



# PALLIATIVE CARE : MALAWI

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# BACKGROUND INFORMATION-MALAWI



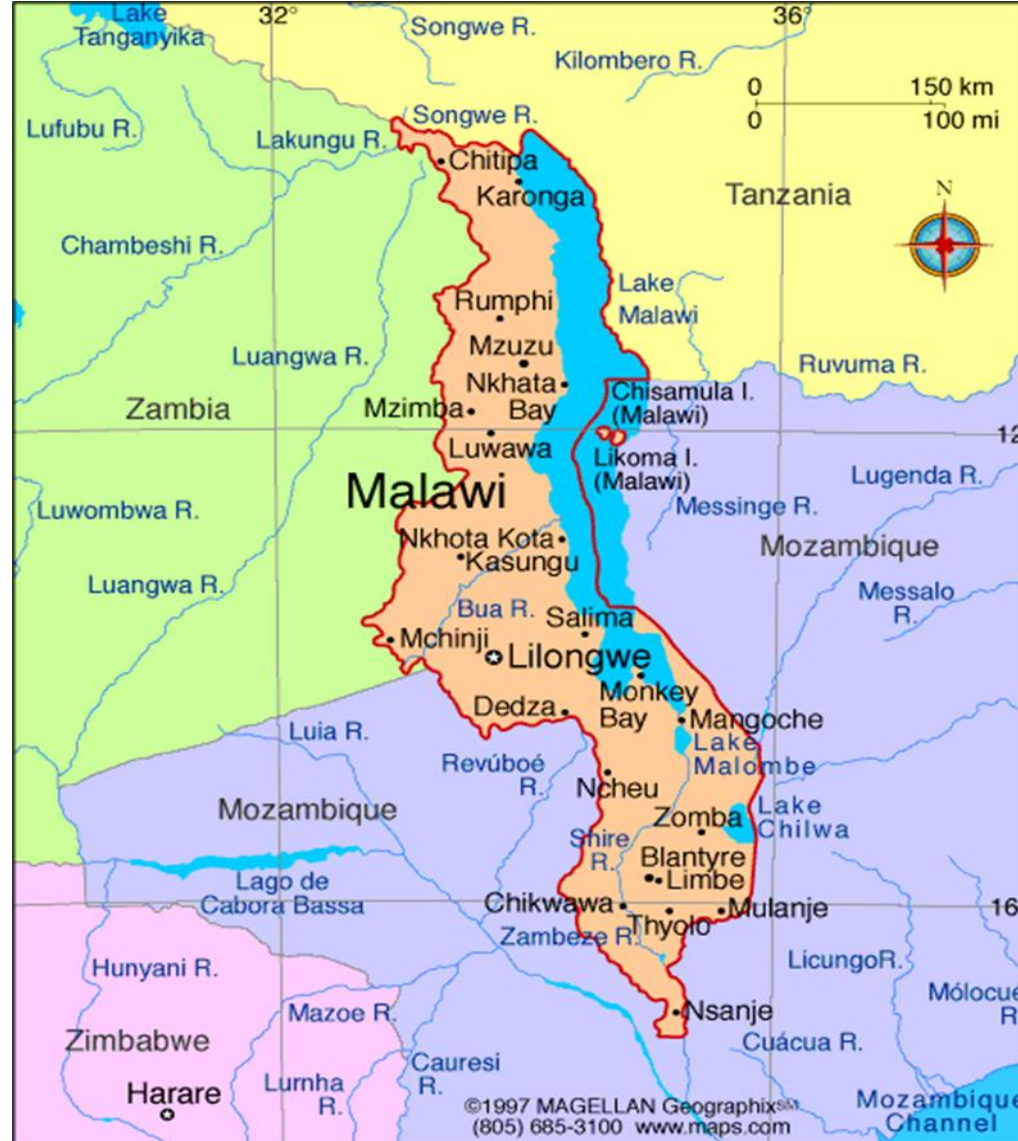
- ▶ Is in the central region of Africa.
- ▶ Has a population of 17million.
- ▶ Is one of the poorest countries in Africa ranked 164<sup>th</sup> out of 177 countries with data (UNDP 2007)



