Palliative Care Annual Report 2005

Introduction: This was the first calendar year to have a full time palliative care (PC) presence at ELCT. Much of the time was spent in advocacy and education efforts, from which we hope to see concrete results in the near future.

Areas to be commented on in this report include the World Health Organization measures for developing PC within a particular country: Government Policy, Education, and Drug (Opiate) Availability. Additional areas of specific report will cover: personnel, ELCT supervisory visits, meeting reports, church advocacy, education activities, national advocacy efforts, and regional PC work.

These areas reflect the specific objectives of the program:

- Each hospital will have an active Palliative Care team
- Year by year, growth in service delivery will be accomplished and measured
- Supervisory/Supportive visits to the hospitals will be done at least annually
- Access to, and use of, pain medications will improve year to year
- Education opportunities will be developed, by way of
  - Supervisory visits
  - Periodic meetings/seminars
  - Trainings regionally by other PC programs
  - Building up Selian and KCMC as educational centers, which is key for future training and long term sustainability
- Being a part of the overall improvement of Palliative Care in Tanzania

Tanzania Status with Palliative Care:

There still is no government policy in place. Formal education for PC is not yet present. Oral morphine remains available only via special permission from the Ministry of Health and then via the pharmacy at Ocean Road Cancer Institute. There was no increase in the number of institutions (2) outside of Dar es Salaam accessing this drug in 2005.

Tanzania Palliative Care Association: continues to pursue formal registration with the government. Hartwig is Chair of the Steering Committee for TPCA. Relationship thus far with ORCI professionals and Pharmacy Board chair has been favorable. Expect registration in early 2006. Likely to become an avenue for strong advocacy via funding and support from African Palliative Care Association.

ELCT Palliative Care

Personnel: the addition of Berit Hofgren, Nurse Tutor Missionary from Church of Sweden, has strengthened the department considerably. She oriented in May and arrived formally by August. Her past experience in Tanzania, fluency in culture and language, nursing perspective, and dedication to developing teaching materials has added a lot to our capacity. She is here on a two year contract. Kristopher Hartwig, PC

doctor from the US and ELCA, continues fulltime with the program and is on a 3 year commitment.

Supervisory Visits: these were relatively few in 2005 due to several factors: having completed visiting most hospitals in late 2004, not having reliable transportation until late 2005, and not having a travel budget from February to November.

Not visited in 2005	Haydom, Iambi, Gonja, Bumbuli, Ilembula, Ilula, Bulongwa, Itete, Matema
Visited once only	Ndolage, Nyakahanga, Bunda
Multiple visits	Nkoaranga, Karatu, Machame, Marangu, KCMC, Selian

The hospitals not visited in 2005 are scheduled to be visited in early 2006. Reports of each particular hospital visit are available for review. A typical review note is attached, from the visit to Bunda.

Special Emphasis:
Selian Lutheran Hospital continues to be a place of special emphasis especially for KH. It remains the only hospital with a full time Hospice/Home Care staff (7), and the only institution utilizing oral morphine in Northern Tanzania. They serve over 1000 clients (see Selian Annual Report through the ELCT website: health.elct.or.tz). The complexities of care there, the utilization of their senior staff in our trainings, and the long term goal of building Selian up to be a strong educational center for Palliative Care are the primary reasons for extra presence there. This would vary from just a few hours a month to several days a month depending on travel considerations.

Nkoaranga Lutheran Hospital is also a place of special focus since the arrival of BH. Her presence there twice or more weekly has helped to get things going where there had previously been very little activity.

Makumira (MUCO) is also an area of visiting weekly for BH who teaches with the spousal education program (spouses of those in seminary for pastoral training). This has proved a valuable forum for developing HBC materials, adapting curriculae from the government and other sources.

KCMC: long term, this is, along with Selian, a hoped for place of implementing education in Palliative Care. Although one face to face meeting with the Director of KCMC occurred, and multiple advocacies were made by other channels, no discrete inroads have yet been made. The exception to that is the Chaplaincy program, which has now become a good link in a variety of ways. A single teaching opportunity with each class intake is anticipated next year.

Meetings Reports:

In February a large meeting in Arusha was held involving two people from each of our Lutheran hospitals, excepting Haydom and KCMC. The emphasis was on team building, with attendees being a pastoral person from the hospital plus whoever on the clinical side was leading activities. Facilitators were from Selian. Judging by the enthusiasm of the participants and the subsequent increase in activities in many hospitals, this was a particular success. Followup in early 2006 will be the best judge of how effective that meeting was. An abbreviated summary of the meeting is attached, with the full summary available electronically.

December was a brief, one day consultation of pastors from: KCMC, Makumira, and Selian in an effort to review the pastoral presence in our ELCT health institutions, as well as the ELCT Health presence in the pastoral training process. Expected outcomes from this activity are the development of a formal policy on Christian Ethics for our health institutions, an increased presence of Health Dept personnel in health related issues of pastoral training (esp. HIV/AIDS), and increased support from the pastoral side for palliative care training and presence in our church health related activities.

Church Advocacy:
Ongoing visits to the hospitals are a primary form of advocacy, to hospital leadership particularly. Two excellent forums were provided by the Health Dept. Director Dr. Kopwe, one a meeting of all hospital "Doctors in Charge", and the other a meeting of all the Bishops and General Secretaries of the ELCT.

Funding Partners for ELCT:
The primary partners for 2005 were ELCA, which provided a fulltime missionary and a vehicle for project work (T913AJY, a new Toyota Hilux Double Cab pickup); and Church of Sweden, providing a fulltime missionary. The office has been very aware of strong moral and material support from these church partners. Partnering with ELCA for Hartwig's support was Mennonite Central Committee and Global Health Ministries, which provided valuable links and relationships for ongoing work.

