INTERNATIONAL PROGRAMMES-HOSPICE AFRICA UGANDA

NEWSLETTER-ISSUE 2-SEPTEMBER 2009

Dear friends,

Welcome to our second issue of the international programmes newsletter! We sincerely apologise for the delay in availing you this newsletter six months after the first issue in November 2008. We will try to make it timely next time.

The programme team continued to 'fly' all over Africa safely and progressively. We are increasingly reaping results of our efforts, as well as the financial and the moral support you continue to give us. More palliative care initiatives are emerging, especially in Nigeria. Ethiopia has also made good progress with importation of morphine powder, we have trained more palliative care initiators, follow up of health professionals indicate good use of knowledge and skills gained, advocacy work has been on going in Africa and beyond. This news letter brings you highlights of the major events since November 2008.

Rays of hope for palliative care initiatives in Ethiopia

At last morphine is available in Ethiopia. Gratitude to the HAU advocacy team - Dr. Anne, Dr. Jagwe and Catherine Nawangi - for their relentless advocacy. Morphine will be issued free to patients prescribed by a recognized prescriber. The present prescribers are doctors and medical officers. If these get a rapid prescribers course in use of oral morphine, then the medications can reach the rest of the country in a shorter time than any other country. But this depends on the goodwill and efficiency of those involved.

Morphine will be tested at E-PHARM, a government institution that manufactures generic medicines at an affordable price. Morphine is among the 4 'social responsibility drugs' drugs to be provided free. The others are Oral Rehydration Salts, Phenobarbitone

and Chlorpromazine.

Above: Tsigereda, Dr. Anne and Catherine during a visit at E-PHARM in Ethiopia.

By April 2009 Hospice Ethiopia (HE) had registered 106 patients on their programme, 34 new patients, 1 death, 9 lost to follow up and 5 for home visits. The HE team are making good progress on record keeping following support by Catherine Nawangi.

HE commenced with little professional input. This has led to a support service with few of the tools and standards required for a palliative care service. HE requires further reorganization and training and a nucleus of trained persons to carry forward further training; HE may become a model of a free standing Hospice service.

Support supervision of palliative care activities in Malawi

Malawi is still one of the poorest countries in Africa and is plagued

Above: Dr. Anne verifies records and tools initiated by Catherine Nawangi for Hospice Ethipoia.

by the AIDS epidemic. Suffering is not only physical but from hunger, anxiety for those left behind and many anxieties related to the poor economic circumstances of their lives. Catherine visited Malawi 26th March-24th May 2009. The purpose of the visit was; To support Ndi Moyo, the only free standing Hospice in Salima (near Lake Malawi) and to support the Hospital Palliative Care team at Mulanje Mission Hospital (MMH), working closely with the team, setting clinical standards and affordable clinical tools for patient's Care.

Although the team is improving and following recommendations, Mulanje is badly in need of separate transport for the Home care palliative team. At present they have to wait until the hospital vehicles are free and sometimes

patients are left without medications for lack of transport to them.

Catherine Nawangi during home visit with Linly- Palliative care Nurse- in Ndi Moyo

Strengthening capacity of Palliative care teams in Nigeria:

Palliative care initiatives in Nigeria continue to increase and they require more support from Hospice Africa Uganda. This reporting period, Catherine and Dr. Anne were involved in palliative care training, setting palliative care standards, coaching and mentoring the team and advocacy for morphine availability.

Catherine spent 2 weeks with the team at CPCN (Centre for Palliative Care in Nigeria) which is attached to UCH Ibadan.

We continue to share the hospice ethos and palliative care best practices with palliative care teams in Enugu, Ilorin, Ibadan. Attitudes of health professionals and the bureaucratic pecking order leaves the patient at the bottom of the pile and it will take a major revolution to change this.

The main achievements are the registration of Centre for Palliative Care in Nigeria as an independent charity, and the improvements in staffing. Sister Olabisi Kuye, the nurse in charge completed a 9 month course in Uganda in July 2009. She is equipped with knowledge and skills to provide specialist in palliative care services.

Above: Elisabeth of Enugu, pioneering the new PC team at the University Hospital

Above: Senior Nursing Sister Olabisi Kuye ® from UCH Ibadan, who completed a 9 months CPCC training, in Uganda, which will allow her to be resourceful in improving palliative care initiatives in UCH, Ibadan, Nigeria

During the visit to Nigeria Dr. Anne had discussions with stakeholders regarding Morphine availability and utilization by patients in need. Olaitan arranged for Anne to meet **Dr. Patience Osinubi,** of the Cancer Control Programme, Dept. of Hospital Services, Federal Ministry of Health.

Gratitude to Professor Olaitan and her team and networking organisations, for hospitality and arrangements. Gratitude also for Hospice Africa (UK) for funding and UCH Ibadan for co funding.

Follow up of palliative care team in Banso and Bamenda (Cameroon)

Palliative care services in Cameroon are getting established in Hospitals in Bamenda and Banso.

