The East African Public Health Palliative Care Congress "EAPCON"

Event Type

The 1st Public Health Palliative Care Scientific Symposium

Date: 7th October, 2022; Venue MUHAS University

Commemoration of the Worlds Hospice and Palliative Care Week

Reported on:

14th-OCT, 2022

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Tumegundua,
Palliative Care-Tiba Shufaa ndiyo nguzo ya utabibu kwani kongamano la kwanza limetufunza, tuna heshimu na kuenzi ushiriki wako,
Aksante.

Watoa Mada wetu mling'ara-Asanteni:
Dr. Saidi Mfaume, Prof. Twalib Ngoma, Dr. Fatma Mrisho
Prof. Aporinary Kamuhabwa, Prof. Yohana Mashalla,
Prof. Andrew Swai, Prof. Karim Manji, Mr. Sisawo Konteh,
Dr. Fatma Mrisho, Dr. Sira Owibingire, Prof. Gail Reiner,
Dr. Respicius Boniface, Dr. Said Kuganda, Prof. Allan Kellehear,
Mr. Sisawo Konteh, Prof. Francis Furia, Dr. Julius Mwaiselage,
Dr. Christina Malichewe, Dr. Frank Manase, Dr. Paul Mmbando, Dr. Mark Mseti, Dr. Sara Maongezi
Asanteni

Asante kwa ushiriki:
Wizara ya Afya, Mganga Mkuu Mkoa DSM, DMO-Ilala,
MUHAS, CCPmedicine, ELCT, Aga Khan Hospital,
ORCI, TCCP, MNH, JKCI, HKMU, KCMC, MUHAS, ELCT,
MEWATA, Paradigm, Shujaa Cancer Foundation, KAIRUKI Hospital,
Bugando Hospital, Ifakara HI, Good Samaritani Cancer Center,
NIMRI, APHRC, SCF, MOI, Shirati Hospital,Lindi Refferal,
TACASO, UpendoTV, Mlimani TV, Mlimani Redio, Jema Foundation,
The Voice ZnZ, TANCDA, Nutri Connect, US Embassy,
PTR, Ndolage, Nyakahanga, Ilembula, Machame,
Muheza Hospice, ALMAC, TPCA, Selian Hospital,
Machame Hospital, MDH, Matema Hospital,
NIPASHE, D.R.CI, YDA, KKKT Msakuzi.

Thank you for being one of our crucial allies, and for your full participation during the 1 st Public Health Palliative Care Scientific Symposium.

To be EAPCON Member: Register Now: http://membership.publichealth-palliativecare.or.tz/
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For more information
Email: info@publichealth-palliativecare.or.tz Phone & WhatsApp: +255 714 510 195. Web: www.publichealth-palliativecare.or.tz

The Public Health Palliative Care Congress "EAPCON"

The 1st Public Health Palliative Care Scientific Congress
CPD –Accredited

Venue: Serena Hotel

Date: 3rd - 7th October, 2023: Time: 8.00am to 6.00pm

Theme:

* Role of PC in leveraging burden of NCDs,
* PC in community practice,
* Education and research in PC.

REGISTRATION FEE:			
	STUDENTS	RESIDENTS	NON RESIDENTS
EARLY REGISTATION (15 OCT 2022 - 31 MAY 2023)	TSH 10,000/=	TSH 30,000/=	$ 150
LATE REGISTATION (1 JUNE - 3 OCTO 2023)	TSH 10,000/=	TSH 50,000/=	$ 250

Submit Abstract . (Open 15 Oct 2022 - 15 may 2023)

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Executive Summary

The increased burden of NCDs is already a global concern and a number one cause of mortality and morbidity globally. To meet the SGDs number 3.4 of reducing mortality by one third, 6.8 million deaths need to be averted, Tanzania is among the hardest hit nations by NCDs. Engage of the community and promote innovative approaches to STOP relentless growing of NCDs prevalence and associated sufferings, is a paramount way to go.

The East African Public Health Palliative Care Congress "EAPCON" embraces sustainable solutions to slow down the NCDs occurrence and associated unwanted health outcomes. The EAPCON overall goal is to provide forum for the practices, academics, and communities to: evaluate, share and learn novel approaches of public health and palliative care in primary prevention and continuum of care for people affected by NCDs. Our specific aims are: primary prevention of NCDs, palliative care advocacy, volunteerism, and implementation science "research". Health benefits of EAPCON include: minimizing redundant processes and occurrence of hospital futile events thus reduce hospital wastes expenses.

The EAPCON conducted a one day public health scientific symposium on 7th October, 2022 in commemoration of Worlds Hospice and Palliative Care. Twelve key note speakers and two hundred participant from the government, higher learning institutions, associations, NGOs, service providers from all parts of the country attended. Throughout presentation it was clearly shown low access and availability of palliative health care services while the needs are extremely high thought all levels of services provision, training and research. It was highly recommended that, palliative care is urgently integrated in all systems for health services while continuous education on subject be a requirement.

