Support Visit to Senegal

13-20 February 2016

Hospice Africa Uganda

International Programmes

21 February 2016

Executive Summary

A team from HAU International Programmes composed of Dr **Eddie Mwebesa, Sylvie Dive and Dr Francesca Elloway** went to Senegal from the 13th to the 20th of February 2016 to support further development of palliative care in the country.

There have been previous missions to Senegal of stakeholders who started discussions on Palliative care. These the Human Rights Watch, and an assessment of Palliative Care Knowledge, Attitude and Practices was conducted about October 2015 and results of this are awaited. These efforts have softened the ground for planting the seeds of Palliative care for a plentiful harvest later.

The need for PC in Senegal is great- riding on cancer and the non-communicable diseases. Aspects of PC are present and hospital based, mainly in Dakar where there is a concentration of major hospitals. We found that the oncologists are overwhelmed and keen to have PC in. There is very little home-based care and it is unclear where patients and family members want to have end of life. A not-for-profit establishment for the elderly called MAADJI in Grand Yoff is offering a residential facility for chronic/ long term care, and a bridge for patients discharged from hospital on their way home. They do some home visits and outreach clinics. Their spirit has many resonances with the ethos of African Hospices.

Fentanyl patches, immediate and sustained release morphine tablets& capsules are present but supply is not systematised. Affordable oral liquid morphine, which would be 8 times cheaper than the available immediate release morphine tablets, is unavailable. We established that fears, myths and misconceptions about morphine are widespread even among health workers. There is a pre-occupation on side effects, addiction and diversion and the need for advocacy and education on proper use of morphine for managing severe pain is needed. A huge need to raise awareness of PC in the population and teaching/ training of health and non-health professionals has been explicitly expressed together with the need for decentralisation. The HAU-IP team found that there is a strong political will to support PC including at Ministry of Health level. Palliative Care is included in the national cancer control plans starting 2017. A National Palliative Care Association ASSOPA is in place and needs to be strengthened to lead on the coordination of PC activity and growth in Senegal.

Key recommendations are:

1. Stakeholders agree on a strategic plan/ road map for Palliative Care in Senegal so that mixed messages are not given and gains made are built upon.
2. The irrational fear of morphine “opiophobia” be addressed through sensitisation and teaching.
3. Home-based care be encouraged, to ensure the majority of patients who are in need and are located in their own homes in the community are reached.
4. A plan for production of oral liquid morphine as the most inexpensive, appropriate opioid medication be put in place; A partnership with Vandafric importing morphine powder and the Dantec hospital pharmacy reconstituting it may be the best option for this strategy for pain relief for Senegal
5. A curriculum for PC for medical and nursing students be designed for Senegal and then pre- and in-service education be implemented
6. A training by a team from Hospice Africa Uganda and selected faculty from other organisations be done in Senegal so many professionals are trained simultaneously in a manner which is cost effective
7. In the spirit of the ethos, networking and partnership be fostered. The Palliative Care national association ASSOPA be strengthened and followed up

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Acknowledgments

We would like to thank the Ministry of Health and Social Action for their kind invitation to Dr Anne Merriman and HAU IP to visit Senegal to support Palliative Care development and growth in the country.

While she was unable to travel we are grateful to Dr Anne for her advice and insights into Palliative Care in Africa and the approach to supporting Senegal which was helpful to the IP team.

We would also like to thank Dr Oumar Ba and Dr Niang who were instrumental in organising the logistics and programme

We cannot thank enough Hospice Africa France (Soins palliatifs) for their invaluable work in fundraising, enabling the IP Francophone team to exist and carry out its activities. They covered all the HAU affiliated expenses, air tickets, visas and contingencies.

We also thank all the medical and other personnel of the different centres that we visited for their warm welcome and for giving up their precious time to talk with us and show us around to enable us to understand more fully the situation in Senegal regarding palliative care.

Merci beaucoup to the hotel staff at Auberge Marie Lucienne for their care and hospitality throughout the IP team's week in Dakar.

We would like to thank Boubacar Sow and his team from MAAJI for their kind hospitality showing us both Goree Island and *Lac Rose*.

Our best wishes to all working hard in Senegal for Palliative Care to grow and flourish as a specialty- Your efforts are already receiving rewards.

List of Acronyms

APCA	African Palliative Care Association
CVW	Community Volunteer Workers
FCFA	Franc CFA / Common Currency of 14 countries in Western Africa
HAU-IP	HAU International Programmes
HAU	Hospice Africa Uganda
HA(SP)F	Hospice Africa France (Soins Palliatifs)
HOGGY	Hospital General de Grand Yoff
IC	(Palliative Care) Initiators' Course
IHPCA	Institute of Hospice and Palliative Care in Africa
MAADJI	A private not-for-profit establishment in Dakar caring for elderly and long stay patients
MPU	Morphine Production Unit
NCD	Non-communicable Diseases
WHO	World Health Organisation

Introduction

Hospice Africa Uganda's International Programmes (HAU-IP) was invited to Senegal from 13-20 February 2016 to make an assessment of the situation of Palliative care in Senegal and support further development and growth of the specialty and make recommendations for ways forward.

