

## Empowering Change: COMPASS Ghana's Innovative Integrated Approach to Palliative Care

24th September, 2024

Dr Yakubu Salifu, **SFHEA**, Lecturer in Palliative Care, Lancaster University, UK  
CEO, **Compassionate Palliative Services** (COMPASS Ghana)







# Who I am and what I do

- Nurse registered in Ghana and the UK
- Lecturer in Palliative Care, Lancaster University (and admissions tutor)
- CEO, [COMPASS-Ghana](#)
- Co-director of LU [Africa Research Hub](#)

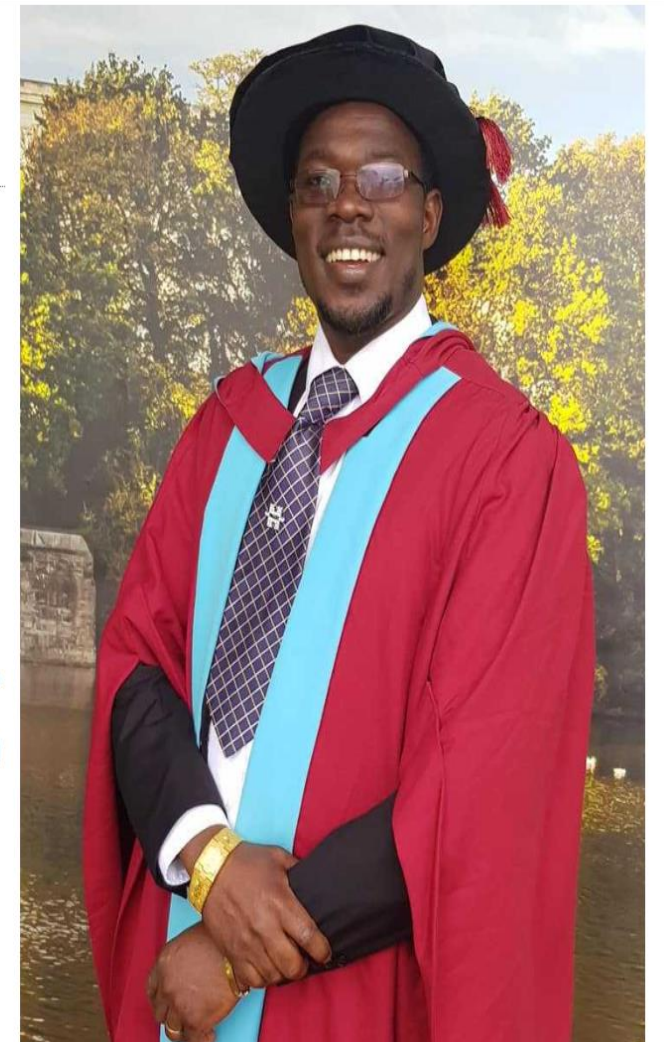
July 22, 2019, by [sleatherland](#)

## 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





# The current situation



**86%:** of the Ghanaian population are without access to meaningful palliative and end-of-life care

**63:** Average age of death

**5:** Average number of days from a patient's referral to a palliative team to their death

**48%:** of the population have no National Health Insurance Scheme (NHIS) or other medical health insurance provision who must pay out of pocket for their care, medicines and pain relief.

**30%:** of the population are facing significant journeys, often on foot, to their local hospital





# 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 🙏



Bayuo et al., 2023

## NHIS

- Subscription
- Extensive exemption
- Under funded





# How accessible is the care?





# My PhD Focus



UNITED KINGDOM • CHINA • MALAYSIA

Exploring Home-based Supportive and Palliative Care for men living with  
Advanced-stage Prostate Cancer in a resource-limited Sub-Saharan African  
Country (Ghana)

Yakubu Salifu

RN (General Nursing), BSc (Hons) Nursing, MPhil (Nursing)

Thesis submitted to the University of Nottingham for the degree of Doctor of  
Philosophy

February 2019



The University of Nottingham

## Key Findings

- Home-based palliative care is **unsupported** by health staff
- **Cultural Response-** masculinity and Stigma
- Care in **resource-poor settings**





# PhD Findings birthing ProCASH (precursor of COMPASS-Ghana)







# Conference Attended- and its influence

## Some awards







## Turning point? Could I be making sense?....

- Delivered best abstract presentation in Brussels 2018.
- 'Am I doing something right'
- Moving beyond Western-centric perspectives.

