

Palliative Care: an essential part of medical and nursing training



## CONFERENCE REPORT

Palliative Care: an essential part of medical and nursing training

10th to 11th October 2008

Kampala, Uganda



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The True Colours Trust

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# Palliative Care: an essential part of medical and nursing training

Conference held on 10<sup>th</sup> to 11<sup>th</sup> October 2008 at the  
Speke Resort & Conference Centre, Munyonyo, Kampala, Uganda

## Conference Report

## World Health Organisation Definition of 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. 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 patients live as actively as possible until death;
- 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 counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- 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.

Palliative care **for children** represents a special, albeit closely related field to adult palliative care. Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.

- It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centres and even in children's homes.

Palliative care is an essential component of a comprehensive package of care for **people living with HIV/AIDS** because of the variety of symptoms they can experience - such as pain, diarrhoea, cough, shortness of breath, nausea, weakness, fatigue, fever, and confusion. Palliative care is an important means of relieving symptoms that result in undue suffering and frequent visits to the hospital or clinic. Lack of palliative care results in untreated symptoms that hamper an individual's ability to continue his or her activities of daily life. At the community level, lack of palliative care places an unnecessary burden on hospital or clinic resources.

# Background to the Conference

The conference was sponsored by The True Colours Trust and The Diana, Princess of Wales Memorial Fund and organised in collaboration with the African Palliative Care Association (APCA). The True Colours Trust and The Diana, Princess of Wales Memorial Fund are independent private foundations and are both based in the UK. The foundations share a commitment to scaling up palliative care in sub-Saharan Africa and both have a history of funding in the region.

The foundations believe that Palliative Care should be accepted as an essential part of, and integrated into, the care and treatment of people with HIV/AIDS, cancer and other life-limiting illnesses because it improves the quality of life for both patients and their families. Even in the era of anti-retroviral treatment (ART), palliative care is a crucial part of the response to the HIV/AIDS epidemic: helping to stabilise people before treatment; relieving pain, dealing with opportunistic infections and assisting treatment adherence. For those who cannot access ART, or who are in the terminal stages of AIDS or other life-limiting illnesses, palliative care provides support and care for the patient and the family, enabling a dignified death.

In order that everybody who needs it is able to access palliative care, all health workers require an understanding and appreciation of its principles. The best way for training and education in palliative care to be effective and sustainable is for it to be led by the region's Medical and Nursing Schools and the relevant ministries and made part of the core curriculum for all health professionals.

This conference was an important step towards this goal. Over seventy delegates, representing Heads and senior management of medical and nursing schools from ten countries in sub-Saharan Africa, were invited to the conference. They heard how palliative care is already being integrated into the curricula in a few countries, discussed obstacles and opportunities for developing relevant curricula and, in their country groups, developed action plans to take back to their countries and institutions.

It was appropriate to hold the conference in Kampala as Uganda has been at the forefront of the development of palliative care. With government commitment, palliative care has been incorporated into its national policies, nurses have been allowed to prescribe and palliative care has been integrated into curricula at Makerere University.

The following report is a summary of the conference proceedings. The presentations made at the conference can be found on the African Palliative Care Association website: <http://www.apca.co.ug/education/programme/Uganda>

Delegates and speakers are listed in **Appendix 1**. A copy of the programme is attached at **Appendix 2**.

# Opening Sessions

The Uganda government's commitment to palliative care was reflected in the keynote speech by Professor John Rwomushana, Director, Policy and Research, Uganda AIDS Commission, on behalf of Dr. David Kihumuro Apuuli, the Director General, Uganda AIDS Commission. He spoke as one who had been an advocate for palliative care for fifteen years. He noted that, though great strides have been made in the prevention of HIV/AIDS, those who are infected must not be forgotten. Palliative care remained important as anti-retroviral treatment (ARTs) become available in most countries, and it required trained doctors and nurses to lead the work. It was important to decide how best to ensure health care professionals understand principles of palliative care and he encouraged delegates to work with the conference donors, organisers and experts at the conference to ensure palliative care becomes part of the curricula in their organisations. Professor Rwomushana, finished by saying that it lies within each individual person to move forward on HIV/AIDS and that the strong message he bought from the Director General of the Uganda AIDS Commission was that each individual must make a personal commitment to the cause.