The Human Rights Watch has been in Senegal to make a situational analysis and four professionals had been sent to attend the Francophone Palliative Care Initiators' Courses. Senegal has been having discussions around how to start and progress along Palliative Care, and it was with this background that Dr Anne Merriman and the HAU-IP team were invited in.

The general aims and objectives of the visit were:

1. To make a rapid assessment of the Palliative Care situation in Senegal
2. To do advocacy for Palliative Care through meetings and discussions with key stakeholders
3. To encourage professionals who were trained on the Francophone Initiators Courses
4. To link stakeholders with one another and advise Senegal on the development of Palliative care for the country

After an overview of the country (Part 1), the report details the daily activities and achievements of the team, giving insight on the potential further development in palliative care (Part 2); finally the report gives recommendations to the team that have been shared with the Ministry of Health and Social Action and all stakeholders encountered during their week (Part 3).

Part 1: Senegal and its Health System

Senegal- Key facts

Data come from UN data, the US Central Intelligence Agency, and Dr Oumar Ba a key contact in Senegal

Ethnic groups: Wolof 38.7%, Pular 26.5%, Serer 15%, Mandinka 4.2%, Jola 4%, Soninke 2.3%, other 9.3% (includes Europeans and persons of Lebanese descent)

Languages: French (official), Wolof, Pulaar, Jola, Mandinka

Religions: Muslim 95.4%, Christian 4.2% (mostly Catholic), animist 0.4%

Population: 13,975,834 (July 2015 est): **urban population:** 43.7% of total population

Life expectancy at birth: **total population:** 61.32 years**; male:** 59.29 years**; female:** 63.42 years
Birth rate: 34.52 births/1,000 population
Death rate: 8.46 deaths/1,000 population
Age structure: **Under 15:** 42.16% (male 2,960,395/female 2,931,298)
65 years and over: 2.92% (male 184,196/female 224,543)

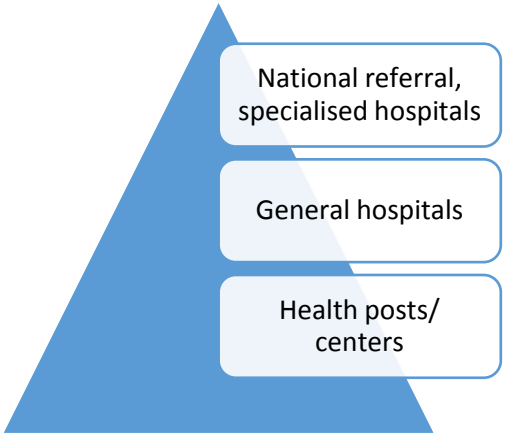
Currency:
West African Franc CFA: Common currency with Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Niger, Senegal and Togo, within the West African Economic and Monetary Union. The West African Franc CFA is easily interchangeable with the Central African Franc CFA, official currency in Cameroun, Central African Republic, Congo Brazzaville, Gabon, Equatorial Guinea and Chad, member states of the Central African Economic and Monetary Union

The health system in Senegal

Health professionals' availability

For 1000 people	WHO recommendation	Senegal	Uganda
Nurses	2		1.3
Physicians	1	0.06	0.1

Organisation of Health care



Three levels of care arranged in a "pyramid":

- **National referral, Specialised hospital-** Mostly located in Dakar; These are the only ones with mainly morphine
- **General hospitals-** These are located in the regions. They are key for spread of Palliative care and are sites proposed for "decentralisation" of Palliative care
- **Health posts/ centers**- These are in the periphery. As there are largely no doctors at these units the care is led by nurses and midwives.

Cancers

According to public statistics, the most common cancers are:

- **For women**: Breast cancer has surpassed cervical cancer
- **For men**: Prostate, oesophageal and lung
- **For children**: acute lymphomas and leukaemias

Radiotherapy: One center is in Dakar; serving all including neighbouring countries including Guinea, Mauritania, Gambia and Mali.

Chemotherapy is available in Dakar and in the major hospitals medical oncologists work with radio-oncologists and surgical oncologists to offer best available treatments.

In Dantec hospital all 3 specialties are on the same floor which is busy and overflowing with patients. The oncologists decried that most patients have advanced tumours when first diagnosed, and for over 70% cure is impossible and Palliative Care would be the best alternative.

