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Palliative Care in the African Context

Billy Rosa, PhD, MBE, NP-BC, FAANP, FAAN
Assistant Attending Behavioral Scientist
Department of Psychiatry and Behavioral Sciences
Memorial Sloan Kettering Cancer Center

3rd Annual APP Oncology Symposium | #MSKAPPsymposium

December 9, 2022

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Objectives

- Discuss background concepts in global palliative care
- Describe burdens of palliative care need for both adults and children across medical conditions in sub-Saharan Africa
- Apply lessons from case studies in Liberia and Nigeria



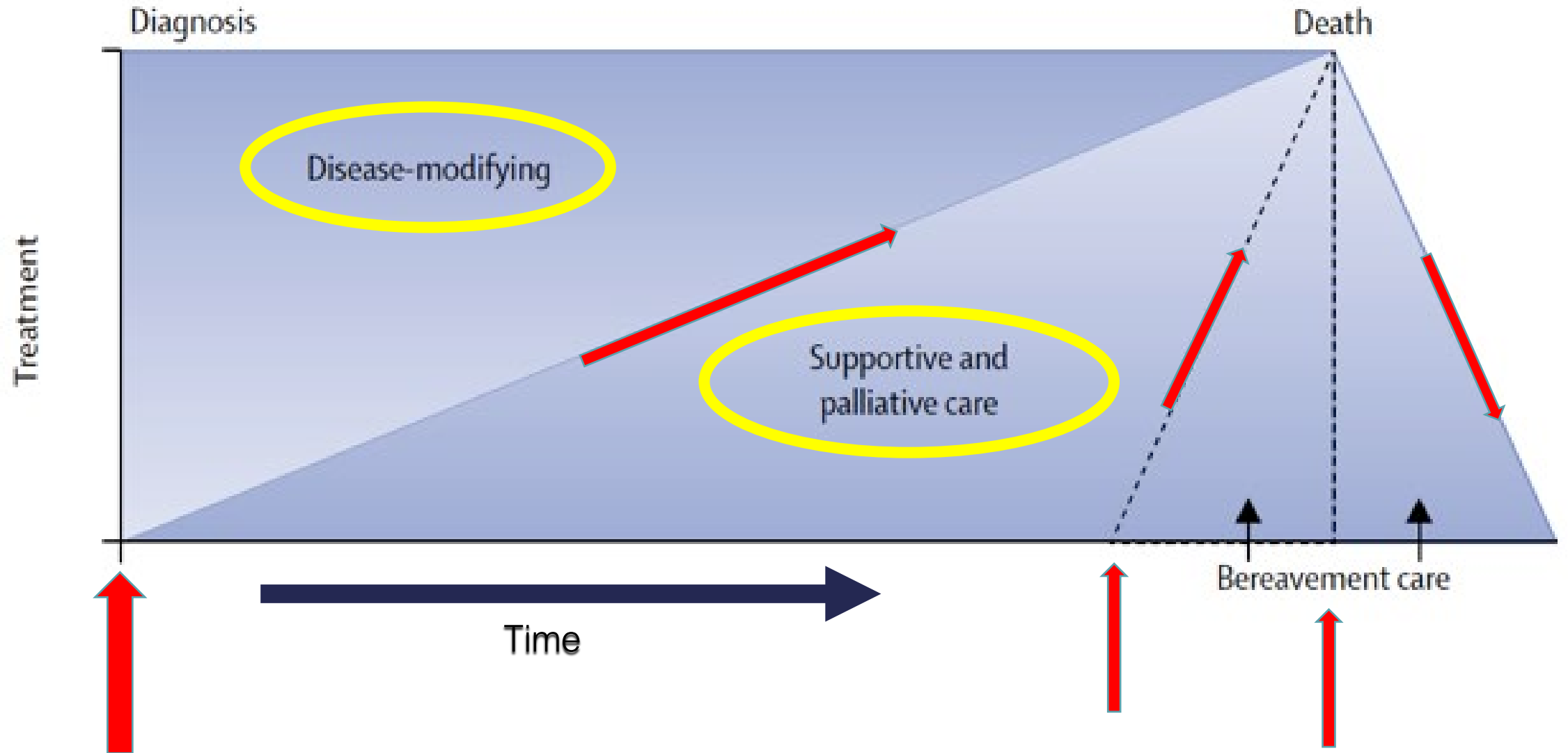
Concepts in Global Palliative Care

Consensus-Based Definition of 'Palliative Care'



“... the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life for patients, their families, and their caregivers.”