*Greater focus on home-based palliative care as an alternative to institutionalised palliative care' (Yu, et al., 2015)*  
The living model, **McGrath, P. (2010)**





# The beginning of COMPASS-Ghana

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 Salifu<sup>1</sup>, Kathryn Almack<sup>2</sup> and Glenys Caswell<sup>3</sup>

### 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 home 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

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2021, Vol. 35(1) 97–108  
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## Call to improve healthcare provision for people with cancer in Ghana

4 February 2020 00:01



Dr Yakubu Salifu (left) at the launch of Nursing Now

Share this story



Lancaster University researcher **Dr Yakubu Salifu** says cancer patients in Ghana should get better access to palliative care.

Dr Salifu, who is a Lecturer in Palliative Care and Co-Convenor for Ethics in Biomedicine, is also a registered Nurse in





# Serendipity.....



- Military background
- Former CEO, Dorothy House Hospice, Bath
- Born in Ghana

**Compassionate Palliative Services (COMPASS Ghana)**

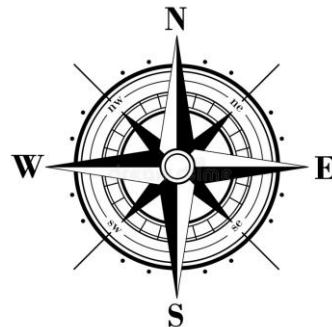
**COMPASS:** direction, navigation and orientation