Consolidation, integration and scale up of palliative health care services should be regarded as a national agenda. Training institutions on health and social welfare have the major role to initiate and promote palliative care training courses from diploma to post graduate levels. The begin of public health, palliative care congress remains the best option for a sustainable grow of the discipline. A road map for the next 2023, public health palliative care was opened for abstracts and registration process.

1. Acknowledgement.

Our special thanks to the Ministry for Health section Department of non-communicable diseases: Dr. Charles K, Dr. Anzibert R, Dr. J. Makange, Dr. Shedrack Buswellu for provigin technical support. Special thanks to the Regional Medical Officer-Dar es Salaam Dr. Mfaume Said and assistant Dr. Daiz. M for the support. Special thanks to Prof. Andrea Pembe the Vice Chancellor Muhimbili University of Health and Allied Sciences (MUHAS) and Prof. Yohana Mashalla- Vice Chancellor Hubert Kairuki Memorial University (HKMU) for allowing full participation of their member institutions.

Special thanks to Presenters: Dr. Mfaume Said, Prof. Aporinary Kamuhabwa, Prof. Francis Furia, Prof. Allan Kellehear, Prof. Gail Reiner, Prof. Twalib Ngoma, Prof. Andrew Swai, Prof Karim Manji, Prof. Yohana Mashalla, Dr. Said Kuganda, Dr. Sira Owibingire, Dr. Mark Mseti, Dr. Julius Mwaiselage, Dr. Paul Mmbando, Dr. Frank Manase, Dr. Christina Malichewe & Dr. Respicious Boniface.

Special thanks to the following institutions and respective participants: Good Samaritan Cancer Hospital, MUHAS, CCPmedicine, ELCT, MNH, APHRC, Ifakara Health Institute, Kairuki Hospital, HKMU, NIMRI, ORCI, Bugando MC, Bugando University, SCF, Paradigm University, MOI, Shirati KMT, Aga Khan Health Services, Lindi Regional Refferal, Shujaa Cancer Foundation, Ilembura Hospital, Machame Hospital, Ndolage Hospital, TACASO, Upendo TV, Mlimani TV, Amana Hospital, MEWATA, KCMC, The Voice ZnZ, Jema Foundation, TANCDA, NutriConnect, US Embassy, PTR, MDH, Selian Hospital, DMO-Ilala, ALMC-Arusha, TPCA, Matema Hospital, YDA, KKKT Msakuzi.

We also give our special thanks to members of advisory board: Prof. Eligius Lyamuya, Prof. Gail Reiner, Mr. Sisawo Konteh, Ms. Emmi Masinga, Dr. Fatma Mrisho, Dr. Eric Van Praag, Hon. Ritta Kabati, Mr. Ward Schaleckamp, Bishop Dr. Alex Gehaz Malasusa, Dr. Nathanael Siril, Sheik Juma Abdallah, & Dr. Paul Mmbando.

2. Introductions

Annually, during the first week of October, there is global recognition during this special week commemorating World Hospice and Palliative Care. The governments, NGOs, Associations, Institutions would normally participate by organizing various activities in order to echo the needs for palliative care. The East African Public Health Palliative Care Congress "EAPCON" was organized as a one day scientific symposium on palliative care issues to highlight the public health importance of palliative care and hospice programs. The symposium was held at MUHAS University, Dar es Salaam, Tanzania on 7th October, 2022.

3. Problem Size Description

The burden of NCDs is already a global concern and number one cause of mortality and morbidity globally[1]. In 2008 alone, of 57 million reported global deaths, 36 million (63%) deaths were attributable to NCDs and 80% were found in (Lower and Middle Income Countries) LMIC.[2] About half of all deaths due to NCDs in the LMIC occur prematurely **below age of 70 years**[3],[4],[5],[6]. Using UN mortality trends, by 2030, 70 million deaths will occur with 23.7 million deaths attributable to NCDs and 90% of these deaths will be found in the LMIC. To meet the SGDs number 3.4 of reducing mortality by one third, 6.8 million deaths need to be averted[7,8]. Palliative medicine is a medical specialty with a significant role in addressing the burden of NCDs. Over 40 million people globally are in need for palliative care services, but only 14% receive care due to lack of trained health care professionals, restrictions of drugs and medications, inadequate national polices and guidelines on palliative care[9].

4. About East African Public Health Palliative Care Congress "EAPCON"

We are a non-profit health and social welfare organization **registered by the ministry for health** Our overall goal is to provide a forum for the practices, academics, and communities to: evaluate, share, and learn novel approaches of public health and palliative care for the primary prevention and care of NCDs. Our specific aims are: 1) Primary prevention of NCDs, 2) palliative care advocacy, 3) promote volunteerism, and 4) implementation science through research. Our major activities are: 1) To host public health and palliative care scientific symposiums and 2) To host public health and palliative care scientific congress.

