Palliative care: An essential part of medical and nursing training
24 - 25 March 2011, Nairobi, Kenya

Conference report
EXECUTIVE SUMMARY

The conference was sponsored by The Diana, Princess of Wales Memorial Fund and organised in collaboration with the African Palliative Care Association (APCA) and Kenya Hospices and Palliative Care Association (KEHPCA).

Since the initial education conference on palliative care as an essential part of medical and nursing training in October 2008, held in Kampala, Uganda, remarkable progress has been realised by various countries where palliative care has been integrated in the medical and nursing curricula. In March 2011, Deans of Medical Schools, Heads of Nursing Schools, Medical and Nursing Councils and other key palliative care educators reconvened in Nairobi, Kenya to review progress made by their institutions and their countries against the action plans developed in 2008. They also discussed strategies for the integration and further strengthening of palliative care education in Africa and a framework for its integration into national policy. Significant successes have already been realised in Botswana, Kenya, Malawi and Tanzania and these were shared at the meeting.

- Botswana’s Institute of Health Sciences, Gaborone has integrated 40 hours of palliative care in all teaching programmes as an examinable course.
- Kenya’s Medical Training College, Moi University School of Medicine and AIC Kijabe School of Nursing have integrated palliative care into their curricula and made it examinable.
- Malawi’s Kamuzu College of Nursing and St Luke’s College of Nursing have done the same and the Nurses and Midwives Council of Malawi has integrated palliative care into the National Syllabus, rendering it an examinable subject at national level.
- Tanzania’s International Medical and Technological University, Dar Es Salaam has integrated 40 hours of palliative care into their medical curriculum, made it examinable and included time for clinical experience.

In recognition of their efforts towards this cause The Diana, Princess of Wales Memorial Fund awarded prizes to these institutions.

Country teams developed new action plans, following a review of those developed in 2008. APCA and its country partners remain committed to promoting and supporting the integration of palliative care in health teaching institutions as this is the most effective and sustainable way of scaling-up palliative care education in the region.

Dr Francis Kimani, Director of Medical Services, Ministry of Medical Services, Kenya officiated at the opening of the conference and highlighted the need for palliative care to grow further in the future, and called upon every institution represented to heed the call of improving care and quality of life to those with life threatening illnesses through education.
CONFERENCE AIMS

The conference brought together 67 delegates from the same ten African countries which participated in the 2008 conference. A delegates’ contacts list is included in Appendix 1.

The conference aims were to:

• review progress made against 2008 action plans
• discuss strategies for the further integration and strengthening of palliative care education in Africa
• develop a framework for the integration of palliative care education into national policy
• explore opportunities for future scale-up and mentorship.

These were achieved through participatory sessions, mainly by panel discussions led by individuals who are already providing institutional and national leadership in the integration of palliative care in education programmes. An overview of the conference programme is included in Appendix 2.

OPENING SESSIONS

Official opening speech

In his opening remarks, Dr Francis Kimani, Director of Medical Services, Ministry of Medical Services in Kenya, applauded the work already done in developing palliative care in Africa and encouraged delegates to spearhead the realisation of a strong palliative care workforce for the future. His speech re-affirmed the Kenya government’s commitment to the scale-up of palliative care in the country. He noted the current collaborative efforts between the Ministry of Medical Services and KEHPCA to integrate palliative care in ten government hospitals. The Ministry of Health is also reviewing a national palliative care curriculum developed by local stakeholders with KEHPCA’s coordination. The curriculum will be launched once MoH approval has been given.
The Diana, Princess of Wales Memorial Fund’s vision for palliative care education in Africa

Speaker: Olivia Dix, The Fund

*We do not want palliative care to be scattered in small centres of excellence across Africa. We want to see it integrated in the whole health care system and education is essential to achieve this.*

Olivia Dix, Head of the Palliative Care Initiative at The Diana, Princess of Wales Memorial Fund, welcomed delegates to the Nairobi meeting and opened the conference with the World Health Organisation’s definition of Palliative Care.

She highlighted the holistic approach that is the unique factor differentiating palliative care from other forms of care and support.

Olivia said the Fund wants to see that:

- All health professionals incorporate palliative care into their clinical practice.
- Palliative care becomes an examinable part of the curricula in all medical and nursing schools.
- Post-qualification training in palliative care is available to those who want it.
- Palliative care is a respected specialism and seen as a career people can pursue.
- All those supporting patients in their own homes are able to access palliative care training.

Olivia explained that the Fund is advocating for all healthcare professionals to receive training in palliative care for a better patient experience that incorporates relief of pain and distressing symptoms, for psycho-social and spiritual issues to be addressed, and for the opportunity to be cared for at home. She noted the important role palliative care has in health systems strengthening. The palliative care community has been at the forefront of successful advocacy on task-shifting in Uganda, enabling specially trained nurses to prescribe opioids, and was expert at using and recognising the role of volunteers. The Fund continues to support various studies to generate more evidence for palliative care in Africa.

To conclude, Olivia highlighted that palliative care is not just about the here and now; it is about all patients in the future receiving palliative care as a fundamental human right.