Integrated Palliative Care Model



whpca
worldwide hospice
palliative care alliance




Global Atlas of Palliative Care


2nd Edition

GLOBAL ATLAS STATS

ALMOST **57 MILLION** PATIENTS AND FAMILIES NEED PALLIATIVE CARE ANNUALLY

7% of people that needs palliative care annually are children 


ONLY **12%** of global palliative care need is being met


ALMOST **25%** of those 57 million suffer from communicable diseases like HIV, TB, and even COVID-19. 

ALMOST **45%** of those 57 million are near the end of life 

64% of countries have no or very limited provision of palliative care

76% of adult palliative care need is in low & middle-income countries

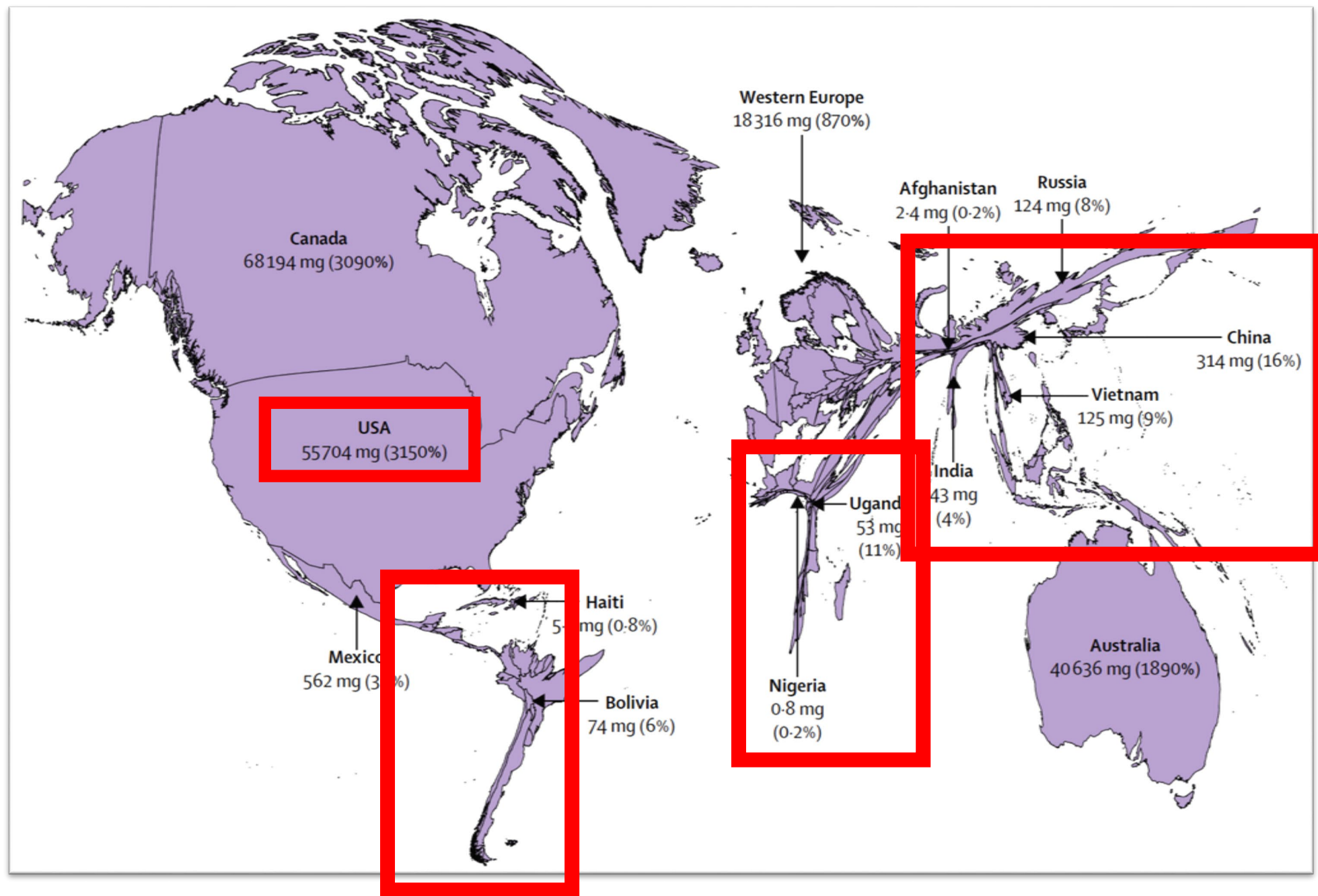
ALMOST **69%** of people needing palliative care suffer from non-communicable diseases like cancer, dementia, stroke, heart-liver-kidney failure, lung diseases, or injuries 

