

Bridging Continents for Palliative Care: Insights from COMPASS-Ghana, Acting Locally, Thinking Globally

Dr Yakubu Salifu, SFHEA 24/05/24



Research influencing 'local' practice



A nurse (clinical skills)



Academic (Teaching and research)



Care delivery, what works what doesn't



Lack of research that has explored the Ghanaian context



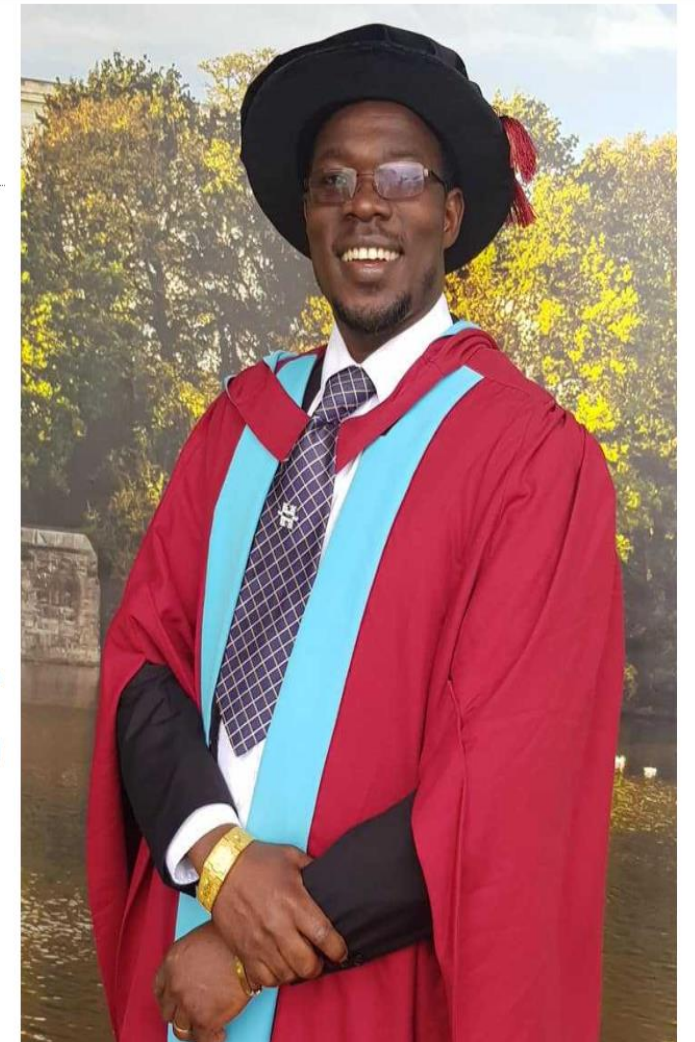
July 22, 2019, by [sleatherland](#)

Graduation blog – Dr Yakubu Salifu

This month we're celebrating the achievements of our new [School of Health Sciences](#) graduates! In our latest blog post, Dr Yakubu Salifu shares an insight into his research...

Dr Yakubu Salifu is Doctor of Philosophy in Nursing (Palliative Care) and his PhD explored the Home-Based Supportive and Palliative Care for Men Living with Advanced Prostate cancer in Ghana. His PhD was supervised by Professor Kathryn Almack and [Dr Glenys Caswell](#).

'This is a novel study providing a substantial contribution to new knowledge. Being a qualitative study, with mixed data sources, one of its greatest strengths is the range of issues uncovered





What is the goal of Palliative Care?

