

Palliative Care Training: The Essence of Professional & Public Health Care Education in Namibia

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Palliative Care: an essential part of medical and nursing training



Namibian Delegation

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Background

- Population – 2.01 million (2006)
- Population growth rate – 2.6% (2007 estimate)
- Life expectancy at birth – 43.11 years
- Sparsely populated
- 34 public hospitals, 34 health centers, 244 clinics, more than 1,000 outreach posts
- 1 University with two campuses training student nurses and radiographers. 1 training institution under MoHSS training enrolled nurses & regional training centres; nurses, pharmacist assistants environmental health assistants,



Continued

- 2 other institutes offering HIV-related courses (IUM and Polytechnic of Namibia)
- Cancer Association of Namibia (NGO)
- One Cancer Care Interim Home (NGO)
- A.B. May Cancer Care Centre (MoHSS)



Summary of HIV/AIDS situation in Namibia

- Adult HIV prevalence 19.9%* (Sentinel Zero Survey, 2006)
- Estimated 197,000 Namibians living with HIV*
- 55,000 clients, active treatment (2/3 women, rest males & children)
- TB case rate among the highest in the world (735/100,000)
 - 61% estimated to be HIV-infected(WHO report 2007)
- HIV/AIDS-related illnesses leading cause of death since 1996
- Cancer prevalence:
 - Adults
 - Paediatric



Processes/Current approach

Third Year General Nursing Science

Oncology module content:

- Causes of cancer
- Common cancers affecting various systems
- Nursing care of above-mentioned
- Cancer prevention and early detection
- Treatment modalities
- Pain assessment and management
- Symptomatic management physical needs during various stages
- UNAM 3rd year students placed in Oncology Centres, including A.B. May Centre



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Accomplishments

- National Palliative Care (PC) Task Force established – June 2007, multi-sectoral in nature
- Introductory PC Nurses Training conducted - August 2007
 - One trainer from NHTC included in training and placed at Island Hospice in Zimbabwe
- Integration of PC into the existing (Home-based Care) HBC structure Catholic Aids Action (CAA) Pilot Program – October 2007 done by Ministry of Health, Youth Assistance of African Palliative Care Association



Continued

- Incorporation of PC into Integrated Management of Adult & Adolescent Illnesses (IMAI) training
- Some of UNAM lecturers trained in IMAI (2007)
- Inclusion of IMAI PC medication list into the NeMlist (need to justify Morphine re-classification in Oct. 08 EMLC meeting)
- 16 PC trained nurses, sent for 1 week clinical placement to Island Hospice



Harare 2007-2008
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Challenges

- Lack of National PC Policy framework
- Insufficient professional health care workers in the country
- Inadequate education in pain assessment and use of opioids for pain management
- Lack of PC expertise in-country
- Delayed integration of PC into IMAI and pre-service curricula
- (Absence of medical and pharmacy schools; currently in planning phase for 2010)



Challenges continued

- No forum for tertiary/training institutions
- Lack of public awareness on PC
- Inadequate awareness campaigning activities



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Lessons Learnt

- Need to involve all key stakeholders from onset of PC development
- Integrate/Incorporate PC in Pre-service Training
- Need for In-service Training for Enrolled Nurses/Midwives & Registered Nurses by MoHSS



Recommendations

- Develop National PC Policy
- Adaptation and integration of PC into In-service, and Pre-service Training. More cost effective for essential services
- Establish forum for tertiary institutions to discuss PC education strategy
- Conduct TOT to build capacity of National PC Task Force
- Establish National PC Association

