

Palliative Care Annual Report 2007

Introduction:

2007 has been an exciting year for the development of Palliative Care (PC) through the Evangelical Lutheran Church in Tanzania (ELCT) and Tanzania. The results of ongoing relationship building and advocacy are now becoming apparent, and we have huge changes to report for 2007. Great strides have been made with training and pain medicine availability. Partnerships have increased in many regards, including substantial funding from the United States Government (PEPFAR).

This latter funding via PEPFAR was made possible by partnering administratively with Foundation for Hospices in Sub-Saharan Africa (FHSSA, www.fhssa.org). FHSSA is the "primary agency" receiving the PEPFAR funds. ELCT is the implementing agency. At ELCT the project is referred to as "CHAT", which comes from the project title "Continuum of Care of People Living with HIV/AIDS in Tanzania". Details will be forthcoming in the report.

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

To Review the specific Objectives of the PC program at ELCT, as established in 2005:

1. Each hospital will have an active Palliative Care team
2. Year by year, growth in service delivery will be accomplished and measured
3. Supervisory/Supportive visits to the hospitals will be done at least annually
4. Access to, and use of, pain medications will improve year to year
5. Education opportunities will be developed, by way of
 - a. Supervisory visits
 - b. Periodic meetings/seminars
 - c. Trainings regionally by other PC programs
6. Building up Selian and Kilimanjaro Christian Medical Centre (KCMC) as educational centers, which is key for future training and long term sustainability
7. Being a part of the overall improvement of Palliative Care in Tanzania
8. Integrating effectively with ELCT congregational service outreach
9. 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. Dr. Twalib Ngoma of Ocean Road Cancer Institute (ORCI) continues to be our strongest advocate to the government in the area of Palliative Care. Dr. Msemu Diwani, also of ORCI, and the Chairperson of Tanzania Palliative Care Association (TPCA) is another strong and able advocate for all of us. Their efforts, slowly but steadily bearing fruit, continue to be appreciated by all of us.

Formal education for PC is not yet present, although initiatives are underway at ORCI and

KCMC. We are quite hopeful that this coming 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 2007. 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. The Chair for TPCA is Dr. Msemu Diwani, a radiation oncologist working at ORCI. Board Members include Kristopher Hartwig (writer of this report), Dr. Mark Jacobson of Selian Lutheran Hospital, and Nurse Paulina Natema of Selian. Funding for TPCA finally became a reality in August of 2007, and there is now an established office in Dar es Salaam, with a full-time Coordinator (Mr. Alphonse Balthazar).

Africa Palliative Care Association (APCA): continues to be the strong leader in Africa in all areas related to PC. Dr. Mark Jacobson is now Chair of the APCA Board, quite a representation for ELCT and Tanzania. A large conference sponsored by APCA in Nairobi was a highlight of the year. Nearly 500 people attended, with over 30 African countries represented. APCA has really come into its own, and is our leading light in terms of setting standards and getting guidance with education. Tanzania remains one of APCA's focus countries for development. Details are available on their website: www.apca.co.ug

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) continued full-time work throughout 2007. For training meetings, we have continued to co-opted Rev. Gabrieli Kimirei of Selian, so as to have a “complete” team when presenting to hospital teams.

Due to funding through the US government, new personnel have come on board. In March, Mr. Mellow Msurri joined us, as an Accountant. His vast experience, excellent qualifications, and willingness to teach and travel have made him a very strong team member. It is truly a challenge to work with more than a dozen different hospitals, their Accountants, and all the variabilities therein.

In September, we were also successful in gaining a Project Manager (for the CHAT project), who is Dr. Paul Mmbando. Dr. Mmbando is likewise extremely qualified as a both a medical doctor and as one experienced within the ELCT system. Through previous work he already knows our network of 20 hospitals. We have been very, very fortunate to have both him and Mr. Msurri join up.

Supervisory Visits: these were accomplished as noted in the chart below. 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 2007	All ELCT hospitals were visited at least once in 2007
Visited once	Ndolage, Nyakahanga, Bulongwa, Matema, Itete, Ilula, Karatu, Lugala.
Multiple visits	Selian, KCMC, Nkoaranga, Machame, Marangu, Gonja, Bumbuli, Ilembula, Bunda, Iambi, Haydom

Reports of each particular hospital visit are available for review. For 2007 a typical visit was:

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

>From June, hospital visits took on additional work. The CHAT program was just getting underway, and repeated communications with hospital leaderships was necessary. By November there was the additional aspects of financial follow-up and checking up on reports and other aspects.