N: Nurturing

S: Support

E: Empathy

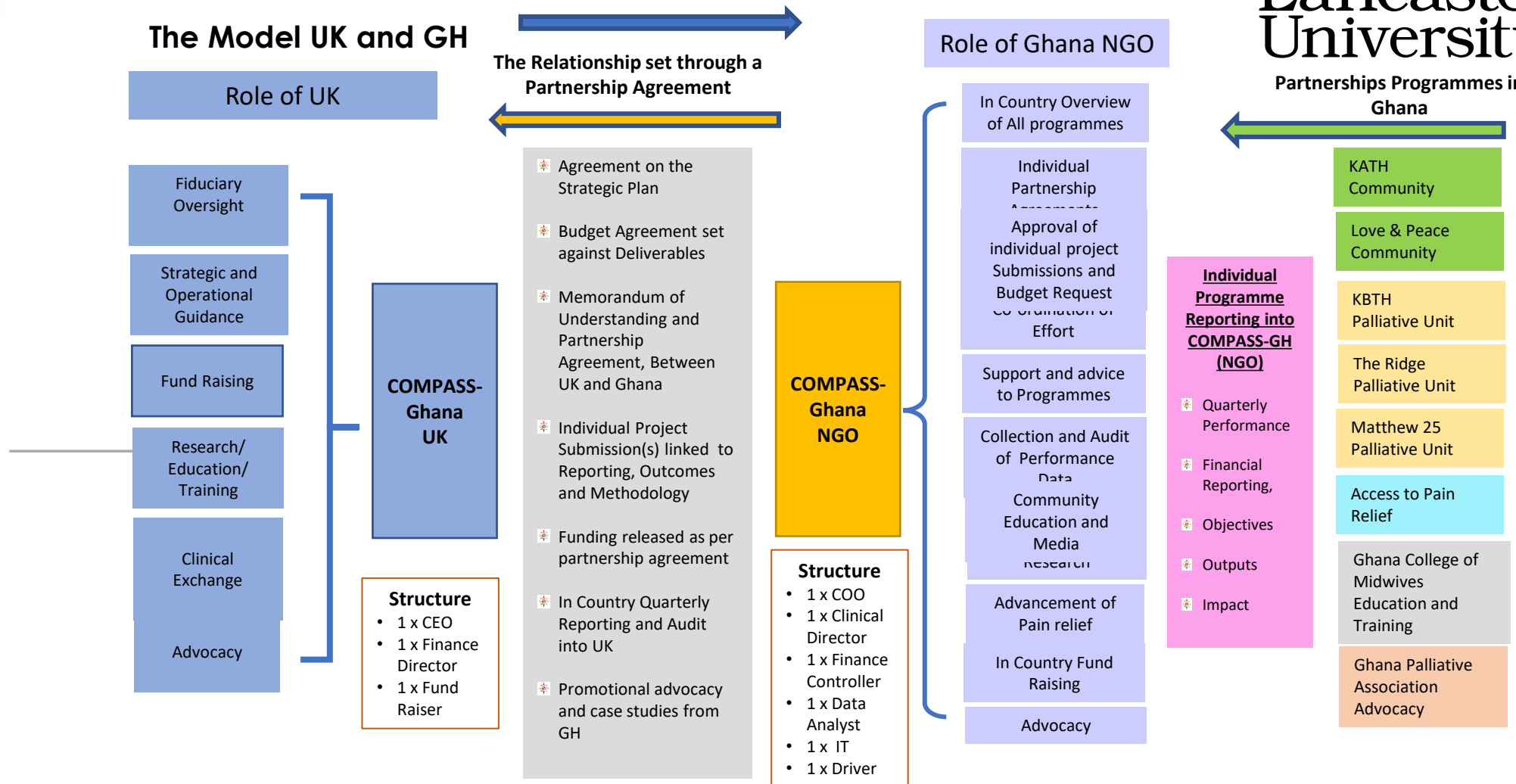
W: Worthiness



John Davies, MBA



# Aims and Mission



Registered Charity in England and Wales: 1199633. July 2022

Registered Non-Profit Organisation (NPO) in Ghana: CG062152017 – TIN: 0008233462

NPOS/ASHO/LN0817/23 November 2023



# Our Team



**Dr Cecilia Akrisie Anim CBE  
FRSA FRCN**



**Ashley Elliot**



**+ Peter Baxendell**



**William Schiller**



**+ Mr Ernest Ahiaku MB,  
FRCS, FGCPS, DL**



**Dr Yakubu Salifu**

**CEO**



**Katie Eccles BA**

**CCO**



**John Davies MBA**

**COO**



**Mr Isaac Gideon Akonde  
MEd**



**Ms Dzigbodi Kpikpitse**



**Dr Delanyo DOVLO**



**Dr. THOMAS WINSUM  
ANABAH**



