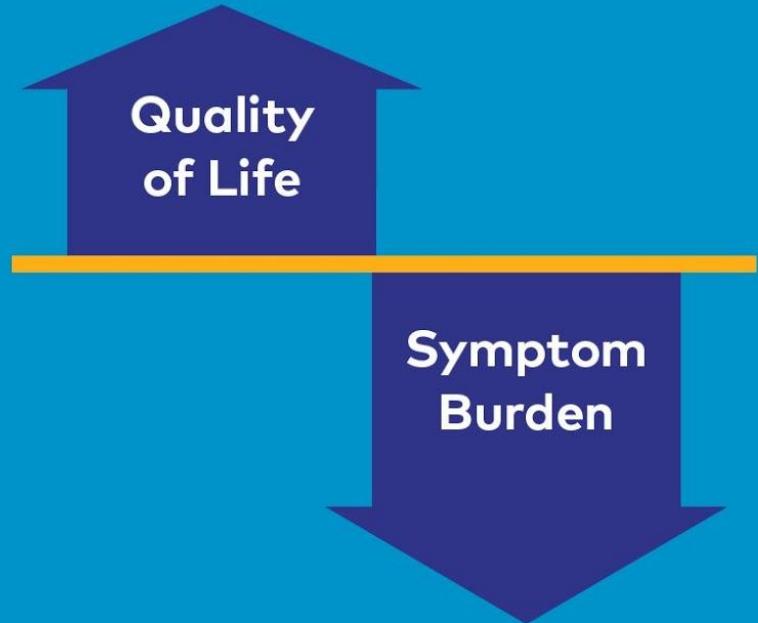


# Overall Goals of Palliative Care



# Palliative Care Ensures Value

## IMPROVES QUALITY OF LIFE AND SYMPTOM BURDEN



Reduces symptom distress by

**66%**

with improvements lasting months after initial consultation

## DRIVES HIGH SATISFACTION AND POSITIVE PATIENT EXPERIENCES

**93%**

of people who received palliative care are likely to recommend it to others

# Cont...



Physical	Psychological	Spiritual	Social
<b>PATIENT CARE</b> Health center	<b>COUNSELLING</b> Social worker	<b>INDIVIDUALS</b> Local religious leaders Volunteers from faith communities	<b>NGOs</b> FBOs
Local hospital Private clinics Traditional healers NGOs doing healthcare ART clinic	Trained volunteer HIV counsellor Patient advocates – others with the same illness	<b>Social workers</b> Family members	Food supply work OVC groups Income generation schemes Small loan schemes
	<b>SUPPORT GROUPS</b> PLHIV group Women's group Youth organisations	<b>GROUPS</b> Faith community, eg church, mosque, temple, synagogue Women's groups Hospital visiting team Children's groups	<b>INDIVIDUAL PROFESSIONALS</b> Social worker Legal advisor, for making wills
<b>DRUG SUPPLY</b> Hospital pharmacy Local pharmacy shops	<b>SUPPORT AT HOME</b> HBC volunteers Family members		<b>INVOLVING OTHERS</b> Community leaders Local schools and colleges Community groups
<b>ADVICE AND SUPPORT</b> Local doctor/nurse/clinician Local physiotherapist National palliative care association			

# Palliative care in Africa

*"I can remember seeing the first patient who was ever referred to me when I started palliative care in an overcrowded, under-resourced government hospital. I walked into a side room on the children's ward and saw a teenage girl lying on a mattress, wasted, semi-conscious, moribund. Her grandmother was sitting in the corner of the room. I wanted to run away – I could not think what on earth I had to offer in this hopeless situation. But then I determined to look at what I could do, rather than what I could not do. So we taught the grandmother to clean her dry mouth and applied some GV paint for the thrush. We found an extra pillow and used one of grandma's cloth wraps to make the bed more comfortable, and adjusted her position. We explained about turning her regularly to prevent bed sores, and gave some cream to put on her dry skin. We encouraged the grandmother to sit close and talk to her even though she would not talk back. Small things, but they showed that we were not giving up, that they were not alone."*



# Egypt



Total Popn- 91,508,084

10 PC/hospice service

2 Number of home-based PC services

1600 Number of PC cared for in 2016

Nursing schools which include PC education as optional/Mandatory 0.5% (2/42)

Medical schools which include PC education as mandatory/Optional 0% (0/19)

## Policies

- PC for cancer patients is one of the items reimbursed for by the Egyptian government.
- Egypt has National Guidelines for :1)Management of acute and chronic pain 2)Management of other physical symptoms. (SilbermannM,etal., 2012)

## education

- A post-graduate diploma in Supportive & PC is available at Alexandria University.