- **40 million people** need of palliative care; **14% receive it**
- 78% of people needing palliative care live in low- and middle-income countries (WHO,2020)





Understanding what works, and for whom

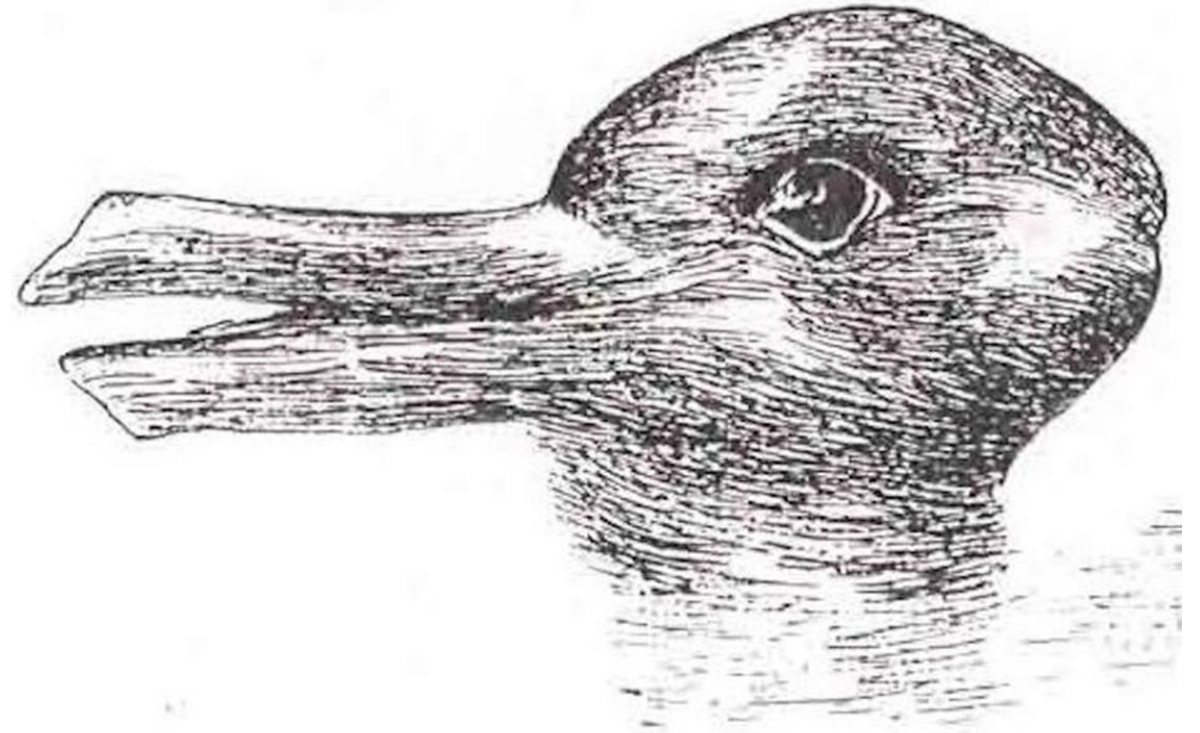
Resource Disparities

Cultural Nuances:

Healthcare Infrastructure

Funding/Economic Factors

Population Demographics



Is it a rabbit or a duck?



'Best practice' is context specific

- Healthcare infrastructure,
- Access- culture, geography
- Capacity- skilled health personal
- Funding (GDP spent on health overall, and palliative care specifically)



No Longer a Luxury But a Necessity (Higginson & Foley, 2009)



How accessible is the care?



Funding: Ad hoc support system

JOSEPHINE YOUNGE
NEEDS A CANCER SURGERY

TARGET: USD \$ 3000.00

Josephine Youngge is a 22 year old Nurse who had her SHS and college education at Archbishop Porter Girls and Sekondi Nursing and Midwifery training college respectively, is battling with a rare type of cancer called *pseudopapillary tumor* of the pancreas.



The surgery involved costs **USD 3000.00**

Please touch a life with any amount via the following outlets :

STANDARD CHARTERED BANK
0101100460900
- Addai Grace

MTN MOMO
+233 (0)247828702
(Josephine Youngge)

MAY GOD THE GOOD LORD BLESS YOU
thank you


THANK YOU FOR **SAVING** THE LIFE OF **GOLDA ADDO**

You have helped us to raise **GHC70,000** in less than 24 hours for Golda's metastatic carcinoma!