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[5] Geneau R, Stuckler D, Stachenko S, McKee M, Ebrahim S, Basu S, Chockalingham A, Mwatsama M, Jamal R, Alwan A. Raising the priority of preventing chronic diseases: a political process. Lancet. 2010;376(9753):1689–1698. doi: 10.1016/S0140-6736(10)61414-6. [PubMed] [Cross Ref]
[6] World Health Organization: Global action plan for the prevention and control of noncommunicable diseases 2013-2020. In. Edited by WHO. Geneva, Switzerland: WHO; 2013: 55
[7] Global Health Estimates Summary Tables: Projection of Deathsy by Cuase, Age, and Sex. July 2013 ed. Geneva, Switzerland: World Health Organization; 2013.
[8] Norheim OF, Jha P, Admasu K, et al. Avoiding 40% of the premature deaths in each country, 2010–30: review of national mortality trends to help quantify the UN Sustainable Development Goal for health. *The Lancet* 2014; **385**(9964): 239-52.
[9] World Health Organization-2010 Report on Global Needs for Palliative Care.

a. The EAPCON membership's procedure

The EAPCON organization invites members from: associations, NGOs, Institutions, individuals, patients groups, and students from health and non-health sectors. Membership benefits include access to palliative care publications, participation in various palliative care activities, training opportunities, linkages with other palliative and public health works worldwide. The following is the link where everyone is welcome to register:

Register Now: http://membership.publichealth-palliativecare.or.tz/

5. About the 1st Public Health Palliative Care Scientific Symposium

In commemoration of the 2022, World Hospice and Palliative Care week we conducted a one day scientific symposium on palliative care. The symposium theme was healing communities and hearts with our overarching goal of sharing the role of palliative care in leveraging the burden of NCDs in Tanzania.

a. Members of congress advisory board

The following constitute members of advisory board of the congress: Prof. Eligius Lyamuya, Prof. Gail Reiner, Mr. Sisawo Konteh, Prof. Yunus Mgaya, Ms. Emmi Masinga, Dr. Fatma Mrisho, Dr. Eric Van Praag, Hon. Ritta Kabati, Mr. Ward Schaleckamp, Bishop Dr. Alex Gehaz Malasusa, Dr. Nathanael Siril, Sheik Juma Abdallah, & Dr. Paul Mmbando,

b. Congress Organizing committee

A team of multidisciplinary experts who also are the founding members of the EAPCON Congress formed the committee. These are: Dr. Johansen Joel, Eng. Filman Moses, Adv. Neema Kitala, Dr. Elika Issowe, Dr. Harrison Chuwa, Furahini Yorum, Julietha Gosbert, Doreen Assey, Elvis Joseph Miti, Dr. Frank Manase and Dr. Christina Malichewe.

c. Symposium scope and discussion topics.

The following were discussion topics: Orthopedic and Trauma-Role of Palliative Care, Renal Treatment Failure in Renal Failure-Care, Psychological and Mental Health-Role of Palliative Care, Training in Palliative Care, The Power of Palliative Care-for patients-communities-policy makers, Autism and Cerebral Palsy-childhood and lifetime tragedy, Palliative care in the context of Chronic Obstructive Pulmonary Disease – COPD, Introduction to Palliative Care-Total Pain Care Concept, Cancer Care need for palliative care-Experience of ORCI, Pain management and control a measure of civilization in medicine, Public Health Palliative Care-Global Perspectives , Oral and Dental Health- Role of Palliative Care, Diabetes Complications-foot care, Palliative Care-Role of Private Sector, Transitioning from living to dying- power of speech.

d. Symposium Key Note Speakers

The following were the key note speakers: Prof. Twalib Ngoma, Prof. Aporinary Kamuhabwa, Prof. Yohana Mashalla, Prof. Andrew Swai, Prof. Karim Manji, Mr. Sisawo Konteh, Dr. Fatma Mrisho, Dr. Sira Owibingire, Prof. Gail Reiner, Dr. Respicius Boniface, Dr. Said Kuganda, Prof. Allan Kellehear, Prof. Francis Furia, Dr. Julius Mwaiselage, Dr. Christina Malichewe, Dr. Frank Manase, Dr. Paul Mmbando, Dr. Mark Mseti, & Dr. Sara Maongezi

e. Participating Institutions and Associations

Institutions and associations participated were invited and the following participated: Good Samaritan Cancer Hospital, MUHAS, CCPmedicine, ELCT, MNH, APHRC, Ifakara Health Institute, Kairuki Hospital, HKMU, NIMRI, ORCI, Bugando MC, Bugando University, SCF, Paradigm University, MOI, Shirati KMT, Aga Khan Health Services, Lindi Regional Refferal, Shujaa Cancer Foundation, Ilembura Hospital, Machame Hospital, Ndolage Hospital, TACASO, Upendo TV, Mlimani TV, Amana Hospital, MEWATA, KCMC, The Voice ZnZ, Jema Foundation, TANCDA, NutriConnect, US Embassy, PTR, MDH, Selian Hospital, DMO-Ilala, ALMC-Arusha, TPCA, Matema Hospital, YDA, KKKT Msakuzi