The Cancer Plan

There is a national cancer control plan adapted from that of France. There is no strategic or implementation plan for Palliative Care although this component was reported to be included in the cancer control plan especially for period starting 2017.

HIV/AIDS

Adult prevalence rate: 0.53% (2014 est.)

People living with HIV/AIDS: 44,000 (2014 est.)

HIV/AIDS - deaths: 2,400 (2014 est.)

Most infections are with HIV-type 2. Antiretroviral therapy is widely available and free.

Access and availability of morphine and opioid analgesics

Opioids are only in the main hospitals in Dakar and supply is limited. The most available opioids are morphine immediate and sustained release tablets imported mainly from France. Fentanyl patches are available in selected centers alongside small amounts of a few other opioid formulations like buprenorphine. Oral liquid morphine is preferentially made up for children on the pediatric ward at in Dantec hospital HALD, and has been out of stock for several months.

"Because of the impossible access to efficient analgesics as morphine is extremely limited and the absence of specialized palliative care structures in the country, most of the cancer patients die in awful pain. Health professionals found themselves powerless in the absence of medicine to counter the pain and the inexistence of any training in palliative care."[1]

Need for Palliative Care

- **70,000** people are estimated to be in need of palliative care according to estimates by the Human Rights Watch.
- The Merriman formula estimates 26,000 cancer, 2,000 AIDS and additional patients with NCDs.

Financing health care

- Health care consultations are free for under 5s and over 60s across the country and there is a SESAM health insurance plan for this.
- Patients pay out of their pockets for medications and procedures, including for opioids when there is severe pain.
- Cost of 30mgs per day is 1.3 USD and a week's supply costs 9 USD.

Part 2: Daily activities and achievements

Day 1

1 Travel

The HAU-IP team travelled aboard Ethiopian Airways on a long and tiring flight. Team was met at airport and taken to their residence.

2 Brief on plans with Dr Oumar Ba

Dr Oumar Ba explained that he saw the purpose of our visit was:

a) To establish a link between HAU and the Ministry of Health
b) To meet with all the stakeholders including the Minister of Health to help establish a National Plan/Strategy for Palliative Care
c) To plan for the transfer of palliative care competencies to nurses

During the discussion Dr Oumar mentioned the following points:

- HAU was not invited to come to support individual Senegalese clinicians and the work they were doing in an isolated manner, but he very much wanted us to work with the Ministry of Health and Social Action so as to establish a well founded strategy/service for palliative care for Senegal in general.
- The work of previous stakeholders including the Human Rights Watch was highlighted
- He said that the Ministry of Health was very engaged in cancer and palliative care but there needs to be an integrated National Strategy to help to assess where they are at and how they should plan. He said that palliative care was in fact already included in their cancer strategy.
- In the short term his aim is to initiate teaching on the evaluation and management of pain to existing health professionals who are in practice, and in the long term to get palliative care included in the curricula of both nurses and doctors before they complete their training.
- He felt that training one or two people would not have an impact, and that the training needs to be done in-country for many health professionals. He would value a team coming to teach rather than a few people going for example to Uganda for training. He also noted the high costs of air fares for study abroad which are often paid by the students themselves.
- He told us that until recently doctors could only prescribe morphine for 7 days but now that has been increased 28 days.
- He sees that nurses are the 'backbone' of palliative care.

3 The Human Rights Watch Study

Dr Oumar Ba also explained the recent Knowledge, Attitude and Practices (KAP) assessment that he has been involved in with Human Rights Watch, that was undertaken in October 2015, and is currently being analysed. Dr Christian from Rwanda and Diederik Lohman from HRW are key stakeholders with palliative care interests in Senegal.

Below is a translated extract from the their concept paper that Dr Oumar Ba kindly sent us, the report is as yet not completed.

The Human Rights Watch study estimated that around 70,000 people in Senegal are in need of Palliative Care each year- the basis of this figure is yet to be ascertained and is higher from that computed by the Merriman formula. The study showed that the availability of the service was very limited, with no specialised service for palliative care. However palliative care has been integrated to a certain extent in the services of paediatric oncology and adult oncology at the 'Hôpital Aristide Le Dantec' and 'Hôpital Général de Grand Yoff', though it remains nonexistent in regional hospitals. Morphine consumption was very low, only 1.4kg in 2012. Oral morphine solution, an essential medicine in palliative care, is only available in Dakar.

The Senegalese government was concerned about the lack of availability of palliative care and the Ministry of Health has initiated several measures to improve this situation. In 2012, oral morphine was added to the list of essential medicines; in 2014, the quantity of morphine that needed to be ordered for the whole country was increased from 1.2kg to about 12kg; and in 2015 the National Pharmacy in Senegal who orders and distributes medicines obtained their very first order of oral morphine immediate release tablets.

