Cancer Care Development at Kilimanjaro Christian Medical Center

Beati is the matriarch of a large Catholic family in Arusha, Tanzania. About three years ago, Beati was diagnosed with breast cancer. As a successful businesswoman, Beati had the financial means to seek out the very best treatment available in Tanzania and went to Arusha Lutheran Medical Centre (ALMC) to see the American doctor, Mark Jacobson.

Dr. Jacobson is leading a health care revolution in the region and frequently receives the very toughest cases that the country has to offer. Beati had a successful mastectomy at ALMC after her first diagnosis. In the U.S. her surgery would have been followed by a course of radiation therapy and chemotherapy, and her five-year survival rate would have been better than 80%. However in Tanzania these treatments are unavailable, so when she was discharged after surgery, she knew that it was only a matter of time before her cancer recurred and metastasized. After Beati was readmitted to the hospital, her granddaughter, Betty, became her primary caregiver. Every morning, Betty would get up early to fix her hair and make-up and select one of her best dresses for her visit. She would then begin an hour-long walk through the city to reach the hospital, where she would sit with her grandmother until she fell asleep each night. They would chat and read magazines, tell jokes about the orderlies and watch soap operas on television.

Over a period of several weeks the cancer continued to spread and the conversations and jokes began to fall away as the doses of morphine upon which Beati was increasingly relying became greater. In the week before Beati died, the two women sat silently staring into the distance, holding hands and remembering a brighter time.

1 Betty and Beati

GHAP and GHM primarily assist community health, primary care and community hospital efforts in providing care to predominantly rural, poor populations. But every once in a while, a different project comes in front of us where we are asked to help. Such was the request from Kilimanjaro Christian Medical Center (KCMC) in Tanzania and their partner Foundation for Cancer Care in Tanzania (FCCT).

Tanzania currently sees more than 35,000 new cancer cases every year and 80% of the country's cancer victims die each year. The World Health Organization predicts that global cancer burden will increase 60% between 2000 and 2016 and 70% of the new cases will be in low-income countries.

The Tanzanian government would like to establish regional cancer treatment programs in each zone in Tanzania. Two have already been established in the largest cities – one in Dar es Salaam (Eastern) and one in Mwanza (Northwestern). However, between shortages in equipment and medicine they currently have the combined capacity to serve about 5,000 patients annually. As a result, much of the country does without cancer care. The government has identified KCMC, already one of four tertiary care centers, as a third site for services, providing education, prevention, treatment and palliative care to all cancer patients in the Northern Zone.

Cancer care hasn't been a unified department within KCMC so help is needed to define and determine the structure. KCMC wanted to consider how cancer care will best be delivered – bringing together current departmental silos under the umbrella of the Cancer Care Center. Thinking through models and

strengths of various options was critical to uniting and envisioning the way forward for this important center.

KCMC requested GHAP consultation assistance to facilitate discussions around the organization and structural aspects of the new cancer service line. Working with Dr. Mark Jacobson, CEO of Arusha Lutheran Medical Center and the Director of FCCT, GHAP consultant Magdeline Aagard spent 4 weeks in Moshi at KCMC this year.

2 Construction of Cancer Care Center at KCMC

Magdeline interviewed medical directors of specific departments such as dermatology, internal medicine, palliative care, obstetrics/gynecology, ophthalmology, orthopedics, surgery and urology; administrative services such as medical records and finance; and ancillary services such as biotech lab, laboratory, pathology and pharmacy. What they found was expertise that existed in some departments was not known in other departments. She and Mark facilitated joint meetings to discuss location of the chemo hood and protocols for chemo (storage, mixing, administering, etc.), learning from each other and the other Tanzanian sites, protocols for frozen sections, staff training, etc.

During a second trip in June, Magdeline worked with a University of Minnesota Masters in Health Administration summer intern, Meghan Howell, to update the action plan that had been developed in April. Meghan spends her days on any and all of the following issues/tasks: construction of the Cancer Care Center, arranging for staff training, procurement of everything (some supplies are in route from GHM), data collection and management, setting up administrative functions such as staff assignments, formal formation of the oncology department, job descriptions, standard operating procedures, budgeting, patient flow, cancer registry, lodging and transportation for patients, defining interaction with community health and palliative care, and setting up a process and logistics for volunteers.

The Cancer Care Center is scheduled to open in mid-October. FCCT is looking for individuals and companies who are interested in sponsoring chemotherapy treatments.