

## **Joint Meeting of the Cross Party Groups in the Scottish Parliament**

**Palliative Care and International Development**  
*Wednesday 8<sup>th</sup> October 2008*

*Dr Mhoira Leng*

*Medical Director Cairdeas*

*Head of palliative care Mulago Hospital /  
Makerere University*

*dr@mhoira.net*

*www.cairdeas.org.uk*



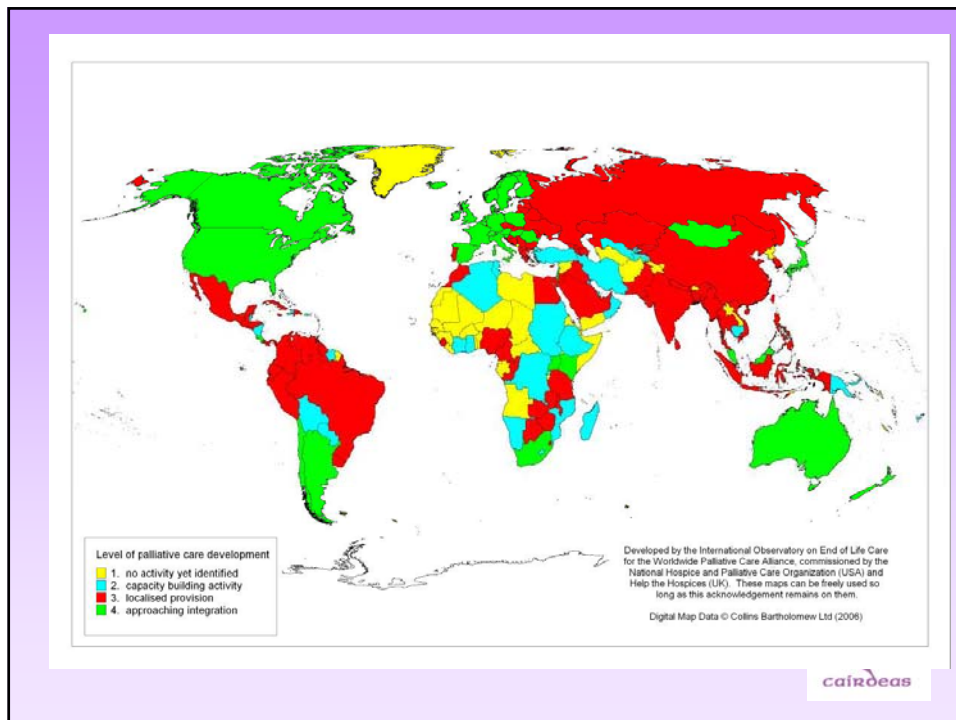
## **Palliative care**

*Aims to achieve best possible quality of life:*

- controlling pain and other symptoms
- helping patients and families cope with the emotional upset and practical problems
- helping people deal with spiritual questions
- helping people to live as actively as possible
- supporting families and friends in their bereavement

*Scottish Partnership for Palliative Care*





## Need

- Palliative care for all individuals in need is an urgent humanitarian responsibility

*World Health Assembly 2005*

- Palliative care and pain treatment is a basic human right

*World Hospice Day 2008*



## Need

- barriers to palliative care
  - non-availability of medicines
  - **no opportunity for training or support**
  - lack of financial resources
  - longstanding conflict / natural disasters



## Global inequality

- half the world's population live on less than US\$2 per day
- developing countries have 66% of global disease but only 5% of resources to control and combat disease
  - doctors / nurses / drugs
  - equipment / funds



## Global health

*World health day April 7<sup>th</sup> 2006*

- 1.3 billion people lack basic health care
- 4 million shortfall in health care workers
- worst in sub-Saharan Africa



## Chronic disease

- 38 million deaths per year
- main causes in 2005
  - cardiovascular 30%
  - cancer 13%
  - chronic respiratory 7%
  - diabetes 2%
- major cause of morbidity