The aim of this study which was to evaluate the palliative care needs in the country was therefore to evaluate several important aspects in order to elaborate a policy to promote palliative care in Senegal.

The study will be composed of 5 distinct sub-studies/ components:

1. Component 1: An evaluation of hospitals.
2. Component 2 : An enquiry into the knowledge/attitudes/practices of doctors and nurses
3. Component 3 : A study of patients files
4. Component 4 : A quantitative enquiry of hospital patients with life limiting illnesses
5. Component 5 : Detailed qualitative studies of a selection of patients who are not in hospital

In particular the study aimed to evaluate:

1. The prevalence of life limiting diseases in patients in 2 tertiary level and 2 secondary level hospitals (Components 1 and 3)
2. The type and seriousness of symptoms, especially pain, in patients with life limiting diseases (Components 4 and 5)
3. The knowledge and attitudes concerning palliative care among health professionals in these hospitals (Component 2) ; and
4. The availability of essential medicines for palliative care (Component 1).

The results of the study will be integrated in the process being undertaken by the Health Ministry of Senegal to put into practice measures to include palliative care in health establishments in the whole country, and to guarantee the availability and use of morphine for the management of moderate

and severe pain. The results will also be published in a peer-reviewed journal and presented at an international conference.

Day 2

1 Visit to Hôspital A. Le Dantec (HALD)- CHU de Dakar – SENEGAL- Radiotherapy, Chemotherapy, Surgical oncology and OPD unit.

- Is the largest national teaching hospital in Senegal and is over 100 years old.
- Is the only cancer institute and its Institute Juliot Curie is the main oncology unit for Senegal.
- Offers radiotherapy, chemotherapy and surgical oncology. These are all located adjacent one another on the same floor and between the 3 units care for over 3,500 cancer patients each year. There are over 100 patients seen daily and as the cobalt radiotherapy machine serves both Senegalese and patents from neighbouring countries (Mali, Mauritania, Gambia, etc) there is much overcrowding.

The radiotherapy machines at Dantec hospital

- The epidemiology of cancer has changed in Senegal, and the most common cancer in women is now breast cancer rather than cervical cancer. For men the most common cancers are prostate and oesophageal.
- Patients have to buy chemotherapy drugs although the nursing care is free
- The team of oncologists is stretched and they are unable to do Palliative Care properly as it is a time-intensive discipline
- Dr Coumba Gueye is the Palliative care focal person at Dantec hospital. While she is dedicated to patients, and receives a lot of support from another doctor from Mali who is an oncology senior house officer and trained on a short course in Palliative Care, the patient burden is huge and she is very stretched.
- The need for Palliative care training was expressed by several oncologists who also appealed for additional professionals to cover the work.
- There is multidisciplinary meeting every Wednesday where the oncology services discuss their patients.

Above: Meeting with the team of oncologists at Dantec Hospital.

Right: The chamber for constituting chemotherapy medications at Dantec hospital

Patient care in Senegal- A Case study

We met with Mr Samba, a 35 year old man, married with 2 children, who had been diagnosed with cancer of oesophagus and had been in hospital for 2 and a half months. He had had a feeding tube inserted into his stomach but it had been removed as it was leaking. He had had some parenteral feeding in the past. He can take liquids but his condition has been deteriorating and he had lost a significant amount of weight. He is aware that he is very ill, and wants to go home but his family are not keen as they don't feel they can look after him. His main carer is his father who is elderly; his wife comes every evening to visit. It seemed to us that it would be best for him to go home, but there is no home care to support the family. This was clearly a case where home based palliative care could be very helpful and if adequate care was available in the home including medications and supplies the family could be supported to respect the patient's desire to be in their own home.

2 Visit to Children's oncology unit

- The team included 1 doctor (Dr Aissatou Diop), 1 nurse (Emilie Diene) who had done the Francophone Initiators course in 2013 and one psychologist (Sokhuz Ndiaye) who had done a lot of training in the USA, including a fellowship.
- It was particularly interesting to hear about the work of the psychologist who was passionate about her work and clearly had put a lot of effort to get good training and experience. Her vision is that all medical staff should have some training in how to treat patients holistically.
- The children's unit seemed to be semi-autonomous and attracts grants for projects for children, the majority of whom have leukaemia and retinoblastoma. We were told there is a 60% cure rate.
- The French African Group for Paediatric Oncology subsidises chemotherapy for children and supports training of nurses and doctors.
- Oral morphine solution is available for children, made up locally in the pharmacy for 2 years, but is not available for adults for whom tablets are preferably prescribed.
- End of Life Care for children is done in the hospital. They offer pain and symptom relief, counselling of patients and families, nutritional support. Most families are Muslim and spiritual care is provided within the family setting. Our observation is that they were offering palliative care, although they were reluctant to name it as such.

