



Foundation
for Hospices
in Sub-Saharan Africa

July 2007

Quarterly Report

Diana Legacy Fund Launched

On May 15th, The Diana Legacy Fund was publicly launched by Archbishop Desmond Tutu in San Diego, home of the VITAS San Diego/Msunduzi South African FHSSA Partnership. This special fund has been created to generate ongoing financial support for the development of hospice and palliative care services in Africa. Funds will be administered by The Foundation for Hospices in Sub-Saharan Africa. They will be used for direct operational and patient care services in African hospice and palliative care programs, and also to support the ongoing work of the African Palliative Care Association.

Archbishop Tutu was joined by 250 guests and supporters in Balboa Park. Television actor Noah Gray-Cabey led a procession of 50 school children carrying roses of remembrance. Video messages from President Bill Clinton and Sir Elton John stressed the importance of providing critically needed resources to those who are suffering and stressed the importance of the Diana Legacy Fund in meeting this need.



Tutu joined by representatives of the VITAS San Diego/Msunduzi Partnership

To become a donor partner

Mail:

Diana Legacy Fund
PO Box 6058
Washington, DC 20042-6058

Online:

www.dianalegacyfund.org

Toll-free:

877-470-6472



FHSSA recognizes and thanks the Tutu family, the local San Diego Steering Committee, the outstanding work of the National Hospice Foundation, and the model VITAS/Msunduzi Partnership for making the Launch so successful. Individuals, churches, businesses, organizations and private foundations are urged to find out how to join The Diana Legacy Fund. See box on this page.



Partnership Initiative Moves Forward

At the recent NHPCO Management and Leadership Conference, over 100 people visited the- FHSSA Networking Session, benefiting from 5 mentoring tables presented by the following American FHSSA partners: The Hospice of the Florida Suncoast, Community Hospice, The Denver Hospice, Hospice of Cincinnati, and VITAS Innovative Hospice Care. African representatives from South Africa, Tanzania, and Zambia were present to share their experiences, as was Dr. Julia Downing from the African Palliative Care Association.

FHSSA is pleased to announce that Jennifer Tymon has been named as the full-time Partnership Manager for FHSSA. Jennifer will work closely with APCA staff in Uganda to coordinate and oversee the North American/African partnership initiative. Three new 2007 partnerships have been announced. With the first partnership in Burundi, FHSSA now works with programs in 13 African countries.

New 2007 Partnerships:

Atlantic Home and Hospice in New Jersey and Hospice St. Elisabeth in Burundi
Colorado Hospice Organization and the Tanzanian Palliative Care Association
Hospice Services, Inc. and Marangu Lutheran Hospital and Palliative Care Program in Tanzania
Hospice of Cincinnati and Baphelong Community Hospice in Mamelodi, South Africa
Arkansas Hospice in Little Rock and Seke Rural Health in Chitungwiza, Zimbabwe



FHSSA staff display a recent publication of *Marion Living* which includes an article honoring partnerships between Hospice of Southern Illinois and Ranchhod Hospice in Zambia. From the left are Executive Director Phil Di Sorbo, Program Assistant Funmi Adesanya, Partnership Manager Jennifer Tymon, and NPI Director Shelley Smith

FHSSA General Partnering Guidelines

- Partners will visit at least once every other year.
- Annual visits and exchanges both ways are recommended. Advanced programs incorporate technical assistance and work projects as well.
- American partner will send at least \$5,000 per year.
- Partners will communicate at least quarterly. This includes e-mail, conference calls, website visits, letters. Communication around partnering goals and activities creates friendship and support.
- Both partners will complete the FHSSA Annual Report. This is completed the first quarter of every year.



FHSSA and HPCA Link

In May, FHSSA and HPCA (Hospice and Palliative Care Association of South Africa) signed a Memorandum of Understanding to collaborate on partnership management, technical assistance, and shared office space in South Africa. This agreement reflects years of working collaboratively, including implementing the Direct Relief International demonstration project for palliative care supplies, having 35 FHSSA partnerships in the country, and several common efforts in advocacy and other areas. FHSSA will share office space at HPCA headquarters in Cape Town as our first office in Africa. The official address is:

11a Lonsdale Building, Lonsdale Way
Pinelands, South Africa
Tel: +27 +21 531 2094/5



Zambia Ministry of Health approves Morphine use in Hospices

In a major development applauded internationally, the government of Zambia has approved access to morphine for hospice programs in, with designated health professionals able to prescribe, dispense, and supply opioids. This paves the way for qualified nurses in the 10 hospice programs in Zambia to be able to prescribe and dispense necessary pain medication. Zambia will be joining Uganda as the only nations in Africa where this critically important palliative care avenue for medication access is available.