**Roland Walker**  
News Anchor at TV3  
Ghana.



**Princess Diana  
Wedaga Ayongo**  
Model & Finalist Ghana's  
most Beautiful Upper  
East Region



**Portia Solomon**  
News Anchor TV3 Ghana,  
Ghana Journalists  
Association winner 2022





# COMPASS-Ghana, a new dawn?







# Direction, strategy, oversight

International Observatory  
on End of Life Care

Lancet  
Univer



Compassionate Palliative Services



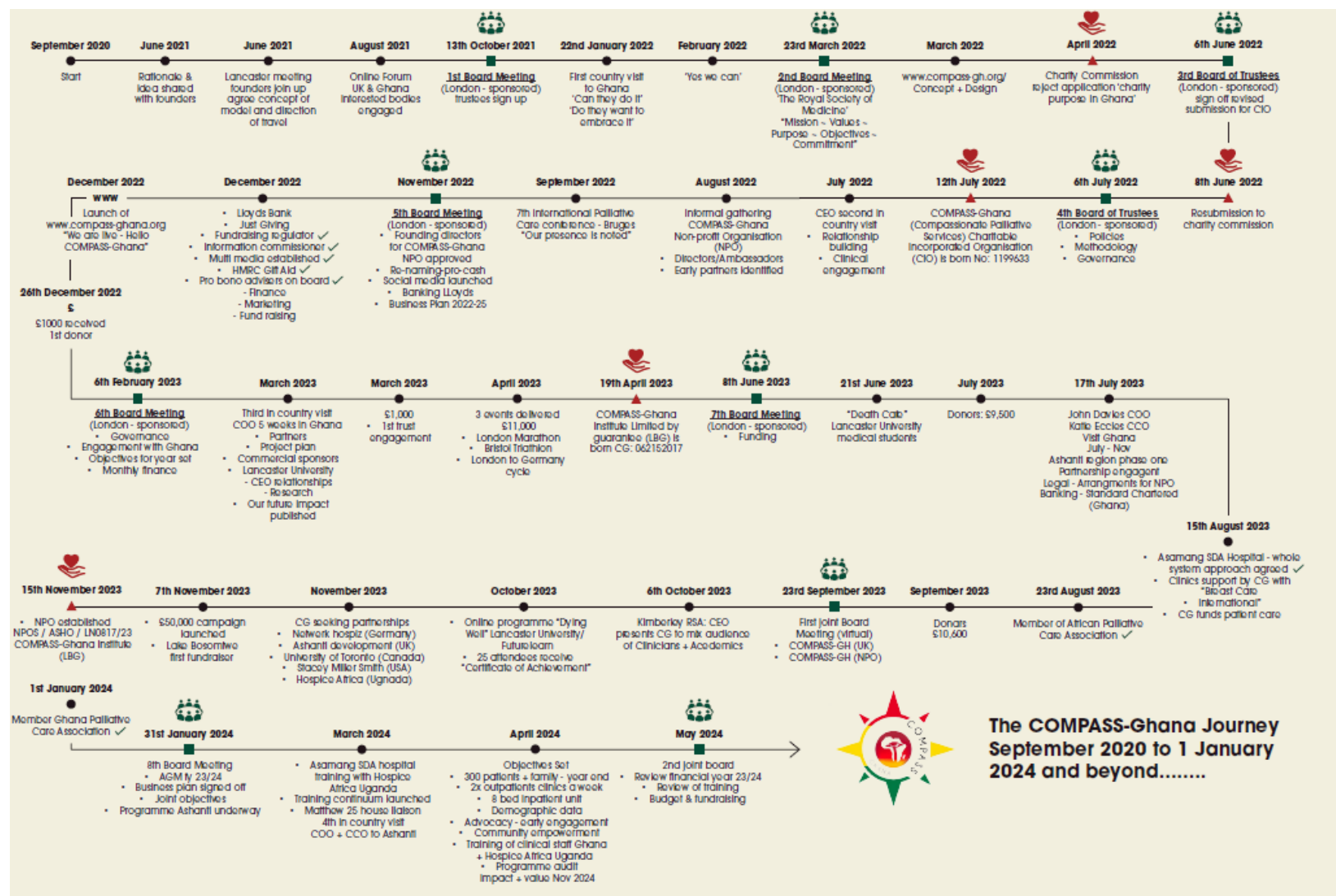
SUSTAINABLE  
DEVELOPMENT GOALS





# Our Journey so far....

International Observatory  
on End of Life Care



The COMPASS-Ghana Journey  
September 2020 to 1 January  
2024 and beyond.....