Special Emphasis:

Selian Lutheran Hospital continues to be a place of special emphasis. It has a full-time Hospice/Home Care staff (9), and remains the only institution utilizing oral morphine in Northern Tanzania. They serve over 2000 clients (see Selian Annual Report through their website: www.selianlh.habari.co.tz). In our CHAT program, Selian is officially our "model" site. In training the other ELCT hospital teams, Selian's team and experience is used heavily.

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.

KCMC: This has been a big year for growing Palliative Care at KCMC. Professor Shao, the CEO, and Dr. Mark Swai, Hospital Director, showed a lot of enthusiasm for our work from the beginning of 2007. As a result, several highlights from KCMC have resulted:

- June: 6 staff members attend an APCA-led conference
- June: 3 staff members stay on for the Trainer of Trainers APCA course (one week)
- August: 3 staff members attend Ocean Road Cancer Institute for a week, learning the

logistics and care of the use of oral morphine

- July: Nursing conference sponsored by KCMC with the theme of "Pain", ELCT playing a key part in that meeting
- September: 4 staff members attend the APCA conference in Nairobi
- October: A formal Palliative Care Team is formed, under the guidance of Dr. Swai.
- November: Medications for the use by the PC Team arrive via ELCT

It is anticipated that 2008 will see even further growth of service at KCMC, including the accessing of oral morphine.

Meetings Reports:

Funding from ELCA in the US made it possible for the final meeting to be done with Northern Tanzania ELCT hospitals, held in Arusha in January. The training time was 3 days, and the theme was taken from Isaiah 40:1-2. "Be comforted, my people".

June: funded by CHAT, and led by APCA facilitators, a 2 week Introductory Course in Palliative Care, including the TOT component noted above, happened in Arusha. The APCA curriculum, the ability to involve many other area hospitals (including government and private, non-ELCT), and having other Tanzanian trainers involved meant a huge boost in credibility for us at ELCT. It was also the first such training in Tanzania - a real milestone!

July: 11 ELCT hospital professionals attended a course in Dodoma, led by trainers from the National AIDS Control Program. This was a month-long course, and now qualifies these professionals to lead trainings of community volunteers within their own hospital environments. We were privileged to get so many positions, and can now boast that each of our active programs at ELCT have a key person who has taken this course.

September: We filled an entire mini-bus with 24 people of ELCT, and went to Nairobi to attend the 3 day APCA conference. Again, it was another opportunity to show our local stakeholders just how international a movement this is. We had funding from CHAT, ELCA churches, and Selian to accomplish this. What fortuitous timing that this conference would happen just as we are "scaling up".

October: a "Stakeholder's Meeting" to officially launch the CHAT program happened at Moshi the 9th and 10th. It involved Diocese leaders, hospital leaders, and a variety of other players in the area of Palliative Care and Home Based Care in Tanzania (including TPCA, ORCI, and others).

November: our first CHAT training, with teams from 7 ELCT hospitals getting 2 weeks of intensive training on all aspects of the program.

December: funded by Mennonite Central Committee (MCC), we did the 3 day introduction to palliative care for 4 different programs/hospitals within their health system. This was in Mwanza, a central locale for the Mennonite programs.

Funding Partners for ELCT:

This year has seen a marked increase in support. Much of it is from the CHAT program, but as noted below support is diverse.

ELCA, by supporting Hartwig, and Church of Sweden by supporting Hofgren, remain key supporters.

ELCA churches also contributed significantly, helping particularly with the Dodoma training funding and with the buying of several thousand dollars worth of medications for our various hospitals.

Mennonite Central Committee continues to supply key support for Hartwig's presence, and in addition funded the training as noted above.

FHSSA is our partner in working with the US government (see next section). Additionally, their partnership program gives us increasing exposure. From last year, when we had only one partnership, we now have four distinct partnerships. A further 4 applications are under consideration.

