In Malawi, The Ministry of Health in collaboration with the Palliative Care Association of Malawi (PACAM) joined the rest of the world in celebrating World Hospice and Palliative Care Day (WHPCD); under the Theme: "Universal Health Coverage And Palliative Care - don't leave those suffering behind". The commemoration was done on 17th November 2017 at Nsalula Community Day Secondary School Ground in Salima District of the central region of Malawi. And was presided over by the deputy chairperson of Salima district council Mrs B. Mbewe.

The event was supported with funding from National AIDS Commission, True Colours Trust, Lighthouse Trust and K2 Taso Palliative Care. World hospice and palliative care day is a unified day of action to celebrate and support hospice and palliative care around the world.

The aim of this event is to share our vision to increase the availability of hospice and palliative care throughout the world by creating opportunities to speak out about the issues.

To raise awareness and understanding of the needs – medical, social, practical, spiritual – of people living with a life limiting illness and their families.

To raise funds to support and develop hospice and palliative care services around the world.

This year’s theme dwells much on three main objectives;

Equity for access to palliative care services, quality of health services and protection of people from finance risks related to access for health services.

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MALAWI JOINS THE WORLD IN CELEBRATING WORLD HOSPICE AND PALLIATIVE CARE DAY
MEMBER UPDATE MEETING IN ZOMBA AND KASUNGU

A Member from Dowa making a presentation during the Member update meeting in Kasungu on 20th October 2017.

During the quarter PACAM conducted 2 coordinators meeting one in Kasungu and another one in Zomba.

PALLIATIVE CARE REFRESHER COURSE IN ZOMBA

Participants at the palliative care refresher course in Zomba from 28 to 30th November 2017.

PACAM also conducted palliative care refresher course in Zomba targeting 2 providers from each of the 13 districts in the southern region. However districts Neno, Mulanje and Chiradzulu were not represented while Chikwawa had 1 participant. All the other districts in the southern region namely Blantyre, Machinga, Mangochi, Nsanje, Phalombe, Thyolo, Balaka, Machinga, Mwanza had 2 representatives. The criteria for selection was those active palliative care providers trained for 5 days before 2012.

AUDIENCE

There were over 250 participants attended. Among participants were our valued palliative care patients, the district commissioner for Salima, members of Salima district council, all traditional authorities in Salima, local chiefs, councilors, education managers from Ministry of Education; zonal officers, district palliative care coordinators, district health management team members, palliative care partners such as College of Medicine, Lighthouse; Partners in Health, Catholic health commission, CHAM, Ministry of Health central level; PACAM board and staff members and Ministry of health director from Nursing and Administration Directorates and not forgetting the media.

PUBLICITY

There was press briefing with the media prior to the event. Press release was done through the newspapers. Publicity was further carried out by health promotion band from Salima district health office prior to the event. Malawi is one of the six countries in Africa that has achieved all the necessary steps of the WHO public health model in integration of palliative care services into public health systems. Other countries that have integrated palliative care into public health systems include Kenya, Zambia, Namibia, Rwanda and Swaziland.

The organizing committee chose Salima district for the event to allow participants to appreciate palliative care services offered at Ndimoyo Centre of Excellency.
PACAM has been conducting palliative care empowerment meetings for people living with HIV in Mpemba since 2015 through the project funded by USAID through Counterpart International Project. The meetings for adults and children are conducted separately. Those for the youths are conducted on Saturdays so that they do not miss out on classes. On this day, they have fun and they are assessed by medical personnel. On 18th November, the National bank visited the youths during the empowerment meeting and brought in food stuff for each one of them. The packs included 5kg soya flour, 2 kgs sugar, 4 tablets of soap, 500g Peanut butter. They promised that this was just the beginning of a relationship.

They said they would be coming regularly to see these youths.

The youths were able to share their challenges with the bankers. The representative said, ‘We have big challenges. Some of us need school fees, while others need school materials like notebooks while others require nutritional support as we have households of different earnings. On the spot some individuals offered to support some youths with school fees. The National Bank team pledged that this will be a long term engagement with the youths.

This is a good story for PACAM. Not only has the group managed to partner with National bank, but some youths have managed to secure funding for school fees.

THAWALE SUPPORT GROUPS SHARE THEIR EXPERIENCES

Referrals have been conducted from the facility and among the support group members, 3 had been referred from the ART clinic. Anthropometric measurements. One member said, 'I’m really thankful for the support groups and the equipment as well as the measurements we take every month. By checking that my weight was reducing, I was referred by the group to seek further assessment at Mitundu hospital, where I was further referred to Bwaila. Now I’m doing much better.'
PACAM, through STEP UP conducted, MENTORSHIP VISITS to districts in the central and northern region of Malawi

The aim of mentorship visits is to improve the quality palliative care service delivery in district hospitals and to continue to raise the knowledge and skills of staff. Specific objectives of the clinical mentorship and supervision include:

1. To lobby for management support.
2. Follow up implementation of action points.
3. Transfer skills on patient identification and holistic management.
4. Facilitate team building amongst palliative care providers.
5. Mentor the palliative care team on auditing patient records for decision making.