*Lancet 2005; 366 chronic disease series*



## Cancer

- more than 10 million new cases of cancer every year
- 6 million deaths
- 22 million with cancer diagnosis
- > 50% world cancer burden in developing countries



*WHO 2003 World Cancer Report*



## HIV/AIDS

*2007*

- 33.2 million living with HIV disease worldwide
- 2.5 million newly infected
- 2.1 million died

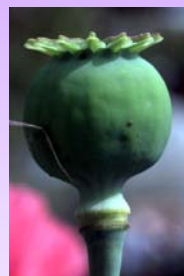


*huge differences in distribution and access to treatment and support*



## Access to Morphine

- WHO uses national morphine consumption statistics as rough indicator of programmes to improve cancer pain relief
- developing world
  - 80% share population
  - 6% consumption oral morphine
- global mean 6.58mg per capita
  - Africa 0.7            Europe 10.93
  - China 0.1            Latin America 5.66
  - UK 19.9             USA 28.9



## Access to morphine

- less than 0.4% of the one billion population of India have access to oral morphine
- in most countries in Africa NO-ONE can be given oral morphine; no matter how bad the pain



## Imagine....

- dying in pain, because you have to ration your pain medicines, as your family does not have the money to buy you any more...
- having to walk three kilometres to the nearest road, carrying a dying child because you don't know what to do when she cries in pain...
- dying of cancer in a place where there is no palliative care facility within 800 kilometres...

*patient experiences from Vellore*



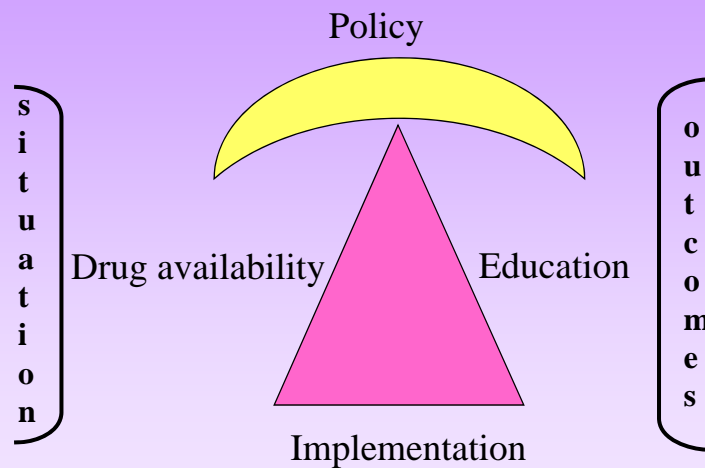
## Palliative care

- estimated 60% benefit from palliative care – but only a tiny minority receive this care
- family needs even less well supported
- overall >100 million people could benefit from basic palliative care
- denial of human rights

*Suffering at the end of  
– the state of the world  
Help the Hospices 2005*



## Public Health Model



*WHO model, Stjernsward and Foley*



## Palliative care

- meeting the need for palliative care is an enormous, yet vital task
- major progress in past 50 years
- palliative care exists in every continent and in more than 100 countries





## Palliative care

- provision still patchy
- not available for most of those who need it
- not fully accepted by the medical profession in most countries
- not a core component of most national health systems



## How can we respond?

- ‘I still feel that the palliative care service we have here is like a flickering candle, easy to snuff out but for the patients that we care for, it shines brightly.’

*Esther in Sierra Leone*



## Principles

- partnership
- developing country leadership
- local ownership
- capacity building
  - training and education
  - skills support and mentorship
- sustainability
  - cost-effective models
  - culturally appropriate models



## UK government response

- The UK contribution to increasing the number of health workers in Africa through supporting education and training
- Report of surveys undertaken in August 2008 in Africa and the UK

*Susana Edjang and Nigel Crisp*

*30th September 2008*

*follow up to **Global Health Partnerships***

*<http://www.dfid.gov.uk/Pubs/files/ghp.pdf>*



## UK government response

- ensure that the new International Health Links Centre has a role and funding for coordinating support for education and training
- identify priorities
- take this forward with one or more African countries.
- secure greater NHS and DFID support for this work if it is to be truly effective