Growing evidence for the need to integrate palliative care into the core curriculum to strengthen health systems across Africa and address workforce challenges

Speaker: Dr Faith Mwangi-Powell, APCA

*We should not wait for in-service training on palliative care. They need to have it in their pre-service education so that they are better doctors when they go out.*

Dr Faith Mwangi-Powell, APCA’s Executive Director, outlined the growing evidence for the need to integrate palliative care into the core curriculum of medical and nursing training. She reminded delegates of the Alma-Ata declaration of 1978 which emphasises the health systems strengthening approach to health service delivery.
She highlighted the potential role of palliative care in strengthening Africa’s health systems and in addressing workforce challenges. She elaborated on this using the WHO health systems agenda which included six pillars (i.e. service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance). When pain medications are not available for example, this means a gap in health systems.

Faith also outlined the usefulness of the WHO public health model for palliative care in achieving a well integrated healthcare system. She cited palliative care education as critical for ensuring that there is appropriate knowledge, skills and attitudes for all service providers. She emphasised that increased entry of staff with a higher level of skill into the workforce could be developed through the expansion of undergraduate, postgraduate and in-service training. Mentorship and supervision was acknowledged as an essential element for effective implementation of palliative care education and transferring it into practical contexts.

In her conclusion, Faith provided a set of questions for delegates to reflect on through the course of the conference and on return to their countries and institutions. These included:

- Do the health services in your country meet access, quality, safety and coverage requirements?
- Are you creating health professionals who are responsive to the needs of the patient and the entire health system?
- What do you need to do in your institutions in order to contribute to an effective and responsive health system which meets the needs of your people?
- How has education changed to respond to workforce challenges?
Experiences of Makerere University – Looking at the role of private public partnerships to develop palliative care education

Professor Elly Katabiri, Makerere University and International AIDS Society

If Makerere has made it, then all of your institutions can make it!

In his key note address, Dr Elly Katabira, Professor of Medicine, College of Health Sciences, Makerere University in Kampala and President of the International AIDS Society, explained that a need for palliative care training was established following the opening of Hospice Africa Uganda in 1993. He outlined how progress was made towards the current situation where training of medical students is now formalised and postgraduate students in medicine are encouraged to undertake research in palliative care.

He informed delegates that Hospice Africa is now an officially affiliated institution of Makerere University. The University has established a Palliative Care Unit in the Department of Medicine and runs courses including a distance learning course in palliative care, a BSc in palliative care (launched in 2010), and there are plans to introduce a Masters programme in palliative care in the near future.

He shared some of the factors which have contributed to the successful efforts for the integration of palliative care into the medical curriculum at Makerere University.

- Public/private partnership is essential as in the case of Makerere University and Hospice Africa Uganda.
- The process for curriculum development through to acceptance of the programme by the University requires a dedicated team, which can overcome the challenges involved.
- The involvement of the Ministry of Health in the process is essential. Higher education councils need to be involved.
- The establishment a Palliative Care Unit within the Medical School allows for the provision of additional training at undergraduate and postgraduate levels, including clinical training.
- The training of lecturers on the concept of palliative care and teaching it as well as supervision from established palliative care centres.
- Engaging students to do palliative care research.
STRATEGIES AND PROGRESS SINCE THE 2008 CONFERENCE

Main achievements

Significant progress has been made in Botswana, Kenya, Malawi and Tanzania and these achievements were shared at the meeting.

With leadership from the Institute of Health Sciences (IHS) in Gaborone, Botswana, all seven similar institutions are integrating palliative care into their course plans and teaching programmes. IHS in particular has integrated 40 hours of palliative care in all teaching programmes as an examinable course.

The University of Botswana’s Nursing School has developed a palliative care course and submitted it to the responsible university committee for approval before it is integrated in teaching programmes across the board. Overall, 90% of Botswana’s higher education institutions have been oriented to palliative care, which is now included in the curricula for diplomas in medicine, nursing, dentistry and pharmacy. The Ministry of Health is supportive and has developed a palliative care training unit for Botswana.

In Kenya, KEHPCA has been working with a total of 17 teaching institutions including medical and nursing schools to integrate palliative care into their curricula. Kenya’s Medical Training College, Moi University School of Medicine and AIC Kijabe School of Nursing have in particular integrated palliative care in their curricula and made it examinable. The University of Nairobi has also incorporated palliative care into the postgraduate dental programme, postgraduate pharmacy programme, undergraduate nursing programme, and the undergraduate medical programme. The Nursing Council of Kenya has played a central role in these developments and has also integrated palliative care into the national curriculum.

The Palliative Care Association of Malawi (PACAM) has been working with 12 teaching institutions to integrate palliative care into their curricula. A palliative care module has been developed to guide institutions in this process but is yet to be disseminated awaiting Ministry of Health approval. Malawi’s Kamuzu College of Nursing and St Luke’s College of Nursing have also integrated palliative care into their curricula and made it an examinable subject. The Nurses and Midwives Council of Malawi has integrated palliative care into the National Syllabus, rendering it an examinable subject at national level.

Tanzania’s International Medical and Technological University, Dar Es Salaam has integrated 40 hours of palliative care into their medical curriculum, made it examinable and included time for clinical experience.
Integration and teaching of palliative care in higher institutions of learning is more advanced in countries such as South Africa, Uganda and Zimbabwe and is being initiated in countries such as Namibia and Zambia.