Partnerships are:

Iambi - Vermont

Marangu - Kansas

Bumbuli - Colorado (Boulder)

Machame - Colorado (Montezuma)

CHAT

"Contunuum of Care of People Living with HIV/AIDS in Tanzania", or "CHAT", is a huge partnership for ELCT. FHSSA has been providing assistance and program leadership from the beginning. In essence, CHAT is meant to scale up ELCT Palliative Care, using Selian as a model. It is a 3 year program, and we are just finishing year 1. Here are some of the key elements:

- Full-time Nursing leadership, and an Assistant, at each participating hospital
- Part-time clinician and hospital leadership involvement
- Training of community volunteers: 30 to be trained at each site, closely following the NACP Home Based Care training guidelines
- Special care and attention for orphans and vulnerable children
- Medicine provision - tramadol remains the strongest (and most expensive) pain drug in rural sites like ours
- Transportation provision (a vehicle for 6 sites, motorcycles and a vehicle lease fund for 6 other sites).
- Church involvement by actively training area parishes to be involved in the care and

service provision

- Communication provision: computers, facilitating internet access
- Education: building up Selian and KCMC as training sites, Selian for community palliative care, KCMC for inpatient, intensive PC
- Quality and Data Provision: through the involvement and assistance of APCA, to have ongoing help in managing data, doing quality assessments, and evaluating information

We are very grateful to the U.S. government and PEPFAR, including its "New Partners Initiative" under which a Faith-Based Organization such as ELCT can be encouraged and enabled to provide significant resources to rural communities. Further information about CHAT can be obtained through the FHSA website.

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. The CHAT program's Stakeholders Meeting was an excellent forum for sharing information. Diocese visits are undertaken along with hospital visits when possible.

National Advocacy Work:

Involvement with the TPCA as member of the Board meant several travels to Dar es Salaam, to interact with other key Committee members and particularly Ocean Road Cancer Institute. 3 separate trips resulted. We look to TPCA to be a national leader in setting standards, and in providing guidance in the area of education and curriculum development. Additional networking trips included a conference on cancer care and treatment at ORCI in August, and a TPCA Stakeholders Meeting in Dar in November.

Overall Challenges:

1 CHAT funding has changed the nature of resource challenges for us. To date 14 of our 19 Lutheran Hospitals are enrolled in the CHAT program. The other 5, for a variety of reasons, were not suitable for this particular funding. One challenge is ongoing negotiations with USAID regarding what constitutes an appropriate area for us to be funded. The other area that CHAT brings as a challenge is "food insecurity", or poverty. Food provision and Income Generating Activities are 2 areas not supported by the program, and the needs for assistance in those areas will be huge.

2 The rapid pace of developing Palliative Care in light of this new funding. We have a broad, long-term focus at ELCT, which makes rapid change difficult.

3 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.

4 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:

- 1 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.
- 2 Having a stronger team now with another Doctor, and an Accountant, adds huge strengths to the program
- 3 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.
- 4 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.
- 5 Building up the possibility of Selian and KCMC to become educational centers for Palliative Care, as envisioned and now budgeted in this year's ongoing grant
- 6 Utilizing the tremendously committed Palliative care team members at so many of our hospitals. It is remarkable to us how many experienced Nurses have taken a real career shift and gone from volunteering to doing this work full-time. They, and their network of community volunteers and churches, are truly our way forward!

Thanks:

To all of our partners in this work, who are many:

- 1 Evangelical Lutheran Church in Tanzania, in particular the health department and supportive leadership therein
- 2 Selian Lutheran Hospital, and its leadership, providing ongoing challenges and a rich, complex service
- 3 The many hospitals of the ELCT, their leaderships and their Diocesan leadership as well
- 4 The Palliative Care and Home Based Care teams in each site, who encourage us mightily by their strong efforts, volunteerism, and love for people.
- 5 The Evangelical Lutheran Church in American
- 6 Church of Sweden
- 7 The many congregations and individuals who have supported this work by visits, gifts, encouragement, and prayer
- 8 FHSSA and its renewed vigor as a partner to ELCT in PC advancement
- 9 TPCA, APCA, and the wider network in Africa of those who care deeply about effective and loving palliative care in this region
- 10 The government of Tanzania, for its patient and deliberate approach to health care development including Palliative Care
- 11 ORCI, and its ongoing leadership and mentorship for PC development in Tanzania

12 The U.S. government, and its willingness to fund a "different" way of doing Home Based Care and Palliative Care

13 To our clients who encourage us so much by their appreciation and grace in very difficult circumstances

On a different note, we remember Dr. Peter Kopwe, Director of the ELCT Health Department, instrumental in the initiation of my work here, the obtaining of the US government grant, and in effective church-wide advocacy in all matters pertaining to health. His sudden death in June of this year left us bereft in many ways.

Lastly, we give thanks to God for the opportunity to serve, and pray for wisdom and discernment in all future endeavors.

Kristopher Hartwig MD
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