## What is being achieved?

- individuals
- networks
- partnerships
- government

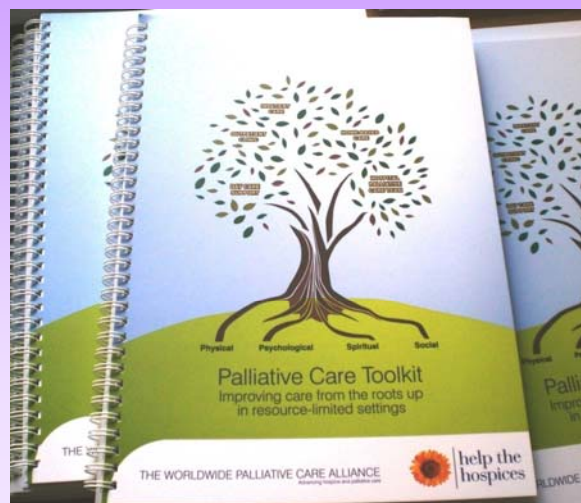


## What is being achieved?

- International Association for Hospice and Palliative Care (IAHPC)
  - Travelling Scholars (78)
  - Travelling Fellows (47)
- Hospice Information
  - newsletter and online resource
- Worldwide Palliative Care Alliance
- International Observatory for End of Life Care



- new training toolkit for palliative care in resource limited settings



- ‘training the trainers’ in chronic oedema management; tutors Kenny Ferguson and Gillian Craig NHS Grampian



- Master trainers course, Malawi; tutors Dr Mhoira Leng, Prof Scott Murray, Dr Dorothy Logie from Scotland



- palliative care in Uganda
- new Palliative Care Unit
  - Mulago Hospital
  - Makerere University