83% of countries have low to non-existent access to opioids for pain relief 

The percentage palliative care is expected to increase by **2060**

IN SUM...

- 50% of the world's poorest populations live in countries that receive <1% of annual DOME
- The richest 10% of the population live in countries that receive >90% of DOME



Distributed opioid morphine-equivalent (morphine in mg/patient in need of palliative care, average 2010-13) and estimated percentage of need. (Knaul et al., 2017)

The Global Pain Divide in Science and Literature: A bibliometric review

[from Knaul, Rosa, Arreola-Ornelas, Nargund (2022), Lancet Public Health]



Opioid Access and Pain Disparities

Only 7% of the research focuses on disparities and inequity when the majority of the world does not have access to opioids

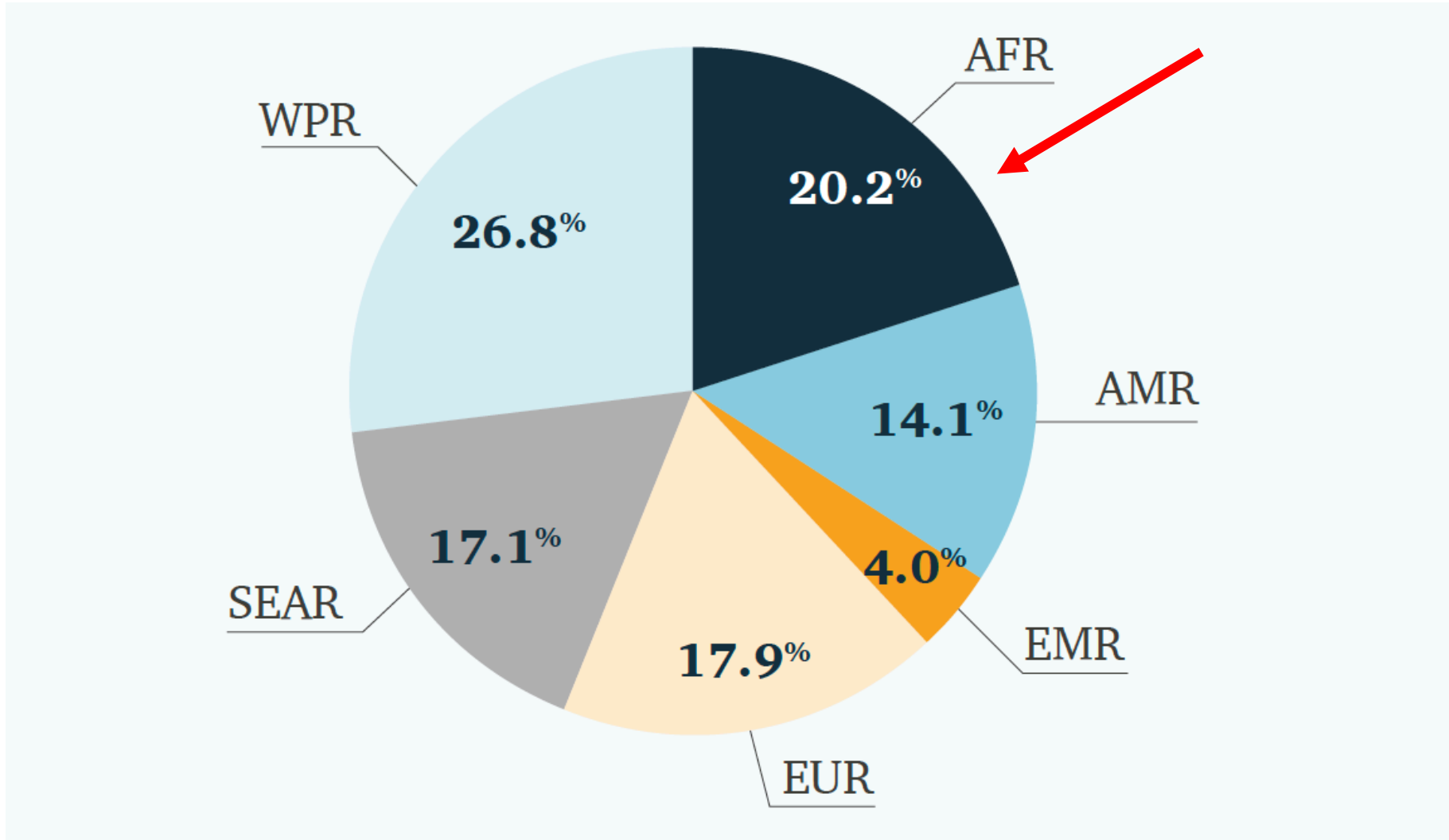
Opioid Addiction and Use Disorder

93% of research articles are driven by the U.S. Opioid epidemic while access to pain medication across the globe tells a different story



Palliative Care Need in Africa

Africa: Palliative Care Need Among Adults by WHO Region (2017)



Africa: Palliative Care Need Among Children by WHO Region (2017)

