

Wednesday 10 March 2010

11:30-12:20

International initiatives: learning from developing countries

Rosemary Kiwanuka

Palliative Care Association of Uganda

Professional training: BSN, Aga Khan University Kampala; Dip Palliative Care, Makerere University Kampala; DBA, London Executive Business College UK; Certificate in Palliative care, Hospice Africa Uganda; URN, Uganda Nursing Council.

The first Ugandan Palliative care Nurse – Has 14 years of experience in Palliative care. Worked with Hospice Africa Uganda from 1994 – 2005. Participated in developing curriculum for Health care and non Health care Professionals, Medical and Nursing Schools. Supported Malawi and Tanzania to develop a training curriculum for health care workers. Provides technical assistance in educational and advocacy to other African countries ie Uganda, Tanzania, Malawi, Botswana, Ivory Coast. She also provides technical assistance to local organisations providing palliative care.

Authored the Sexuality chapters in A Clinical guide to Supportive and Palliative Care for HIV/AIDS in Sub Saharan Africa, 2006 Edition.

Currently she is National Coordinator Palliative Care Association of Uganda a post she has held for three years (January 2006 to date).

Title: The Role of the National Association: Experiences of the Palliative Care Association of Uganda

Introduction: Palliative Care Association of Uganda (PCAU) supports and promotes the development of palliative care throughout Uganda. It is a membership association that brings together organizations and individuals involved in palliative care. PCAU plays a national coordination role for palliative care in partnership with the Ministry of Health of Uganda. This has enhanced the scale up of palliative care, in regard to training and education, standards and service delivery including accessibility to pain medications.

Issues: As member organizations continue to train health, allied and non-health professionals to deliver palliative care, PCAU faces the challenge of ensuring that trained service providers are mentored supported and access on-going education. PCAU ensures that health facilities are able to access pain medications including opioids. Advocacy with health administrators to support palliative care provision, following the training of their health workers is another responsibility. Fledging palliative care services have to obtain organizational development support from PCAU, including structure and systems set up.

Description

With limited resources, PCAU is using creative approaches to support all above functions, with technical and logistical support from MoH and member organizations. MoH volunteers transport for support supervision to district services and member organizations provide technical support. However, without constrained resources PCAU is unable to all the support required. Demand for practical support from trained health workers is overwhelming, while opiophobia among health workers remains an issue. Services across the country expect financial support from the national association, yet its also financially struggling.

Lessons and recommendations: Working with MoH as a key partner has enhanced national scale-up. Support from health administrators must be ensured for trained health workers to deliver services. It is essential to establish countrywide communication networks. Taking palliative care to the local level through district facilities facilitates scale-up.

Dr Mhoira Leng

Palliative care is a global philosophy and a health care right. However many parts of the developing world do not have access to the most basic support and care. Most of the world's oral morphine is consumed in a small number of developed countries with many millions without access to strong analgesia. The needs are overwhelming especially when measured alongside poor economic growth and development. Different models of care exist with many skilled, committed and enthusiastic colleagues giving leadership. What is the overall picture of global palliative care? What are the key challenges in developing world palliative care? What lessons can UK palliative care glean? How can we improve our mutual learning? How can we work in partnership to ensure palliative care for all? These questions will be addressed with an overview and specific lessons from India and Africa.