



**Advocacy Workshop for Palliative Care  
in Southern Africa:  
A Focus on Pain Medication Accessibility  
(27-29 Feb 2008: Namibia)**

**The Situation in  
Zimbabwe**

## The Zimbabwe Team

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## Country Demographic Information



## Country Demographic Information



### Population

- In 2002 was 11.632 million (Central Statistical Office, 2002)
  - 41% below the age of 15yrs
  - 55% between the ages of 15 – 64 yrs
  - 4% was above the age of 65yrs
- 51% Female 49% Male
- Life expectancy at birth 45 yrs
- Current estimates population around 12.6- 14M

## Prevalence estimates for cancer and HIV/AIDS



- **Cancer**
- In 2005 cancer killed approximately 7,000 people in Zimbabwe (2.8% of deaths)
- 3,900 of those people were under the age of 70
- Leading cause of cancer deaths in men:
  - Prostate, liver, oesophagus
- Leading cause of cancer deaths in women:
  - Cervical cancer, breast cancer

## HIV/AIDS

### National HIV Prevalence Estimates in Zimbabwe, 2007



	Estimated Number	Upper and Lower bounds
	1,320,739	1,252,299 – 1,384,440
Adults (15 – 49)	1,085,671	
Women (15 – 49)	651,402	
Children (0 – 14)	132,938	124,235 – 142,059
Adult prevalence (15 – 49)	15.6%	14,9% - 16,3%

## Estimated New HIV infections in 2007



	Estimated Number	Upper and Lower bounds
Adults (15 – 49)	22,518	6,6639 – 38,662
Women (15 – 49)	10,199	
Children (0 – 14)	17,370	15,666 – 19,256
Adult incidence (15 – 49)	0,40%	

## Estimated Aids Deaths during 2007



	Estimated Number Annual Deaths	Estimated Deaths/week
Adults (15 – 49)	115,114	2,214
Women (15 – 49)	67,375	1,296
Children (0 – 14)	12,448	240

## Estimated Aids orphans (0 – 14) at the end of 2007



	Estimated Number
HIV and AIDS Orphans (0 – 14)	955,956
Total Orphans (0 – 14)	1,265,473

## Status of Palliative Care in Zimbabwe



1. There is a multisectoral (outside health sector) and multidisciplinary (within health sector) committee advising on the policies and programme for HIV/AIDS, Cancer and Palliative Care issues.
2. Palliative Care is an included component in the national health policy.
3. There are guidelines on Palliative Care and it is incorporated into the Home Base Care programmes. Recently it has been incorporated into the Medical and Nursing School curriculum.
4. A National drug policy is in place and palliative care drugs are included in the essential drug list.

## Status of Palliative Care in Zimbabwe (Cont'd)



- **Current Challenges**
- Erratic availability of opioids due to lack of financial resources to import raw materials
- Medical doctors still reluctant to prescribe morphine especially in paediatric patients
- Inadequate palliative care specialist due to lack of in-country specialist palliative care training programmes in the Medical and Nursing training school and also exodus of trained personal to greener pastures.
- Currently no focal person in palliative care in the MOHCW
  - Consequently poor communication on palliative care issues, e.g. Opioids usage patterns,

## Current Available Opioids



- Codeine phosphate
- Morphine HCl powder
- Morphine Sulphate
- Pethidine injections
- Availability is a major Challenge because of erratic supplies
- Problems of importing Opioids as NGOs to complement the Government

## Barriers and Challenges to opioids availability



- Shortage and erratic availability of opioids
- Prohibitive cost of opioids in the private sector when available
- More awareness training for opioids use required for health personnel.
- Liquid morphine not readily available



THANK YOU