

Mapping palliative care developments in Africa

David Clark and Michael Wright



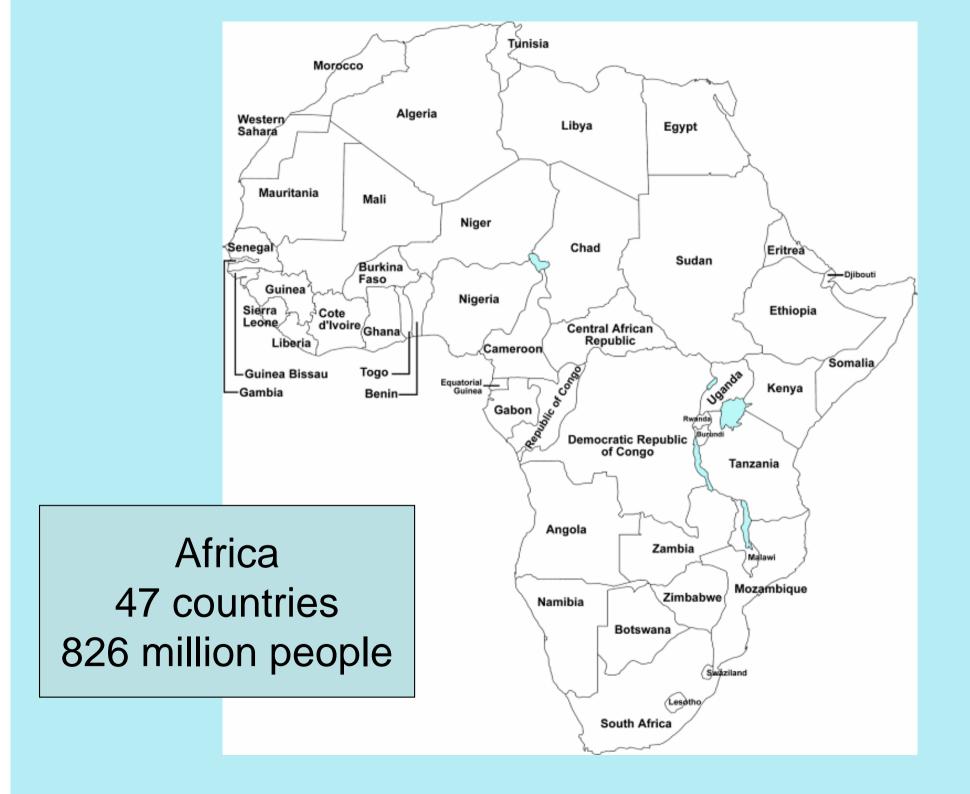
Review of hospice and palliative care developments in Africa

- Commissioned by Diana, Princess of Wales
 Memorial Fund and Elton John AIDS Foundation
- Conducted 2003-5
- Multi-method approach: 7 country visits 94 interviews from 14 countries; literature searches and documentary analysis
- Full study to be published autumn 2006 (Oxford University Press)

International Observatory on End of Life Care

Africa project team

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Typology of international hospice-palliative care development in Africa

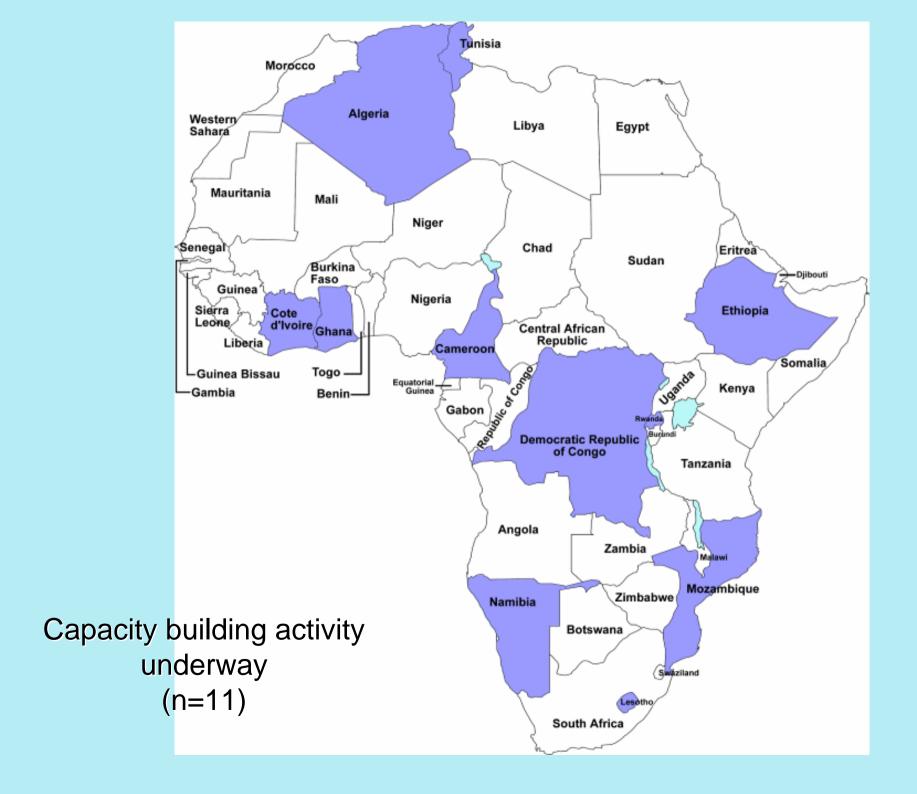
| No known activity | 'Capacity building' | 'Localised provision' | 'Approaching integration' |
|---|---|---|---|
| •May exist but we have not identified it. | Sensitised personnel. Expressions of interest with key organisations. Links established (international) with service providers. Conference participation. Visits to hospice-palliative care organisations. Education and training (by visiting teams). External training courses undertaken. Preparation of a strategy for service development. Lobbying of policymakers/health ministries. | Range of capacity building activity plus • Critical mass of activists in one or more locations. • Services established (often home care). • Local awareness/ support. • Sources of funding established. • Morphine available. • Some training undertaken by hospice organisation. | Capacity building & localised activity plus •Critical mass of activists countrywide. •Range of providers and service types. •Broad awareness of palliative care. •Measure of integration with mainstream service providers. •Impact on policy. •Established education centres. •Academic links. •Research activity. |