6. Key Messages from Speakers

Dar es Salaam, Regional Medical Officer

Contrary to the "old school" of thought – Palliative Care Discipline is becoming the mainstay discipline and tool to effectively address the overgrowing burden of non-communicable diseases (NCDs) and associated suffering. Initiative by the EAPCON- a palliative care organization to host educational forums engaging multi-disciplinary actors is noble in our DSM region and the nation. I call upon all stakeholders within and outside health to collaborate with EAPCON. The regional medical offer plea to consider palliative care as one of priority agenda in the region. The scientific symposium was officially opened for presentations and discussions.

Dr. Frank Manase-CCPmedicine

Chair the 1st Palliative Care Scientific Symposium-EAPCON

Palliative Care discipline constitute the core value of medicine from the fact that pain management is the mainstay even in situations where options for effective illness-elimination is exhausted. In fact, it is the time where palliative care has many options to enhance optimal quality of life. It is easy for the patients, their family and their doctors to get disappointed when illness takes a natural course from active life to end of life. This fact is a common phenomenon but is rarely discussed. Palliative care is about quality of life throughout the illness trajectory, and it is not exclusively relevant to end-of-life care. It depends on the type and nature of disease, palliative care can recover the lost meanings, values, and essence of life due to illness roller-coasters. With palliative care, we speak the same language as the communities, families and

individuals speak regarding illness which PAIN, PAIN, PAIN and suffering if pain is not controlled. When pain is not optimally managed, the quality of life can be dramatically reduced.

Prof. Aporinary Kamuhabwa Deputy Vice Chancellor Muhimbili University of Health and Allied Sciences MUHAS UNIVERSITY

Collaboration between academic institutions and professional associations is a novel approach to address the challenges associated with the burden of NCDs. We value and respect this kind of initiative and especially in this era where the need for palliative care services is in high demand. It is high time for research fellows to include palliative care agenda in order to expedite a sustainable scalability and mainstream of the discipline. He vehemently praised the efforts lead by the East African Public Health Congress "EAPCON" to organize and coordinate the 1st palliative care education forum for the academics and the public. His plea, on behalf of MUHAS, was to continue supporting the efforts to advance palliative health care services in the academic arena.

Prof. Yohana Mashalla-Vice Chancellor Hubert Kairuki Memorial University (HKMU)

Palliative Care is a fundamental discipline of medicine that needs to be offered by properly trained health professionals in collaboration with patients and their families in a coordinated manner. The need for palliative care services is high, and as a matter of urgency we need to review current practices and academic curriculum. Globally, over 40 million people are in need of palliative care, and over 80% are in the Low and Middle Income Countries. The high demand for palliative care health services is more in people with heart (cardiac) health problems (38.5%), cancers (34%) and lung problems (10.3%). Research has shown that palliative care has enormous benefits on: social, economic, and health outcomes for hospitals, communities, families and individuals. For instance, if palliative care is properly administered an ill persons in need the following benefits have been reported: reduced risk of hospital admission by (50%), reduced chance of shift between multiple health facilities by (43%), reduced overall medical expenses by (36%).

Prof. Twalib Ngoma-Muhimbili University of Health and Allied Sciences- MUHAS

Total pain assessment and control remains a fundamental need of our patients. It is pathetic when pain is well controlled within health facilities but patients battle with pain when they are in a home environment. Patients spend more time with diseases at their homes than when they are in hospitals so effective pain care should be done in a home setting. The level of pain control we offer to our patients is considered as a very strong measure of civilization respective society of health professionals.

Prof. Karim Manji-Muhimbili University of Health and Allied Sciences -MUHAS

Over 78 million people have autism with the majority receiving no care, and for those who are receiving care, many are mismanaged. The majority of individuals with autism suffer the consequence of autism due to lack of proper care during childhood. It is wrong to think Autism is a disease, as many do thus strive to search for treatment and end up missing. Autism is not a disease but a lifetime behavior disposition that requires parents, siblings and families to cope with and be supportive. Do not look for treatment to cure Autism as there is none. Palliative health care is needed in this context to bridge the existing gap of care between health professionals and communities. Regarding Cerebral Palsy "CP" is a result of one time brain injury early in life time caused most often from complications during delivery. Stigma and discrimination of children with CP exists that makes the burden of care more complex and harder for families. Demand of care for children living with CP is a fundamental justification of need for integrated palliative health care services in pediatrics' and neonatology practices.