**Main challenges**

The following challenges were reported in relation to the integration of palliative care in medical and nursing curricula across all countries.

- Capacity for courses to accommodate palliative care as many medical courses are full. A potential solution of the addition of a year on to specific courses to allow for further specialist study was discussed.

- The low numbers of palliative care professionals who can teach palliative care at tertiary level. The effort to increase these numbers is ongoing with leadership from national palliative care associations.

- Limited funding for training more lecturers. It is important to support at least one key member of staff to undertake specialist training so that they become the focal person or champion for that institution.

- Identifying and working with other relevant professional bodies such as the Kenya Medical and Dentist Board.

- The absence of national policies and protocols on palliative care.

- High attrition rates through palliative care trained staff leaving for other countries.

- The limited number of palliative care clinical placement sites for students.

- Existence of fixed time durations for national curriculum reviews, which is 5 years in most countries.

- Slow processes in institutions and professional councils.

**Main lessons and recommendations from the session**

- Palliative care should be integrated into all relevant teaching, not only taught in specialist institutions, although specialist programmes can co-exist with generalist training and are essential to produce health professionals who can teach at tertiary level.

- National policies and protocols on palliative care would be a further catalyst for institutions to integrate palliative care. However, these take a long time to develop and should not stop current efforts for palliative care integration.

- For effective and sustainable integration, the process and approach for integration needs to start with higher level decision makers. Once palliative care is integrated in the curriculum and teaching programmes, it can then be included in planning for financial resources.

- Close collaborative relationships between teaching institutions and palliative care service providers are essential for effective palliative care education.

- Course evaluations and curricula reviews provide an opportunity to integrate palliative care.
STRATEGIES FOR INTEGRATION AND FURTHER STRENGTHENING OF PALLIATIVE CARE EDUCATION IN AFRICA

Practical issues around integration of palliative care into the nursing curriculum

“It is not enough to establish a palliative care policy without educating as wide a range of medical professionals as possible in palliative care first.”

Dr. Sabone, Head, School of Nursing, University of Botswana

This panel discussion explored experiences of integrating palliative care into the curriculum of nurses including insights into successes, challenges, lessons learnt, innovations, sustainability issues and career pathways.

Main points arising from session discussions

- It is important to ensure that palliative care training is monitored and evaluated for actual impact on practice, which is the reason it needs to be examinable and for students to be indexed on a database.
- Asking students to keep reflective log books, as well as incorporating clinical objectives in training, enhances impact in practice.
- Nurse prescribing for opioids has not been realised in most countries and is still limited although regulatory councils are working collaboratively with national associations to explore opportunities for implementing this. Regulatory councils recommended the need to train nurses first before the regulations are revisited to authorise them to prescribe.
- There was interest in children’s palliative care content as part of the curriculum.
- There were discussions about which department houses palliative care. Community health departments were recommended.
- Regarding the stage at which palliative care is taught, it was recommended that it is taught right from year one through all years at varying depth.
- For palliative care to be promoted as a career there is a need to introduce degree programmes which incorporate research and are recognised by the relevant regulatory councils. Palliative care also needs to be considered as one of the options for specialism.
- There was a call on regulatory councils for innovations in regulations to allow for faster and smooth integration of important healthcare components such as palliative care.

Main challenges

- A lack of funds to train more faculty members, including specialist training.
- A need for more palliative care champions, in Botswana for example.
- Large numbers of students making it a challenge to source sufficient numbers of clinical
placements at established palliative care sites.

- A lack of evidence in the area of palliative care and research is needed to build upon this.
- Bringing senior management boards of education establishments on board.
- General public attitudes towards death and dying, for example in Kenya.

**Main recommendations**

- Palliative care needs to be integrated into the nurses’ curriculum across all programmes so that it is broadly based.
- For programme sustainability, there is a need for specialist and master trainers of palliative care who have gone through specialisation.
- Governments need to provide leadership and funding for palliative care integration for sustainability.
- Palliative care needs to be integrated into existing education policies.
- There is a need to focus on local research in palliative care and to establish standards and guidelines.
- Monitoring and evaluation for palliative care education is important for policy support.
- Palliative care needs to be community based therefore the task shifting agenda needs to be promoted, with clarity about professional and non-professional roles.

**Practical issues around integration of palliative care into the doctors’ curriculum**

This panel discussion drew on experiences of integrating palliative care into the curriculum of doctors in Africa including successes, challenges, lessons learnt, innovations, sustainability issues and career development pathways.

**Main points arising from session discussions**

- Examples of where palliative care is hosted in medical schools include departments of family medicine (Moi University) and in the department of medicine (Zimbabwe).
- There was interest in children’s palliative care content as part of the curriculum.
- The e-learning approach needs to be explored. Cell phones for example could provide an opportunity for mobile interactive learning as not everyone can access the internet. E-learning could address the issue of lack of trained tutors.
- There were concerns regarding making home-based care more visible and it was noted that there needs to be a department assigned to housing a home-based care team, and the importance of this is primarily administrative. Home-based care teams should ideally be based in clinical care departments rather than pathology-based departments.
- Using available resources and scheduling monthly CMEs for young doctors is essential for continued service. Availability of CMEs will encourage sustainable learning and mentoring and will help to increase motivation.
- Success when integrating palliative care into the doctors’ curriculum depends on making use of opportunities, internet access, and developing a critical mass.
Main challenges

- Many university level medical courses are full with no obvious space to integrate palliative care.
- A lot of work remains to be done in career development opportunities so that students do not move to work abroad on completion of their studies.
- An inadequate number of palliative care physicians are teaching palliative care. There is only one with a palliative care diploma at the International Medical and Technological University in Tanzania.
- Working with professionals who may be resistant to change in terms of introducing new palliative care practices.
- The lack of a lead member of staff to advocate for palliative care within each institution.
- Clinical teaching is still lacking, especially as class sizes get bigger.
- Student log books should be introduced to enhance clinical experience and practice of palliative care.