Number of hospices or PC services with paediatric-specific programs 1/10 (10%)

Hospitals with inpatient PC units 0.5% (8/1616)

Districts with at least one PC service 22% (6/27)

# South Africa

54,956,920- Population 2015

160 PC/hospice services

109 Number of home-based PC services (Hospice)

Number of hospices or PC services with pediatric-specific programs- 20/160 (13%)

40,000 Number of PC cared for in 2016

Nursing schools which include PC education as optional/Mandatory 0% (0/53)

Medical schools which include PC education as mandatory/Optional 50% (4/8)

## Service

- Hospices are all non-government organizations; there is very little PC that does not fall under this umbrella. Most of the care is home-based as inpatient units are expensive. A few years ago, there was a bigger emphasis on pediatrics but funding has dried up.

**Hospitals with inpatient Pc units - 1% (5/160)**

## Policies

- Clinical guidelines have been developed who coordinates PC in the NGO sector; they are not government guidelines. Having a dedicated person in the Ministry is new since the Resolution.
- The first draft of the national PC programme has been developed and was presented on February 24th,2017.
- education
- For medical schools, the curricula is only a few weeks with nearly no practical exposure. HPCA is working with various nursing schools to include PC into their curriculum; there is mention of PC but not a full module.

**Districts with at least one PC service 100% (9/9)**

# Kenya

Total Popn- 46,050,302 (2015)

70 PC/hospice services

12 Number of home-based PC services (Hospice)

3000 Number of PC cared for in 2016

Nursing schools which include PC education as optional/Mandatory 100% (107/107)

Medical schools which include PC education as mandatory/Optional 100% (5/5)

## services

- Pediatric PC services are integrated into adult PC. Home-based PC services are usually provided by stand-alone hospices. Areas without services is inhabited by the nomadic people. The five counties without services have at least one trained healthcare provider but no PC unit.

## Policies

- There is a national training curriculum, and PC is included in the National Patient's Rights Charter. A person dedicated to PCs sits in the National PC Association Office and is a MOH employee, dedicated to work with KEHPCA to support integration of PC and pain relief in the government institutions. At hospitals with PC, the budget is integrated in the hospital budget. The MOH is currently buying morphine powder for government and mission hospitals.

## education

- PC has recently been included under "care for terminally ill patients" in the medical curricula. KEHPCA has developed content which has been reviewed and accepted. However, each university adopts it according to their own criteria and hours.
- PC was integrated into the core nursing curriculum. In the Diploma in Nursing, it has 12 hours and in the Bachelor of Nursing, 35 hours.

Number of hospices or PC services with pediatric-specific programs- 2/70 (3%)

Hospitals within patient PC units- 14%  
(42/300)

Districts with at least one PC service-89%  
(42/47)

# Ethiopia

Total Popn- 99,390,750

7 PC/hospice services

2 Number of home-based PC services (Hospice)

Number of hospices or PC services with paediatric-specific programmes -NA

1000 Number of PC cared for in 2016

Nursing schools which include PC education as optional/Mandatory 0% (0/33)

Medical schools which include PC education as mandatory/Optional 0% (0/22)

## services

- Hospice Ethiopia and Strong Hearts are NGOs providing PC. Sandafa has a PC clinic. There are four PC hubs in Addis Ababa in four tertiary hospitals. There are no specific pediatric services, but the hubs and Hospice Ethiopia see children, if referred. At present, PC is limited to Addis Ababa. The plan for this year is to set up services in four of the eleven regions.

## Policies

- PC is part of the Specialty Case Team, under the Clinical Services Directorate at the Federal MOH.
- National PC guidelines were completed in June 2016

Hospitals within patient Pc units 1% (4/350)

Districts with at least one PC service-9%

# Challenges of PC/Why not

- Government Commitment
- Opioid Availability
- Education
- Health professionals
- Family and volunteer caregivers
- Public education

# CAN IT HAPPEN?

- Hospice Uganda has shown that overcoming the aforementioned barriers enables a resource-poor society to progress in palliative care service provision.
- While Ugandan health services have numerous problems, the progress in palliative care provision in just 10 years has been attributed to addressing the issues of government commitment, opioid availability and education.
- Palliative care in Uganda is not perfect, nor is it yet close to reaching all the population. However, the progress in Uganda encourages other countries to believe that change is possible.



ASSOCIAZIONE  
LUCA COSCIONI  
PER LA LIBERTÀ DI RICERCA SCIENTIFICA

SCIENCE FOR  
DEMOCRACY

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Mathiwos Wondu - YeEthiopia Cancer Society

# THANK YOU!

We can't do everything, but we mustn't do nothing.

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