

PALLIATIVE CARE IN TANZANIA

Background Strength & Challenges

Dr. Msemo B. Diwani
Head: Palliative care - ORCI



Background

Tanzania is one of the most hit by HIV/AIDS in sub-Saharan Africa with 1 in 12 adults prevalence rates. Nearly 3 millions Tanzanians are estimated to be living with HIV/AIDS

- Many children have been orphaned by the disease
- Most of Hospital beds are occupied with HIV/AIDS related illness stretching resources beyond the limit.



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- Other chronic illnesses such as cancer, diabetes, arthritis and CVD are at an increase and health spending per person has been steadily decreasing



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- In view of the above, the MOH realized that the Home based care was the most realistic option to address the suffering of these patients and it was started in 1999.
- These programs has been providing good supportive care to patients at home but not palliative care in the real sense



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- The WHO concept of Palliative care still not understood by many home based care providers.



ORCI

- ORCI has been practicing some form of palliative care since its inception three decades ago.
- This is due to the fact that most patients were referred to ORCI with advanced disease where cure was not possible leaving palliative modalities sole option.



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- This included radiotherapy, chemotherapy and of course counseling and comfort.
- Concept of Holistic care which is what modern palliative care stand for was not realized not until 10 years ago.



First Palliative Care stakeholders Meeting

- Between 2002 to 2004 three more palliative care providing centres emerged, namely PASADA, Selian and Muheza Hospice.
- In 2005 ORCI arranged home based care stakeholders meeting with the aim of trying to see how good palliative care practices can be delivered at homes using existing HBC networks/infrastructures



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- Many people acknowledged that the HBC was lacking the most important component of palliative care that **pain control**.
- They did not know the role of oral morphine in pain control let alone the fact that it is available in the country since 2001!!



- Apparently ORCI PCT is able to control pain in over 90% of hospital patients using simple WHO analgesic ladder.
- The challenge is when they go home where the best affordable analgesic they can get is panado and there are no trained palliative care personnel to address other palliative care issues including difficult symptoms



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- In 2006, ORCI started palliative care outreach program for cancer and HIV/AIDS patients, thanks to Diana Prices of Wailes memorial funds, IAHPC faculty initiatives and now OSI.



ORCI/INCTR/IAEA-PACT Initiatives

- Launched in Feb 2007 is aimed at developing centre of Excellency in Palliative care in the country as part of comprehensive cancer control program in Tanzania
- Scaling up palliative care across government health facilities through training, advocacy and influencing policy change.



Tanzania Palliative care Association

- TPCA was formed in June 2004 after inaugural meeting of APCA in Arusha.
- Registration was obtained in Feb, 2006.
- Strategic plan has been developed but its implementation was delayed due to lack of funds
- Now funds has been obtained, office set up and review of HBC guidelines and establishing standard palliative care practices among other things are underway

N.B. APCA's support has been very important to our achievements.



Aims and Objectives

- To act as an umbrella for palliative care stakeholders
- To foster collaboration among the stakeholders
- To influence the government policy on Palliative care.
- To ensure that Palliative is incorporated into HBC network.
- Training and advocate for palliative care among members of health professionals and those who are involved in Palliative care.



Palliative care Policy in Tanzania

- At the moment, there is no palliative care policy or national guidelines for palliative care in Tanzania. The Government has repeatedly challenged ORCI to take a leading role on this issue
- Following WHO situational analysis and assessment study for palliative care service in Tanzania in 2002/2003, a proposal for development of palliative care policy was developed and submitted to the Ministry of Health by country palliative care team lead by Dr. Ngoma.



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- Another report of country team on opioids availability was submitted to the MOH last year after APCA'S workshop on opioids availability in Entebbe-Uganda



Challenges

- Lack of clear understanding of the palliative care concept leading to supportive care offered through various HBC program being confused with palliative care
- Opioids phobia both in hospitals and at home
- Lack of standards
- Palliative care to cancer patients unaddressed, all funds going to HIV/AIDS



Recommendations

- Palliative care programs should be incorporated into existing health care systems and Tanzania has extensive network of HBC programs
- Health workers should be adequately trained in Palliative care and hospitals should have palliative care teams
- Adequate support is provided for palliative care programs particularly at home
- National health policy should be revised to include palliative care



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- Hospitals should be able to offer appropriate specialist back up and to support home care. ORCI/INCTR initiatives
- The availability of opioids and non-opioids and adjuvant drugs should assured.



Conclusion

- Palliative care in Tanzania is still in its infancy despite existing huge demands
- There should be equity in supporting palliative care programs so that cancer patients palliative care needs are also met.
- Donors should do a reasonable search to ascertain capacity of organizations to provide palliative care before supporting it. A lot of funds has been given to organizations for palliative yet they do not even know what palliative care is leading to wastage of donor's funds.