Main recommendations

- There is a need for increased collaboration with the Ministry of Health.
- There is a need to incorporate some less formal teaching as part of the programme, for example videos of palliative care assessment were recommended.
- It is important to have a readily available palliative care curriculum and exams which can be shared with the medical schools once requested. KEHPCA is currently providing this support.
- There is a need for a critical mass of trained doctors including specialists for success.
- Regular short sensitisation workshops are important to inspire professionals, and palliative care needs to be established in hospitals as part of the doctors’ regular ward rounds.

Developing a framework for integration of palliative care education into national policy

The panel discussion drew on previous panel discussions and also looked at experiences in other countries, such as South Africa and Uganda, to discuss the framework for integrating palliative care education into national policies.

Main points arising from session discussions

- As the policy development process takes a long time, it is important to continue working and not waiting for policy before actioning palliative care.
- Palliative care associations are integral to establishing policy.
- Nurse prescribing is an important policy issue. The South African experience showed that, while the Nursing Council is supportive, there are challenges such as many pharmacists being unwilling to dispense to nurse prescriptions, and many nurses being concerned about the responsibility.
- Palliative care is incorporated in the South African Cancer and AIDs strategies, and they are currently looking at its inclusion in the non-communicable diseases strategy.
• Providing evidence is important in lobbying for policy change and therefore there is a need for thorough research.

• Conference delegates were reminded that they are the true policy makers. They should look to where the gaps are in service delivery and inform the Ministry of Health.

• Delegates should have an active presence and strong community involvement, and be very clear about establishing a clear identity for palliative care to these audiences.

• Palliative care is a credible division of medicine, and professionals need to speak with a unified voice in order to reach government and policy makers.

• Building relationships with councils and providing small bite-sized pieces of information to councils and politicians is essential as they can easily digest these.

• APCA has reviewed policy documents in ten countries and this document will be available towards the end of 2011.

• The need for caution in order to not ‘re-invent the wheel’ when working on policies was encouraged.

• APCA has also developed a levels/competencies framework to help with informing governments of standards of care.

• All delegates agreed that policy change takes a long time. Champions of palliative care are needed at policy maker level to facilitate change, and delegates need to define palliative care competencies so that people are convinced.

Delegates discuss country action plans
DEVELOPING COUNTRY ACTION PLANS

Through country teams, delegates reviewed the 2008 action plans and developed new ones (Appendix 3). They identified barriers and opportunities for further integration of palliative care. In addition to challenges outlined in earlier sections of this report, the following were also noted.

Barriers and opportunities to integrate palliative care

Barriers:

• Lack of palliative care knowledge in some institutions
• Inadequate training materials
• Professional councils are not coherent
• Lack of understanding of palliative care
• Palliative care faces competition with other healthcare services such as home-based care.

Opportunities:

• Availability of palliative care resource materials
• Progress on curriculum review to integrate palliative care
• Some countries have started the palliative care integration process
• Ongoing support from APCA
• Availability of palliative care policy and its inclusion in the strategic plan in some countries like Uganda
• Some countries have national associations to coordinate palliative care activities
• Availability of palliative care standards
• Availability of championing doctors in Ministries of Health in some countries
• The existing need for more champions and a critical mass of palliative care professionals
• Existence of introductory palliative care courses.
OPPORTUNITIES FOR FUTURE SCALE UP AND MENTORSHIP

This was discussed in a plenary discussion. Opportunities for scaling up palliative care mentoring were discussed. It was noted that mentoring from a distance is a challenge, and that developing stand-alone programmes can be costly.

The South African team shared their experience of the complexity of training mentors, and when staff are busy, training follow-up can be a challenge. They encouraged staff to undertake reflective learning on the patients they are already caring for, who may have palliative care needs.

The Namibian team reported that nurse and doctor mentoring is taking place and has been a good tool for building confidence amongst staff. They also reported that didactic training does not always lead to action. The Malawian team reported that at the University of Malawi mentoring is run by senior faculty members and reviews of the work achieved take place at the end of all mentoring sessions.

APCA commented that their research showed that most organisations are running mentorship programmes, and they are working on developing a central mentorship framework for palliative care that should be available for all organisations to utilise. APCA are also working on developing a database of mentors and their competencies, and are keen to facilitate linking people together in this way. The Nairobi Hospice team reported that the hospice teaching team mentors each other, and on the first day of the palliative care diploma programme the mentors come for specific mentorship orientation. The Zambian team reported that they only have one nurse trainer who is overwhelmed.