Prof. Gail Reiner-University of California San Diego-UCSD

Talking about frailty "*Intensive care "ICU" may not necessarily be health care and rather illness care that may often turned into futile care*"
It is important for health professionals to understand that, when patients transition to life threatening situation sometime advanced interventions may seem realistic but not the best option for the patient's optimal quality of life. For instance recommending surgery for a patient with an advanced brain tumor or dialysis in patients with multiple comorbidities may be reckless and cause more suffering than help and may actually shorten life. Most of the time practitioners tends to be immersed by the advanced technology and expensive new generation drugs and less on quality of care. When they go to hospital, patients most importantly need assurance, respect and be treated with dignity.

Most often patients use nonverbal than verbal communications to judge the type of care they receive from health professionals. When patients transition from a living to a dying state communication becomes the most important determinant of quality of health care. It is very painful experience for the patient when this transition happens without organized supportive environment by palliative care trained personnel. Breaking bad news is one of the most challenging procedures among health care professionals in a life threatening situation. It has to start by ensuring that the environment is appropriately set and the patient is prepared to receive bad news. Giving a verbal "warning shot" about bad news, in the presence of other support care givers such as spiritual counselors, physiotherapists, primary doctors, is a very important step. The true fact is that, life must end something that happen mostly when patients are still on hands of health care professionals care. Thus all health care professionals are obliged to learn on the optimal ways of providing care at the end of life. Bad news is followed by empathetically responding to patients' emotions and collaborating in a plan of care with the patient, family, and care team.

Dr. Paul Mmbando-ELCT

According to the Cape Town Declaration of (WHO, 2002) Palliative Care is named as a human right, and as a matter reminder to all States Governments, Health Provider Organization and Practitioners. All patients with incurable illness is already a qualifier for palliative care. Availability of oral morphine as pain control drug for palliative care patients is the key indicator of access and availability of palliative care services. In Tanzania, less than 100 health facilities are able to offer oral morphine for pain control. This number is already very small and is a wakeup call for everybody and the nation.

Prof. Francis Furia-MUHAS

The number of people with failing kidneys is a significant concern that need public health strategies to reverse the trend. The cost of medication and dialysis are already beyond the ability of the majority of Tanzanian families to cope with. The number of patients in need for dialysis nationwide is very high but the capacity to accommodate the need is low. Many people with kidney diseases do fail to reach kidney diseases service points due to psychosocial factors leading to suffering experience affecting their physical, psychological, social and spiritual wellbeing. Delayed diagnosis, lack of knowledge on risks of renal diseases is an important factor fueling the kidney diseases burden in Tanzania. Early detection and intervention is the gold standard in order to stop damage of the kidney to require either dialysis or kidney replacement which are all very costly. In 2019 alone, only 259 health facilities in Tanzania were installed with dialysis facilities to save a population of close to sixty million people. During same year, 933 people were on dialysis services and an average of 20 people receive renal transplant therapy per year. The need for integrated palliative care services in offering kidney treatment services is a critical need.

Dr. Sira Owibingire-Oral and Maxillofacial Surgeon-Muhimbili National Hospital

No description that describes good quality of life for the patient can occur in the absence of oral and dental health. Any pain associated with teeth is unbearable to anyone including palliative care patients. With good oral and dental health communication, the ability to consume oral medications and safely enjoy food intake facilitated. Despite the need for oral and dental health for palliative care patients extremely high, access to quality dental care is still a huge problem. Engaging oral and dental health professional in palliative care is extremely rare. Head and Neck Cancers rank 4th in common cancers in Tanzania (ORCI-FYSP III). Oral health services are rarely provided at dispensary and health center levels but available in all district, regional and referral hospital. Oral and dental health practices has often focus mostly on curative, less on rehabilitation, minimum on prevention and mostly not engage in palliative care. It is high time for palliative care professionals to actively engage oral and dental health practices in palliative care.

Prof. Allan Kellehear-University of Vermont, USA

When we talk about Public Health in Palliative Care we don't think of surveillance sciences, health services research, computer modeling and rather about health promotion and quality of life. We emphasis on a balance between efforts to treatments and quality of continuum of care for people with long term health problems. It is very much about practicing methods on community development, health literacy, civic policy and ecology in order to prevent harm effects when caring people with long term health problems.