The Hon. Richard Nduhura, the Minister of State for Health, General Duties spoke on behalf of Hon. Dr. Stephen Mallinga, Minister of Health, Uganda. He noted that the Government of Uganda was honoured and pleased to be recognised as being at the forefront of the fight against HIV and acknowledged the role of Hospice Africa Uganda in establishing and developing palliative care in Uganda. The Ministry of Health is working with palliative care stakeholders in the provision of a legislative framework for training, had made morphine freely available to all health facilities, put in place supportive policies, had been integrating palliative care education into the institutions of learning and now has just established a palliative care unit at Makerere University. He called on all governments in Africa to work closely with palliative care advisors and hoped that this meeting would mark the start of successful of palliative care education across Africa.

Following a welcome by the funders, Dr Faith Mwangi-Powell, Chief Executive of the African Palliative Care Association (APCA) gave a brief introduction to palliative care and the need for its integration into the core curriculum. She presented an overview of palliative care with a focus on its WHO definition. Currently training in palliative care for health professionals is often not long enough, ad-hoc and with limited in-service training and workshops. It is more cost effective to train people when they are still in educational institutions. The integration of palliative care into core curricula will boost the number of health care professionals with palliative care skills and help provide a clear structure and career progression. She ended by pledging APCA's technical support for institutions wishing to integrate palliative care into their curricula.

# Models of training and integration

Sessions looked at models of training in the host nation, case studies on how palliative care was being integrated into the curriculum in other sub-Saharan African countries and progress on integration and its impact. Different models, successes and challenges of integrating palliative care into curricula and of post-qualification training were described. These were:

- a new Palliative Care Unit at Makerere University, which will train graduates and support research and development in palliative care;
- post qualification courses at Hospice Africa Uganda, which also provided hands on training and clinical placements and was developing a degree;
- holistic family-centred approaches to education and training courses at Mildmay Kampala, with care and training hand-in-hand;
- Cape Town University (UCT) where palliative care is taught in each year of undergraduate medical training and which has a post-graduate course initially for doctors but now available to other palliative care professionals;
- Harare Medical School, Zimbabwe where, since 1992, Island Hospice Services has provided palliative care training at the hospice to 5th year medical students, ward rounds at two teaching hospitals and weekly pain clinics at a referral hospital;
- nurse and pharmacy training at the Institute of Health Sciences Botswana, which is working with APCA to strengthen its capacity to provide palliative care training to students and introduce palliative care concepts into existing programmes;
- nurse and medical training at the University of Namibia where a national multidisciplinary palliative care force was formed in 2007;
- a post-qualification diploma at Nairobi Hospice Kenya, in conjunction with Oxford Brookes University and development of a national curricula by the Kenya Hospice and Palliative Care Association; and
- the development of curricula by PASADA in Dar es Salaam, Tanzania, an HIV organisation with a comprehensive continuum of care, including home-based palliative care.

A specialist palliative nurse from the UK then explained how his training had made an impact upon patient care. He noted that, even in the UK where palliative care began, he received his training after he had qualified as a nurse.

The next session looked at some of the practical issues in developing a palliative care curriculum and its core content. It was emphasised that, as well as formal lectures, tutorials and discussions there was a need for:

- problem, case-based and experiential learning;
- personal and self-directed learning; and
- de-briefing after clinical work.

Model curricula had been developed in Uganda, South Africa and Kenya and people were happy to share these. APCA and the World Palliative Care Alliance had some helpful materials on their websites. The main challenges remain: the shortage of staff and technical support combined with a lack of well trained palliative care experts; working within a curriculum that is already over-crowded and the need to identify extra resources.

The panel then explored institutional perspectives on the integration of palliative care and discussed the actions that Uganda had taken over a period of time to provide training and to affect education policy. Contributions were made by delegates from Tanzania and the University of the Witwatersrand South Africa.