A general consensus was reached that:

• A mentorship framework that is standardised across Africa should be established
• Mentorship should cater for different levels
• Further documentation of mentorship currently taking place is needed
• Mentorship should be closely linked with competencies
• Encouraging professionals to put theoretical knowledge into practice can be achieved through mentorship.

Appendices:
1. Delegates' contact list
2. Conference programme
3. Country action plans
## APPENDIX 2: Conference programme

### Day 1

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<th>Time</th>
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<tr>
<td>08.30-09.00</td>
<td>Registration and Refreshments</td>
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**Session One: Introduction to the conference**

**Chairs:** Olivia Dix, Head of the Palliative Care Initiative (PCI), The Diana, Princess of Wales Memorial Fund (The Fund) and Dr Faith Mwangi-Powell, Executive Director, African Palliative Care Association (APCA)

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>09.00-09.15</td>
<td><strong>Welcome and introductions</strong></td>
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<tr>
<td></td>
<td>Dr Faith Mwangi-Powell (APCA) and Dr Zipporah Ali, National Coordinator, Kenya Hospices and Palliative Care Association (KEHPCA)</td>
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<tr>
<td>09.15-09.30</td>
<td><strong>The Fund’s vision for palliative care education in Africa</strong></td>
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<td>Olivia Dix, Head of the PCI, The Fund</td>
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<td>09.30-09.45</td>
<td><strong>Welcome and official opening of the conference</strong></td>
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<td>Dr Francis Kimani, Director of Medical Services, Ministry of Medical Services, Kenya</td>
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<tr>
<td>09.45-10.10</td>
<td><strong>Growing evidence for the need to integrate palliative care into the core curriculum to strengthen health systems across Africa and address workforce challenges</strong></td>
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<td>Dr Faith Mwangi-Powell, APCA</td>
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<td>10.10-10.20</td>
<td><strong>Keynote address: Experiences of Makerere University - Looking at the role of private public partnerships to develop palliative care education</strong></td>
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<td>Prof Elly Katabira, Professor of Medicine, College of Health Sciences, Makerere University &amp; President, International AIDS Society</td>
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<td>10.20-11.00</td>
<td><strong>Tea and photographs</strong></td>
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**Session Two: Strategies and progress since October 2008 conference**

**Chairs:** Dr Zipporah Ali, National Coordinator, KEHPCA and Dr. Liz Gwyther, Chief Executive Officer, Hospice Palliative Care Association of South Africa (HPCA)

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<th>Time</th>
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<tr>
<td>11.00-11.50</td>
<td><strong>Panel Discussion One: Regional update since the October 2008 conference</strong></td>
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<td></td>
<td>This panel discussion will draw upon what has been achieved since 2008 and discuss regional and national issues that enhance or hamper the integration of palliative care into the curriculum of nurses and doctors. It will focus on lessons learnt since the 2008 educational conference, issues around knowledge of palliative care and its implications for integration, policy and legal issues.</td>
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Panellists:
- Fatia Kiyange, Programmes Director (APCA)
- Dr. Helena Musau, Education & Research Office, (KEHPCA)
- Lameck Thambo, National Coordinator, Palliative Care Association of Malawi (PACAM)
- Rita Tumotumo, HIV/AIDS Care Coordinator, Ministry of Health, Botswana

Session Three: Strategies for integration and further strengthening of palliative care education in Africa

Chairs:
Dr Charmaine Blanchard, Centre for Palliative Care, Chris Hani Baragwanath Hospital, Gauteng, South Africa and Fatia Kiyange, APCA

11:50-12:40
Panel Discussion Two: Practical issues around integration of palliative care into the nursing curriculum
This panel discussion will draw on experiences of integrating palliative care into the curriculum of nurses in Malawi, Botswana and Kenya and will provide insights into successes, challenges, lessons learnt, innovations, sustainability issues and career development pathways.

Panellists:
- Dr Mercy Pindani, Dean of Students University of Malawi, Kamuzu College of Nursing
- Dr. Motshedisi Sabone, Head, School of Nursing, University of Botswana
- Agnes Mwaluko, Principal, Kenya Medical Training College, School of Nursing
- Elizabeth Owyer, Registrar, Nursing Council of Kenya

12:40-13:00
Summary and way forward - Session Chairs

13.00-14.00
Lunch

Chairs:
Dr Charmaine Blanchard, Centre for Palliative Care, Chris Hani Baragwanath, Gauteng, South Africa and Fatia Kiyange, APCA

14.00-15.15
Panel Discussion Three: Practical issues around integration of palliative care into the doctors’ curriculum
This panel discussion will draw on experiences of integrating palliative care into the curriculum of doctors in South Africa, Kenya, Namibia and Tanzania and discuss successes, challenges, lessons learnt, innovations, sustainability issues and career development pathways.

