Palliative Care Annual Report 2006

Introduction:

2006 has been an exciting year for the development of Palliative Care (PC) through ELCT. The results of ongoing relationship building and advocacy are now becoming apparent, and it is with great anticipation that we look forward to 2007. Great strides have been made with training and pain medicine availability. Partnerships have increased, and there is the additional prospect, recently confirmed, of major funding from the U.S. Government to expand our efforts in all areas.

Specific areas to be covered with this report include a review of the state of PC in Tanzania, throughout Africa, and within ELCT. This includes reports on Personnel, activities such as meetings and supervision, funding, places of special emphasis (Selian, Nkoaranga, KCMC), advocacy efforts, Challenges, and a view to the future (including a summary of the upcoming project).

To Review the specific Objectives of the PC program at ELCT:

- 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 Kilimanjaro Christian Medical Centre (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
- Integrating effectively with ELCT congregational service outreach
- Building Partnerships for Sustainability

Tanzania Status with Palliative Care:

There still is no government policy regarding palliative care in place. The policy that is officially in place is from 1992. A revision is available, and this revision was again revisited just in October of this year. Dr. Twalib Ngoma of Ocean Road Cancer Institute (ORCI) represented those of us advocating for Palliative Care. That such a person is “at the table” means great strides for us at the Government level, so we count this as progress although formal approval of that policy still remains and may take more time.

Formal education for PC is not yet present, although initiatives are underway at ORCI and KCMC. We are quite hopeful that next year will see significant improvement.

Oral morphine (which availability is one of the benchmarks for PC services in a country) 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 - 2006. Again, there is reason to expect change in this area, as funding for education – the key to introducing a drug like morphine – appears to be on the horizon.

Tanzania Palliative Care Association (TPCA): was formally registered as an NGO in February of 2006. As part of that process, Hartwig resigned from the Chairperson position (though remaining as a Board member). The Chair for TPCA is now Dr. Msemo Diwani, a radiation oncologist working at ORCI. Funding through the African Palliative Care Association is expected to happen soon, which would have as goals liberalizing the availability of oral morphine through education and government advocacy. It will also be a great assistance for country advocacy in general.

Africa Palliative Care Association (APCA): continues to be the strong leader in Africa in all areas related to PC. Dr. Mark Jacobson of Selian Lutheran Hospital remains a Board member and Treasurer of the organization. APCA's previous structuring of having subcommittees has been redone due to increased staffing, with personnel now taking on roles previously assigned to committees with sporadic meetings (thus Hartwig is no longer on a subcommittee for APCA). Overall, we see APCA's leadership growing and gaining in strength and experience. Their overall goal is to work with countries by way of national associations (such as TPCA). Tanzania remains one of APCA's focus countries for development.

ELCT Palliative Care

Personnel: Kristopher Hartwig (medical doctor in PC and Evangelical Lutheran Church in America (ELCA missionary from the US) and Berit Hofgren (nurse tutor and Church of Sweden missionary) have been present fulltime at ELCT throughout 2006. For training meetings, we have co-opted Rev. Gabrieli Kimirei of Selian, so as to have a "complete" team when presenting to hospital teams. For the year of 2007, new funding looks to make possible the addition of a several new personnel: A project manager, an office manager, and an accountant.

Supervisory Visits: these were accomplished as noted in the chart below. Having a vehicle made all the difference with this work (Toyota Double Cab Pickup). All sites were reached by driving except Nyakahanga and Ndolage. A look at the ELCT health website (www.health.elct.org) – click on "hospitals" and from there click on "map" – will reveal why driving is not usual to the far west.

Not visited in 2006	Lugala (scheduled visit did not work at the hospital end)
Visited once	Ndolage, Nyakahanga, Bunda, Haydom, Iambi, Bulongwa, Matema, Itete, Ilembula, Ilula.
Multiple visits	Selian, Nkoaranga, Karatu (3), Machame (4), Marangu (3), KCMC, Gonja (2), Bumbuli (2)

Reports of each particular hospital visit are available for review. For 2006 a typical visit

was:

- arriving in the afternoon and evening
- meeting with hospital/pc team leadership for planning and review.
- Using the entire next day, according to the place's business for that day:
    - participating with morning devotions
    - teaching to the wider hospital staff, especially regarding the assessment and treatment of pain
    - seeing special ward cases
    - meeting with the PC/home care group, and doing home visits with them if possible.
    - Finally, the end of the day is to meet again with hospital leadership.
    - Further travel usually would be the next morning.
    - Follow up letters to the hospital leadership and pc team

Special Emphasis:

Selian Lutheran Hospital continues to be a place of special emphasis. 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 1500 clients (see Selian Annual Report through their website: www.selianlh.habari.co.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 has varied from just a few hours a month to several days a month depending on travel considerations and training opportunities. Approaching 2007, concrete plans for furthering staff education (within Tanzania) are now being finalized. The grant from the US will include energy and funding towards making Selian the training center for each of the soon-to-be-employed "Palliative Care Coordinators" at 17 of our Lutheran hospitals. This experience is expected to mean providing ongoing training also to students, interns, and other non-Lutheran health professionals. Curriculum, office logistics, and other key areas are exciting areas of focus as activities look to begin by April or May of 2007.