PLEASE continue to send in your donations, as we build a buffer fund for Golda to enable her have further treatment and rehabilitation after this round of surgeries and radio-/chemotherapy. We are hopeful that this first round of treatment will be all Golda needs, but if it isn't, your continuing donations will make all the difference.

MOMO NUMBERS: NETWORKS: **MTN**
0541817725 ACCOUNT NAME: **SHE AID** (Golda's NGO)
0244828322 ACCOUNT NAME: **GOLDA NAA ADAKU ADDO**
054719999 ACCOUNT NAME: **EBO GYEBI**

MY NAME IS **MICHAEL KOFI ASIAMAH**



I AM A 13 YEARS OLD DIAGNOSED WITH A BRAIN TUMOR AND THE TOTAL COST OF TREATMENT IS **\$30,000.**

PLEASE HELP ME. PLEASE HELP SAVE MY LIFE.

BANK ACCOUNT NO:
MICHAEL KOFI ASIAMAH 9041300872
ZENITH BANK EAST LEGON

MOMO NUMBERS
0548727118 **NANCY ADOBEA ANANE**
0242273746 **GEORGINA ASIAMAH**
0202672025 **CORDELIA AMA SELORMEY**

Pls my brother needs your help. Pls donate any amount don't worry how small it is. Pls help save his life. God bless you for donating 🙏



Abigail Okrah is a 22-year-old student at the University of Ghana who has been diagnosed with a rare form of cancer. She needs surgery and chemotherapy to survive. Please help her by donating to her fundraising page.

Momo
0243112774
Abigail OKRAH



NHIS

- Subscription
- Extensive exemption
- Under funded



Western-centric vrs local perspectives of palliative care.



- Home-based palliative care usually unsupported by health staff
- Cultural Response- masculinity and Stigma
- Delivering palliative care in resource-poor settings



COMPASS-Ghana



John Davies

Chief Operating Officer

E: john.davies@compass-gh.org

M: +44 (0) 7902 383 415

M: +233 (0) 50 818 0843



Dr Yakubu Salifu

Chief Executive Officer

E: Yakubu.salifu@compass-gh.org

M: +44 (0) 7835 340472

M: +233(0) 24 231 2074



Katie Eccles

Chief Clinical Officer

E: Katie.eccles@compass-gh.org

M: +233 (0) 20 684 6025

W: www.compass-gh.org

Linktree: www.linktr.ee/compassghana

Lancaster
University





Health staff Capacity



Original Article

'My wife is my doctor at home': A qualitative study exploring the challenges of home-based palliative care in a resource-poor setting

Yakubu Salifu¹ , Kathryn Almack² and Glenys Caswell³

Abstract

Background: Family caregiving is common globally, but when a family member needs palliative and end-of-life care, this requires knowledge and expertise in dealing with symptoms, medication, and treatment side effects. Caring for a family member with advanced prostate cancer in the home presents practical and emotional challenges, especially in resource-poor contexts, where there are increasing palliative cases without adequate palliative care institutions.

Aim: The study explored palliative and end-of-life care experiences of family caregivers and patients living at home in a resource-poor context in Ghana.

Design: This is a qualitative study using thematic analysis of face-to-face interviews at two-time points.

Participants: Men living with advanced prostate cancer ($n = 23$), family caregivers ($n = 23$), healthcare professionals ($n = 12$).

Findings: Men with advanced prostate cancer face complex issues, including lack of access to professional care and a lack of resources for home care. Family caregivers do not have easy access to professional support; they often have limited knowledge of disease progression. Patients have inadequate access to medication and other practical resources for home care. Caregivers may be overburdened and perform the role of the patient's 'doctor' at home—assessing patient's symptoms, administering drugs, and providing hands-on care.

Conclusion: Home-based care is promoted as an ideal and cost-effective model of care, particularly in Westernised palliative care models. However, in resource-poor contexts, there are significant challenges associated with the implementation of this model. This study revealed the scale of challenges family caregivers, who lack basic training on aspects of caring, face in providing home care unsupported by healthcare professionals.