Advocacy for pain medication access is emerging in most African countries, under the leadership of APCA and national associations. Last year, FHSSA co-sponsored with OSI, WHO, and APCA a pain advocacy workshop for 7 East African countries. This May, it did so again for 6 West African countries: Ivory Coast, Ghana, The Gambia, Cameroon, Nigeria, and Sierra Leone. In early 2008, a Southern Africa workshop is planned.

New Partner Initiative

FHSSA is the prime recipient of a New Partnership Initiative (NPI) Grant funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and awarded by USAID.



The three year project is titled, "Continuum of Care for Persons Living with HIV/AIDS in Tanzania" (CHAT). There are two partners on the grant -- the Evangelical Lutheran Church of Tanzania (ELCT) who will be the in-country implementing agency and the African Palliative Care Association (APCA) who will provide training and monitoring and evaluation assistance. The Initiative grew out of the partnership between Selian Lutheran Hospice and Hospice Metro Denver.



The overall aim of CHAT is to expand palliative care capacity and services through the 17 hospital home-based delivery sites of ELCT in Tanzania using Selian Lutheran Hospice as a model. A component of that model is home based care providers that have been trained in palliative care and link with existing Lutheran congregations for outreach and involvement.

FHSSA is excited to be the lead organization of a project that will contribute to building capacity in Tanzania to address the growing need for quality palliative care. For more information on FHSSA's NPI grant, contact Shelley Smith, NPI Director, ssmith@fhssa.org.



Caring For The Sick Now A Public Health Priority For Developing Countries

Source: *The George Institute for International Health*, www.thegeorgeinstitute.org

Of the 57 million people dying worldwide each year, 6 million deaths are caused by cancer and 3 million from HIV/AIDS, with the majority of both occurring in developing countries. These figures indicate the large number of people experiencing incapacitation and pain through shortness of breath, constipation, diarrhoea, nausea as well as distress, depression and anxiety.

New research published in the *Journal of Public Health Policy*, prepared by research staff at The George Institute for International Health, the School of Public Health at the University of Sydney and the Department of Palliative Medicine at Calvary Hospital, highlights that a potential 100 million people in these poorer nations could benefit from palliative care services, including family members and close companions.

Lead author of the paper Dr Ruth Webster, a Research Fellow at The George Institute, says that "The scale of this epidemic of death and dying requires acknowledgement and priority as a public health issue, with more than just an emphasis on prevention of these diseases and their cure. Around 100 countries around the world have palliative care services, however only 6% are located in Asia and Africa, where the highest demand for the services is".

"Palliative care is not on the health agenda of governments as a public health problem, which is extremely detrimental to the populations that most need these services. WHO has recommended that all countries have a policy to implement these types of services, but despite this, one only African country, has made this a priority, Uganda. South Africa has recently included palliative care in their new health policies." added Dr Webster.

The review found three specific barriers to implementing palliative care in developing countries - government commitment, opioid availability and education. While pain management is only part of the picture, the availability of opioids and morphine is extremely difficult for developing countries. Webster says that policy makers and health professionals need to understand that lifting unnecessary regulations is vital for the large number of ill people needing care.

The authors recommend training and education as a key part to developing palliative care programs. "Experience shows that training programs for health professionals is an essential and rewarding step to build capacity in developing countries. Educating family members and utilising volunteer caregivers, in conjunction with publicly raising the profile of palliative care services, is essential so that people know what options are available and what is the best option for a particular illness." Dr Webster adds "Palliative care needs to be appropriate to each particular country's culture, resources and existing health problems. Local healers for example can play a key role in symptom relief. We acknowledge care of this kind is difficult to establish in poorer countries, but urgent steps must be taken to deliver these services."



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