# BACKGROUND INFORMATION -MALAWI

## 2003

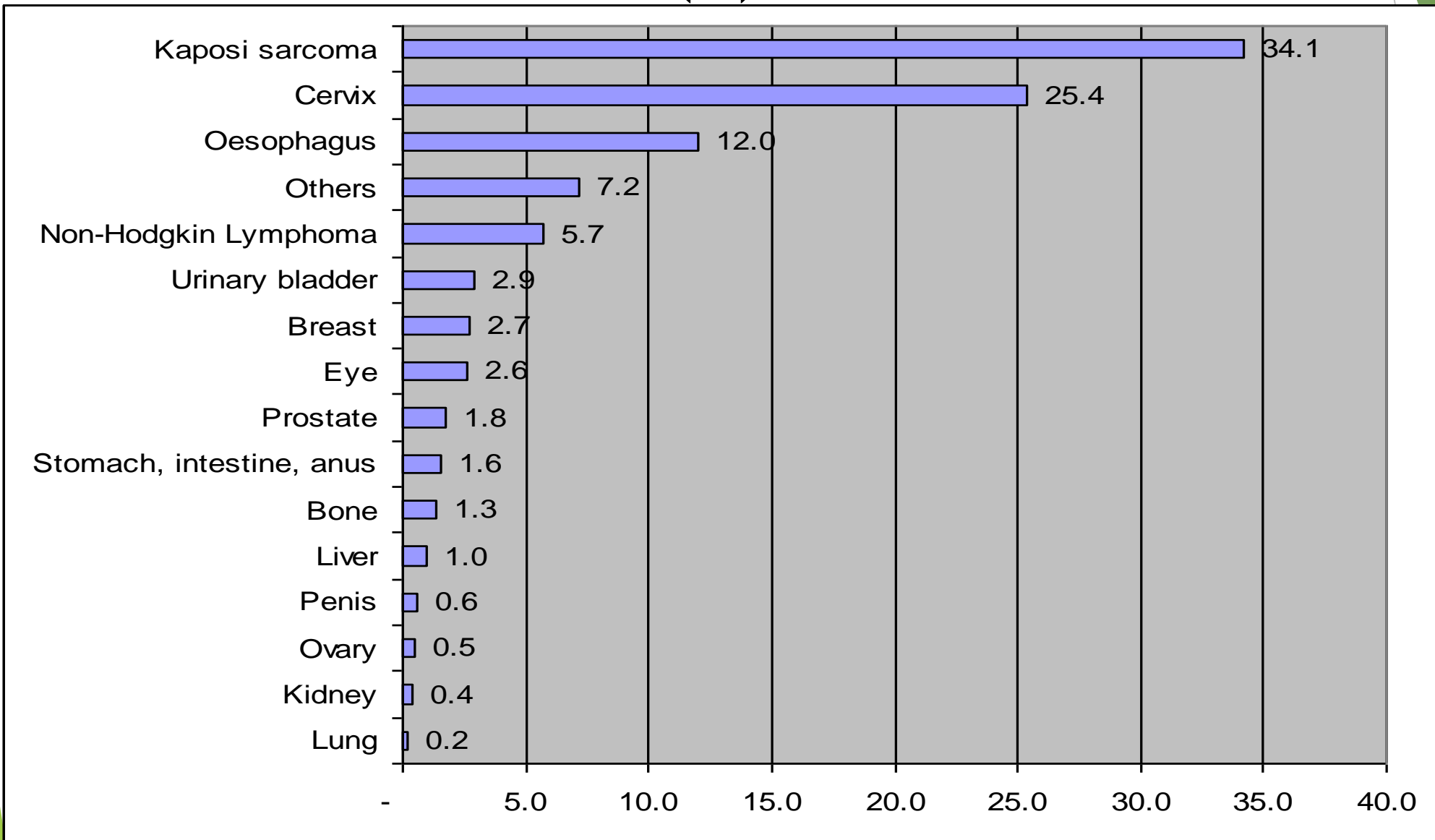
- Population 12.2 million
- 15% HIV infection
- 3 palliative care sites
- No treatment for cancer



## 2015

- Population 17 million
- 11% HIV infection
- 25 thousand cancer cases
- 26 palliative care sites
- 1 oncologists
- Chemotherapy
- No radiotherapy

# BACKGROUND INFORMATION-COMMON CANCERS 2007-2015 (%)



# PALLIATIVE CARE SUPPORT TRUST- MALAWI

## COMPOSITION

- ▶ Medical doctors -3
- ▶ Clinical officers -3
- ▶ Nurses -7
- ▶ Social worker -1
- ▶ Chaplain -1
- ▶ Play ladies -2
- ▶ Allied staff -3