During this reporting period, PACAM through STEP-UP conducted mentorship and supervision to all the 14 districts that are participating in the project including Lilongwe District health office which now have a functional palliative care clinic room for the service.

Methodology used

1. Action learning (group learning) through reflection, taking time to question, understand, reflect and gain insight on factors hindering performance and consider how to address the issues or act in the future.
2. Facilitated learning through observation and participation in order to support newly trained providers to develop confidence and become effective members of the palliative care team.
3. Audited records and provided feedback on all aspects of performance in order to build capacity of the palliative care team to achieve required competencies in planning, organizing, managing and auditing their palliative care program.
4. Sensitized the District Health Officer and representatives for the District Health Management Team on the current implementation status at the health facility.
5. Transferred skills to providers on patient identification both at the Non communicable diseases clinic and in the male ward including raising awareness about Palliative Care to first year nursing students
6. Coached providers of holistic management of patients by conducting joint palliative care clinic and ward round to identify patients, observed practice, and discuss as case studies the management of the patients with the mentees in order to build their confidence.

These mentorship visits are arranged in such a way that the team has time to interact with the providers and their management in the district. On the first day the team usually join the hospital morning meetings and brief staff on the objectives of the visit.

After the clinic there is usually a team meeting with all the providers where the STEP-UP team give observations about how the district is running the palliative care clinic.

Providers are given a chance to ask questions and get a presentation on a palliative care topics of their choice to help refresh their knowledge, skills and attitudes.
EMMS International in partnership with PACAM, PCST, NMH AND MMH is implementing a three-year project called Malawi Education and Training for HIV and Other Diseases - Palliative Care (METHOD – PC) METHOD with funding sourced from DFID and other generous UK trusts, including the True Colours Trust. The project implementation began in July 2015 and EMMS International commissioned a baseline study to establish the status of the project indicators. The project is implemented in the following institutions; Palliative Care Support Trust, Mulanje Mission Hospital, Nkhoma Mission Hospital, College of Medicine of the University of Malawi, and the Palliative Care Association of Malawi. The goal of the project is to increase numbers of people trained and qualified in different aspects of palliative care, at different levels in the healthcare system and also in areas of legal, social and spiritual work. The METHOD PC project is supporting College of Medicine to introduce Bachelor of Science degree program in palliative care. In this project PACAM has an activity to hold one government workshop per year, to discuss research and problem-solve in implementation of National Palliative Care Policy.

Research Dissemination Conference
PACAM joined the College of Medicine Research dissemination conference which was conducted on 24th to 25th November 2017 in Blantyre. PACAM advertised the conference to all palliative care stakeholders and members and encouraged them to submit palliative care abstracts. PACAM informed them that those whose abstract will be accepted will be sponsored by PACAM through METHOD PC project to attend and make a presentation. These messages were delivered in all PACAM forums including members update meetings which was conducted in all regions.

Objectives of the Palliative Care Conference
- To disseminate palliative care research carried out by Bachelors and Master’s degree students from various universities in Malawi.
- To share Scientific and practical experiences on palliative care service delivered in Malawi.
- To learn from other non-palliative care services in Malawi such as HIV/AIDS, Malaria.

All seven abstracts were presented as posters except one which was prepared by Dr Cornelius. This was abstracted as oral presentation.

5.0 Some Partners who were sponsored by METHOD –PC.
1. Annie Kaseka, Palliative care coordinator for Mulanje Mission hospital.
2. Mercy Kumwenda, Palliative care coordinator for Mulanje district hospital.
3. Ellen Chimzimba, Palliative care coordinator for Nkhoma Mission hospital.
5. Ida Lajabu, Palliative care nurse from PACAM
6. Cecilia Mphika, Palliative care coordinator for Mangochi district hospital.
Poster Presentation

According to the program all posters were presented on day two starting from 11.30 am through lunch and up to 2.30pm after lunch. Conference members walked through the posters and the authors explained to them. Participants asked questions, seek clarification and authors had the responsibility to make sure that participants were cared for. There were over 20 posters presented.

Acknowledgement

The Palliative Care Association of Malawi (PACAM), the Ministry of Health, Palliative care stakeholders and all members supported to attend the conference are very grateful to EMMs through METHOD PC project for making this possible in Malawi. Without METHOD PC project this wouldn't happen.

We are very grateful also to Cathy Ratcliff, the international director, for her tireless support to Malawi. We ask God almighty to keep on blessing EMMs.

Experience Sharing

It was the first kind of conference in Malawi since palliative care started in 2005. Participants had opportunity to learn more about palliative care issues, HIV/AIDS, reproductive health, Malaria etc. At the conference palliative care members had time to interact among themselves and with other members. Some non-palliative care participants also learned more about palliative care and they asked a lot of questions. Some members indicated that they have patients in their homes and they didn’t know where they can access the palliative care services.

After the conference members wrote emails of appreciation to PACAM. See one below.

