Delivering Palliative Care in Sub-Saharan Africa - what we can learn from resource-limited environments

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Impact of Resource-Limitation on Health

<table>
<thead>
<tr>
<th></th>
<th>Africa</th>
<th>World</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy-yr.</td>
<td>53</td>
<td>71</td>
<td>78</td>
</tr>
<tr>
<td>Mortality/1000 pop</td>
<td>14</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Mortality age 15-60</td>
<td>39</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Mortality Infant</td>
<td>76</td>
<td>42</td>
<td>7</td>
</tr>
<tr>
<td>Doctor/10,000 pop.</td>
<td>2</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Nurse/10,000 pop.</td>
<td>11</td>
<td>28</td>
<td>98</td>
</tr>
<tr>
<td>Monthly per capita income $</td>
<td>137</td>
<td>863</td>
<td>2338</td>
</tr>
</tbody>
</table>
Hospice-relevant diseases in Africa

- **HIV/AIDS**
  - Africa - 12% world population - 70% of world burden
  - ARV penetration 36% (rx starts at CD4 ~ 150)
- **Cancer top five**
  - Cervix, Breast, Liver, Kaposi’s, Prostate
- **TB** - 193/100,000
- **Hepatitis B** – 10% population prevalence
- **44.7% of countries have any palliative care**
Hierarchical structure
- Volunteer village health team workers (VHT) – 1/200 villagers
- Village health stations
- Regional referral centers
- One national hospital (Mulago, affiliated with Makerere University) in Kampala – only place in the country where chemo and radiation are available
- Few private hospitals in Capitol and in 2-3 regional centers – market towns

Large open wards
Insufficient number of mosquito nets
Your family comes with you and provides food, bedding, clothing and ADL care. They sleep on mats under your cot.
Access to pain medication
- cheap
- effective
- easily titratable – liquid morphine
- Non-physician prescribers
- Nurse-driven care
- Home-based

Learning the System –
A Day in the Life

- Morning Prayer
- Team meeting
- Tea
- Heading out on homecare
### Formulary

<table>
<thead>
<tr>
<th>Liquid morphine – 3 concentrations starting with 5mg/5ml</th>
<th>Metronidazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Cloxacillin</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>Amoxicillin</td>
</tr>
<tr>
<td>Bisacodyl</td>
<td>TMP/SMO</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>SUPPLIES</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Syringes, tape, gauze, cotton, lube</td>
</tr>
<tr>
<td>Furosemide</td>
<td>Bladder catheters, urine bags,</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Flashlight, gloves, hand sanitizer</td>
</tr>
<tr>
<td>phenytoin</td>
<td>Thermometer, BP cuff</td>
</tr>
</tbody>
</table>

### Cross-cultural adaptations

- Warm and formal
- Language barriers
- Family structure...I have one father who...
- The Uganda clock
- African time
How MRH is growing

- Walking outreach
- Via VHT – ‘take us to the people in your village who are in pain and unable to leave home’
- Costs
  - Airtime for cell phones
  - Lunch and transport on working days
  - Internet time
- Current census 60 patients in 2 villages

Future plans for MRH Hospice

- Find a hospice partner via NHPCO
- Add more VHTs to add more patients
- Add a nurse to the MRH palliative care staff
- Get a vehicle
Lessons

- Much can be done with little
- Things take time
  - If I want to travel fast, I travel alone.
  - If I want to travel far, I travel with others.
- Learn the language and behave humbly
- Input from village health team or patient/community navigators is essential

Geriatrics?

- Lots of hypertension out of control
- Lots of strokes
- Dementia – other causes, i.e. s/p cerebral malaria
- Noticeable incidence of Parkinson’s disease – mostly undiagnosed and untreated
- Care universally provided (or not) by family at home