2003

# PALLIATIVE CARE SUPPORT TRUST CONT...

- Desire to scale up services for people living with HIV/AIDS.
- Ward overcrowding
- Poor access to HIV testing
- Need for palliative / HBC care



2016

- Service provision
- Training and research
- Advocacy
- Sustainability

# SERVICE PROVISION



173 patients reached- last quarter



763 visits were made by patients- last quarter

41 home visits done-last quarter



# SERVICE PROVISION

## Focus on:

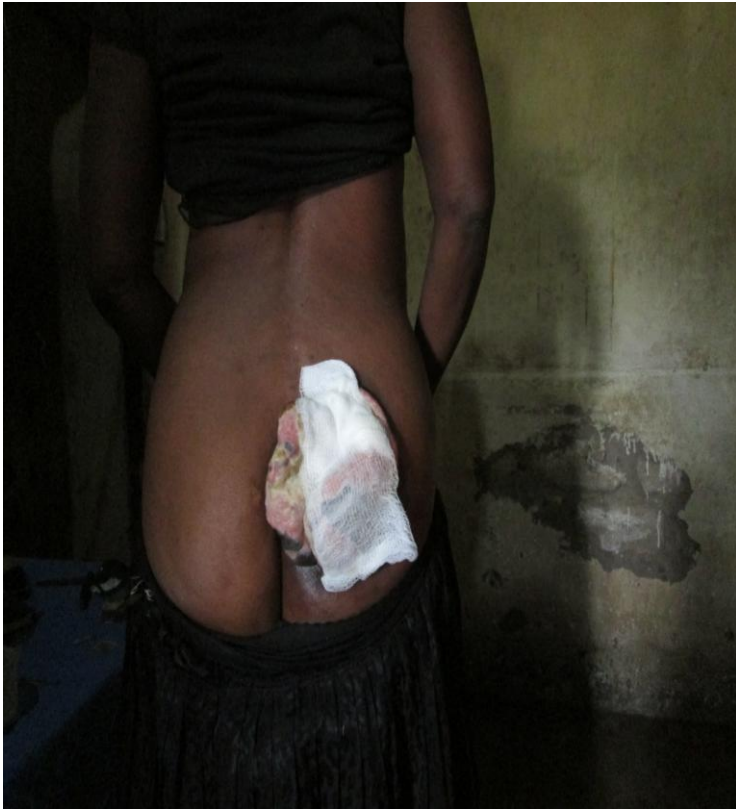
- ▶ Pain and other symptom management
- ▶ Counselling
- ▶ Family meetings

Picture below shows a nurse on home visit giving oral liquid morphine





# PATIENT STORY



- ▶ Mary (not her real name) was a 53 year old woman diagnosed with cancer on the right buttock. The wound was very painful, fungating and producing foul smell. She was socially isolated. Pain was managed by oral liquid morphine, foul smell was managed by twice daily dressing with locally made normal saline and crushed metronidazole. Two days later pain and foul smell were gone, she was able to eat. Her husband and herself were grateful to the team because the most distressing symptoms were gone. She was then able to associate with others.

# RESEARCH AND TRAINING

- ▶ PCST staff are involved in training and mentorship.
- Fellow health workers
- Medical and nursing students
- Religious leaders
- Social workers
- Legal personnel
- Community volunteers



## ADVOCACY

- ▶ It is done at local, national and international levels
- ▶ Staff present abstracts at different conferences.
- ▶ Staff are involved in media presentations.
- ▶ PCST get volunteers from outside Malawi who carry messages back.



# SUCSESSES

- ▶ Palliative care programme is incorporated in public health system.
- ▶ Involvement of community health volunteers
- ▶ The site being used as a clinical placement site for palliative care specialist students thus diffusion of knowledge and skills.
- ▶ Positive long term donor relationship

# CHALLENGES

- ▶ Increased work-load : use of ambassador palliative care providers in the wards.
- ▶ Donor dependency: towards starting paying palliative care services.
- ▶ Poor referral systems
- ▶ Poverty

# CONCLUSION

Palliative care principles are the same but their application differs in developed and developing countries.

From the multi-professional training, there are some lessons learnt that can be applicable in our setting in a different way and achieve the same goals using our limited resources.

# ACKNOWLEDGEMENT

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**THANK YOU!**