Panellists:
- Dr Jessie Githanga, University of Nairobi, Kenya
- Prof. Flora Fabian, Principal, College of Medicine, International Medical and Technological University (and head of palliative care task force for teaching institutions), Tanzania
- Dr. Lischen Haoses-Gorases, Dean of Medical Sciences, University of Namibia
- Dr. Zipporah Ali, KEHPCA
15.15-15.35  **Summary and way forward** - Session chairs

15.35-16.00  **Tea Break**

Chairs: Dr. Claudio Owino, Chair Medical Education, School of Medicine, Moi Teaching & Referral Hospital, Moi University and Dr. Mhoira Leng, Medical Director Palliative Care Unit, Mulago

16.00-17.00  **Panel Discussion Four: Developing a framework for integration of palliative care education into national policy**

This panel will draw upon the experiences shared in other discussions above and will also look at experiences in other countries, such as South Africa and Uganda, to lead a discussion around the framework for integration palliative care education into the national policy.

Panellists:
- Prof. Elly Katabira, Makerere University, Kampala, Uganda
- Dr Charmaine Blanchard, Chris Hani Baragwanath Hospital, Gauteng, South Africa
- Dr Liz Gwyther, HPCA, South Africa
- Dr. Faith Mwangi-Powell, APCA
- Olivia Dix, The Fund

17.00-17.30  **Summary and way forward** - Chairs of Sessions

18.30 – 21.00  Conference dinner

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**Day 2**

08.30-08.40  Welcome and summary of Day 1 – Bernadette Basemera, Programmes Officer, APCA

**Session one: Group work**

*Each group will be provided with a framework and key questions to discuss*

Chairs Bernadette Basemera, APCA and Dr. Helena Musau, Education & Research Officer, KEHPCA

08.40-10.00  **Group work: country-specific action planning**

Participants will discuss strategies for increased action in integrating palliative care into the curriculum in their own countries and will develop specific country action plans, building on the plans developed in 2008.

10.00-10.15  **Tea Break**

10.15-11.15  **Feedback on country action plans**
Session two: Opportunities for future scale-up and mentorship

Chairs: Dr. Faith Mwangi-Powell (APCA) and Dr. Zipporah Ali (KEHPCA)

11.15- 12.15  Plenary Group Discussions

**Focus area one:** Identifying new opportunities for developing palliative care education across Africa

**Focus area two:** Developing trainers and mentors who can support palliative care education across Africa

12.15- 12.45  Summary and way forward - Session Chairs

Session three: Next steps

Chair: Olivia Dix, The Fund

12.45-12.50  Next steps: Dr. Faith Mwangi-Powell, APCA

12.50-13.00  Donor’s summary and thanks

13.00-14.00  Lunch and conference end
## Botswana Action Plan

<table>
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<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
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<td>Coordinating body for PC National Association</td>
<td>Support steering committee activities</td>
<td>PC Working Group</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
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<td>To formalise constitutional draft</td>
<td>PC Working Group</td>
<td>March 2011-2012</td>
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<td>Need for registration</td>
<td>PC Working Group</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
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<td>Set up infrastructure and management committee</td>
<td>PC Working Group</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td>Advanced training curriculum including diploma</td>
<td>Needs assessment</td>
<td>MOH PC Unit/HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Develop specific curricula</td>
<td>MOH PC Unit/HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Continue PC training for various cadres local and international</td>
<td>MOH PC Unit/HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Create database for professionals who can train in PC</td>
<td>MOH PC Unit/HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td>Create data base for clinical placements</td>
<td>Conduct capacity assessment to identify gaps</td>
<td>HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Build capacity according to gaps</td>
<td>HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Mentoring/supervision activities</td>
<td>HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluations</td>
<td>HTI</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
</tbody>
</table>
### Ethiopia and Tanzania Action Plan

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitisation of key stakeholders</td>
<td>Advocacy (meetings &amp; media publications)</td>
<td>Task force, MOH, National PC Association</td>
<td>July 2011</td>
<td>MOH, APCA, Councils support</td>
</tr>
<tr>
<td>Curriculum review</td>
<td>Establish Inter-university curriculum review committee</td>
<td>Task force, Heads of institutions with stakeholders</td>
<td>September 2011</td>
<td>MOH, APCA, Councils support (technical &amp; financial assistance)</td>
</tr>
<tr>
<td>Develop/review national policy</td>
<td>Review existing policy</td>
<td>National PC Association, MOH, task force</td>
<td>October 2011</td>
<td>MOH, APCA, Councils support &amp; technical &amp; financial assistance</td>
</tr>
<tr>
<td></td>
<td>Incorporate PC into existing HIV/AIDS and other relevant policy</td>
<td>National PC Association, MOH, task force</td>
<td>September 2012</td>
<td></td>
</tr>
</tbody>
</table>
## Kenya Action Plan

