

OVERVIEW OF CURRENT STATUS OF PALLIATIVE CARE IN MALAWI

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OUTLINE

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- Health system structure
- Status Quo
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INTRODUCTION

- Government through the MOH ,Directorate of Nursing and Midwifery Services is providing leadership and coordination of palliative care services
- MOH in collaboration with Palliative Care Association of Malawi (**PACAM**) is committed towards development of Palliative Care Service delivery in Malawi

PACAM

- Is a national Association. It was set up in September 2005. PACAM operates through a board of Directors, trustees and secretariat based in Lilongwe at Ching'omahouse.



PACAM'S VISION

- *“A country where all people with life threatening illnesses are free from pain and distress.”*

PACAM'S MISSION STATEMENT

- *is a network of individuals and organizations working together to support and develop affordable and culturally appropriate palliative care in Malawi; improving access and building quality.*

PACAM'S AIM

- To encourage the holistic care of chronically ill HIVAIDS and cancer patients.
- To facilitate networking and communication between palliative care providers in Malawi.
- To promote the development of palliative care services.
- To increase awareness of palliative care (advocacy).
- To establish a resource base for palliative care.

HEALTH SYSTEM STRUCTURE

- Malawi has 1030 health facilities and institutions. Govt operating 516 (50%) CHAM 166 (16%) NGO 70 (7%) Private sector 209 (20%) companies 46 (5%) and statutory organizations 23(2%).
- 85% (437/516) Govt facilities offer primary care 10% secondary care and 1% tertiary care whilst 5% are administrative, project offices & research as well as training institutions. In CHAM 69% primary 25% secondary 1% tertiary and 5% administrative and training institutions. (MHSE 2007)

CURRENT STATUS OF PC SERVICES

- The country's health care delivery system comprises of 4 central hospitals, 29 district hospitals, 41 CHAM institutions and 5 private hospitals.
- Palliative care is being implemented in 25 sites (4 central hospitals(1 central hospital has 2 sites) ,7 CHAM institutions 9 DHOs and 4 NGOs.

IMPLEMENTING SITES

Northern region 5 sites

Govt- Mzuzu Central Hosp , Chitipa, Rumphu & Mzimba south

CHAM- Ekwendeni Mzimba

Central region 10

Govt- KCH, Nkhotakota, Ntchisi & Dowa,

CHAM -Nkhoma, St Gabriel Namitete Lilongwe & St Annes Nkhotakota

NGOs- Ndimoyo Salima, Lighthouse Trust & Partners in Hope Lilongwe

Implementing sites conts

Southern region 10 sites

Govt- QECH Tiyanjane for adults & Umodzi dedicated for children , Somba Central Hospital, Mangochi, Mwanza and Machinga

CHAM-Mulanje mission, St. Lukes Malosa and Chipini Health centre

NGO- College of medicine depart of community health Bangwe project

CANCER SITUATION

- The London declaration on cancer control in Africa in 2007 stated that “African countries will account for over a million cases per year” There’s a looming epidemic of cancer in the country however data on the current situation is unavailable(contributions welcome) and there are no treatment facilities available.

HIV SITUATION

- HIV prevalence rate estimated at 12% among 15 to 49 years .
- Population 13.1 million and about 1 million infected with HIV
- About 250,000 on ART

SUCCESSSES

- Availability of national training manual for health professionals,
- Draft palliative care training manual for home based palliative care volunteers
- Draft palliative care guidelines
- Number of palliative care Implementing sites increased by 19% in six months (from 21 to 25 sites)
- We have several centres of excellence across the country i.e. St Gabriel, Ndimoyo, Lighthouse, Tiyanjane clinic e.t.c. Most of these centers offer Palliative care clinical training.

Opportunities

- Availability of trainers and service providers
- Availability of essential palliative care drugs
 - oral liquid morphine , MST and other opioids
 - prescribers are physicians and trained clinicians
 - Palliative care in the process of being integrated in medical and nursing training

SUCCESSSES ctd.

- Good working relationship between MOH, PACAM and other stakeholders/partners
- National advocacy role strengthened by PACAM
- Strong networks and links with regional palliative care group(APCA) which is providing technical support, building capacity, advocating for palliative care policy and coordination in development of palliative care standards which will be adapted at country level and Malawi is represented

CHALLENGES

- No palliative care policy
- Majority of health professionals not trained
- Few implementing sites – The extent of care provided so far is still much below the expected level. We have a lot of unmet needs.
- The country has few approved morphine prescribers hence denying drug accessibility to patients that can not be easily reached by these prescribers.
- Despite Morphine slow release tablets (MST) being available at central & district hospitals, Morphine which is a gold standard for palliative care, is not being accessed by patients due to various.

CHALLENGES CONT'S

- Inadequate internal and external funding for development of the service
- Knowledge gap on the concept of palliative care creating road blocks at operational level
- Intermittent availability of some essential palliative care drugs

WAY FORWARD

- **Advocacy;** Targeting Policy makers, potential donors and care recipients.
- **Training;** More healthy workers need to be trained in the area of Palliative care
- **Drug Availability;** Procurement of supportive drugs for symptom management and pain relief. Malawi as a country, currently doesn't have radiotherapy hence most of our patients travel outside the country in search of such services i.e. Tanzania.

WAY FORWARD ctd..

- **Care accessibility;** There is a need of opening more centers across the country, which will include different care models i.e. Mobile, Road side clinics e.t.c.

Discussion

- Comments, Questions are welcome!!



THANK YOU!