





**On domains where the  
AU-EU collaboration might  
be implemented:  
Palliative Care**

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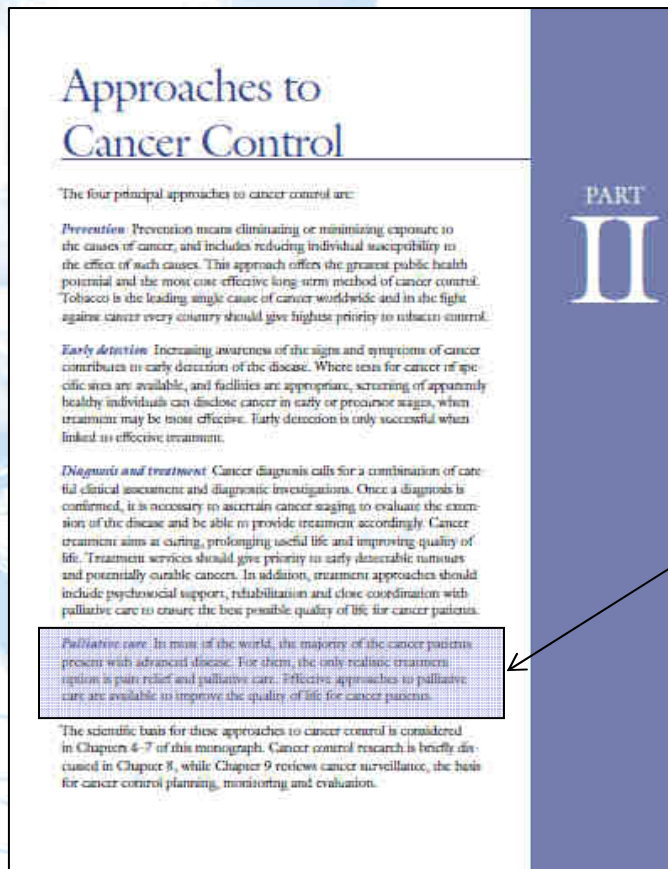
# Why palliative care?



- High disease burden in Africa
  - 20 million people with cancer by 2020 with 70% in low resource settings
  - More than 500,000 people with cancer in SSA (UICC 05)
  - >1 million of cancer cases in developing countries in SSA by 2020 (Sloan and Gelband 07)
  - 25% cancers in SSA related to infectious diseases
  - 22.5m with HIV in SSA and 1.6m died (Dec 07)
- Cancer largely goes untreated and is not seen as a priority by governments/ donors



# Cancer control programmes



- Prevention
- Early detection
- Diagnosis and treatment
- **Palliative care**

WHO (2002) National Cancer Control Programmes. Polices and Managerial Guidelines, 2nd Edition

# Palliative care needs to be:

- A critical component of overall national cancer control programmes in Africa
  - *Health promotion*
  - *Alleviating pain and distress*
- Integrated into existing structures
- Affordable and culturally appropriate
- Cross cutting and not disease specific



# However: Palliative care has been



- Neglected on the continent
- Overshadowed by funding priorities
- Compartmentalised into communicable diseases e.g. HIV and AIDS
- Misunderstood





# Challenges for the delivery of palliative care in Africa:



1. Socio-cultural
2. Governmental, legalistic and national context
3. Service provider
4. Service user level

## However

- practitioners have shown an ability to advance palliative care given conducive conditions .....

# Cancer as a national health priority



## Developed countries

1. People with cancer recognised as being in need of treatment by professionals
2. Patients perceive their need for care
3. Services are generally available

## Sub-Saharan Africa

1. Professionals are only now starting to recognise cancer as a public health issue
2. Still little patient demand for oncology treatment in rural areas
3. Services are severely limited



# Wasswa



# Prevention

- Measures to prevent cancer e.g. smoking cessation and screening are not nationally adopted
- But have been significant WHO campaigns
- 1/3 African cancers are preventable but influence of tobacco companies and mass media advertising and high crop payments are real

## Therefore

- Need to take every opportunity for prevention



# National cancer registries



- Only in a few countries
- Starting to highlight incidence of traditional and newer cancers e.g. lung
- Information might generate indicative incidents of different cancer sites
- **However:**
  - Few treatment guidelines in rural Africa
  - Treatment is dependent on availability or not, of services
  - Treatment is dependent on ability to pay



## Therefore if:

Cancer patients

- have low expectations
- Cannot pay for treatment
- Have limited access to drugs