# Main points in the discussion periods of the conference

There was lively and vigorous discussion throughout the conference and a reasonable degree of consensus on what needed to be done to integrate palliative care into curricula and the current obstacles and challenges.

It was agreed that the development of palliative care was at a critical stage in sub-Saharan Africa; there is increasing interest in it and awareness of its importance, but there is still a lack of resources, both human and financial, to capitalise on this.

## **It was important to work with governments in three areas:**

- to ensure relevant national policies included palliative care;
- to ensure policies were in place to allow the full provision of palliative care e.g. availability of morphine; and
- to ensure palliative care is part of the training for all doctors and nurses.

Obstacles to this were:

- the time it took to change policies and the cycle for reviewing policies and restructuring curricula; and
- the need for consistent advocacy and the relatively small number of palliative care advocates. Local champions were key to successful advocacy.

It was noted that National Palliative Care Associations also needed to work with governments on the development of curricula.

## **There was general agreement that palliative care should be part of medical and nursing training:**

- it was agreed that palliative care should be spread across the curriculum;
- it should be taught in all years;
- it needed to be examined, in order to be taken seriously.

Obstacles were:

- the lack of trained people to teach palliative care;
- the lack of understanding of its importance amongst some doctors and nurses;
- the reluctance to use morphine because of lack of understanding of how it can be safely used; and
- the lack of clinical placements.

It was noted that, while this conference focused on medical and nursing training, palliative care should be delivered by a multi-disciplinary team and it needed to be part of the training for professions such as social workers and physiotherapists as well.

**There was a need to ensure that there were common standards in teaching palliative care:**

- APCA and the World Palliative Care Alliance had resources on their websites; and
- APCA was working on standards and developing an audit tool for use in pre and post training.

**Evaluation of the impact of training was important**

- it was noted that patients' stories and experiences were one important way of measuring impact; and
- it was important to follow-up people who had been trained in palliative care to see whether they were using their skills.

**There was a need to train a critical mass people in palliative care to ensure sustainability.**

However, there was a general human resources problem in health professions in Africa with qualified people either moving to other countries or out of palliative care:

- it was important to provide mentoring for qualified staff working in institutions where palliative care is not yet accepted as part of service delivery; and
- it was hard to lose qualified staff in palliative care organisations but, provided they stayed within the health service, they could be useful advocates.

**For the foreseeable future, post qualification and short courses in palliative care would remain important.**

- it was noted that short courses could be problematic: standards varied and not everybody could afford to return to have their knowledge updated;
- it was crucial to ensure that there were agreed standards for short courses; and
- short courses needed to be reviewed in the light of general training needs: APCA should lead on this.

**Country plans**

Delegates broke into country groups and prepared work plans to integrate palliative care into the curricula. These plans are attached as **Appendix 3**.

# Appendix 1

## Contact List of Delegates and Speakers

### Key

	Speakers
	Chairpersons

	Name	Title	Institution
<b>Botswana</b>			
1	Sylvia Mmamoseka Tumelo	Principal	Institute of Health Sciences, Botswana
2	Herman Mukiibi Ssemakula	Head of Dept, Pharmacy Technology Programme	Institute of Health Sciences, Botswana
3	Sarah Gaontebale Rathedi	Principal	Institute of Health Sciences, Botswana
4	Patricia Tlhalogana Leepile	Principal	Institute of Health Sciences, Botswana
5	Dr. Miriam Sebego	Lecturer, School of Nursing	University of Botswana
<b>Ethiopia</b>			
6	Dr. Yeshigeta Gelaw Birhanu	Head School of Medicine,	Jimma University, Ethiopia
<b>Kenya</b>			
7	Prof. Zipporah Ngumi	Dean, School of Medicine	University of Nairobi, Kenya
8	Prof. Joyce Musandu	Director, School of Nursing Sciences	University of Nairobi, Kenya
9	Dr. Claudio.O.Owino	Lecturer School of Medicine	Moi University, Kenya
10	Agnes Mwaluko	Principal	Kenya Medical Training Centre