# Understanding what works, and for whom

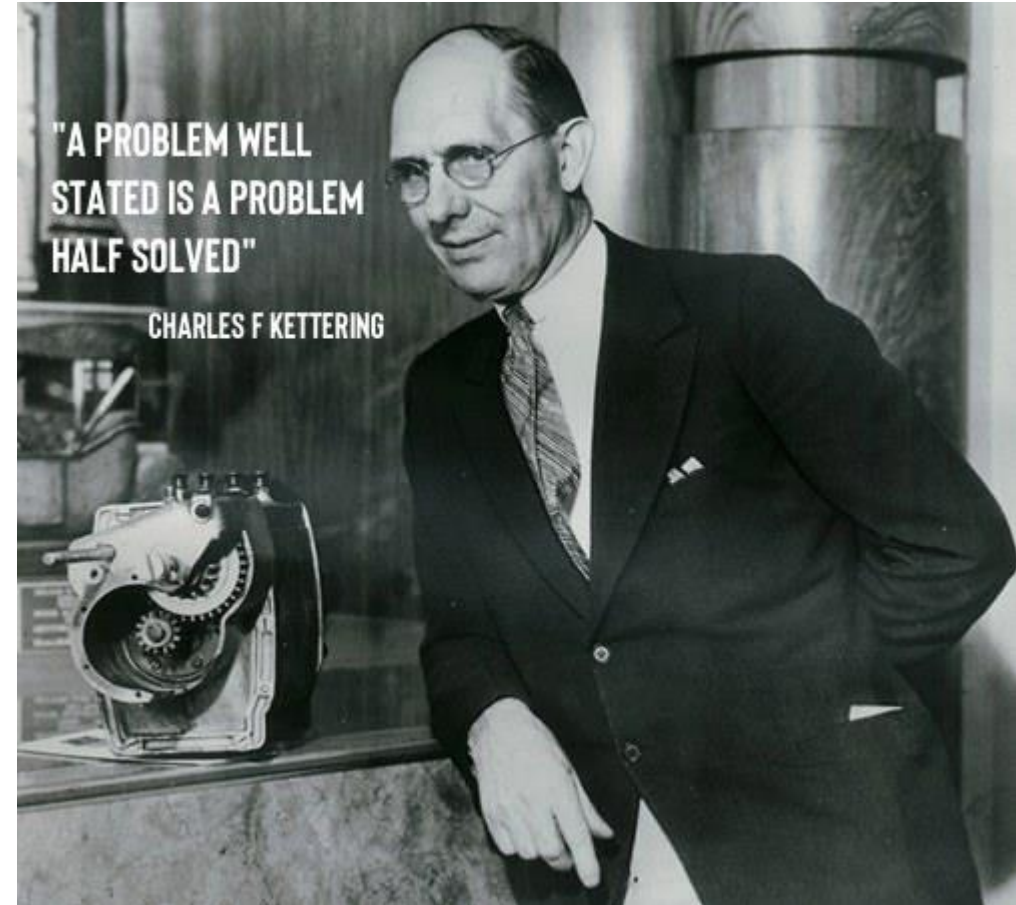
Resource Disparities

Cultural Nuances:

Healthcare Infrastructure

Funding/Economic  
Factors

Population  
Demographics





# Research continues to inform our practice




Not man enough

‘No balls’

‘Erectile dysfunction’

‘From head to tail’

 Palliative Care & Social Practice

Original Research

## ‘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

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**Kathryn Almack**  
Professor of Family  
Lives and Care, Centre  
for Future Societies  
Research Communities,

Salifu, Almack, & Caswell (2023)





# International research and Engagement



## Successful Ghana trip to promote palliative care

3 May 2023 12:34



front row centre right: Professor Nancy Preston and Dr Yakuibu Saifu 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 Yakuibu Saifu

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 Yakuibu Saifu, 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:



## Lancaster researcher launches charity in Ghana to provide palliative and end-of-life care

20 Feb 2023



# Learning, unlearning and relearning







# Palliative care hubs, systems approach

- **First Stage:** - 26 professionals attend their first online learning in partnership with Lancaster University
- Dying Well: The Role of Palliative Care and Sedation in End of Life Care.
- FutureLearn awarded certificates free



## Free Palliative Care Education In Ghana Provided By FutureLearn

FutureLearn, a leading UK career-based online learning platform, partners with Lancaster University to provide free access to palliative care education for staff at SDA Hospital Asamang, via palliative care charity COMPASS Ghana.





# Awareness, Education and Training

## Second stage

- **35 professionals** (multi discipline) attended a bespoke inhouse training programme “Palliative Care Awareness Course “ delivered by Hospice Africa Uganda
- One week intensive training
- four hospitals represented on one programme
- driving collaboration and awareness



## 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**

SPONSORED BY:



**PARTNERS**



**FOR DONATION: 0201578282**

SCAN TO  
DONATE





# Training at Asamang SDA Hospital, Ghana

## 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

SPONSORED BY:



PARTNERS



FOR DONATION: 0201578282

SCAN TO  
DONATE







# Training at Asamang







# Awareness, Education and Training

## Third stage

Five clinicians sponsored to attend “Palliative Care Initiators Course” in part remote. To be followed by residential at Hospice Africa Uganda.





# Awareness, Education and Training

## Fourth stage

Two medics, a doctor and a lead nurse attended 3-weeks residential at Hospice Africa Uganda sponsored by COMPASS-Ghana.