Keywords

Family caregiver, Ghana, home care, qualitative research, long-term care, palliative care, advanced prostate cancer



Palliative Medicine
2021, Vol. 35(1) 97–108
© The Author(s) 2020



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0269216320951107
journals.sagepub.com/home/pmj



Lancaster
University 





Culture and Beliefs



Not man enough

‘No balls’

‘Erectile dysfunction’

‘From head to tail’

‘Out of the frying pan into the fire’: a qualitative study of the impact on masculinity for men living with advanced prostate cancer

Yakubu Salifu , Kathryn Almack  and Glenys Caswell

Abstract

Background: Studies have highlighted how advanced prostate cancer causes biographical disruption and presents challenges to masculine identities for men. This article draws on a wider study that focused on the experiences of men living with advanced prostate cancer and their caregivers. Although men’s experience of advanced illness is not overlooked in the literature, only a small body of work has taken an in-depth look at men’s experiences with advanced prostate cancer and their caregivers in a non-Westernised cultural and social context.

Objective: To explore how advanced prostate cancer impacts on men’s masculine identity from the perspective of patients and their caregivers.

Methods: A qualitative study of men living with advanced prostate cancer ($n=23$) and family caregivers ($n=23$) in Ghana. We used the Consolidated Criteria for Reporting Qualitative Studies (COREQ) as the reporting guideline.

Results: The findings from this study highlight profound challenges for most men to their masculine identities, from both the treatment and the symptoms of advanced prostate cancer within a non-Westernised, patriarchal society. Four main themes were developed. These were the impact on masculinity in terms of: [1] physical changes, [2] sexual ability, [3] socio-economic roles and [4] expressing emotions. Changes in physical appearance, feeling belittled, having no active sexual life and the inability to continue acting as provider and protector of the family made some men describe their situation as one of moving out of the ‘frying pan into the fire’.

Conclusion: This study revealed the impact of advanced prostate cancer on masculine identity. These narratives add a new dimension to what is already known about the impacts on men’s masculine identities when dealing with advanced prostate cancer. This knowledge can help improve the care provided to men with advanced prostate cancer with emphasis on the cultures, beliefs and aspirations of these men and their caregivers.

Keywords: advanced prostate cancer, African/Black men, culture, intersectionality, masculinity, men’s health, physical appearance, sexual life, social construction

Palliative Care & Social Practice
2023, Vol. 17: 1–14
DOI: 10.1177/
26323524231176829
© The Author(s), 2023.
Article reuse guidelines:
sagepub.com/journals-
permissions

Correspondence to:
Yakubu Salifu
Lecturer in Palliative
Care, International
Observatory on End of
Life Care, Division of
Life Care, Faculty of
Health Research, Faculty
of Health and Medicine,
University of Lancaster,
Lancaster, LA1 4AT, UK.
y.salifu@lancaster.ac.uk
Kathryn Almack
Professor of Family
Lives and Care, Centre
for Future Societies
Research Communities,

HEALTH IS MADE AT HOME | **HOSPITALS FOR REPAIR**
BUILDING A HEALTHY HEALTH-CREATING S



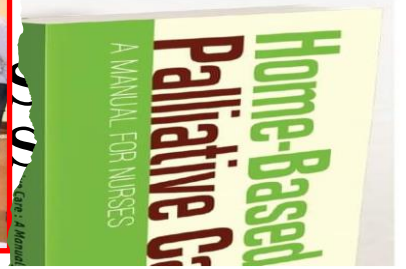
NIGEL CRISP

Compass-Ghana's Approach

- The development of a **whole system approach**.
- Live to life as well as possible and to die with dignity, compassion and comfort.
- Ghana has some high expectations – universal health care by 2030, 80% signed up to the NHIA (Health Insurance) programme by 2030.



COMPASS-Ghana, a new dawn?