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Form a PC working group, and members with specific areas of expertise.</td>
<td>Team here at conference part of group, plus others to be confirmed.</td>
<td>KEHPCA</td>
<td>1 month</td>
<td>Stakeholder involvement</td>
</tr>
<tr>
<td>- Invite letters to come from high profile peers, i.e. ministry</td>
<td>Write report</td>
<td>KEHPCA</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>- Write terms of reference for group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Write a short advocacy document including current Kenya country figures (i.e. From cancer registry)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hold a stakeholders workshop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team here at conference part of group, plus others to be confirmed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invite letters to come from minister.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source funding for the workshop</td>
<td></td>
<td>KEHPCA</td>
<td>End of April</td>
<td>Financial support</td>
</tr>
<tr>
<td>Incorporate a minister into the PC working group and lobby for his support.</td>
<td>Arrange meeting with minister</td>
<td>KEHPCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present the advocacy document to the minister</td>
<td>Presentation of document</td>
<td>KEHPCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a matrix table using information from the new national curriculum to</td>
<td>Research how curriculum can be best established</td>
<td>KEHPCA and APCA</td>
<td>3 months</td>
<td></td>
</tr>
<tr>
<td>identify which parts of the curriculum should be incorporated into different course types.</td>
<td>Draft the matrix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This will enable effective integration of PC into curriculums</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for a university to host an MA course.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority Areas</td>
<td>Key Activities</td>
<td>Responsible</td>
<td>Timeline</td>
<td>Support Required</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Palliative care policy development</td>
<td>Conduct consultative meetings to develop PC policy&lt;br&gt;Review of existing policies&lt;br&gt;Writing of policy&lt;br&gt;Approval of policy&lt;br&gt;Printing and dissemination</td>
<td>MOH / PACAM</td>
<td>July 2012</td>
<td>Funding and technical expertise</td>
</tr>
<tr>
<td>Build palliative care capacity - faculty, health care providers and community</td>
<td>Conduct training sessions for academic staff, health care providers and community volunteers</td>
<td>MoH / PACAM / training institutions</td>
<td>December 2012, December 2014, December 2014</td>
<td>Funds and expertise</td>
</tr>
<tr>
<td>Developing specialist knowledge in PC</td>
<td>Two or three people from each training institutions to undertake BSc / MSc</td>
<td>Training institutions / PACAM / MOH</td>
<td>To begin 2012</td>
<td>Funds</td>
</tr>
<tr>
<td>Develop and procure teaching and learning materials</td>
<td>Sourcing teaching and learning materials e.g. books, journals, computers</td>
<td>PACAM / MOH / training institutions / APCA</td>
<td>July 2011</td>
<td>Funds</td>
</tr>
<tr>
<td>Develop clinical placement sites</td>
<td>Develop more sites to provide palliative care&lt;br&gt;Offer clinical attachment to faculty&lt;br&gt;Conduct supervision</td>
<td>MOH / PACAM</td>
<td>Start July 2011</td>
<td>Funds and technical expertise</td>
</tr>
</tbody>
</table>
### Malawi Action Plan cont.

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
</table>
| Integration of palliative care into curricula | Undertake a curriculum review to incorporate PC  
Develop a national standardised module for PC  
Incorporation of PC in curriculum approval by regulatory bodies  
Implement and evaluate the curriculum | Training institutions / regulatory bodies | July 2011 and onwards | Funds, training materials, and expertise |

### Namibia Action Plan

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
</table>
| Get commitment from institutions’ management | Advocacy meeting with heads of ministry & teaching institutions  
Sensitisation workshop for senior staff in institutions | Namibian team / APCA | On-going |                  |
| Building in country palliative care capacity | Develop standardised palliative care curricular & NQA accreditation  
Palliative care training for nurses and lecturers  
Palliative care training for other health care professionals  
Mentorship of trainers by CAA nurses  
Palliative care training for community care givers | Namibian team / APCA |          |                  |
| Policy development                     | Drafting of national policy on PC                                             |               |          |                  |
## South Africa Action Plan

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder commitment</td>
<td>Meeting of key stakeholders under auspices of Alliance for Access to Palliative Care</td>
<td>HPCA</td>
<td>20 July 2011</td>
<td>HPCA funds</td>
</tr>
<tr>
<td></td>
<td>Statement supporting integration of palliative care into HCP curricula</td>
<td>Alliance team and stakeholders</td>
<td>End July 2011</td>
<td>HPCA</td>
</tr>
<tr>
<td>Curriculum Introduction to Palliative Care</td>
<td>Review and refresh curriculum</td>
<td>Curriculum group led by Charmaine &amp; Marianne</td>
<td>8th July 2011</td>
<td>HPCA funds</td>
</tr>
<tr>
<td></td>
<td>Update materials</td>
<td>Curriculum review group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Present as CPD activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train tutors in palliative care</td>
<td>Accreditation of curriculum</td>
<td>Marianne</td>
<td>Submit for accreditation</td>
<td>UFS</td>
</tr>
<tr>
<td></td>
<td>Explore additional sites for accreditation</td>
<td>Charmaine, Liz, Marianne</td>
<td>October 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop e-learning site</td>
<td>Liz/Mariane/Charmaine</td>
<td>October 2011</td>
<td>Seek funding</td>
</tr>
<tr>
<td></td>
<td>Develop funding proposal</td>
<td>Liz</td>
<td>August 2011</td>
<td></td>
</tr>
<tr>
<td>Research integration of PC training into training institutions</td>
<td>Develop research proposal</td>
<td>Marianne, Liz, Charmaine</td>
<td>Sept 2011</td>
<td>Funding, research assistants</td>
</tr>
<tr>
<td></td>
<td>Apply for funding for research project</td>
<td></td>
<td>Sept 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data collection, analysis and report</td>
<td></td>
<td>Nov 2013</td>
<td></td>
</tr>
<tr>
<td>Priority Areas</td>
<td>Key Activities</td>
<td>Responsible</td>
<td>Timeline</td>
<td>Support Required</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Ensure palliative care integrated into all health care curricula</td>
<td>Review of existing curricula and harmonise core requirements against required competencies</td>
<td>Task force for PC education; including PCAU, Makerere University, HAU</td>
<td>2nd quarter 2011</td>
<td>Project officer</td>
</tr>
<tr>
<td></td>
<td>Review of PC in other tertiary institutions and programmes including Masters, dental officers, allied professionals</td>
<td>Task force for PC education; including PCAU, Makerere University, HAU</td>
<td>3rd and 4th quarter 2011</td>
<td>Project officer</td>
</tr>
<tr>
<td></td>
<td>Continue capacity building for tutors and trainers</td>
<td>HAU</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Develop national education strategy</td>
<td>Agree task force and identify funding</td>
<td>MPCU in partnership with key stakeholders</td>
<td>2nd quarter 2011</td>
<td>Project funding support</td>
</tr>
<tr>
<td></td>
<td>Involve key stakeholders (professional bodies, tertiary institutions, examination boards, PC trainers) and carry out situational review</td>
<td>Task force</td>
<td>3rd and 3rd quarter 2011 and 1st and 2nd quarter 2012</td>
<td>Project funding support</td>
</tr>
<tr>
<td></td>
<td>Develop and present strategy</td>
<td>Key stakeholders conference</td>
<td>3rd quarter 2012</td>
<td>Project funding support</td>
</tr>
<tr>
<td>Develop research and leadership for Uganda and beyond</td>
<td>Explore stand alone masters in PC</td>
<td>Makerere and HAU</td>
<td>2012</td>
<td>Technical support</td>
</tr>
<tr>
<td></td>
<td>Integrate into existing Masters programmes</td>
<td>Makerere and other tertiary institutions</td>
<td>2011/2012</td>
<td>Technical support</td>
</tr>
<tr>
<td></td>
<td>Develop a national research agenda and encourage research projects</td>
<td>Makerere, HAU, PCAU, MOH, APCA</td>
<td>3rd quarter 2011 (PCAU conference)</td>
<td>Scholarships for researchers</td>
</tr>
</tbody>
</table>
## Zambia Action Plan