# Empower, enable....



**Dr. Kumah Sampson**  
(Palliative Care Trained M.O.)

**Debra Yaa Piesie**  
(Palliative Trained Nurse)

**Frederick Frimpong Yaw**

**SDA HOSPITAL**  
S.D.A Hospital, Asamang  
*Invites you to*

## A 2 DAYS TRAINING ON

- ▶ Holistic Patient Assessment and History Taking
- ▶ Pain and Symptom Control
- ▶ Breaking Bad News
- ▶ Advanced Care Planning
- ▶ Morphine production and how feasible it can be done

**Facilitators:**  
Dr. Kumah Sampson  
(Palliative Care Trained M.O.)  
Debra Yaa Piesie  
(Palliative Care Trained Nurse)  
Frederick Frimpong Yaw


**Date:** 2nd & 3rd September, 2024  
**Venue:** Conference Room, S.D.A Hospital Asamang  
**Time:** 8:00am - 2:00pm

**Target audience:** Palliative Awareness Team

- ✓ Newly formed Palliative care team
- ✓ Out-patient unit- 9
- ✓ In-patient unit- 10
- ✓ A 2-day 'Train the trainer' course
- ✓ 35 staff



# Letting our plans know.....



Photocredit: COMPASS Ghana

**Building sustainable and culturally inclusive palliative care in Ghana: Insights from COMPASS-Ghana**

“Early identification and planning improve outcomes, yet many Ghanaian people receive end of life diagnoses only days before death. Early intervention supports families, keeps children who are caregivers in school, and aids financial planning, preserving family units and fostering well-being.”

**Dr Yakubu Salifu**



**Richard Powell** says:

September 17, 2024 at 10:31 am (Edit)

Keep up the great work. Wishing the whole team the very best of success.

[Reply](#)



**Jennifer Kumah** says:

September 18, 2024 at 8:38 am (Edit)

Continue with the good work. God bless you all 🙏

[Reply](#)



**Dianah** says:

September 24, 2024 at 1:10 pm (Edit)

Hospice Africa Uganda is proud of the work of Asamang SDA hospital and the support from Compass Ghana. We take pride in partnering with Compass Ghana and the achievements achieved together in a very short time. Well done and keep it up.

Link: <https://eapcnet.wordpress.com/2024/09/17/building-sustainable-and-culturally-inclusive-palliative-care-in-ghana-insights-from-compass-ghana/>



# Plan: Replicate The palliative care Hubs



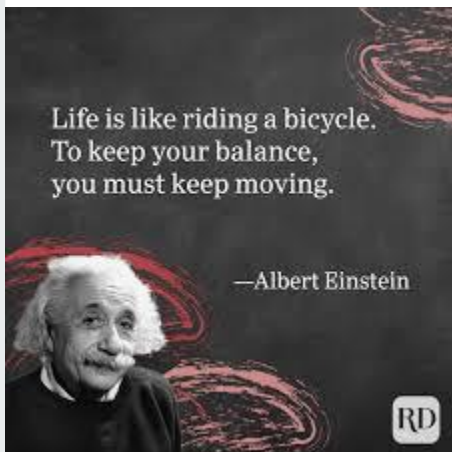
**Hub One:** Asamang SDA Hospital,  
Ashanti Region Ghana

