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Where Referrals are Difficult: Examining an Exemplary Failing Cervical Cancer Referral System in Rural Tanzania

This summer I returned to Shirati, Tanzania for the second time. My first time in Shirati was last summer through another Experiencing the World Fellowship from Kellogg, in which I explored the state of electronic healthcare at Shirati Hospital. Shirati is a rural village bordering Lake Victoria and right below the Kenyan border. It is located five hours away from the nearest city, Mwanza. This extensive travel time coupled with a largely marginalized and impoverished population makes referrals an extremely difficult and often impossible process.

Thanks to the International Scholars Program, I have had the chance to examine referral systems from Chiapas, the poorest state in Mexico, through Partner in Health's sister organization, Compañeros en Salud. Through this study I became more interested in exploring referral systems in depth, going beyond simply proclaiming that referrals are difficult. This interest, coupled with conversations with the nurses at Shirati Hospital who run the cervical cancer screening center, sparked my interest in examining why the referral system for cervical cancer was failing.

To dive into the intricacies of this failure, the Experiencing the World Fellowship allowed me to conduct research in several different ways. To begin, I was able to live at the hospital that Shirati Hospital refers to in Mwanza, Bugando Medical Center. There, I explored Bugando's oncology department with an oncologist who founded the International Cancer Care and Research Excellence (ICCARE), an NGO that works at the hospital to treat pediatric cancer cases.

It gave me a chance to explore the infrastructure of the hospital for referred cancer patients. Some of the difficulties these patients face include having to go to the emergency department before the oncology ward and having to wait for biopsy results which tend to take over two weeks. This extensive time for biopsy results requires patients make the trek once again to come get their results. Even simply navigating a hospital system that is unfamiliar adds to the complexity of patients seeking treatment.

After my week at Bugando ended, I headed out to Shirati. There I explored the system from the other end. I had the chance to see how difficult it was for some patients to travel even just to Shirati Hospital due to there being very few ways to obtain transportation. The difficulty of obtaining transportation proved to be synergistic with the extensive distance a lot of patients lived from Shirati Hospital and together, added up to more than their sum in making it difficult for sick patients to reach care. Poverty also played a large role, as poorer patients tend to live further from the hospital. All of these barriers become even more amplified in the event that a patient must seek care at Bugando. To say the need for a referral is almost synonymous with death for most patients is not an exaggeration.

Finally, I was able to interview the nurses that run the cervical cancer ward to look specifically at referrals for patients with cervical cancer. The screening ward was in a rather dismal state at the time of my research. When Shirati started screening in 2011, there were ten nurses and one doctor. This summer, only four nurses remained and zero doctors. The funding had dried up six months prior to my arrival. The nurses were left to screen with what materials they had. Outreach that previously occurred once a month and screened patients from distant villages in Shirati Hospital's large catchment area halted entirely. The sense of despair surrounding the screening room was inescapable in interviews with all four remaining nurses.

To call the referral process for cervical cancer patients a system is a gross misnomer. What had been constructed by the same organization that originally funded the ward had provided one doctor in Dar es Salaam who in theory would treat all patients that screened positive for cervical cancer. Dar es Salaam was over 24 hours away by bus, however, and the nurses reported that in the five years of the wards existence, they estimated only five patients had ever actually been able to make it there for treatment. The nurses also had no communication with anyone in Bugando. In essence, patients were being sent into an abyss, and nurses were left with no way to know if they had received treatment, what their results were, if they made it to Bugando, and so forth.

The chance to explore the referral process everywhere from the village level to the referral hospital helped me understand all the aspects of why the process fails so often to get patients the treatment they need. In addition to exploring cervical cancer, I also had

a chance to start looking at pediatric cancer and the process for getting those patients treatment as well. This opportunity mostly came when I was in Bugando visiting ICCARE. There, I had the chance to see that progress really is being made on this front, although there is still a long way to go especially for patients not based in the city or nearby.

Some of my exploration of pediatric cancer also came from informal discussions with doctors at Shirati Hospital as well. Interestingly, the referral system for that depends on the type of cancer. If a patient has Burkett's Lymphoma, they are sent to Bugando and their treatment is fully paid for as there is a study being run on the common cancer all throughout East Africa. If a patient does not have this type of cancer however, the doctors at Shirati Hospital will just send the patients with a piece of paper to Mwanza.

This summer was once again a good chance to be exposed to the culture of rural Tanzania. I had the chance to learn much more Swahili than I did last year. And finally, I had the chance to better understand medicine in settings where materials are often scarce or absent.