Nkoaranga Lutheran Hospital continues to be a place of special focus and has had substantial support from the national office. The Meru Diocese, in large part because of this support, has undertaken impressive Home Based Care training on its own initiative. Hospital work continues to develop. Leadership support is growing.

Makumira (MUCO) is also an area of visiting weekly for spousal education program (spouses of those in seminary for pastoral training). This has proved a valuable forum for developing HBC materials, adapting curriculum from the government and other sources. 6 of the students are from outside MUCO, from the surrounding community.

KCMC: Good interactions have happened here, with 2 separate visits from August culminating with an opportunity to present the Hospice/Palliative Care concept to the entire

medical and student group (over 200 in attendance). Judging by the response of questioners and Professor Shao, the CEO of KCMC, good progress is likely to continue. The afore-mentioned funding includes a start up grant for getting an inpatient palliative care team trained and functioning. This is very exciting, that a major medical and nursing training center such as KCMC is now positioned to add Palliative Care to the many excellent education opportunities that are offered.

Meetings Reports:
Pastoral conference meeting of a year ago continued with 2 further meetings, culminating with a Pastoral Policy statement for the ELCT. It was natural for our department to be involved, as the effective integration of chaplaincy (and chaplaincy is at the root of this policy) into the hospital and home care environment is part of what our work is about as well.

Funding from ELCA in the US made it possible for meetings to be done again for each of the ELCT hospitals. Planning was undertaken from early in the year, with the trainings beginning in October. The concept was: to do regional trainings of 3 people from each hospital – doctor, nurse, chaplain – so as to strengthen and further equip the teams trying to do pc. The training time was 3 days, and the theme was taken from Isaiah 40:1-2. "Be comforted, my people". 2 of the 3 trainings have been accomplished (with reports available for review). The third training is scheduled to begin January 16th 2007 here in Arusha.

Funding Partners for ELCT:
The primary partners for 2006 were ELCA, which provided a fulltime missionary and vehicle support for project work (T913AJY, a 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 (MCC) of the U.S and Canada. Global Health Ministries provided valuable support for medication purchases, as well as furnishing several sites with "Hospice Kits" by way of container deliveries. A substantial gift to our program in memory of Meredith Murnyak was used for medication and meeting assistance. Numerous churches of the ELCA provided financial support towards the program, again going towards medicines. MCC additionally provided "AIDS Kits", with over 50 valuable boxes of supplies made available to particular hospitals.

The Foundation for Hospices in Sub-Saharan Africa (FHSSA) has become a funding partner in 2 regards. First, they have facilitated the partnership of the Hospice of Boulder CO with that of Bumbuli. This is our first partnering in this way at ELCT since the pairing of Denver Metro Hospice to Selian, a very significant and synergistic relationship that continues to grow. Expectations are that many additional pairings will happen in 2007 (5 applications are now being worked on).

As mentioned above, there is now the partnering with the US government. This is through the PEPFAR program (President's Emergency Plan for AIDS Relief), which

developed a new funding opportunity aimed at Faith Based Organizations this year. Denver Metro Hospice, some good friends from Boulder, and then FHSSA teamed up with us to put together a successful proposal. It was a lot of work, and the implementation will be even more work. Yet as a result we now have confident goals and the means to achieve them over the next 3 years. It is a daunting though very exciting prospect. The specific vision of the program is outlined below.

Church Advocacy:

Ongoing visits to the hospitals are the primary form of advocacy, to hospital leadership particularly. Letters to hospital leadership are routinely copied to Diocese leadership. A forum for all of the Doctors In Charge, December 5th and 6th 2006, was another very good chance to share program vision and expectations from the particular hospitals and churches. It is anticipated that the startup meeting for the PEPFAR program early in 2007 will be another good opportunity to share the general vision of PC as it relates to our Lutheran Church in Tanzania.

National Advocacy Work:

Involvement with the TPCA as member of the Steering Committee meant several travels to Dar es Salaam, to interact with other key Committee members and particularly Ocean Road Cancer Institute. 3 separate trips resulted.

Overall Challenges:

- Funding at the hospital sites remains a huge challenge. This year has seen sufficient funds come in to the ELCT PC office for meeting, travel, and basic pain medicine acquisition to give to the hospitals. However, that still leaves the hospitals having insufficient human resources, transportation, education for the community, and medication support. Food insecurity (borderline starvation in many cases) is another issue where poverty and sickness are worse. Even with the proposed USG money, transportation will remain an issue for many places, and even with salary support for staff, it is very difficult to recruit staff in the first place.
- 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. These next 3 years are likely to see a much more rapid growth in services due to the boost in financial support.
- 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. That remains true with this new funding initiative, although we foresee KCMC becoming a site for such training.

- Long-term sustainability: this issue is now more of a consideration as we look at major donor involvement. What about after the 3 years are up? Our challenge is to build relationships of support and financing – with government, local organizations, the community/church, and international partners – such that each individual program has its own way of sustaining.

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, as envisioned and now budgeted in this year's upcoming grant!

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
- The many congregations and individuals who have supported this work by visits, gifts, encouragement, and prayer
- FHSSA and its renewed vigor as a partner to ELCT in PC advancement
- 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. The mystery and love of these verses from Isaiah 40:1-2 are often with us: Comfort, comfort my people, says your God. Speak tenderly to Jerusalem, and proclaim to her that her hard service has been completed, that her sin has been paid for, that she has received from the Lord's hand double for all her sins.

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