



INNOVATIVE TELE-MENTORING PROGRAMMING IN EAST AFRICA: ONGOING MULTI-YEAR PROJECT ECHO TO INCREASE ACCESS TO PALLIATIVE CARE IN REMOTE HUMANITARIAN SETTINGS ACROSS THE REGION

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BACKGROUND AND OBJECTIVES

Since 2022, a growing number of Regional and Global Palliative Care (PC) experts and dedicated humanitarian healthcare providers have been working together through a tele-mentoring program - Project ECHO.

Three cohorts of learners (**150 individuals in total**) including over 30 staff working with MSF in the East Africa region have successfully completed a PC in Humanitarian Settings course (**6-11 week training sessions via zoom, including case based teaching**) and are continuing to learn through a Community of Practice (CoP), with 160 individuals registered for monthly teaching sessions and case discussion.



METHODS

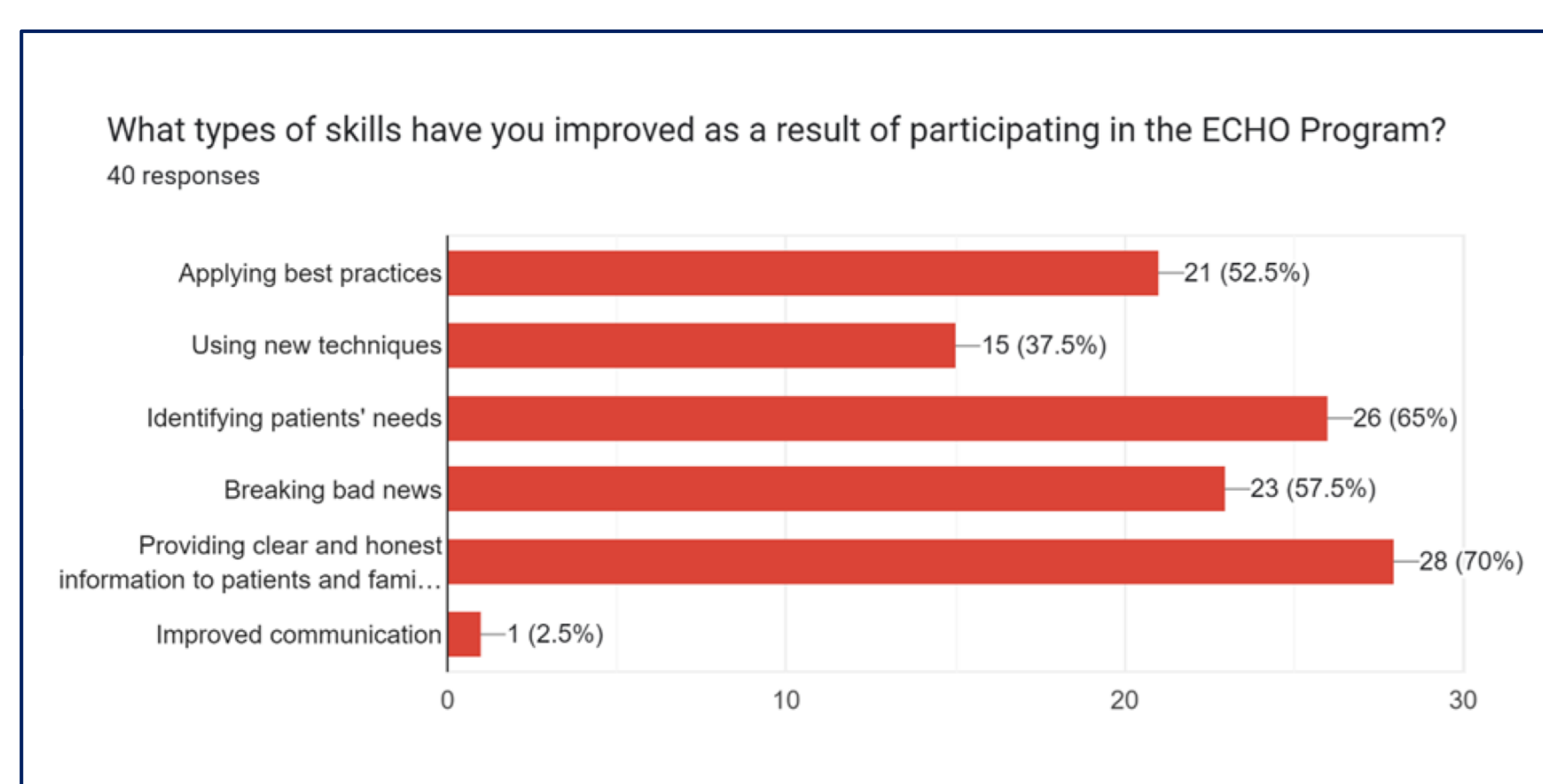
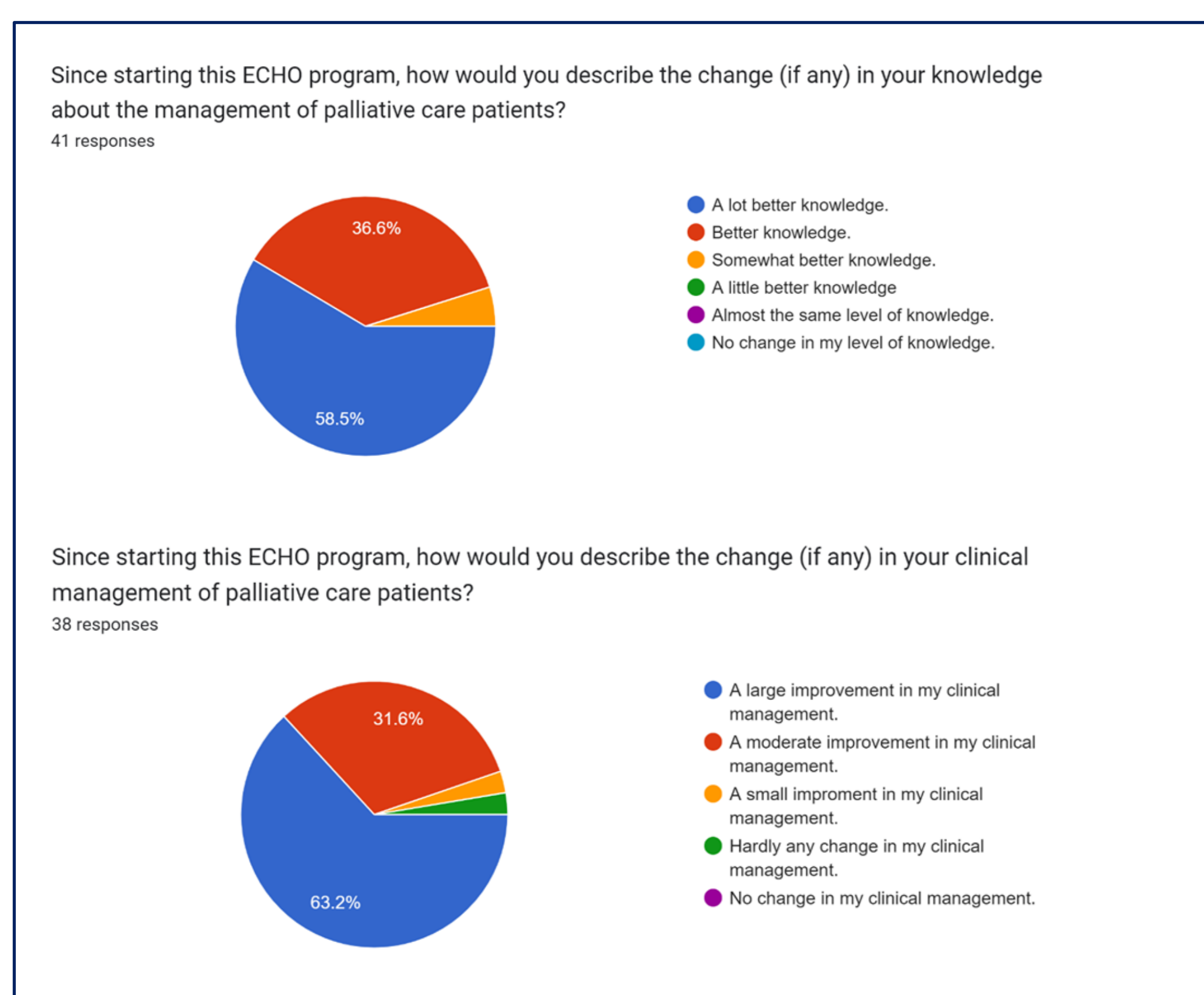
A needs-based curriculum was developed, with each session including a didactic lecture from a specialist followed by case presentation and discussion with an emphasis on clinical practice. Pre and post course online surveys were done by the participants.