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy development, advocacy and capacity building.</td>
<td>Facilitate meetings for presentation</td>
<td>Zambian Team that attended conference</td>
<td>Report 1 week</td>
<td>PCAZ and MOH</td>
</tr>
<tr>
<td>Submit report to stakeholders, PCAZ, MoH, UTH, UNZA, Ndola School of Nursing and Chainama and NPCTwG</td>
<td></td>
<td></td>
<td>Report back 12 April, 2011 at NPCTwG</td>
<td></td>
</tr>
</tbody>
</table>
| Development of Strategic Plan                                                   | - Hold planning meeting  
- Drafting of strategic plan  
- Presentation to MoH for comments  
- Present to stakeholder  
- Presentation to Cabinet | NPCTwG and Zambian team conference delegates  
MOH, PCAZ, conference delegation | 12 April, 2011  
May – June 2011  
July, 2011  
July, 2011  
August, 2011 |                                |
| Development of standardised curriculum                                           |                                                                                | MOH, PCAZ, GNC, HPCZ, UNZA                                                                  | 6 months (in place end of August, 2011)                                                     | MOH, PCAZ and donors              |
| TOT training                                                                    |                                                                                | MOH, PCAZ                                                                                     | Start Oct, 2011                                                                     | MOH, PCAZ and donors              |
| Sensitisation on PC                                                             | - Breakfast meetings  
- Target conferences/ workshop  
- Target clinics/hospitals  
- Documentary  
- Radio programmes | NPCTwG, MOH, PCAZ                                                              | Ongoing                                                                                      | MOH, PCAZ and donors              |
### Zimbabwe Action Plan

<table>
<thead>
<tr>
<th>Priority Areas</th>
<th>Key Activities</th>
<th>Responsible</th>
<th>Timeline</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visibility and champions</strong></td>
<td>Identify key stake holders</td>
<td>HOSPAZ</td>
<td>March 2011 - 2012</td>
<td>Funding and technical support</td>
</tr>
<tr>
<td></td>
<td>Hold awareness sessions</td>
<td>HOSPAZ</td>
<td>March 2011 - 2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>National awareness by PC days</td>
<td>HOSPAZ</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Resuscitate national PC task force</td>
<td>MOHCW / HOSPAZ</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td><strong>Advanced training curriculum including diploma</strong></td>
<td>Needs assessment</td>
<td>HOSPAZ / Island Hospice</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Develop specific curricula</td>
<td>PCCDWG / UZCHS / Other training institutions</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Continue PC training for various cadres local and international</td>
<td>HOSPAZ / UZCHS / Island Hospice / Island Hospice / Nursing Schools</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Create database for professionals who can train in PC</td>
<td>HOSPAZ</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td><strong>Resources to strengthen clinical placements for PC</strong></td>
<td>Conduct capacity assessment to identify gaps</td>
<td>HOSPAZ</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Build capacity according to gaps mentoring / supervision activities</td>
<td>HOSPAZ / Island Hospice</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluations</td>
<td>HOSPAZ</td>
<td>March 2011-2012</td>
<td>Funding &amp; technical support</td>
</tr>
</tbody>
</table>
Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

(http://www.who.int/cancer/palliative/definition/en/)