Palliative Care Awareness Course

Training to be Delivered by Hospice Africa (Uganda)

📍 Conference Room, S.D.A Hospital, Asamang

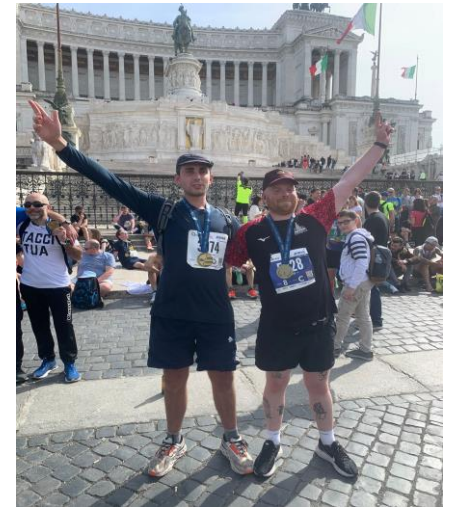
📅 4th to 8th March, 2024 8:00am to 4:00pm Each Day

FOR DONATION: 0201578282

SPONSORED BY:



SCAN TO DONATE





Successful Ghana trip to promote palliative care

3 May 2023 12:34



front row centre right: Professor Nancy Preston and Dr Yakubu Salifu at the Ghana Registered Nurses and Midwives' Association (GRNMA) National Secretariat in Accra

“
We witnessed the immense dedication of healthcare professionals in Ghana, who are working tirelessly to provide compassionate palliative care despite resource limitations
”

Dr Yakubu Salifu

Share this story



A team of researchers from Lancaster University have visited Ghana as part of ambitious plans to develop palliative care in Africa.

The trip by experts from the International Observatory on End of Life Care, the Division of Health Research, and Lancaster Environment Centre was led and coordinated by Dr Yakubu Salifu, a Palliative Care lecturer at the Division of Health Research and the Chief Executive of the charity **COMPASS-Ghana**.

Their primary objective was to engage with various stakeholders involved in delivering palliative care services in Ghana, with the help of COMPASS Ghana. Additionally, the visit explored the potential for new research projects and the sharing of best practices in the field of palliative care.

Among the team was the Associate Dean for Research and Co-Director of the International Observatory on End of Life Care (IOELC), Professor Nancy Preston, who said:



Palliative Care Initiators course 2024

By Katie Eccles, Clinical Nurse

Katie (Chief Nursing Officer) shares her views on the importance of her doing the course.

Hospice Africa Uganda is a not-for-profit NGO. Their vision is 'Palliative Care for all in need in Africa.' It was founded in 1993, over 30 years ago.



Impact and Success Stories: Hubs



COMPASS-GHANA (COMPASSIONATE PALLIATIVE SERVICES)

Bringing Compassionate Palliative Care to Ashanti: Our £50,000 Mission

Join us in raising £50,000 for palliative care in Ghana. Every contribution matters. Support our mission today.





Partnerships- In country





Partnership- Africa





Partnership- International



Lancaster University
International Observatory
on End of Life Care



In our learning, unlearning and relearning, we need each other



y.salifu@lancaster.ac.uk



@Salid32Salifu

Come study with us at Lancaster University

A screenshot of the Lancaster University website for the Palliative Care PhD program. The page features a header with the program name and a small image of an elderly man. Below this, a white box contains the entry year (2024) and duration (Part time 5 Years). To the right of this box are three buttons: 'Apply now' (red), 'Open days' (dark blue), and 'Request a prospectus' (dark blue). At the bottom of the page, there is a navigation menu with links for 'Overview', 'Entry requirements', 'Course structure', 'Fees and funding', and a 'More' dropdown menu.

Palliative Care
PhD

Entry year
2024

Duration
Part time 5 Years

Apply now

Open days

Request a prospectus

Overview Entry requirements Course structure Fees and funding More ▾

Part-time, international, distance learning programme.

Find out more: <https://www.lancaster.ac.uk/study/postgraduate/postgraduate-courses/palliative-care-phd/2024/>