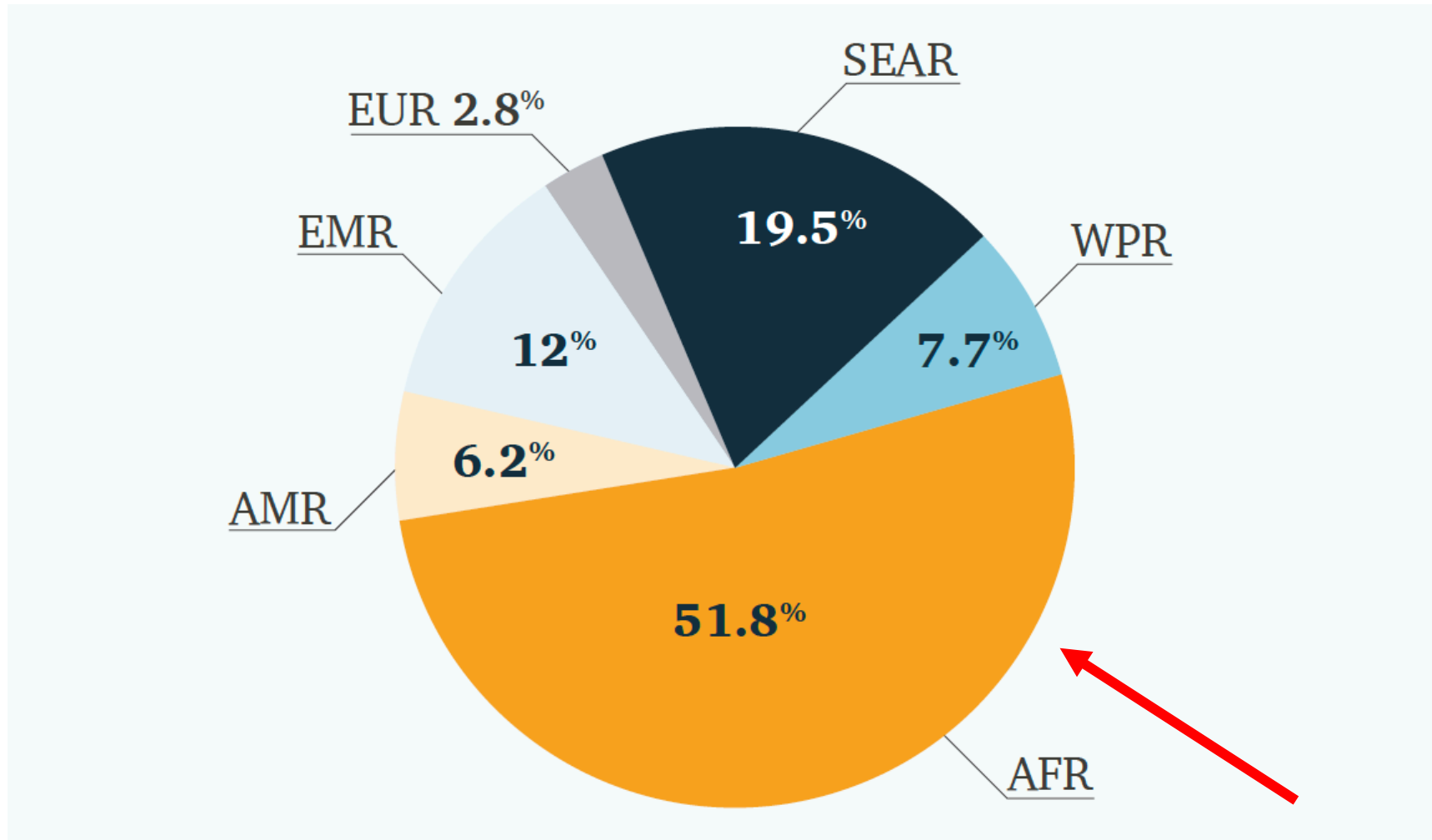


Figure 9
Worldwide need
for palliative care
for adults, by
WHO region and
disease categories
(20+ years; 183
countries; 2017)

- Malignant neoplasms (cancers)
- HIV disease
- Cerebrovascular diseases
- Dementia
- Injury, poisoning, external causes
- Lung diseases
- Other

N = 183 Countries

Proportion of adults (20 or more years) in need for palliative care for major disease-groups by WHO regions (%)