**Hub Two:** Northern Region, Tamale

**Hub Three:** Eastern Region: Accra

**Hub Four:** Greater Accra, Accra

How palliative care is integrated in  
health systems





# Making impactful changes



There is a consultation for national palliative care strategy –







# Theory of Change

INPUTS	ACTIVITIES	INTERMEDIATE OUTCOMES	FINAL OUTCOMES	IMPACTS
<p><b>Integrated Data</b> <i>Collect and analyse demographic and health data.</i></p> <p><b>Advocacy &amp; Community Engagement</b> <i>Work with local leaders and communities to raise awareness.</i></p> <p><b>Training</b> <i>Develop a multidisciplinary clinical capability through partnerships with organisations like Hospice Africa Uganda.</i></p> <p><b>Infrastructure</b> <i>Establish outpatient and inpatient units for direct patient care.</i></p>	<p><b>Training of 40 healthcare professionals</b> <i>Including doctors, nurses, and support staff.</i></p> <p><b>Establishment of palliative care teams</b> <i>At Asamang SDA Hospital and outreach clinics.</i></p> <p><b>Community Engagement Programs</b> <i>For advocacy and awareness, especially targeting culturally sensitive issues.</i></p>	<p><b>Increased Community Awareness</b> <i>Enhanced understanding and acceptance of palliative care.</i></p> <p><b>Improved Diagnostic Pathways</b> <i>Reduction in diagnostic timelines from five days to four weeks.</i></p> <p><b>Enhanced Clinical Capability</b> <i>Development of a competent palliative care workforce.</i></p> <p><b>Data-Driven Decisions</b> <i>Utilisation of demographic data for targeted interventions.</i></p>	<p><b>Universal Access to Palliative Care</b> <i>Across the Ashanti region and eventually all 15 regions of Ghana. Our aim is to introduce one palliative care hub in each region starting from next year.</i></p> <p><b>Improved Patient and Family Experience</b> <i>Ensuring holistic and compassionate care.</i></p> <p><b>Policy Integration</b> <i>EoL care becomes part of national health policies and insurance schemes.</i></p> <p><b>Cultural Shift</b> <i>Normalization of palliative care within the community, reducing stigma.</i></p>	<ol style="list-style-type: none"><li><b>Enhanced quality of life for patients and families</b></li><li><b>Reduced healthcare costs through effective palliative interventions</b></li><li><b>Increased household income by reducing the financial burden of living with a life limiting illness</b></li><li><b>Empowerment and improved health outcomes for women through targeted healthcare initiatives</b></li></ol>



# Theory of Change 2/3

## EVIDENCE BASE

- **Established:** Training needs, community engagement success, and initial pilot setup.
- **To Be Established:** Long-term impact on patient outcomes, full integration into national health policy, and scalability across Ghana.



## ASSUMPTIONS

**Cultural Acceptance:** Communities will accept palliative care once properly educated.

**Government Support:** National and regional health directorates will support the initiative.

**Sustainable Funding:** Continued financial support from donors and NGOs.



## IMPACT

The intended primary impact is universal access to EoL care, improving the quality of life for patients and their families.

Additional outcomes include enhanced health outcomes, reduced healthcare costs through effective palliative interventions, and increased household income by reducing the financial burden of terminal illnesses. Gender-specific impacts include improved women's health and empowerment through targeted healthcare initiatives.





# Theory of Change 3/3

## Value Chain





# Kimberly, South Africa

- Supporting undergraduate nurses' Palliative care Education
- Academic and external partners
- From UK, Canada, SA, Uganda, New Zealand.
- Blogs (2), EAPC poster, SR publication, Empirical work







# Impact:

International Observatory  
on End of Life Care



COMPASS-Ghana

## Compassionate Palliative Services

(A charitable Incorporated Organisation)

### Annual Report

01 April 2023 to 31 March 2024



Registered charity in England and Wales, charity number 1199633

W: [www.compass-gh.org](http://www.compass-gh.org)