- palliative care in Uganda
- new Palliative Care Unit
  - Mulago Hospital



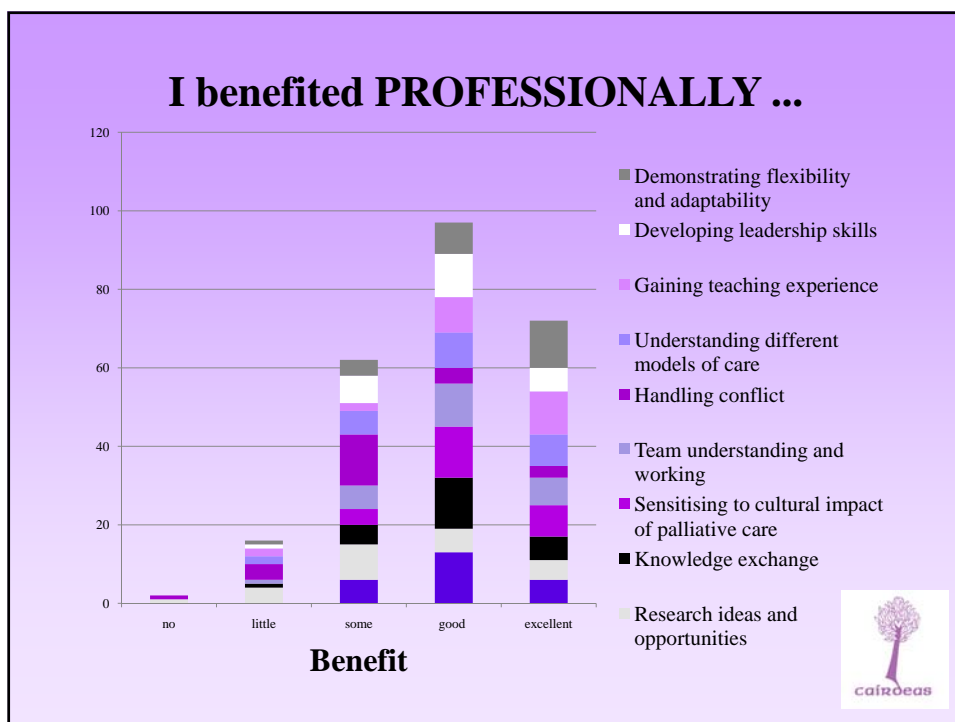
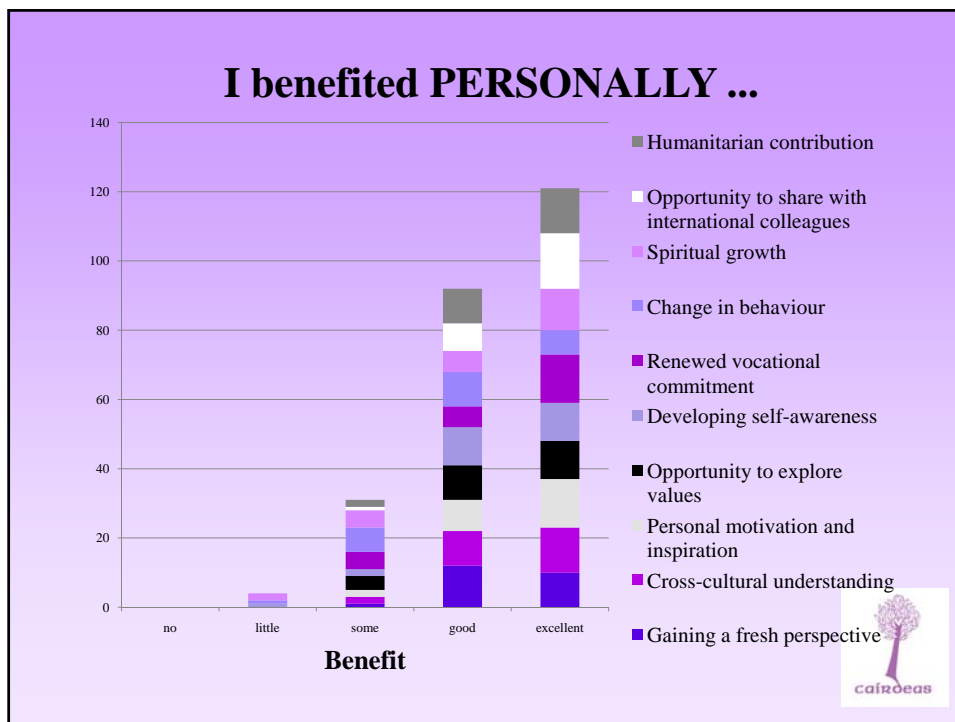