	Name	Title	Institution
11	Mrs. Mary Muchendu	Principal, School of Nursing	Kijabe Mission Hospital, Kenya
12	Dr. Brigid Sirengo	Chief Executive	Nairobi Hospice, Kenya
13	Dr. Zipporah Ali	National Co-ordinator	Kenya Hospice & Palliative Care Association (KEHPCA)
<b>Malawi</b>			
14	Mrs. Mercy Pindani	Dean of Students	University of Malawi Kamuzu College of Nursing
15	Francis Panulo	Principal	Malamulo College of Health Science, Malawi
16	Tannach Masache	Executive Director	Malawi College of Health Science
17	Benadetta Mzunga	Principal	St. Luke's College of Nursing and Midwifery, Malawi
<b>Namibia</b>			
18	Mrs Marjorie Katjire	Lecturer, Faculty of Medical and Health Sciences	University of Namibia
19	Dr. Lischen Haoses - Gorases	Dean, Faculty of Medical and Health Sciences	University of Namibia
20	Ms. Yvonne Konjore	Nurse Training Manager	I-Tech Namibia
21	Ms Elizabeth Sam	Chief of Health Programmes	Ministry of Health and Social Services, NHCT, Namibia
22	Prof. Don Monish Gunawardena	Pro-Vice Chancellor Dean of HIV/AIDS Faculty	The International University of Management, Namibia

	Name	Title	Institution
<b>South Africa</b>			
23	Prof. Soornarain Subramoney	Head of Department Family Medicine	Nelson R Mandela School of Medicine University of Kwazulu Natal, SA
24	Dr. Natalya Dinat	Head	Wits Palliative Care, SA
25	Prof. A.S. Van Der Merwe	School of Nursing	University of Free State, SA
26	Dr.Liz Gwyther	Chief Executive Officer/Senior Lecturer	HPCA/University of Cape Town, SA
<b>Tanzania</b>			
27	Prof. William Mahalu	Dean, Faculty of Medicine	Weill Buchs, Tanzania
28	Prof. Victor Mwafongo	Head of Dept. Anaesthesia & Critical Care Medicine	Muhimbili University of Health and Allied Sciences, Tanzania
29	Prof. Flora Fabian	Principal, College of Medicine	International Medical and Technological University, Tanzania
30	Dr. Chilonga Kondo	General Surgeon	Kilimanjaro Christian Medical Centre (KCMC), Tanzania
31	Mary Ash	Executive Director	PASADA, Tanzania
<b>Uganda</b>			
32	Prof. Harriet Mayanja - Kizza	Head, Dept of Medicine	Makerere University, Uganda
33	Scovia Nalugo Mbalinda	Dept of Nursing	Makerere University, Uganda
34	Prof. Jerome Kabakyenga	Dean, Faculty of Medicine	Mbarara University of Science & Technology (MUoST), Uganda
35	Nambozi Grace	Dept of Nursing, Faculty of Medicine	MUoST, Uganda
36	Dr. Faith Mwangi - Powell	Executive Director	African Palliative Care Association. (APCA)
37	Dr. Julia Downing	Deputy Executive Director	African Palliative Care Association(APCA)

	Name	Title	Institution
38	Dr. Henry Ddungu	Advocacy Manager	African Palliative Care Association(APCA)
39	Ms. Fatia Kiyange	Training and Standards Manager	African Palliative Care Association(APCA)
40	Ms. Esther.A.Owor	Training, Standards and Partnerships Officer	African Palliative Care Association(APCA)
41	Ms. Eve Namisango	Research Cordinator	African Palliative Care Association(APCA)
42	Mr. Kaye Richard	Monitoring and Evaluation Officer	African Palliative Care Association(APCA)
43	Susan Mathew	Consultant	African Palliative Care Association(APCA)
44	Mrs. Flavia Bakundana	Director of Education	Hospice Africa Uganda
45	Dr. Lydia Mpanga Sebuyira	Head of Training Department	Makerere University, Infectious Diseases Institute, Uganda
46	Dr Mhoira E F Leng	Medical Director/Head of PC Unit Mulago & Makerere	Cairdeas International PC Trust/Makerere University, Uganda
47	Mrs. Rose Kiwanuka	National Co-ordinator	Palliative Care Association of Uganda
48	Prof Rev. Sam Luboga	Associate Professor	Faculty of Medicine Makerere University, Uganda
49	Irene Kambonesa	Director, Training and Education	The Mildmay Centre, Uganda
50	Rhoda Suubi	Lecturer Academic Programme Team	The MildMay Centre, Uganda