Above: The attendees at the sensitization conference organised by professor Olaitan for the geo political zones

Bamenda Provincial Hospital has been able to see more patients outside of the hospital also due to home visits which are conducted using the hospital vehicles and driver. This is due to the on the spot support of The Medical Director of the Hospital, Dr. Jonah Wefuan, who has taken PC on board for the hospital and is a Board member of APCA.

Much time and training has been invested in Banso Hospital. They are expected to become a model for palliative care services in Cameroon. The high staff turnover is a major concern in Banso. Two international volunteers Catherine and her husband Chris D'souza have recently joined the Banso palliative care team in August 2009. Catherine is looking forward to helping the team set up a strong referral network between health workers and community volunteers. They just completed 2 weeks

orientation at Hospice Africa Uganda prior to their departure.

Above: Chris and Catherine put their hard hats on prior to their departure for Cameroon

Palliative care initiatives in Cameroon are mainly hospital based. This presents a major challenge to the hospice spirits. More support from international programme team is required.

Reaching Francophone and Lucophone Africa:

This year a concept note on using a similar system for each of these groups of countries was written and shared with Afrox and APCA. These countries were colonized by different European countries and therefore they have different languages, different systems of Government and different health systems.

As a start we are looking at the Francophone countries and trying to assist them. We have already, worked with Jim and Jane Bennett in Brittany to commence Hospice Africa (san palliatif) France, to raise funds for a model in Francophone Africa. A charity shop is already in place and is raising funds for Francophone Africa.

The concept is to bring bilingual health workers interested in palliative care to Uganda, to observe our set up that is working in Uganda and the Anglophone countries. They would receive training in palliative care, clinical skills and training of trainers for palliative care and advocacy. They would then return to their countries and introduce the concepts of palliative care to their own health systems.

It is hoped that all working in Francophone Africa would come together on this and share experiences etc.

As we have learned working with Cameroon, the French medical system is different. The hospital is the centre of care and those who are ill and cannot get to a health facility are not cared for in the health system. Each medical director of a Government Hospital is given authority and a budget to meet their plans for the hospital. Thus the hospital reflects the efficiency and vision of the

Medical Director. We had witnessed this in Bamenda Provincial Hospital and again in Professor Doh's hospital. This is a wonderful system and is not present in Anglophone countries where every move in the District Hospitals is controlled by the Ministry of Health with a cumbersome means of communication which strangles initiative and pride in the hospital.

In preparation for the expansion of programmes to Francophone Africa one of the volunteer doctors in Hospice Africa Uganda, Dr. Cliona Lorton has started to teach introductory French classes to Hospice staff twice a week.

We are moving in our own support of Francophone countries and this is to be shared with APCA and those already working in Francophone countries such as Congo Brazzaville, Rwanda, Cote d'Ivoire and Cameroon. However none of these countries have official affordable oral morphine available as yet.

Watch this space!!

First Course for International Initiators: Uganda 2009

Above: The students learning morphine reconstitution the pharmacy as part of the first International training programme March 2009

In February 2009, a 4 weeks palliative care training was held at Hospice Africa Uganda for initiators of palliative care services from the following African countries; (Nigeria-7, Cameroon-1, Malawi-4 and Ethiopia-2) . A total of 14 health professionals attended.

Although several health professionals involved with programmes in Africa have joined us in the past and participated in our education programmes, this was the first Health Professional's Course targeting international students from Sub Saharan Africa, it was planned to be conducted for one month, and the first week was for HPC course, second week TOT and each participant had a placement period

of two weeks at one of the three Hospice Africa Uganda sites.

There was much sharing of experiences so that the participants were enriched by meeting each other as well as receiving training geared towards their special needs. The feedback from the experience was very encouraging and two of the units in Nigeria asked for us to visit their sites to assist them in tools and standards. However the main feeling was that the 2 weeks in class was not sufficient so we have now planned to increase the in class section to three weeks for the second International Programme which will commence at the end of October this year.

We are again most grateful for your support in every way. Without your assistance our patients would not be receiving the care they need. But there is a long way to go and many more are still in pain and without care in this large continent of Africa.

Please continue your support

The International Team

Raise money for Hospice Africa every time you click on an internet search?
Go to http://charities.everyclick.com/using-everyclick
and choose Hospice Africa as your charity

Hospice Africa	Hospice Africa Uganda	Hospice Africa USA	Hospice Africa Ireland
c/o Dr & Mrs D. Phipps **16 Arden Close,** **Ainsdale,** **Southport,** **PR8 2RR,** **UK** **Tel/Fax : +441704573170** **Email** **:hospaf@connectfree.co.uk**	PO Box 7757 Kampala, Uganda Tel: +256-41-510089 (O) 266867 Tel/Fax: 41-510087 (R) Email: info@hospiceafrica.or.ug Or hospug@yahoo.co.uk	Dr. Judith Hills, President, PO Box 98, South Woodstock, VT 05071 hinshawjd@comcast.net Judithhills@gmail.com	Our Lady's Hospice, Harold's Cross, Dublin 6, IrelandTelephone +353 1 4068708 acooney@hospiceafrica.ie