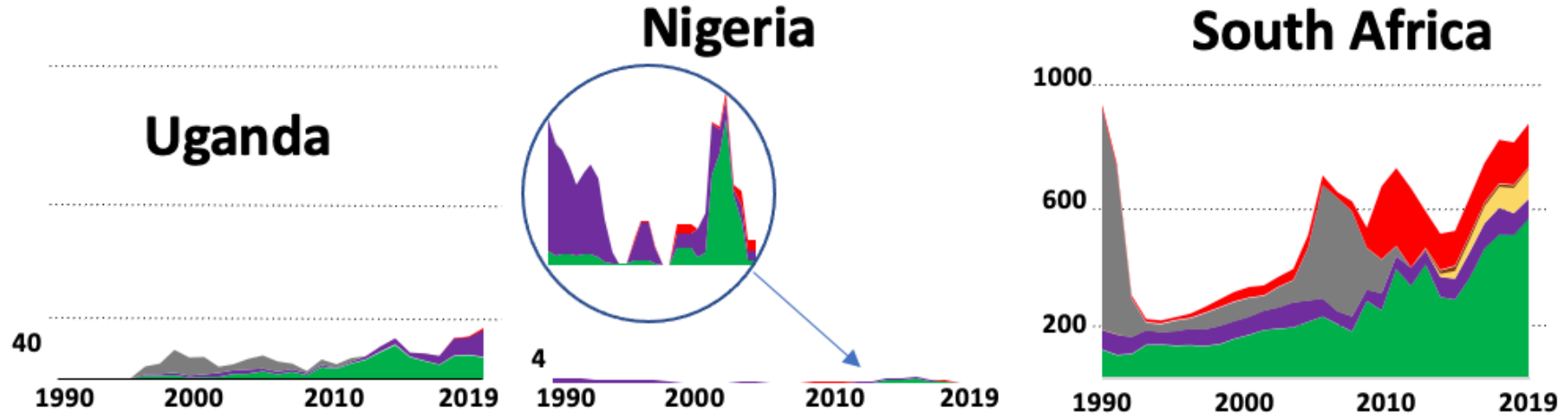




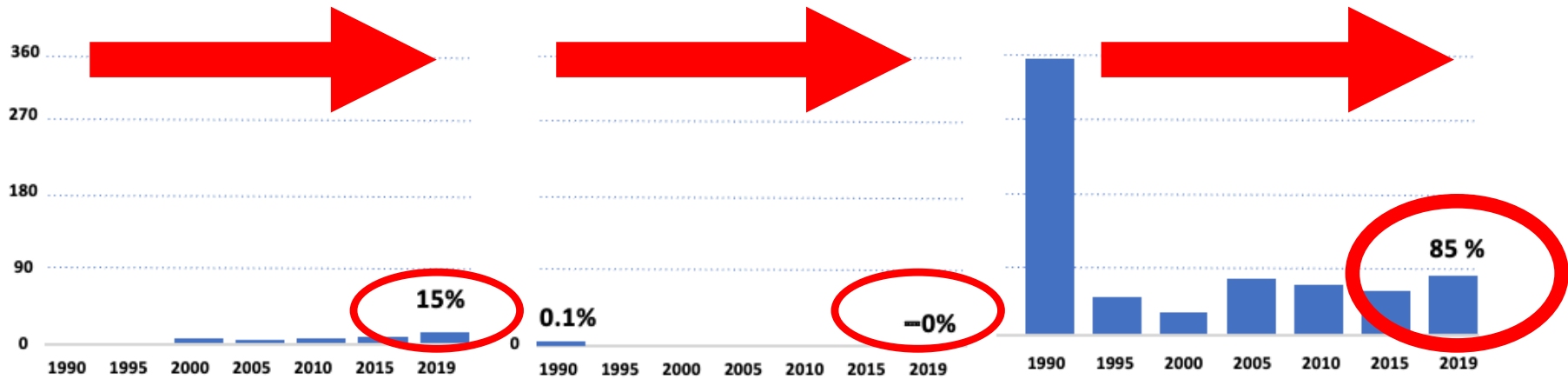
Nigeria: High-Level Considerations

DOME (morphine equivalent Kg) by medicine and DOME/SHS: Uganda, Nigeria & South Africa (1990-2019)

- Fentanyl
- Oxycodone
- Hydromorphone
- Codeine
- Pethidine
- Morphine



% Potential need met: palliative care pain relief (SHS)



Nigeria: SHS (2015)

837,000 deaths:

- 50% of 1.67 million total annual deaths

Plus...

- Over 2.82 million people experience SHS (non-decedents)



3.658 million people

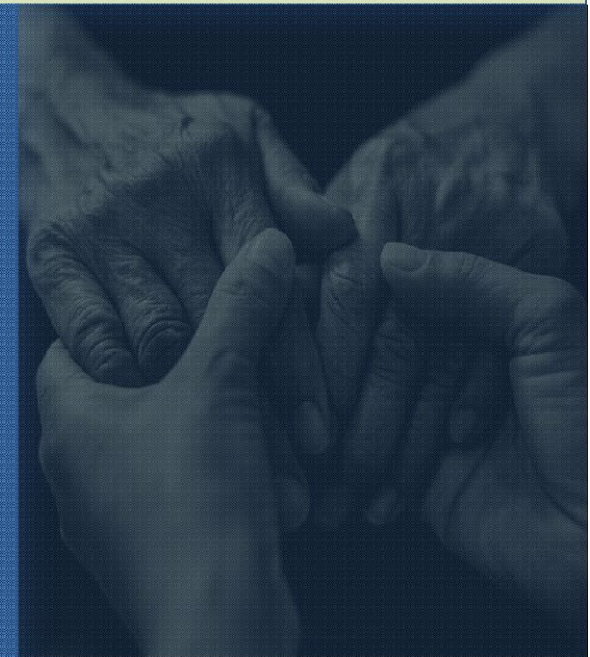
Potential Research Questions

- Evaluate learning needs and self-efficacy of oncology workforce
- Conduct a country analysis of need compared to available resources in context of insurance schemes
- Qualitative investigations to gather interdisciplinary and community-based perspectives on palliative care and readiness for adoption



National Policy and Strategic Plan for Hospice and Palliative Care

2021



Federal Ministry of Health, Abuja



Liberia: On-the-Ground



Photo: Palliative care community nursing team travel by canoe in River Gee County, Liberia to reach a patient for end-of-life care.

Nurses Lead in Palliative Care in the Community in Rural Liberia

The community nursing team at a PIH-supported site in Liberia travel well beyond health care facilities and use all means possible to provide end-of-life care to patients.