	Name	Title	Institution
<b>United Kingdom</b>			
51	Mr. Nigel Dodds	Nurse Manager	St Christopher's Hospice. UK
52	Olivia Dix	Head of the Palliative Care Initiative	The Diana, Princess of Wales Memorial Fund, UK
53	Sally Lyon	Palliative Care Administrator	The Diana, Princess of Wales Memorial Fund, UK
54	Jo Ecclestone	Trust Executive	The True Colours Trust, UK
<b>Zambia</b>			
55	Esther Chikopela	Principal Tutor - General Nursing	Ndola School of Nursing and Midwifery, Zambia
56	Ms. Kabinga. M. Marjorie	Lecturer School of Medicine	The University of Zambia
57	Catherine Muyoyo Mundaala	Acting Dean of Students	Chainama Hills College, Zambia
58	Mrs. Salome Zulu	Nursing Education Manager	Lusaka School of Nursing, Zambia
59	Mrs. Ndubu Milapo	Nurse Education Manager	Kitwe School of Nursing, Zambia
<b>Zimbabwe</b>			
60	Edward Makondo	Principal Tutor, Post Basic School of Nursing	Parirenyatwa Hospital, Zimbabwe
61	Dr. Ismail Ticklay	Consultant Paediatrician/Lecturer	Medical School University of Zimbabwe
62	Mrs. Gladys Saburi	Lecturer, Dept of Nursing Sciences	Univ of Zimbabwe College of Health Sciences
63	Prof. Herbert Chinyanga	Prof of Anaesthesia and Pain Management	Univ of Zimbabwe College of Health Sciences
64	Dr. Chiratidzo Ndlovu	Director,SL, HIV & AIDS Quality of Care Initiative	Univ of Zimbabwe College of Health Sciences
65	Sr. Frances Tsikai	Training Manager	Island Hospice Service, Zimbabwe

### Delegates who were unable to attend but sent representatives

	Name	Title	Institution
1	Prof. Fabian Esami	Dean, School of Medicine	Moi University, Kenya
2	Deqa Ali	Country Director	I-Tech Namibia
3	Dr. Swai	Chief Medical Officer	Kilimanjaro Christian Medical Centre (KCMC), Tanzania
4	Charles Osiyaga	Dept of Nursing	Faculty of Medicine, Makerere University, Uganda
5	Dr. Yvonne Karamagi	Academic Programme Manager	The Mildmay Centre, Uganda
6	Dr. Yakub Mulla	Dean of Medical School	The University of Zambia

### Delegates who were invited, could not attend and were not represented

	Name	Title	Institution
1	Mr. Chernet Mengesha Hailu	Head School of Nursing	Jimma University, Ethiopia
2	Dr. Sisay Yifru Aberra	Head School of Medicine,	Gonda University, Ethiopia
3	Dr Aklilu Azaz	Undergraduate Associate Dean, Medical School	Addis Ababa University, Ethiopia
4	Fekadu Aga	Lecturer & Director Sch of Nursing, Faculty of Medicine	Addis Ababa University, Ethiopia
5	Dr. George Kafulafula	Vice Principal	Malawi College of Medicine
6	Dr. Ruimanyika	Gynaecologist/Coordinator, Palliative Care Team	Bugando Medical Centre, Tanzania
7	Prof. Emilio Ovuga	Dean, Medical School	Gulu University, Uganda
8	Jemimah Mutabazi	Head of the Nursing Dept	Uganda Christian University

## Programme Overview

### Day 1

08.30-09.00 Registration and Refreshments

#### **Session one: Introduction to the Conference and Palliative Care**

Chair *Professor Reverend Sam Luboga, Associate Professor, Faculty of Medicine, Makerere University*