Dying is the process that can take hours, days, weeks and months all our patients face at some point. A dying person is not yet dead; they are living and are still in need of care with respect and dignity. Dying people spend less than 5% of their time around doctors or nurses and over 95% either with: with family, friends, alone, work partners, or prayer partners. This 95% percent of the time is the most crucial moment where palliative care in public health is required to ensure sufferings are lessened, comorbidities are avoided and premature deaths are prevented. Engaging societies, policy makers, academic leaders and health care practitioners is paramount when we talk of palliative care in public health.

Prof. Andrew Swai-Tanzania Diabetes Association "TDA"

Diabetes is one of the major causes of enormous increased burden of people in need for palliative care. Apart from other psychological, spiritual and social problems facing diabetic patients, foot problems is among the major palliative care concerns. The common foot problems include: pain, deformity, ulcers, amputation, and gait problems.

In the course of illness, about 15% of diabetes patients tends to develop wound on their feet, over 50% develop peripheral neuropathy. Strikingly, over 60% of people who undergo amputation for reasons other than trauma are due diabetes. The five year survival rate of diabetic patients after amputation is 43%. This is already less than the survival rate for patients with heart diseases, breast cancer and colon cancer. Premature deaths in people with diabetes is a very common phenomenon mostly occurring when they are at home certainly with un-bearable pain with no access to pain control and care services.

When pain medication are used in combination with physical therapy, lower doses of pain medication and optimal physical results are guaranteed. Several procedures for pain relief in palliative care patients include: electrical nerve simulation, gait training, exercise, regular massage, and therapeutic ultrasound. For diabetic patients and those with long term illness, weight gain is one of the major challenge of care and driver of poor outcomes. Losing 2% -5% of body weight can reduce blood pressure and blood glucose level. Also, losing 4% to 10% of body weight can

improve mobility, mood, fertility, and lipids with a significant reduction in cost of care. Losing over 10% body weight can lead to control of diabetes or use of fewer medication.

When palliative care is well integrated in systems of health care for NCDs, it can enhance primary prevention of NCDs and improve quality of life for diabetic patients together with those with long term health problems.

Dr. Sara Maongezi-Aga Khan Hospital

In the past, palliative health care services was primarily considered as faith based or private. The burden of NCDs is already out of control to be accommodated by systems of health services delivery. In 2016 alone, approximate 71% of all deaths (57 million) occurred were attributable to NCDs. In Tanzania, 33% of all deaths occurred in 2017 were due to NCDs. The Aga Khan Health Services is already experience the pressing need for palliative care being common in patients with: cancer, Alzheimer's, cardiovascular, cirrhosis, diabetes, HIV, Arthritis, and Parkinsonism. The rising needs for palliative care is both in adults and children population, and integration of this crucial service at primary secondary and tertiary hospitals is a critical need. It's high time for the public sector to actively join with private sector in an organized way to minimize un-wanted health outcomes in people with chronic health problems.

Dr. Said Kuganda-Mental Health Specialist MUHAS

When pain is not well attended the likelihood of developing harmful mental health problems is very high. Early signs of mental health effects include: sleepless night, loss of appetite, anxiety, loss of hope, loss of self-esteem, depressed mood. Patients with NCDs such as: diabetes, cancer, diabetes, and stroke are at the highest risk of developing mental health problems which can be very harmful and life threatening. Mental health problems such as depression, and anxiety can lower pain threshold. Physiological interventions for pain may include: mindfulness, relaxation therapy, destructions, art therapy, and pain diaries. Lots of anger anxiety and depression in palliative care patients may limit the majority of health profession to engage but can be effectively managed by mental health specialists. It is necessary for mental health services be an integral part of palliative care team at every stage of care. However, the current existing gap on knowledge and skills on palliative care among mental health care providers is to be abridged to appreciate the difference.

Dr. Mark Mseti-The Ocean Road Cancer Institute-ORCI

In Tanzania each year, over 75,000 people live with cancer and of these 27,000 die which equivalent to 54 people dying each hour. This is not only a public health issue of concern but the human right to live.

Cancer, no matter where it originates, is amongst the major causes of pain and suffering over a long duration of illness. It is unfortunate due to limited space in hospitals and high cancer prevalence that for the majority of patients who present with advanced illness, "need for palliative care" are normally referral for home care. However, availability and access to palliative care service is still a challenge within hospital settings and much worse in a home care setting. Paucity of palliative care services presents a double care burden affecting patients in hospital and home settings. Innovative approaches are needed to ensure all patients receive optimal palliative care package based on the illness status in a hospital and home settings. According to the Lancet Oncology Report of May, 2022, Palliative Care is named a required discipline in any setup of cancer treatment unit.

Dr. Christina Malichewe-Muhimbili University of Health and Allied Sciences-MUHAS

Knowledge and Skills of Palliative Care is a fundamental to scale up palliative care health services in Tanzania. Currently, an introductory certificate course on palliative care is offered at MUHAS University where registration is open for all careers in health care.