West Africa

"You know, in my experience... I've just seen a dearth of even HIV activities and care activities in particular. In a lot of the situational analysis that I've done 80 per cent are doing prevention activities and then there's a couple doing care and support. I would highly doubt that they're even touching palliative care in that. My impression from what I know and the other things that they're doing is that [palliative care] is very much non-existent".

Caroline Bishop, Technical Advisor on AIDS, Catholic Relief Services

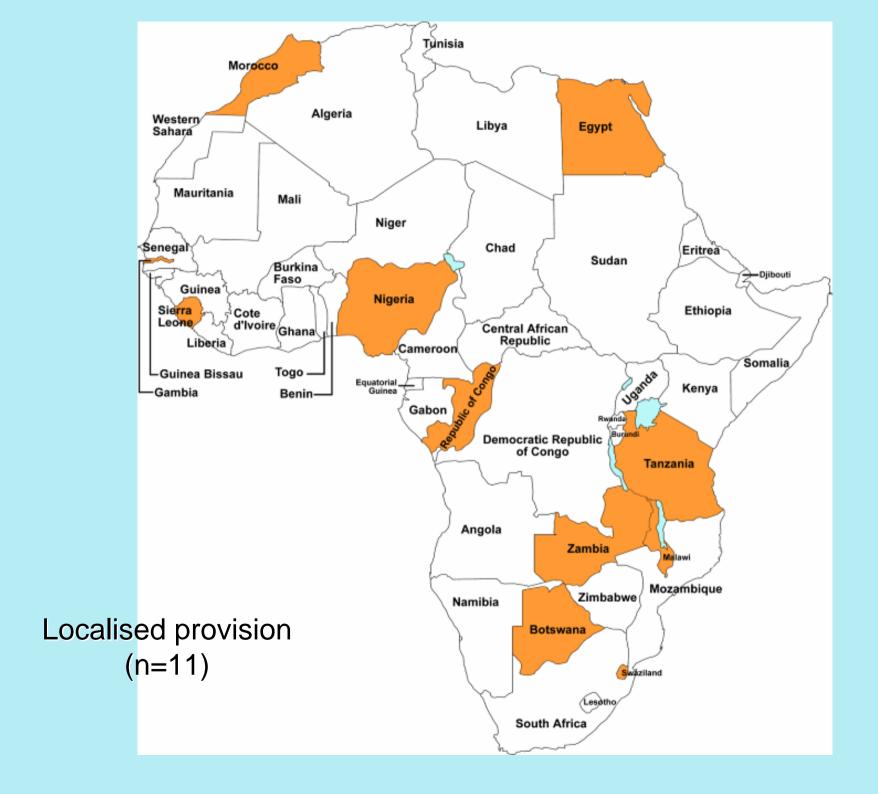


Capacity building

"I realised there was a need to build a hospice where people can come when they are neglected by their families and can come to get moral support, spiritual support, counselling, and other things, maybe washing. This can maybe raise their spirits ...