09.00-09.15 Key address & welcome of Minister  
*Dr David Kihumuro Apuuli, Director-General, Uganda AIDS Commission*

09.15-09.30 Welcome and official opening of the conference  
*The Hon. Dr Stephen Mallinga, Minister of Health, Uganda*

09.30-09.40 Welcome by funders and brief explanation of purpose of the conference

09.40-10.00 Brief introduction to palliative care and the need for its integration into the core curriculum  
*Dr Faith Mwangi-Powell, APCA*

10.00-10.30 Tea and photographs

#### **Session two: Models of Training in the Host Nation**

Chair *Rose Kiwanuka, Palliative Care Association Uganda*

10.30-10.45 The palliative care unit at the University of Makerere, Uganda  
*Professor Harriet Mayanja-Kizza and Dr Mhoira Leng, Department of Medicine, Makerere University*

10.45-11.00 Regional training programmes through Hospice Africa Uganda  
*Mrs Flavia Bakundana, Hospice Africa Uganda*

11.00-11.15 National training programmes: The Mildmay Centre  
*Dr Yvonne Karamagi, The Mildmay Centre*

11.15-11.40 Open discussions/questions

## Day 1 cont.

### **Session three: Models of Integrating Palliative Care into the Core Curriculum**

Chair	<i>Dr Julia Downing, APCA</i>
11.40-11.55	Models of integrating palliative care into the University curriculum <i>Dr Liz Gwyther, Hospice and Palliative Care Association, South Africa</i>
11.55-12.10	Medical training – case study from Zimbabwe on integrating palliative care into the undergraduate medical curriculum <i>Sr Frances Tsikai, Island Hospice Service</i>
12.10-12.25	Nurse and Pharmacy training – case study from Botswana <i>Mr Herman Mukibi Ssemakula, Institute of Health Sciences, Gaborone</i>
12.25-12.40	Nurse and Medical training – case study from Namibia <i>Dr Lischen Haoses–Gorases, Medical and Health Sciences, University of Namibia</i>
12.40-13.15	Open discussion/questions
13.15-13.25	Summary – <i>Dr Julia Downing, APCA</i>
13.25-14.35	Lunch

### **Session four: Progress on Integrating Palliative Care and its Impact**

Chair	<i>Dr Faith Mwangi-Powell, APCA</i>
14.35-15.05	Integrating palliative care through education programmes – case study from Kenya <i>Dr Brigid Sirengo, Nairobi Hospice &amp; Dr Zipporah Ali, KEHPCA</i>
15.05-15.20	The integration of palliative care services and training into HIV/AIDS services – case study from Tanzania <i>Mary Ash, PASADA</i>
15.20-15.35	A UK perspective on the impact of palliative care trained nurses on care <i>Mr Nigel Dodds, Royal Marsden Hospital, London</i>
15.35-16.00	Open discussion/questions
16.00-16.15	Summary – <i>Dr Faith Mwangi-Powell, APCA</i>
16.15-16.45	Refreshments
16.45 – 18.15	Free time until drinks reception and dinner

## Day 2

08.30-08.40 Welcome and summary of Day 1 – *Dr Henry Ddungu, APCA*

### **Session one: Practical Issues for Curriculum Development**

Chair *Mrs Irene Kambonesa, The Mildmay Centre*

08.40-09.00 Practical issues for curriculum development  
*Dr Julia Downing, APCA & Dr Liz Gwyther, Hospice and Palliative Care Association, South Africa*

09.00-09.40 Institutional Perspective on the integration of palliative care – panel discussion led by *Dr Mhoira Leng & Professor Reverend Sam Luboga, Makerere University*

### **Session two: Discussion and Group Work**

Chair *Dr Lydia Mpanga Sebuyira, Infectious Diseases Institute, Uganda*

09.40-10.50 Discussion and group work

- Barriers to integrating palliative care into the curriculum
- Action planning

10.50-11.20 Refreshment break

11.20-12.20 Feedback from groups to the plenary

### **Session three: Next Steps**

Chair *Olivia Dix, The Diana, Princess of Wales Memorial Fund*

12.20-12.40 Next steps – *Dr Faith Mwangi-Powell, APCA*

12.40-12.50 Donors' summary and thanks

12.50-14.00 Lunch and conference end

## Country Action Plans

### Background

At the end of the conference, delegates worked in country teams and drafted national action plans. These constituted three priority areas and activities for implementation in a period of one year after the conference. They also identified national opportunities and strengths as well as barriers to the integration of palliative care in medical and nursing core curricula.



