Integrated Palliative Care
in Sub-Saharan Africa:
Med-Psych Perspective

Kilemba in Kenya:
Palliative Care in Sub-Saharan Africa
@JasAWebb  #hpmglobal

Disclosures

- I have no conflicts of interest related to this presentation.
- I will be showing pictures of my patients from Kenya.
- I do this as a means to share their stories and preserve their dignity in the face of much suffering.
Outline/Objectives

1. Why & Define Palliative Care in SSA?
2. Palliative Care in Low and Middle Income Countries
3. Background - Eldoret, Kenya
4. Integrated Palliative Care Service at Moi Teaching and Referral Hospital

1. Integrated Care and Clinical Cases
Why Palliative Care in Sub-Saharan Africa??

So What is Palliative Care?

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The Why and What of Palliative Care?

- Palliative care is specialized medical care focused on providing relief from the symptoms, pain and stresses of a serious illness—whatever the diagnosis.
- Palliative care is appropriate at any age and at any stage of a serious illness, and can be provided together with curative treatment.
- The goal is to improve quality of life for both the patient and the family.

Curative versus Palliative

- Team-based care that includes specialized physicians, nurses, social workers and chaplains.
- Treat pain and other symptoms (nausea, depression).
- Provide time-intensive communication.
- Ensure spiritual and psychological support.
- Coordinate care across all care settings.
PALLIATIVE CARE IN LOW & MIDDLE INCOME COUNTRIES

Palliative Care Workforce

• One cardiologist for every 71 persons experiencing a heart attack.
• One oncologist for every 141 newly diagnosed cancer patients.
• There is only one palliative medicine physician for every 1,200 persons living with a serious or life-threatening illness. In the US!!

CAPC, March 2011.

Global Physician Workforce

www.worldmapper.org
Global Health - Disparities

- Life expectancy at birth by country 2010 (males).

Global Death Rates 1990-2010

Death Rates % Change 1990 -> 2010

- Ischemic Heart Disease +35%
- Stroke +26%
- Lung Cancer +48%
- HIV/AIDS +396%

Cancer in Africa

ASCO. Cancer in Africa, 2011
Palliative care in sub-Saharan Africa

• In sub-Saharan Africa the need for palliative care is imperative.

• An estimated 22.5 million people in Africa were living with HIV/AIDS, representing 67% of the global disease burden.

Cancer in Africa

• Cancer rates on the continent are expected to grow by 400% over the next 50 years.

• The majority of patients with cancer present with late stage disease.

• The overall 5-year survival rate is 10%, compared to 70% in developed countries.

Access to Palliative Care

• For the majority of Africans who endure progressive life-limiting illness, access to culturally appropriate palliative care is at best limited, and at worst non-existent.

• A survey of hospice and palliative care services on the continent found that 45% (21/47) of countries had no identified services.
Access to Palliative Care

• Key indicators of palliative care provision (e.g. pain management) demonstrate significant gaps.

• Only 4 African countries have palliative care integrated into their national health policy (i.e. Uganda, Kenya, South Africa, Tanzania).

• Only 5 countries have it integrated into curriculum for health care professionals.

Morphine Equivalent Use Worldwide

US = >100mg Morphine Per Capita
VS.
SSA = <1mg Morphine Per Capita

Access to WHO Essential Medications

• Pain Management:
  – In 2008 the vast majority (90%) of morphine was consumed by 13% of the world’s population living in Australia, Canada, New Zealand, the USA, and the EU.
Pain = Non-Communicable Disease

- Morphine, the World Health Organization sanctioned first-line treatment for severe pain, costs pennies per dose to manufacture.

- Yet 80% of the world’s population, including more than 5 million patients with terminal cancer and advanced HIV/AIDS, lack adequate access to pain treatment.

- In more than 150 countries, morphine is simply not available.

Kenya

The Republic of Kenya
The Republic of Kenya

- **Population:** 40.8 million (UN, 2010)
- **Capital:** Nairobi
- **Major languages:** Swahili, English
- **Life expectancy:** 56 years (men), 57 years (women) (UN)
- **Main exports:** Tea, coffee, horticultural products, petroleum products.

Eldoret, Kenya

AMPATH - Academic Model Providing Access to Healthcare
- Moi Teaching and Referral Hospital
- The Moi University School of Medicine
- The Kenyan Ministry of Health
- Indiana University
- Brown University
- Duke University

AMPATH cares for more than 137,000 adults and children with HIV infection and receives its funding for HIV care from USAID.
Moi Teaching and Referral Hospital

- One of two national teaching hospitals in Kenya.
- Affiliated with Moi University School of Medicine in Eldoret.
- The largest referral hospital in all of Western Kenya, serving a population estimated at approx. 3 million people.
MTRH

- Approx. 1000 bed, General Medicine, Surgical, OBGYN, Neuro, Psychiatry, and Pediatric Wards.
  - Public and Private depending on $$.
- ICU with 6 beds and 3 vents, CCU with 10 beds and monitors (covers entire hospital).
- Clinics through AMPATH for most subspecialties, including palliative medicine/oncology.

PALLIATIVE CARE CONSULTATION SERVICE

MTRH

- Daily mortality rate was 20% on the general medical wards.
- Daily mortality rate in the ICU was 40-50%.
Palliative Medicine at MTRH

- Consultation service with oncology started in ~2009 with a single MD from IU coming 1-2 months/year.

- Team consisting of a Kenyan RN, Clinical Officer (like a PA) and SW who have minimal formal palliative medicine training.

- Census of 10-30 patients on consults, and 5-10 patients/week in clinic.
Resource Limited Palliative Care

- Limited access to analgesia:
  - Oral Morphine 5mg/mL
    - Limited to oncology patients generally.
  - IV paracetamol, PO NSAIDs.
  - IV fluids, O2 tanks often ran out.

- Provided psychosocial support and communication for patients and families.

- Assisted with financial burden of clinical care and transportation.

Symptom Management

Family Meetings
Conclusion/Recommendations

- Palliative Medicine is by definition “integrated care.”
- Provision of palliative care in LMIC enhanced by combined trained physicians.
- Burden of care need for serious medically and mental ill patients in SSA is unfathomable.
- Please consider training/rotating in global health!!
Thank You

• Duke Palliative Care:
  • HYC & Dr. G. Ralph Corey
  • Dr. James Tului
  • Dr. Katja Elbert-Avila
  • Dr. Greg Gramelspacher

• AMPATH Oncology:
  – Susan Kipsang
  – Ruth Sego
  – Daisy Rotich
  – Phanice Ndego

Questions?

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