Julius D.N. Kpoeh, RN
Maryland County,
Liberia, West Africa





Harper,
Maryland County,
Liberia

-May 2019-



Liberia-PIH Initiative

2017-2018:

- PIH analyzed routine tertiary level referral data for chronically ill patients in Nimba County & Monrovia
- Of 124 patients referred from Maryland County, one-third diagnosed with cancer
- PIH launches development of nurse-led community-based palliative care team



2019-2020:

- End-of-Life Nursing Education Consortium (ELNEC) curriculum, research and scholarly writing training, self-care workshop, & palliative care immersion adapted to Liberian context delivered by U.S. palliative nurse practitioner specialist to 8 PIH nurses & 1 physician assistant
- Virtual coaching workshop for palliative care team delivered to facilitate staff wellbeing during COVID-19



From Initial ELNEC Training to 2022:

- 126 patients enrolled in PIH palliative care program with a focus on alleviating cancer-related suffering while optimizing quality of life & supportive families & caregivers in the community
- Dissemination of ongoing partnership to develop palliative care capacity
- 2-year process of evaluation of program to date with focus on understanding patients' experiences, feelings, & attitudes (current study)

THE LANCET

Global Health

Liberia's steps towards alleviating serious health-related suffering

Katherine Sleeman and colleagues (July, 2019)¹ shoulder the unfortunate task of identifying the future escalating global burden of serious health-related suffering (SHS) by 2060. They note that the largest increase in SHS (155%) will take place in low-income countries. Additionally, most people who die with SHS will be found in the world's most resource-constrained settings. Urgent action should be taken to procure appropriate and accessible palliative care services for those most in need, who also happen to be the poorest.

Places like Liberia (west Africa), face economic, geographical, educational, and resource constraints. With

curriculum,³⁻⁵ along with programme development support, self-care skills for interdisciplinary health workers, and a writing workshop to aid in future dissemination. An emphasis was placed on communication and therapeutic presence to support health workers in creating a caring environment when medications are unavailable and effective symptom control is elusive.

The *Lancet* Commission report² claims a mere US\$145 million is needed to eradicate SHS worldwide. Those of us in Liberia urge our global health colleagues to continue their advocacy for our wellbeing. Our annual opioid distribution is minimal, rendering us unable to appropriately treat the SHS of our people, and we have only one hospice (to our knowledge) for a population of over 4 million people. Although we hope

Special Article

Optimizing the Global Nursing Workforce to Ensure Universal Palliative Care Access and Alleviate Serious Health-Related Suffering Worldwide

William E. Rosa, PhD, MBE, ACHPN, FAANP, FAAN, Amisha Parekh de Campos, PhD, MPH, CHPN, Nuzley C. Abedini, MD, MSc, Tamryn F. Gray, PhD, RN, MPH, Huda Abu-Saad Huijjer, PhD, RN, FEANS, FAAN, Afsan Bhadelia, PhD, Juli McGowan Boit, MSN, RN, FNP, Samuel Byiringiro, MS, BSN, RN, Nigel Crisp, FAAN, Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN, Patricia M. Davidson, PhD, RN, FAAN, Sheila Davis, DNP, ANP-C, FAAN, Liliana De Lima, MHA, Paul E. Farmer, MD, PhD, Betty R. Ferrell, PhD, RN, FPCN, FAAN, Vedaste Hategekimana, BSN, RN, Viola Karanja, BSN, RN, RM, FAAN, Felicia Marie Knaul, PhD, Julius D.N. Kpoeh, ASN, RN, Joseph Lusaka, BSc HM, DCM, PA, Samuel T. Matula, PhD, RN, PCNS-BC, Cory McMahan, BSN, RN, Salimah H. Meghani, PhD, MBE, RN, FAAN, Patricia J. Moreland, PhD, CPNP, RN, FAAN, Christian Ntizimira, MD, MSc, Lukas Radbruch, MD, M.R. Rajagopal, MD, and Julia Downing, PhD, MMedSci, BN (Hons), RGN



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The Lancet Commission on Global Access to Palliative Care and Pain Relief

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Conclusions

- Morally unacceptable inequities in palliative care access exist globally
- Africa carries a significant proportion of the world's adult and children palliative care need
- Population-level research must be conducted to inform decision-makers to support palliative care access as a public health priority
- Exemplars of contextually relevant palliative care delivery must be disseminated to avoid duplication and promote access as a component of universal health coverage

Contact

Email: rosaw@mskcc.org

Twitter: [@BRosa_PhD](https://twitter.com/BRosa_PhD)

*References available upon request