### Barriers and strengths to integration of palliative care:

#### Zimbabwe and Botswana

##### *Barriers*

- general lack of awareness on palliative care;
- no trained staff to deliver palliative care services;
- lack of resources for teaching palliative care and for service provision;
- lack of collaboration and team work in the implementation of palliative care;
- brain drain in both countries; and

- palliative care is not examinable in training institutions.

### **Strengths**

- some aspects of palliative care are already covered in curricula;
- support from APCA to integrate/strengthen palliative care in some institutions such the Institute of Health Science, Gaborone; and
- Botswana Government has a palliative care unit in the Ministry of Health.

### **Zambia and Kenya**

#### **Barriers**

- no national policy on palliative care;
- lack of stakeholder involvement;
- elements of palliative care currently in curricula are fragmented and have a focus on cure;
- inadequate knowledge and skills among lecturers and tutors in palliative care;
- inappropriate attitude to care – with more focus on cure and prevention;
- competition with other health care services/activities;
- lack of ownership of the palliative care development process; and
- inadequate infrastructure for clinical placements

#### **Strengths**

- KEHPCA and APCA are already supportive of palliative care development in Kenya;
- Kenya has eight hospices under KEHPCA;
- in Kenya, there are some health workers trained in palliative care.

### **Malawi and Uganda**

#### **Barriers**

- limited expertise in palliative care;
- limited institutions for clinical placements in palliative care;
- time allocation in the current curricula i.e. curricula in place is already crowded;
- training materials are inadequate; and
- in Malawi, there is no palliative care policy.

#### **Strengths**

- there is good will for palliative care implementation, including Government;
- existing training materials;
- existing collaborations between hospices, hospitals, training institutions and other partners;
- awareness and knowledge of palliative care;
- champions of palliative care who can be relied upon for further developments; and
- existing centres of excellence.

## Tanzania, Ethiopia and Uganda

### **Barriers**

- knowledge deficit – lack of palliative care knowledge across the board i.e. among health workers and patients;
- attitudinal problems related to palliative care - many lecturers do not see the value for palliative care;
- lack of national policy on palliative care;
- infrequent review of curricula – need to review curricula regularly to include palliative care components;
- lack of technical expertise in teaching palliative care; and
- limited number of clinical sites where palliative care trainees can practice.

### **Strengths**

- support from some governments such as Uganda;
- collaboration among some institutions;
- national palliative care associations under the wings of APCA; and
- integration of palliative care in some curricula.

### **General remarks**

- there is a need for more awareness raising activities; and national palliative care associations have a key role to play in ensuring that the people who are trained implement their training at all levels.

### **Summary of cross cutting issues**

#### **Priorities for teaching institutions**

- sensitisation of stakeholders including heads of teaching institutions;
- advocacy for national policies in palliative care; and
- actual integration of palliative care into curricula.

#### **Key requirements**

- technical assistance to building institutional capacity to integrate palliative care;
- funding;
- participation in curriculum reviews.

## Zambia

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Awareness creation on palliative care	Call a one day meeting to disseminate the conference report to stakeholders	Conference Delegates & PCAZ	Within 3 Weeks	Funds for a one – day meeting in Lusaka
2. Knowledge and skills update	Hold a TOT for trained palliative care providers	Conference Delegates & PCAZ, MoH	Jan 2009 – on going	Technical Support, Advocacy materials and funds From donors and APCA
	Design a national training programme	MoH, PCAZ and other hospices	Jan. 2009 – Jan. 2010	
3. Integration of palliative care in nursing and medical curricula	Review the existing curricula and incorporate palliative care	MoH, PCAZ and other hospices		Funds
	Review health policy and incorporate palliative care	PCAZ, MoH		