Care for seniors "geriatrics"-Role of Palliative Care

Palliative care is the sole discipline embracing required skills for providers, patients and family members to provide medical care for people of old age. Lack of specialized medical care for older people is a common phenomenal in most of African countries. For instance, in Tanzania neither degree programs nor specialized hospital care for older people exists[10]. A huge knowledge gap on health needs for older people has been reported by authors and a need for research has also been recommended[11].

A model of community based geriatrics care that embrace palliative care principles was practically presented by a group of seniors who receive care at the Community Center for Preventive Medicine "CCPmedicine". Of those who represented 9 and 11 were males and females respectively; with

[10] Kâ O[1], Gaye A[2], Mbacké Leye MM[3], Ngom NF[2], Dia AT[3], Diop SN[4], Sow AM[4]. Elderly And Preventive Care Of The Geriatric Pathologies In African Environment. Geriatr Psychol Neuropsychiatr Vieil. 2016 Dec 1;14(4):363-370.

[11] Audain K[1], Carr M[2], Dikmen D[3], Zotor F[4], Ellahi B[2]. Exploring the health status of older persons in Sub-Saharan Africa. Proc Nutr Soc. 2017 Nov;76(4):574-579. doi: 10.1017/S0029665117000398. Epub 2017 May 10.

age group between of 50 and 97 years old. The seniors participated as both: seminar beneficiaries and meeting ushers. The ability of the seniors to attend a full day high level meeting and to service the meeting is an important indicator of improved quality of life and Daily Lived Years.

The community care model for seniors abbreviated as **BEES** meaning **B-Bread**: which emphasizes nutrition and dietary care, **E-Exercise**, emphasizing physical activity as health-protective and maintenance, **E-Empowerment** which provides an emphasis on provision of physical, social, psychological, spiritual and legal protection, and **S-Soup**, which emphasizes rehydration and nutrition. The BEES care model for seniors has been offered in the past 4years. Initial results of BEES have shown very promising and desirable health outcomes as presented in the URL links: https://youtu.be/-rclWQyAPog

7. Discussions

Education and Training

It was obvious that, there is wide knowledge gap about palliative care throughout all presentations. Knowledge must be aligned with skills and should consider those who are currently training as well as those who are already in clinical practice. Motivation for health professionals who are in their early career development to consider palliative care as an option should be facilitated. Efforts by higher learning institutions to integrate programs on palliative care is a matter of urgency given the increasing burden of NCDs faced by our nations.

Morphine mainstay pain drug

Availability of oral morphine is one of primary measures of access to palliative care by the people. Less than, 14% of available morphine for pain treatment is accessible in the LMIC. There is no clear data on pattern and morphine distribution in Tanzania.

Interdisciplinary team work

Definition of palliative care is clouded by many myths that need to be replaced by facts. Many think it is a discipline that is exclusively needed by cancer patients or those who at end stage of life. Both types of ignorance hinder the uptake and integration of Palliative care services across the continuum of care from prevention to end-of-life services. Lessons from the EAPCON symposium as such, there were health professionals speak about diversity in medical specialty but the diseases speak one language which is PAIN, PAIN, and PAIN throughout illness trajectory. Health professionals who are in practice needs to learn the differences between multidisciplinary and interdisciplinary teamwork and its impact in care for people with long term illnesses.

Research and publications

Research was mentioned as one of the four primary objectives of EAPCON. The first draft of research agenda has been developed (**Appendix I**). The research agenda was extracted from symposiums discussions and consultation with provider experts who are running palliative care programs. The agenda is to be shared for use by students pursuing undergraduate and post graduate

degree within the country and abroad. It is expected that, the research findings will benefit both the academic programs on one hand and palliative care in public health programs on the ground. It is also expected that, the EAPCON congress which is annual event be the main forum for research data dissemination. It also in our intent to establish a special journal in favor of our research agenda and other related fields.

Financing Palliative Care seems to be a challenge and is never a priority. More effort is needed, especially in raising awareness about the need for palliative care while advocating for engagement of institutions with research as core business nationally and internationally. Also an effort to ensure palliative care services are reimbursed by insurance schemes is crucial.

Coordination of PC services

It was clear that palliative care services lack proper coordination, resulting in duplication of work and variations of care standards. The ministry for health should mainstream palliative care services and allocate respective resources at all levels of health service delivery.

Palliative Care Practice

Palliative care services needs to be tailored in routine care, however there is a need for specialized center for referral and practicum. As shared by presenters, most of patients in critical need for palliative care are normally discharged for home care, without in most cases practical assistance on how to provide care safely in a home setting. The need for palliative care consultations for patients who are cared at home is a critical need.