“I just want to thank PACAM for considering me to attend the Research Dissemination Conference on 24 and 25 November 2017 at College of Medicine in Blantyre. I have benefitted a lot from that conference not only in Palliative Care but in other areas as well concerning health. The exposure has built confidence in me that next time I will submit something. The knowledge gathered there will help me in my work as a Palliative care provider/coordinator and on my studies as palliative care student specialist on how to handle research in my final year. Once again thank you and extend my thanks to where you solicited the funds to sponsor me.

Mercy Kumwenda palliative care coordinator for Mulanje District Hospital.
Palliative care Association of Malawi (PACAM) with financial support from the Open Society Initiative for Southern Africa (OSISA) organized a one-day consultative workshop with legal and health experts on how best they can work together to review national drug list such as morphine. The consultative workshop was done to allow lawyers and health experts to discuss best way in reviewing the change of policy to allow nurses and other cadres trained in palliative care to be legal prescribers of morphine. This therefore serves as a report on consultative meeting conducted with legal and health experts which took place on 06/12/17.

OSISA PROJECT BACKGROUND
The Executive director gave a background information of the OSISA legal project. He cited the meeting which took place in 2014 which PACAM organized with the MoH whereby legal practitioners, health advocates and palliative care providers including the recipients of care gathered together with an aim of creating awareness and planning for interventions aimed at addressing legal and human rights issues affecting Palliative care patients such as the severity of pain suffered by palliative care patients which is a violation of basic human rights. It was on this meeting whereby it was discussed that Patients have limited access to strong pain control medicine due regulation not allowing nurses and other cadres to prescribe morphine. He further said 80% of the Malawian population lives in the rural areas and access health care services through the public health delivery points as they are too poor to go for quality private services. The backbones of health delivery service in Malawi are nurses and paramedical officers known as clinical officers. They are very few medical doctors and some don’t even reach out to the people living in the rural health centers.

OPENING REMARKS
The official opening was done by Mrs.Tulipoka Soko Director of nursing and midwifery in the ministry of health. In her remarks she said participants should reflect and share experience on issues of pain regarding palliative care patients and make constructive decision for the country. This can be done by looking at the needs in communities regarding service delivery on palliative care and make recommendations to achieve universal access to pain relief as stipulated in the health sector strategic plan. She further acknowledged that clinicians and doctors are legal prescribers of morphine but the majority of palliative care patients live in communities where nurses and medical assistance are always available, hence the need for
morphine. She gave an example of a patient who is in pain, cannot sleep and will always face depression and anxiety. She thanked PACAM for arranging the meeting and urged all to participate for the betterment of palliative care patients.

OBJECTIVES
- To give feedback to stakeholders on the previous meeting action points (14th August 2014).
- To discuss and strategize on the process to review policy affecting patients access to strong pain control Medicine.
- To inform stakeholders on the current situation pertaining to Morphine prescription
- To develop an action plan and way forward.

FACILITATION
Facilitation was done by Lameck Thambo from PACAM, Immaculate Kammbiya (MoH National palliative care desk officer), Innocent Mainjeni from MoH Pharmaceuticals, Dr Isabella Musisi Msolomba from nurses and midwifery, Clifford Mwale from PMPB, Clifton Mwale from Medical council Of Malawi and Rabson Mvula on logistics and administrative issues and rapporteur.

COMMENTS AND RECOMMENDATIONS
- Participants wanted to know from pharmacy medicines and poisons board on the types of drugs supposed to be prescribed by nurses. This was because the nurses and midwives allow them to prescribe drugs such as morphine. This meant looking on the all laws regarding controlled drugs if they are talking to each other before looking at the policy.

- Participants also wanted to learn how other countries are doing it regarding the nurses prescribing morphine.

- Representative from the Malawi law society said participants should focus on looking at the law first other than dwelling on the policy because policy comes from the law and need to look at what the laws say and then the policy can be changed.

- During the presentation by pharmaceuticals it came out clearly that morphine is only stored at district and central hospital but on the ground even in health centers morphine is available. Responding to this the ministry said the guidelines does not allow morphine to be stored in a health centre, review of guidelines is necessary to allow health centers to stock morphine.

- Participants wanted the law which prohibits nurses to prescribe morphine to be removed because it infringes on the access to controlled drugs to rural communities.

- It was also highlighted by the medical council of Malawi that the Malawi controlled standard drug guidelines is reviewed every 5 years.

- Participants also noted that it’s high time we need law reform because the Acts used to date came into operation long time ago hence the need to participate in facilitating the review of the laws.

- The house also noted lack of coordination between the control boards, nurses and midwives, medical council, pharmaceuticals as this makes the provisions or the laws not talking to each other.

ACTION POINTS
- PACAM to bring the controlled boards together and let them discuss and come up with one point to avoid disparities on who can prescribe morphine. The control boards and other institutions will have to report back to the committee on what they have agreed.

- PACAM to do a desk review on the current legislation such as the Dangerous Drug Act, pharmacy medicine and poison Act and the Nurses and midwives Act so that discrepancies can be highlighted. PACAM may need to engage a