Ideas from the Children Oncology team for palliative care included:

- Development of a cancer centre with all disciplines including palliative care
- Decentralising of palliative care into the districts
- Increasing and training human resources
- Earmarking finances for priority training in palliative care
- 'Humanising' cancer care - 'treat the human being not the diagnosis'
- Pre- and In-Service training for doctors and nurses

With the Dantec Hospital paediatric oncology team

Day 3

1 Visit to General Hospital of Grand Yoff (HOGGY)

The team met with Dr Oumar Ba who is the coordinator of the Cancer Register in Senegal and also of the Programme fighting against the use of tobacco. He is also a medical oncologist at the hospital and in particular undertakes endoscopies. He is a founder member of ASSOPA, the National Association of Palliative Care in Senegal. Also present at the meeting was Dr Abdou Khadre Niay who is just finishing his thesis on the Cancer Register.

Pertinent points from the meeting included the following:

- The cancer register had started in 2010, initially just including the 4 hospitals in Dakar, but it seems that since 2014 the server has been down so they have not been able to register any patients, so he was not able to give us any recent statistics.
- Dr Abdou was one of the data collectors in the KAP study on palliative care supported by Human Rights Watch that was undertaken in October 2015 and currently being analysed. He had undertaken a 2 day training to become a data collector.
- Although the results of this study are outstanding, Abdou noted his findings that medicines for palliative care and pain relief were not available and there was no palliative care in hospitals. Furthermore patients at the end of their lives are rejected by hospitals.
- We also briefly met the Head of Nursing for the hospital, who made the comment that 'Palliative care is for nurses, as doctors have come to the limit of what they are able to do for the patient'.
- Dr Oumar explained the structure of the hospital, that it had all specialities that were integrated rather than separate. The hospital is the main trauma hospital in the country with 12 operating theatres.

Meeting with HOGGY team chaired by Dr Oumar Ba

Visit to the renal dialysis unit

- The renal dialysis unit was very impressive having 10 functioning dialysis units with another that is kept for emergencies.
- Dialysis is free for the patients, the funding coming from the government, though patients have to pay for various things including drugs.
- As dialysis is very expensive we recommended that the Palliative Care fraternity can make an argument for Palliative Care to be financed and supported by the government given that it saves hospital and other costs and is an essential service which should be integrated into the health care system at all levels.

Visit to the ENT unit

Following this we also visited the ENT unit where all chemotherapy is delivered and were introduced to one lady who had come for her third cycle of chemotherapy for cancer of the colon. She was very happy with the treatment she was receiving, saying how much better she was feeling now with no pain and had got her appetite back so was putting back on the weight she'd lost.

Visit to the pharmacy department at HOGGY

- Dr Babacar Diop is the Chief Pharmacist at HOGGY and we had a good discussion about morphine and pain treatment.
- Currently 10mg immediate release morphine sulphate tablets (Sevredol from NAPP Pharmaceuticals UK) are available in the pharmacy. These had to be paid for, with 14 tablets costing about US$6. With a week's supply costing 9 USD patients who are unable to pay for their medications are most likely left with uncontrolled pain and symptoms.

Patients in hospitals buy morphine immediate and sustained release tablets- as seen with this patient holding her medication

- He was conversant with record keeping for opioids and kept meticulous records and was aware of the legislative requirements around opioids.
- Between 28/1/16 and 16/2/16 he had dispensed 328 tablets mostly to patients with cancer.
- Morphine tablets have been on the Essential Drugs List for Senegal for the past 3 months, and injectable morphine for around 4 years. Previously the available stronger analgesics were bupronorphine, tramadol and fentanyl – the latter being used for anaesthesia.
- The oral morphine tablets are obtained from the Central Pharmacy in Senegal.

- Dr Eddie was able to explain about the production of oral morphine solution at HAU showing a series of photos of each step in the procedure. We calculated that oral morphine solution would be about 8 times cheaper than oral morphine tablets.
- We were directed to VADAFRIC a pharmaceutical plant 20 km outside Dakar, which makes up non-proprietary medicines like emollients and could possibly be an area for reconstituting oral liquid morphine on a large scale from powder.