RESULTS

With the leadership from PallCHASE, Africa Palliative Care Association, Project ECHO (Extension for Community Healthcare Outcomes), and Two Worlds Cancer Collaboration, healthcare providers have had the opportunity to learn principles of PC with a focus on low-resource and humanitarian settings.

The majority of participants are **highly satisfied with the Project ECHO PC courses**, and report that they would recommend the program to their colleagues. Participants identify the virtual training model of Project ECHO as an **effective way to learn and they demonstrated improvements in PC knowledge, comfort and attitudes after course participation.**

Despite low-resources for PC training in humanitarian settings, applying a tele-mentoring model **results in improved confidence in PC implementation, an active CoP and potential improvement for patient outcomes.**



DISCUSSION

Major challenges shared by participants include

- Lack of clinical referral pathways** to specialized care; referral pathways are very limited for refugees, including children in places like Dadaab Refugee Complex, Kenya if they have a suspected or confirmed diagnosis with advanced disease
- Lack of access to vital pain medications** such as morphine which is very limited with only one organisation in Dadaab able to access morphine for patients with severe pain
- Gaps in diagnostic capacity**
- Lack of healthcare workers competence in communication about end of life care due to **limited access to training on PC**

ETHICS STATEMENT

This study is not subject to ethical review due to the nature of the study/work

