Palliative care works annual meeting Oxford 24 September 2016

Palliative care situation in Burundi: success, challenges and opportunities



Ciza Bonne

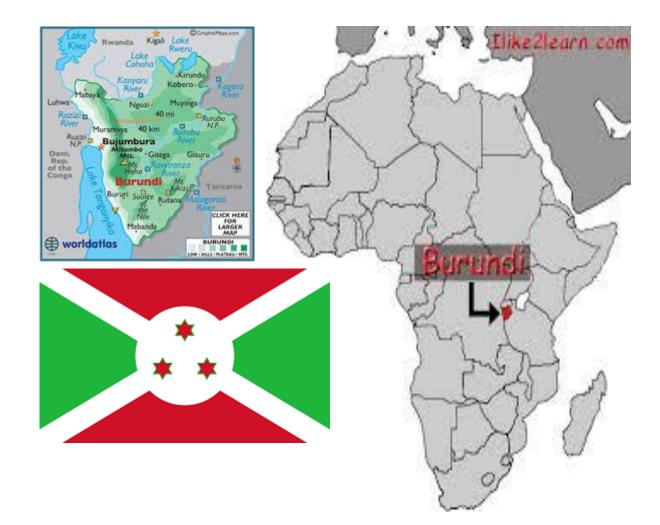
St Christopher's bursary student and Program coordinator at the Palliative care association of Burundi

The dissatisfied dead cannot noise abroad the negligence they have suffered, we emerge deserving of little credit, we who are capable of ignoring the conditions that make muted people suffer Pr John Hinton in Dying"



Burundi in Brief

- Capital: Bujumbura
- Depulation: 11 099 298
- Density/sq km: 449.9 (2016 est.)
- Urban pop. 12,1
- □ Life expectancy females/males: 58/54,2
- Land surface sq km: 27 834
- □ Currency: BIF: Burundi Francs
- Location: is a landlocked country in the African Great Lakes region of East Africa, bordered by Rwanda to the north, Tanzania to the east and south, and the Democratic Republic of the Congo to the west. It is also considered part of Central Africa. Burundi's capital is Bujumbura. The southwestern border is adjacent to Lake Tanganyika.



Key epidemiologic facts

✤Diabetes:

Hypetersion:

HIV/AIDS: 1,0% among adults 15-49 y.o

Cancer: a study conducted in 3 hospitals in 2009 showed a prevalence of 3.02%, 2.6 % and 1 .4% respectively.

Patients in need of PC: 36,55% (2015 est.)

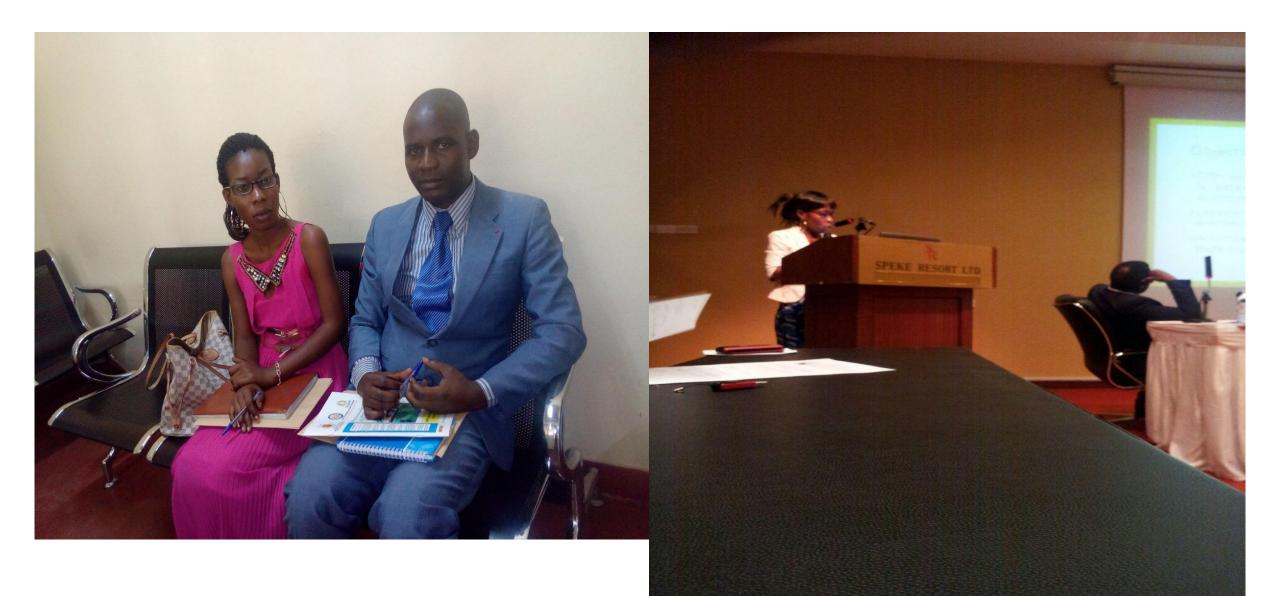
Palliatice care status: Success

- I. Silent zone: ...2012: No much information about PC
- II. Non-silent zone: 2013...current:
- ✓ First Burundian nurse trained at HAU(Francophone initiators course)
- September 2013: A Burundian nurse and aspiring PC provider/advocate attended the APCA/HPCA Conference in Johannesburg S.A followed by mobilization of support and call for action
- March 2014: First sensitization/awareness PC workshop held in Bujumbura under patronage of the MoH and support from APCA and OSIEA followed by lobby and advocacy at MoH and partners

Palliative care status in Burundi: Success Cntd

- ✓ 2013-May 2016: 4 nurses and 1 physician trained at HAU during Francophone initiators course
- ✓ 2015-current: A few patients get support in one teaching hospital of Bujumbura(Physical, Psycho-social and spiritual support and referral)
- ✓ Up to May 2016: 32 patients in total(56,25%HIV/AIDS, 43,75%Ca),
- Needs assessment performed: Most of patients in need of pain control
- ✓ March 2016: Foundation of The national Palliative care association of Burundi

Photos: Lobby and advocacy, conference



Photos: Patient's support and needs assessment



Photos: Ist PC Workshop









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Challenges and limitations and barriers

- Lack/low awareness about PC and end of life care among health care professionals, decision-makers and families
- **PC** a new concept
- PC not seen a priority (MoH's point of view)
- Political instability: Change happen any time
- Lack of infrastuctures for diagnostc and treatment: 1 single screening anapath. lab nationwide(late diagnosis), only surgery exist, no single PC unit exist

- Lack of coverage for pain treatment
 Lack of skilled health providers in PC or pain management
- Lack of policies

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□ Financial constraints

Opportunities and recommendations

- I. Opportunities
- ✓ Burundi part of single convention on narcotic drugs (1961)
- ✓ Burundi member of WHO: WHA resolution 67.19(strenghthening PC as a component of comprehensive care through the life course
- ✓ Existing community health relay
- ✓ Existence of commited individuals and national PC association
- ✓ National prog. On CNCDs

II. Recommendations

- ✓ Support to our priority activities: Training of Nurses and Doctors in 2 public hospitals of the capital then initiate 1-2 PC Units into those hospitals
- ✓ Raise public awareness
- Train/form community based relay: Chaplains and community health workers(identification and referral of patients, home based-care and spiritual support)

Thank you !