

# BOOSTING PALLIATIVE CARE THROUGH CANCER CARE - AN EXPERIENCE FROM KILIMANJARO REGION IN TANZANIA

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## Background

Kilimanjaro Christian Medical Centre (KCMC), a referral and University Teaching Hospital in Northern Tanzania, serving a population of approximately 12 million. According to WHO, the rate for the need of Palliative Care (PC) is 200/100,000 in the African Region (1). Understanding this, KCMC established an interdisciplinary PC Team in 2007. However, this team could not work sustainably due to lack of funding, allocation of staff and too low number of trained professionals, hence its services vanished. With establishing of a Cancer Care Centre (CCC) at KCMC, the urgent need of PC services was apparent, as 80% of the Cancer patients are diagnosed at advanced stages in Tanzania (2).

## Planning

The former PC team was reactivated and under the guidance of the PC programme from the Evangelical Lutheran Church in Tanzania (3), priorities were set as: 1. Providing oral morphine and other essential drugs, 2. regular PC ward rounds at KCMC, 3. offering Home care, 4. Conducting PC training for staff from KCMC and other hospitals of Kilimanjaro Region.

## Achievements

PC ward rounds and home care services were installed immediately as first implementation. Starting randomly in the beginning, ward rounds became a constant after 6 months to most of the KCMC wards. Funding through Foundation for Cancer Care in Tanzania (USA) and Mission Eine Welt (Germany) made it possible to buy essential drugs for complementary service to the patients and to dispense oral morphine to 6 Hospitals in Kilimanjaro Region. A PC training week was conducted to 21 KCMC and District Hospitals staff to provide knowledge in handling morphine, pain management and other essential basics.



Fig. 1: steps to establish a regional Palliative Care network

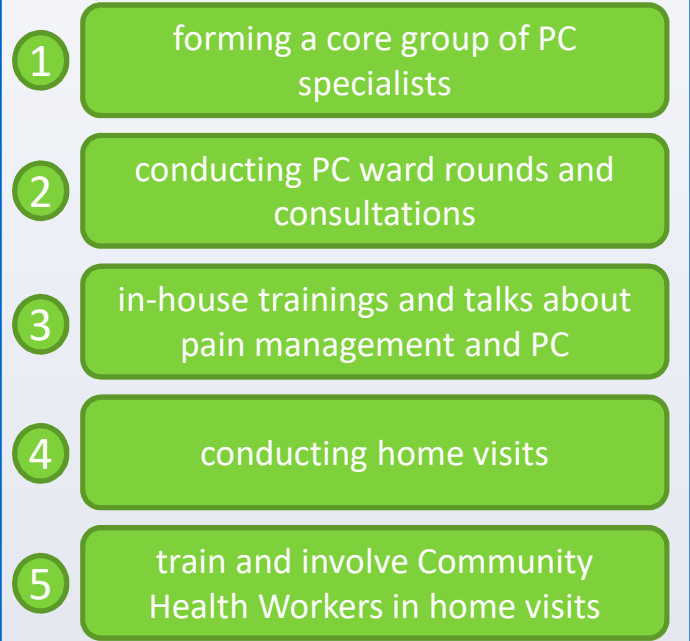


Fig. 2: steps to establish PC services at KCMC

## Conclusion

Fixed appointments for PC ward rounds will motivate non-PC staff to identify patients in need prior to the ward round. Our experience shows, staff appreciates help in caring for those patients as they feel sometimes helplessness themselves. Secondly, the ward rounds functioning as recruitment for PC interested staff and many non-PC trained nurses and doctors attend the ward rounds. Thirdly, this approach assures early integration of PC to the patients with newly diagnosed Cancer diseases. Having funding is an essential prerequisite for PC services, but even a low scale funding is shown to be sufficient to start services. Offering of PC training does not only transfer knowledge, it is also essential to build networks throughout staff in the region and provide a team spirit. Hence, new ideas and inventions came from the trained class itself to tackle future tasks.

## References

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