Sr Virginia Moorosi Qacha's District Lesotho

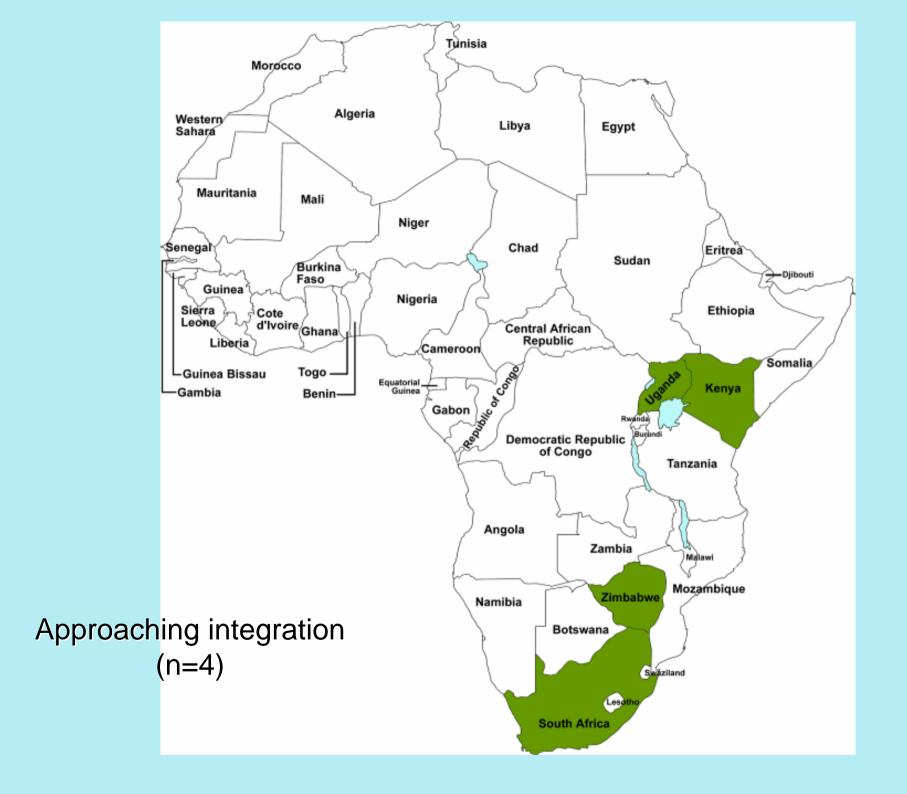


Localised provision

"It all started with organising community effort, sensitising people. We are a facilitating institution: we have patients referred to us; we train their family care givers; we train volunteers; the volunteers pay visits to the home once every week ... we are mobile..."



Gabriel Madiye
Shepherd's Hospice
Sierre Leone



Achieving integration

"We prepare liquid morphine in a very simple way whereby it cannot take a lot of time and cannot be costly"

Free morphine for cancer and HIV/AIDS patients

Nurses and clinical officers can prescribe (since 2004)



Peter Mikajjo Hospice Africa Uganda



Resistance to morphine

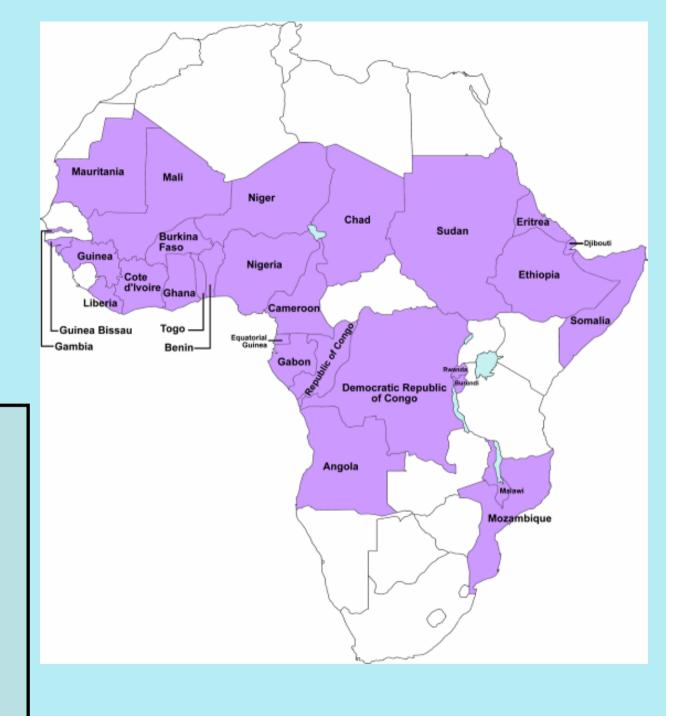
"It's very difficult to get some of the senior doctors to change their minds to prescribe morphine, particularly higher doses. They are very, very apprehensive about that. But with the training we hope that things will change ..."



Brigid Serengo Nairobi Hospice Kenya

No reported morphine consumption: (n=29)

Angola Guinea **Benin** Guinea-Bissau **Burkina Faso** Cote d'Ivoire Burundi Liberia Cameroon Malawi Chad Mali **Republic of Congo** Mauritania **DR Congo** Mozambique **Djibouti** Niger **Equatorial Guinea Nigeria Eritrea** Rwanda **Somalia Ethiopia** Gabon Sudan Gambia Togo Ghana



No reported morphine use

No known palliative care