Day 4

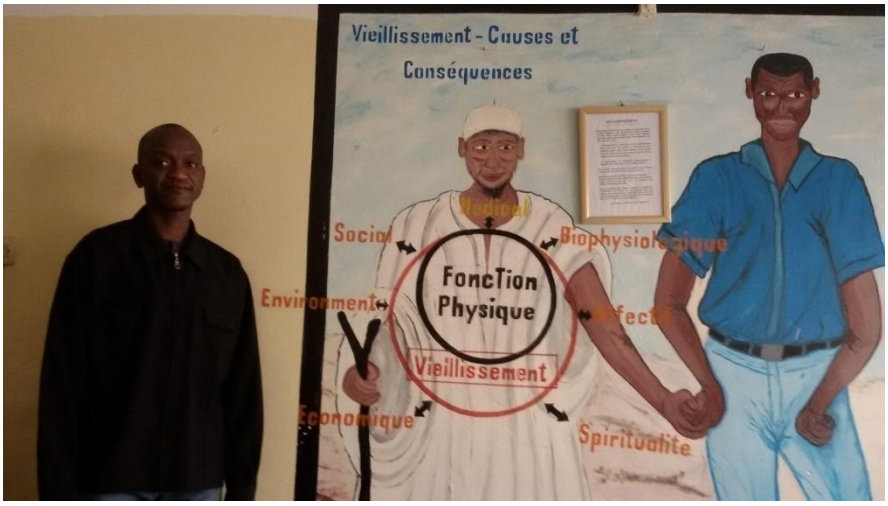
1

Visit to MAADJI - a service for elderly people whether dependent or non dependent. It is a private not for profit organisation

We met with Mr Boubakar Faugho Sow and Mrs Oulimete Diop Sow, a couple who are in charge of the service. Boubakar said he is a 5th year medical student and is somehow managing to study and run this service.

- The service was started in 2000 by Boubakar using a team of 25 young people who were trained by an NGO to offer care to the elderly in Spain but the NGO pulled out so the team never went to Spain. Instead Boubakar invited them to work with him
- Patients can be referred from hospitals or health centres or simply by the family
- There are 23 beds, used by both short and long term patients. The average stay is 10 – 15 days but they have a least one patient who has been there for over 2 years
- Patients pay to stay but the cost depends on their means, so for example one patient pays over 700 euros/month another pays about 70 euros/month. Patients are never sent away if they can't pay.
- They have a team of 50 professionals, a mixture of doctors, nurses, nursing aids, auxiliaries, patient helpers and others. They try to ensure that there is a doctor present 24 hours a day
- There are many specialists who MAADJI can call upon to come and do a consultation on a patient as appropriate. Several of these specialists offer their services free.
- On arrivals patients are assessed and if appropriate a care plan is established. If the doctor who first assesses the patient feels that they would benefit from further investigations or medical input they are referred to a hospital
- The services offered include nursing care, treating bedsores, stoma care, work up for chemotherapy, palliative care, physiotherapy, respite care, and other services. Boubacar described the care as being 'between hospital and family life in the community'
- Nutrition is often a challenge for elderly people and Mrs Oulimete is trained in nutrition so is able to give advice on how a family can give good nutrition to the patient with the foods that are locally available and affordable
- For pain control they use the analgesic ladder, they have fentanyl patches for the third level which they use as they can get them easily either from the Central Pharmacy or from France.
- Every morning between 8 -10 am there is physiotherapy and between 10-12noon various activities for the patients.
- They offer care in a home-like setting. A carer may stay all day or all night or may come in 2-3 times a day to care for a patient.
- They offer systematic family therapy and train the family to care for the patient before the patient goes home.
- They have 2 minivans that they use to take carers to the different patients every day on home visits.

- Once every 2 months they run a kind of mobile clinic in region quite a long way away.
- They receive no help from the government. Apart from what patients pay, it was unclear what other funding they receive or what their budget is, but with a staff of 50 there expenses must be considerable. MAAJDI wrote a project proposal for home based care which they sent to the government but never received a reply.
- The cleanliness of the place was notable along with the lack of any smell for example of urine. That was indeed remarkable. The atmosphere seemed a very happy one, with lots of staff around to care for the patients as was needed.
- We met several of the patients, including an elderly man with dementia, a lady with advanced cancer of the cervix, a lady who had been there for over 2 years who basically had no family to look after her in her old age as all her children lived abroad, and man aged 53 with TB of the spine and bedsores.
- There are 3 other organisations in Dakar who do home visits, Keur Baax, Eco santé and Global Sante.
- Both Boubakar and his wife Oulimete have applied for the 2016 Francophone Initiators Course.
- He made the comment 'it is by giving that one receives', and it is clear that Boubakar and the MAADJI team understand key concepts and ethos of Palliative Care. This facility and its staff were indeed very hospitable to the IP team.



Baboucar in the MAADJI patient lounge where there is a painting showing the 7 areas of concern during the care of any person who is elderly

2

Meeting of Stakeholders in Palliative Care help at the Ministry of Health

- The members included Dr Marie, the Director of the department of Non-communicable diseases, who was the chairperson of the meeting, members from ASSOPA (Palliative care Association of Senegal), PNA, MAADJI, Institute Curie, Police and others.
- The HAU team was given the opportunity to share their history and the circumstances for the success of palliative care in Uganda.
- Agreed that there is a huge need for palliative care. Hospitals are overcrowded and clinicians have a huge patient burden. Dakar has a large population and the largest are located in the capital. Home care is largely absent. We are not clear where patients prefer to spend their last days.