Lutheran World Federation was our funding partner for 2004, with utilization of those monies continuing up until the end of February of 2005. Enabling our February meeting, and many supervisory travels, was and continues to be a tremendous boost for our overall objectives.

Applications were made to many sources for funding in 2005: LWF, Global Fund, USAID, Foundation for Helping Hospice in Subsaharan Africa (FHSSA) as well as smaller churches and dioceses. Unfortunately, by the end of 2005 none had been accepted, although efforts continue in that regard.

<u>Educational Activities outside of ELCT:</u>

KCMC based teaching of National AIDS Control Program on AntiRetroviral Use, which includes sections on Palliative Care (one week).

Care International/Family Health International sponsored teaching of Home Care volunteers and supervisors:

- Several days in June and July
- 3 full weeks from October to November, first in helping to develop a supplementary course for supervisors of home care, and then being involved directly with the teaching.

Pathfinder International, one day only.

Several local training activities, contributing some hours when requested and available.

National Advocacy Work:

Involvement with the TPCA as Chair of the Steering Committee meant several travels to Dar es Salaam, to interact with other key Committee members and particularly Ocean Road Cancer Institute. 4 separate trips resulted. Although formal government registration was not completed, the process was near the end. Palliative Care is known at NACP to be an active movement and there has been opportunity to provide input into various aspects of the NACP teaching on Palliative Care.

Regional Advocacy Work:

KH was chosen to be on a subcommittee (Advocacy) of the African Palliative Care Association which has its main offices in Kampala. This meant 2 separate trips for committee meetings. The primary outcome here was a favorable relationship developing with the many key APCA players and their donors. For the future this will likely mean good flow of resources from APCA (currently a major recipient of PEPFAR funding, and positioned to be an intermediary in dispensing of funds for country specific use) to TPCA. It is unlikely to bring direct funds to ELCT, but any growth of TPCA, and improved positioning nationally, will benefit our goals at ELCT.

In February of 2005 the opportunity arose to join a team traveling to Rwanda, with a goal of introducing Palliative Care nationally. By October, there had been organized a week long introductory course on PC, in Rwanda, and KH was asked to represent APCA and TPCA as the doctor member of the teaching team. This course seemed to go well, with materials and experience valuable for future use here in Tanzania.

Early December was a conference in Cape Town on Palliative Care. KH attended and presented some basic research conducted at Selian which was looking at measuring spiritual health. This is thought to be an important area because although we have many

tools for measuring pain and other aspects of peoples lives, there is not much written from Africa about Spiritual Health. The information was well received and, again, further links were forged with APCA members, donors, and the wider Palliative Care community.

Overall Challenges:

- Insufficient funding for the basic activities of our ELCT work: supervisory travel and meetings. However, the addition of a strong vehicle for travel by way of ELCA will greatly facilitate things, and plans are in place to visit all of our hospitals in the first 3 months of 2006. Meanwhile, requests for funding especially through Lutheran World Federation are in place to help in the areas of supervision and the obtaining of sufficient analgesic (pain) drugs for hospital-based programs to do a good job in this regard.
- The slow pace of developing Palliative Care in general. This is due primarily to having such a broad focus, of all of our Lutheran hospitals. Rather than helping one or two very key places, selectively and full time (ie Selian and KCMC), emphasis on those important places is only possible whenever scheduling permits. This is a normal tension given our dual strategies of church wide development plus focused areas of education and excellence.
- Lack of Tanzanian health professionals trained in Palliative Care. Although strong training programs are present in Nairobi and Kampala, no one in the ELCT system has been able to obtain an advanced degree by this route. This is a barrier to developing long term educational activities, especially via Selian and KCMC, and so far it has appeared that donors are not so interested in education of this sort.

Way Forward:

- Utilizing 2 full time missionary staff who are dedicated to this work continues to be a great opportunity. There is every reason to believe that their steady work in building up programs and relationships will continue to improve access to holistic palliative care throughout our ELCT system and even the country as a whole.
- Careful soliciting of donor funding from appropriate partners, so that our goals of doing strong church wide development are accomplished without compromising our spiritual care and educational aspects.
- Ongoing advocacy at all levels: hospitals, church leadership, government, wider PC community, and wider donor community, including building relationships between small hospital based programs and potential partners internationally.
- Building up the possibility of Selian and KCMC to become educational centers for Palliative Care.

Thanks: to all of our partners in this work, who are many:
- Evangelical Lutheran Church in Tanzania, in particular the health department and

supportive leadership therein

- Selian Lutheran Hospital, and its leadership, providing ongoing challenges and a rich, complex service
- The many hospitals of the ELCT, their leaderships and their Diocesan leadership as well
- The Palliative Care and Home Based Care teams in each site, who encourage us mightily by their strong efforts, volunteerism, and love for people.
- The Evangelical Lutheran Church in American
- Church of Sweden
- Lutheran World Federation
- The many congregations and individuals who have supported this work by visits, gifts, encouragement, and prayer
- TPCA, APCA, and the wider network in Africa of those who care deeply about effective and loving palliative care in this region
- The government of Tanzania, for its patient and deliberate approach to health care development including Palliative Care
- To our clients who encourage us so much by their appreciation and grace in very difficult circumstances

Lastly, we give thanks to God for the opportunity to serve, and pray for wisdom and discernment in all future endeavors. Colossians 4:3 is often on our minds as we work with many troubled and hurting people: “And pray for us, too, that God may open a door for our message, so that we may proclaim the mystery of Christ”.

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