The Development and current state of Volunteering in Hospice and Palliative Care in Africa

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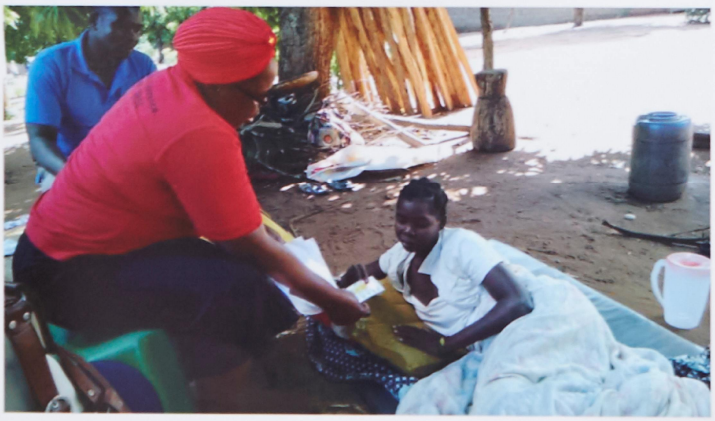
Introduction

- Caring for the sick is traditionally part of African culture
- The high burden of disease, high mortality & mortality rates have accelerated the development of volunteerism on the continent.
- The Alma Ata Declaration recognizes the importance of community members in the provision of primary health care
- The 2014 World Health Assembly resolution on PC recognizes the role of volunteers in the provision of hospice and PC services
- Volunteers are integral to PC teams & help address the human resources crisis in health care systems in Africa

Categories of volunteers	
1	Professional volunteers
2	Non-professional volunteers
3	Un-paid volunteers
4	"Paid volunteers" (stipends)

Models of volunteering

- Government led
- NGO led
- Community based & linked to hospices or health facilities
- Site based
- Combines Government and NGO model
- Setting or disease specific volunteers



Trained volunteer in Mozambique leading patient care

Opportunities

- Role in re-engineering primary health care
- Role in Universal Health Coverage
- Role in national health insurance schemes
- New government health programmes
- Models exist for replication

Value addition from the work of volunteers

1	Access to hospice & palliative care services by the most vulnerable people
2	Reducing work load for clinical teams
3	Bringing services close to the patients and patients and spend more time with them
4	Contributing to national health and palliative care goals as resources saving Governments money
5	Makes it possible to provide palliative care services at the community and family level
6	Make it possible to engage communities on health matters
7	Increase community awareness on hospice and palliative care
8	Contribute to uptake of hospice and palliative care service

Challenges of volunteering

Individual level:

- Some patients with no family care givers
- Patients with no food, even those on ARVs
- Patients preferring to go to traditional healers
- Patients are too sick to go to the hospitals
- Poverty among the volunteers themselves
- Time commitment versus other responsibilities
- Transport challenges to reach patients
- Volunteers doing their best with the limited knowledge skills and resources

Institutional level:

- Volunteer programmes heavily dependent on donor funding – not sustainable
- Collapse of established programmes due to reduced funding
- Lack of supplies – home care kit
- Lack of standards/guidelines
- Inadequate supervision & mentorship

Systems level:

- No national data & not much research
- Remained informal
- Limited investment at national level
- No advocacy movement for volunteers
- Parallel volunteer programs

Recommendations

- Partnerships for advocacy of volunteers roles, recognition & Government support
- Developing champions – volunteer movement
- Research & documentation
- Developing & implementing standards
- Capacity building and mentorship