- urban deprivation in Delhi
- challenge for palliative care

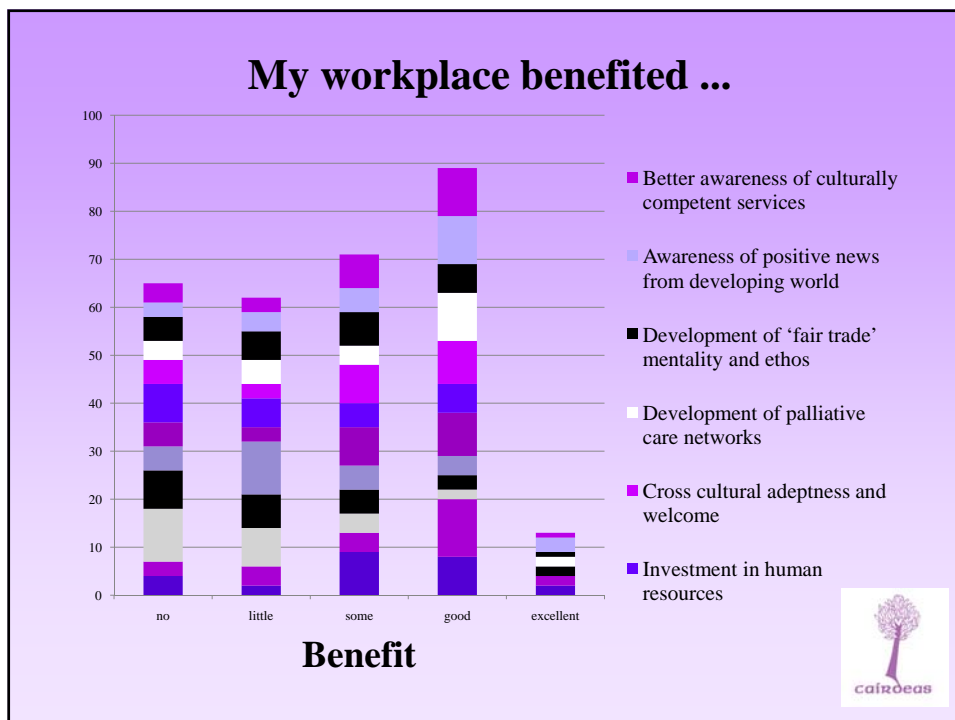
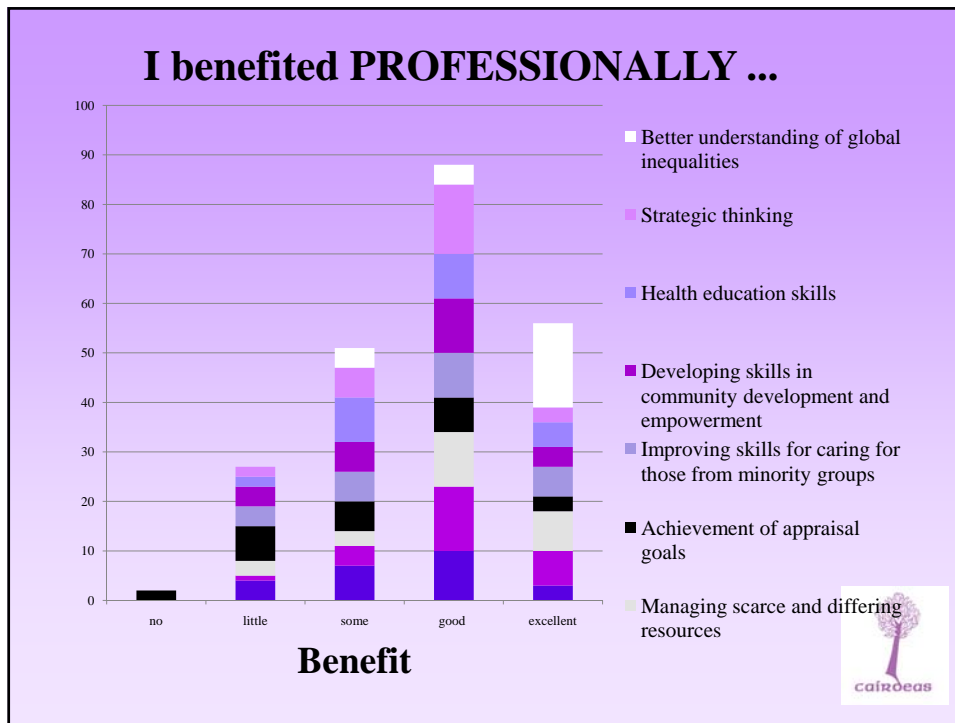


- state-wide training in Mizoram, India









## Outcomes

- Encourage international developments
  - individuals
  - NHS Trusts
  - Hospices
  - Councils
  - NGO's
  - Scottish government



## Outcomes

- Win-win
  - staff development and training
  - institutional development
  - humanitarian and justice work



## Outcomes

- Facilitate links
  - training and education partnerships
  - THET
  - funding support
    - Government
    - VSO
    - Other
  - professional networks
  - Scottish training



## Outcomes

- sign the Declaration for palliative care and pain treatment as a human right
- [www.hospicecare.com](http://www.hospicecare.com)



<http://www.hospicecare.com/cgi-script/csFormbuilder/forms/declaration.htm>



## Last thoughts

- You think you're too small to make a difference? Then you've obviously never slept in the same room as a mosquito.

*African Proverb*