- Several different entities are offering aspects of palliative care separately and the National Palliative Care Association is still in its infancy.
- Several stakeholders have visited Senegal including Human Rights Watch who conducted a KAP assessment whose results are still outstanding
- There was a long and frank discussion about morphine and fears about dependency and misuse of the drugs. Some expressed the misconception that oral morphine was addictive and could be misused by health workers. The HAU team clarified about the pharmacology of oral morphine and tried to dispel these fears and misconceptions. It was clear that there were different points of view, and the need for raising awareness among the population, education of health workers and good documentation in line with the laws of the country.
- Many people expressed the need for training. The National Cancer Control Plan aims to train 70 people in palliative care by 2017.
- Another big need expressed was that of decentralisation of medication access and palliative care.
- The chairperson asked the pharmacist to provide her with a list of the essential medicines for palliative care and stratify them according the levels of the Senegalese health system. She also asked the pharmacist to report regularly on the country's ordering and use of morphine.
- They want to develop protocols for the practice of palliative care for the different specialties
- The advert for the next Francophone Initiators course was shared and there was discussion around how to rapidly increase the number of people trained by having a team from HAU training in country. The chairwoman asked us to work out a budget for such training and send it to her.
- The HAU team shared some resources with the Department of non-communicable diseases including blue books, Freedom from Pain and fact sheets.
- The meeting with the Minister of Health and Social Action was not held as she was unavailable. The Director of the NCD section who chaired the meeting pledged to report back to her and the HAU-IP team will share the final report with the Minister.

A vibrant discussion with multiple stakeholders at a meeting chaired by the Director of non-communicable diseases section at the Ministry of Health

The Director NCD section receiving resource materials on PC from HAU

Day 5

1

Visit to Vandafric and Meeting with the Minister

- We are unable to visit Vandafric the pharmaceutical company which we were told makes up non-proprietary medications/ in-house preparations. We aimed to explore a system for large scale morphine manufacture in Senegal.
- As the Minister of Health was unavailable the meeting was postponed.
- We were delighted to have an opportunity to visit Goree island, a historical landmark off the coast of Dakar, where slaves departed through the "Door of no return" to the Americas across the Atlantic ocean.

Day 6

1

Visit to Pharmacy at Dantec Hospital

We had a very useful discussion with Al Housseynou Samb, the pharmacist at Dantec Hospital We only had a short time with the pharmacist and some of the details were difficult to ascertain. The salient points were as follows:

- The pharmacy is well equipped and was commissioned in May 2014 by the Minister of Health to manufacture alcohol hand sanitizer. There is enough space in the pharmacy for preparing other medicines. Indeed there used to be much more space which has gradually been use for other purposes, but still there is a good sized room which could be used for the manufacture of oral liquid morphine.
- We learnt that since 2009 Vandafric has been importing morphine powder from Sweden, whereas morphine tablets are ordered independently by different hospitals from Bristol Myers Squibs.
- Morphine syrup is made up for patients especially children, but adults are allowed to access it. Two formulations are made, one stronger than the other, but the concentrations were

not clear and there were no samples available for us to see. No preservative is used and the shelf life of the product was unclear. Whatever is produced is consumed by patients within a short time. The syrup is colourless and the pharmacist mentioned that this is a concern for family members due to the risk of inadvertent ingestion by children.

- Manufacturing records were not readily available. It was also unclear how much morphine syrup has been made and for how long production had ceased. Batch manufacturing records were not made available to the HAU IP team and it was unclear what the ingredients of the medication being referred to as morphine syrup were nor its strength.
- There is a budget for medications and supplies including morphine but the as the funds for morphine were not specifically ring-fenced when the budget funds were spent no further importation continued although the contract continues for another year.
- The morphine syrup was reported to be very cheap at 500CFA (approx $1) for 150mls, and is made without a profit margin. For this reason it is preferred by patients, and there demand from other hospitals and regions.
- HAU-IP computed that oral liquid morphine using the simple formula from Uganda could be up to 8 times cheaper than Sevedrol, the immediate release oral morphine tablets from NAPP we found in the pharmacy at HOGGY& Dantec hospitals.
- We learnt that there is another hospital making up morphine solutions- Principal Hospital.
- The HAU-IP team shared with the pharmacist a copy of the "Blue Book" and the simple formula HAU uses to make up morphine. Slides of this process were also emailed.