8. Recommendations

1. Establish partnerships with actors on public health and palliative care nationally and internationally.
2. Higher learning institutions offer under and post graduate degree on palliative medicine.
3. Routine educational sessions on palliative care for providers be a requirement.
4. Form Palliative Care Teams within departments and especially: Pediatrics and Neonates, Renal, Orthopedics and Trauma, Oral and Dental, Cardiology, Renal, Oncology, and Mental Health.
5. Develop health premium packages for palliative care services.
6. Research on palliative care needs, use and accessibility.
7. Establish specialized national journal palliative medicine in public health.
8. Provision of public insurance that cover palliative care health services packages.
9. Establish referral center for training, practicum and research on palliative medicine in public health.
10. Promote implementation science on palliative care practices.

9. Upcoming Next: The 1st Scientific Public Health Palliative Care Scientific Congress

Each year, we will be hosting a palliative care in public health scientific congress during the week of World Hospice and Palliative Care. The call for abstract and registration are both open through the following links which you can register NOW:

10. To be EAPCON Member:

Register Now: http://membership.publichealth-palliativecare.or.tz/
To Participate in OCT, 2023 EAPCON Congress:
Register Now: https://publichealth-palliativecare.or.tz/congress/
Submit your Abstract OCT, 2023 EAPCON Congress:
Send Email: info@publichealth-palliativecare.or.tz

11. Conclusion

Due to the overgrowing burden of NCDs, the demand for a continuum of care is also very high, certainly need for palliative care. Consolidation, integration and scale up of palliative care in systems for health care services is a critical need. Training institutions on health and social welfare have the major role to initiate and promote palliative care training courses from diploma to post graduate levels. The begin of public health, palliative care congress remains the best option for a sustainable grow of the discipline.

Appendix I Research agenda-topics and themes

Orthopedic and trauma

- Frailty-challenges of care in tertiary hospital epidemiology
- Hospital stay time for Orthopedic and Trauma Patients
- Pain management in orthopedic and trauma patients
- Palliative care effects of treatment outcomes for patients with orthopedic trauma

Health and economic benefits

- Hospital stay time-overall or disease specific
- Chance of admission-overall or disease specific
- Hospital re-admission
- Disease specific cost of hospital care-overall or disease specific "NCDs"

Cancer

- Palliative care effects on uptake of cancer treatments

- Palliative care effects on copying with cancer as new diagnosis
- Pain management patterns in cancer care centers
- Access to palliative care for cancer patients at their end stage of life

Care for seniors

- BEES a palliative care health promotion initiative for seniors, Evaluation
- Palliative care effects on incidence of orthopedic and trauma senior people

Cardiology

- Stroke care burden
- Risk incidence of recurrent stroke,
- Quality of life patients of Heart Failure

PAIN

- Accessibility of pain medication- morphine
- KAP on pain medication- morphine in health care practitioners
- Pain management post-operative

Peadrictrics

- Cerebral pulse care burden
- Autism burden of care
- Burn and heat care burden
- Congenital diseases care burden

Spirituality

- KAP on health,
- Effects of spirituality on health outcomes,

Art Therapy on quality of life

- Music as therapy
- Play as therapy
- Plant as therapy
- Food as therapy
- Water as therapy

Dental and Oral

- Oral and dental care needs in palliative care patients

Renal

- Burden of care in patients with renal failure
- Grief and bereavement care

Diabetes

- Diabetic wound care burden –palliative care effects
- Drug adherence and compliance-
- Family and social systems support

Surgery

- Quality of life post amputation
- Breast surgery quality of life

- Uptake of surgical procedure

Mental Health

- Care for people with mental health problems-challenges
- Mental health needs in people with life threatening health problems

Home-based care

- Home care in critically ill patients
- Home based care referral and tracking system

Survivorship

- Quality of life in cancer patients post treatment
-

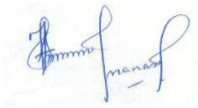
Financing in palliative care

- Costing in palliative care

Crosscutting issues

- Hospital to home discharge practices- patients with advanced diseases
- Challenges of nursing care in a home environment
- Access of information in patients with life threatening health problems
- Palliative Care effects on foot problems among diabetic patients
- Palliative Care effects on QOL on amputees
- Effects on medication cost for diabetic patients impact of Palliative Care
- Survival rate in diabetic patients with amputation Palliative Care effects
- Exercise effects in bed ridden and admitted patients
- Music effects in In-patients
- Feasibility of physical activities in a home setting for seniors
- Willingness to start treatment for diabetes and HP patients' effect of palliative care
- Default in medication effect of Palliative Care,
- Exercise on quality of life
- Social networks and quality of life
- Multiplying effects of Palliative care on primary prevention of NCDs risk factors
- Palliative care difficult choices and decisions in ICU and Emergency setting
- Communication of bad new challenges

Dr. Frank Manase- MD; MPH; MPmed



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CEO & Chair, Organizing Committee

The East African Public Health Palliative Care Congress