Country cannot afford to provide treatment

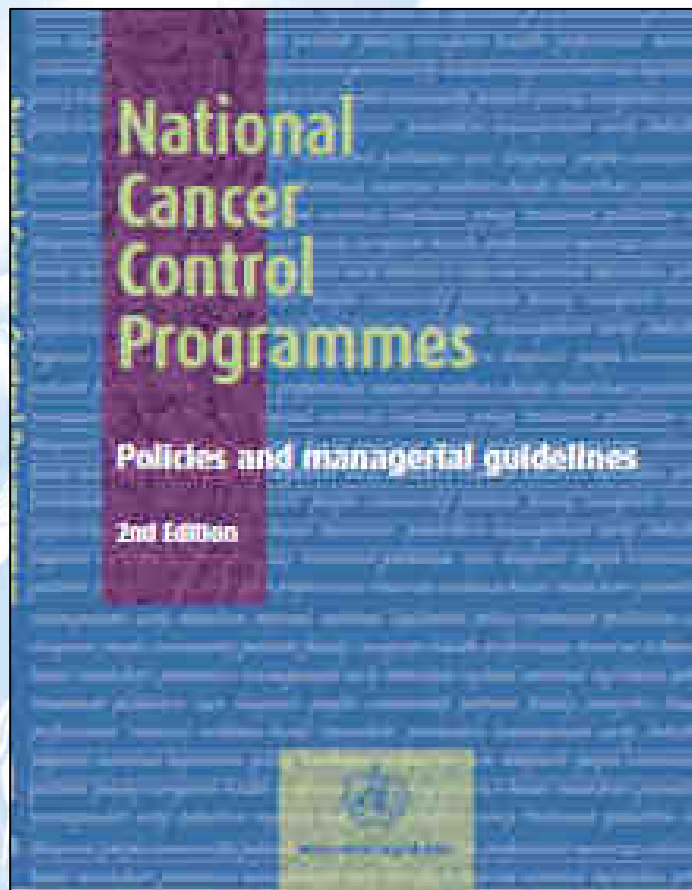
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....it is hard for national planners to deem treatment e.g. chemotherapy a national priority



# Domains for international collaboration

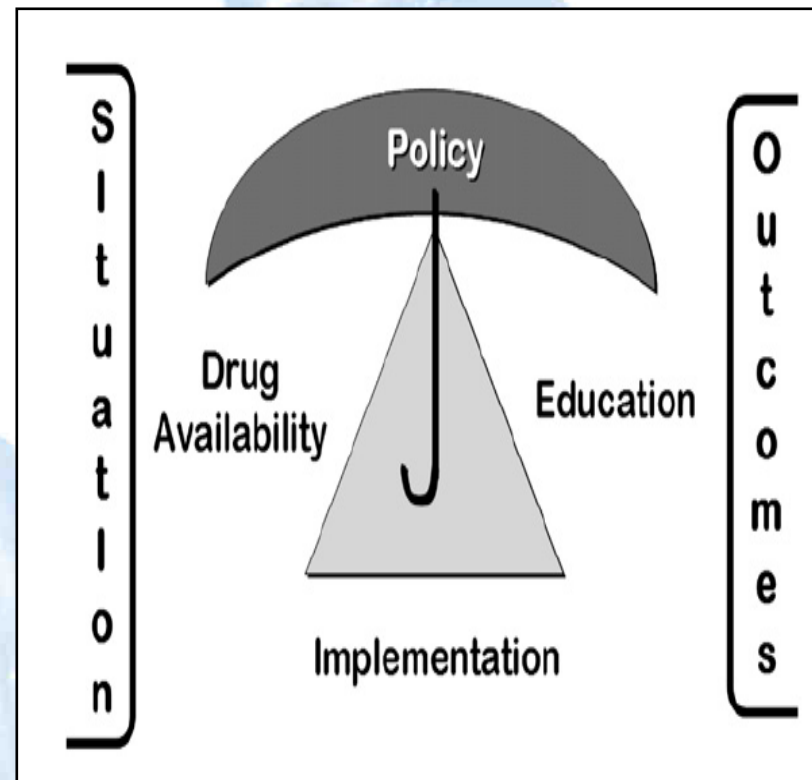


- Development of cancer control programmes in each country in accordance to WHO recommendations which includes palliative care
- Implementation of the programmes

# Domains cont....



- Advocacy
- National Health Policy
- Access to medicines
- Education
- Research
- Implementation



(Stjernsward, 2007)



# Strengths for collaboration re palliative care



- Expertise, enthusiasm, experience and commitment with regards to training and service delivery
- A number of best practice models of care and training
- Integration of palliative care into already existing structures
- Integration into the cancer control programme from the start

**Why  
collaborate?**

**Thank you!**