A well equipped pharmacy is in place at Dantec Hospital. The simple formula for morphine production in the "Blue Book" was shared with the chief pharmacist

2 Visit to Vandafric

- Vandafric is a private pharmaceutical company which was persuaded to bid for the contract for importation of morphine powder in what was supposed to be a competitive process. As this is not a lucrative area and has bureaucratic processes, paperwork and need to attend to legal procedures no company had initially expressed interest.
- The HAU-IP was not able to visit Vandafric because advance requests and necessary authorisations were not made.

Part 3: Palliative Care in Senegal

The SWOT Analysis

1 The Strengths in Senegal

1. Many stakeholders including HAU and Human Rights Watch have had input in starting and developing PC in Senegal
2. Strong opioids are already in the country and there is government support to have these available for patients in pain
3. There is strong political will for PC in this stable country, and many players including oncologists have expressed the need for PC
4. Senegal has many medical and surgical specialties and attracts students and professionals from all over francophone West Africa

2 The Weaknesses in Senegal

1. All efforts are for now centred in Dakar, and any aspects of Palliative care are based in the hospitals
2. Home-based care is absent, and as care is in hospital the majority of patients are in the communities without much needed care
3. Patients have to pay for health services and medications and this system excludes many poor patients from care
4. Very few professionals are trained in Palliative care, and there is a risk that they will burn out
5. There is no Palliative Care in the curriculum for medical and nursing students

3 The Opportunities

1. There appears to be dialogue and good collaboration among stakeholders, and a will to advance Palliative Care. As multiple external stakeholders are interested in PC in Senegal there is need for a united vision and for their efforts to work synergistically.
2. As many students come to and leave Senegal after training there is potential for spread of PC through the region if this is included in their curriculum
3. The National Cancer Control Plan for Senegal includes PC, and this is a vital strategy as Palliative Care can ride on the back of oncology which is well developed in Senegal
4. There might be opportunity for large scale production of oral liquid morphine from the powder at Vandafric or Dantec hospital
5. The facility for the elderly and long term care at MAADJI could be used as a model for transitioning patients out of hospitals and extending care into the community through home visits and outreach clinics.
6. The paediatric ward at Dantec hospital offers many aspects of Palliative care and has a psychologist and team who are committed to offering, learning and teaching palliative care if they were trained.

7. Dialysis, though expensive, is offered free to patients throughout Senegal. As Palliative care is comparatively inexpensive and evidence even shows that it saves health care costs this argument could be used to advocate for government support and funding of Palliative Care.

The Threats

1. Opiophobia and the fear of addiction and diversion are widespread even amongst health workers.
2. There is a lack of a champion identified to spearhead PC issues in Senegal. Most stakeholders are very busy with other work, and there is also a brain-drain of professionals to France and other countries.
3. The professionals who are trained in Palliative Care are overwhelmed and do the work alongside PC. They need encouragement and a model to deliver PC within their facilities for the specialty to grow.

Our recommendations

1. Stakeholders agree on a strategic plan/ road map for Palliative Care in Senegal so that mixed messages are not given and gains made are built upon.
2. Opiophobia be addressed through sensitisation and teaching.
3. Home-based care be encouraged to ensure the majority of patients who are in need and are located in their own homes in the community are reached.
4. A plan for production of oral liquid morphine as the most inexpensive, appropriate opioid medication be strengthened; A partnership between Vandafric and the Dantec hospital pharmacy may be the best options for this strategy for pain relief for Senegal . A specific budget should be ring-fenced for morphine so that there is uninterrupted production of the opioid pain medication. Organisations which have interest and a focus on pain relief in Africa e.g. Treat-the-Pain of the American Cancer Society could be approached to support this initiative as they have done in Uganda, Ethiopia and Nigeria.
5. A curriculum for PC for medical and nursing students be designed for Senegal and then pre- and in-service education be implemented
6. A training by a team from Hospice Africa Uganda and selected faculty from other organisations be done in Senegal so many professionals are trained simultaneously in a manner which is cost effective
7. In the spirit of the ethos networking and partnership be fostered. The PC national association ASSOPA be strengthened and followed up

Conclusion

This visit was useful for giving insight into the situation of Palliative Care in Senegal, and it was encouraging to see that many seeds for the development and growth of the specialty have already been planted.

There is a strong political will for Palliative care in Senegal, and with greater public awareness about Palliative care, education of health care workers, the streamlining of the system for pain relief medications, decentralisation of the service to regions outside and the development of a home-based care program much will be achieved.

It is imperative that all stakeholders continue to work collaboratively towards a national strategic plan for Palliative Care, and through this Senegal has real potential to be a model for Palliative Care for all of francophone Africa.

Appendices

Appendix 1: Key contacts for Senegal

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