## Namibia

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Get commitment and support from institutions' management	Advocacy meetings with heads of Institutions	Namibia team/APCA	On-going	Funds and Technical Assistance
	Sensitisation workshops for senior staff in institutions	Namibia team/APCA	June 09	Funds and Technical Assistance
2. Building in-country palliative care capacity	Develop standardized palliative care curricular	APCA, Namibia Team, MOH	On-going	Technical Assistance
	Palliative care training for nurses and lectures	APCA/MOH	To be determined	Technical assistance
	Palliative care training for other health care professionals	APCA/MOH	To be determined	Technical assistance
	Palliative care training for community care givers	APCA/MOH	To be determined	Technical assistance

### Botswana

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Lack of awareness among health workers	Sensitise all key stakeholders and institutions and policy makers on palliative care	Conference team	By end of Oct. 2008	Technical support and funding
	Form a national working group for addressing palliative care	Hospices, MoH PC unit, Delegates		
	Sensitise other health training institutions			
2. Development of policy on palliative care	Review the existing health policy for presence of palliative care	Conference team and MoH palliative care unit	end of Oct 2008	Funding
	Conduct advocacy workshop using the conference report & findings on existing policy			Funding
	Hold a stakeholders meeting/ workshop			
3. Development of palliative care curriculum	Form a national technical working group to develop the curriculum	Conference team, PC Unit	By June 2009	Technical support and funding
	Draft a palliative care training curriculum for Botswana			
	Hold a stakeholders meeting to share the draft			Technical support, funding and training of resource people

### South Africa

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Meeting of higher education institutions in SA e.g schools, Higher Education	Meeting with different stakeholders	HPCA	In 9 months time	Support in coordination activities
	Access website materials on palliative care education			
2. Generate national palliative care education resources				

## Zimbabwe

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Confirm whether there is a palliative care policy within the government	Visit the MoH to study the health policy	Island Hospice, Conference Delegates	By end of Oct. 2008	Time
	Visit Hospice Palliative Care Association of Zimbabwe (HOSPAZ)	Island Hospice, Conference Delegates	By end of Oct. 2008	Time
2. Sensitization of a multi-disciplinary team on palliative care countrywide	Conduct a stakeholders meeting and map out activities/work done so far	HOSPAZ, HIS, University of Zimbabwe	By April 2009	Funding, Training materials
	Consolidate the already developed curriculum			Funding
	Identify trainers and develop training materials			Funding
	Undertake training of trainers			Funding
3. Develop a multi-disciplinary Post Graduate Diploma in Palliative Care	Identifying focal persons to spearhead the development of a curriculum according to university regulations.	University of Zimbabwe, HOSPAZ	Aug 2009	Technical assistance from countries that have already done this activity (consult other universities like UCT, Makerere etc... and APCA)
	Work with the Health Professionals Council on this task			Funding

### Kenya

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Formation of a steering committee	Steering committee formed			
	Address ownership – stakeholders sensitization workshop		Nov 08	
2. Capacity building – Training of Trainers	TOT	KEHPCA		Technical support, funding, materials
3. Undertake a situational analysis to establish gaps in existing curriculum at nursing & medical levels				

### Malawi

Priority Areas	Key Activities	Responsible	Timeline	Support required
1. Raising palliative care awareness	Orientation of faculty, clinical staff and the community on PC	PACAM & Conference Delegates	End of November 2008	Funding, Technical Expertise
	Orient regulatory bodies on PC and seek approval to incorporate it into the curriculum	PACAM & Conference Delegates	By Nov. 2008	Funding, Technical Expertise
2. Building palliative care capacity – in colleges & institutions	Train faculty members in PC	PACAM and MoH	Jan. 2009 onwards	Funds and expertise
3. Integration of palliative care into curricula	Undertake a curriculum review to incorporate PC	PC Experts, MoH	March – April 2009	Funds and expertise
	Implement the curriculum by faculty members	MoH, Faculty members, regulatory bodies	2009 - 2010	Training materials, funds



Delegates gather for a picture at the end of the Conference.