## DIVERSE VOICES IN HEALTH LAW AND ETHICS

Important Perspectives

Edited by: Elizabeth Chloe Romanis,  
Sabrina Germain and Jonathan Herring

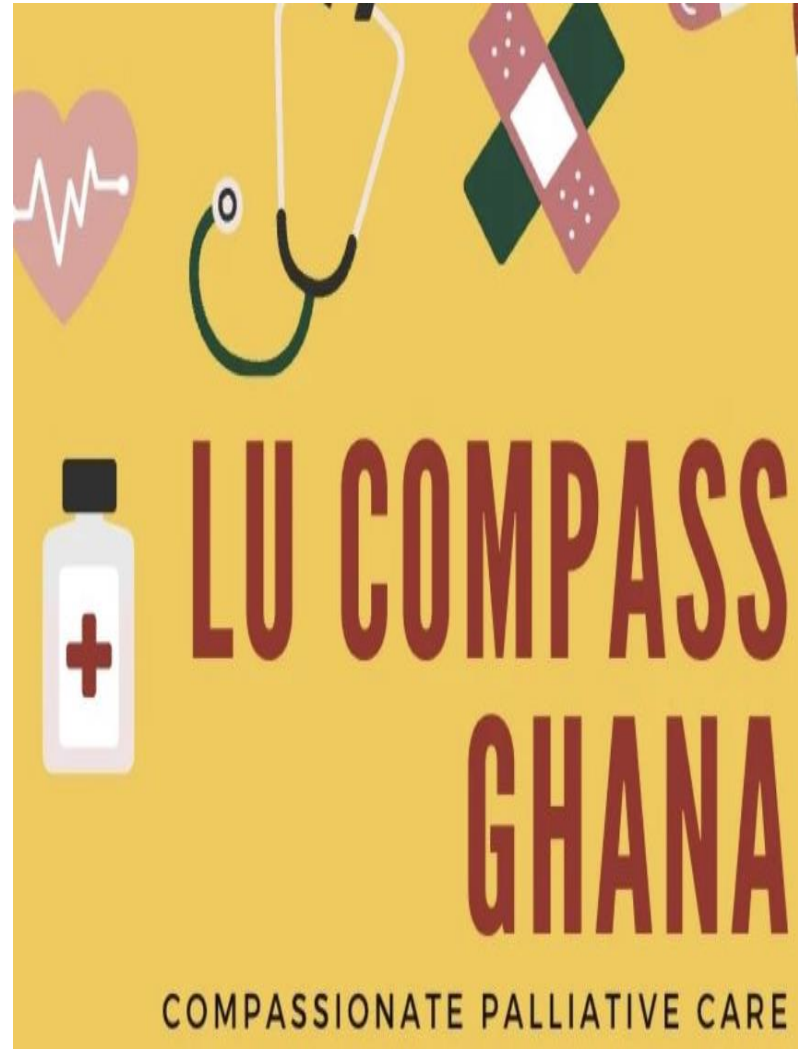




# Call to Action- Role of medical students



- LU- Compass-Ghana Medical students Society
- Death Cafes- 2 events
- Welcome events
- Exhibition
- Me presenting at APS, Junior Drs forum







# Death Café







# Partnerships- In country







# Partnership- International




**Lancaster University**  
International Observatory  
on End of Life Care





# Impact- Finances

- Unrestricted income of £37,247
- Events: £8,147
- Campaigns: £23,625
- Donations: £1,200
- Trusts and Funds: 1,500
- Gift Aid: £2,525

	UK	Ghana	Mobile Money
Name	COMPASS-GHANA	COMPASS-GHANA INSTITUTE LBG	
Bank	Lloyds Bank	Standard Chartered (Ghana)	<b>Vodafone Cash:</b> +233 (0) 20 1578 282
Branch	Lewisham	East Legon	
Account Number	43884362	0100170098300	<b>MTN Mobile Money:</b> +233 (0) 5305 39931
Sort Code	30 - 90 - 89	02 - 01 - 01	<b>Pay via QR Code:</b>
Swift Code	LOYDGB21256	SCBLGHAC	
IBAN	GB88LOYD30908943884362	NA	
Gift Aid (UK)	<a href="#">Gift Aid</a>		



# Benevolent people supporting



Henry and Harry's Rome Marathon for COMPASS-Ghana

## COMPASS-GHANA (COMPASSIONATE PALLIATIVE SERVICES)

Charity number: 1199633



Charity reporting  
is up to date (on  
time)

## Charity overview

### Activities - how the charity spends its money

COMPASS-Ghana is on a journey to reduce suffering and hardship in resource-poor and hard to reach communities of all faiths and traditions. Working in collaboration with local communities and trusted institutions, we are on a journey of support and empowerment to enable Ghanaians to access universal palliative and end of life



# Key message

COMPASS Ghana is:

- **Democratic**- nothing for the people without the input of the people
- **Empowering**
- **Context-specific**- one size doesn't fit for all
- **Culturally sensitive**- death and dying is a social event.

**“Remember that death is a social event with a medical component, not a medical event with a social component. The larger part of dying happens outside of the institution and professional care”. – Prof Allan Kellehear**

## Way Forward

- Lead and get **national Palliative Care strategy**
- Ensure **integration** of palliative care into the system (primary care) healthcare
- **Education and training** of health staff to provide palliative care
- Expand beyond Ghana





# Thank you for your time

- Thanks to “S:t Petersstiftelsen” (The S:t Peter foundation), Susanna, and the conference organisers.

## Contacts

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- Twitter(X): @Salid32Salifu
- [LinkedIn](#)





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