

REPORT TO THE WORLD RADIOGRAPHY EDUCATION TRUST FOUNDATION (WRETF)

Following the generous award from the World Radiography Education Trust Foundation I was able to attend the tenth Pan African Congress of Radiology and Imaging (PACORI 2019) 14 -17 February 2019 in Accra, Ghana, and also to visit to Korle Bu Teaching Hospital; a premier public healthcare facility.

PACORI 2019

Purpose;

1. To attend and participate in the Conference, and
2. To make an oral presentation - my abstract had been accepted by the PACORI 2019 Scientific Committee.

The 10th PACORI was held in February 14-17, 2019, in Accra, Ghana. It is a biennial congress bringing together the largest gathering of practitioners in radiation medicine and manufacturers in Africa; radiologists, radiographers/radiation therapists, medical physicists, radiation oncologists, equipment manufacturers and captains of industry. The congress exceeded its target of 400 delegates who came from more than twenty countries in Africa and beyond.

The Conference then was **“Achieving the Health-Related Sustainable Development Goals in Africa: “Role of Radiology and Imaging”**. This was appropriate since it directly addresses key issues facing radiological services in the continent. To actualize this presentations were either, scientific or research papers, lectures and panel discussions. The main congress was preceded by a hands-on workshop, whose focus was the musculoskeletal system by the international skeletal society on 12 -13 February 2019 primarily for radiology residents. This was an initiative of the West Africa College of Radiology in conjunction with the local chapter.

It was good to note that over 80% of the attendance consisted of radiographers from various disciplines despite most of the presentations coming from radiologists and other medical specialists. However the participation of radiographers was encouraging; it is worth noting that the hosting President of PACORI 2019 (now outgoing) Dr. Samuel Yaw Opoku is a therapy radiographer/ radiation therapist who was equal to the task that ensured success of the event.

During the Opening Ceremony which was graced by Ghana’s Vice President His Excellency Alhaji Dr. Mahumud Bawumia and the Minister for Health Hon. Kwaku Agyeman-Manu, emphasis was placed on the importance of medical imaging which now accounts for 35% of medical diagnoses. Critical is the fact that most of it utilises ionizing radiation which should be justified and optimized due to both the benefits accrued and potential risks involved. This was a good

precursor to my oral presentation at the conference, “**Awareness on Ionizing Radiation among Non Radiation Workers at a Teaching Hospital**”. From the discussions from both the local organising committee, government officials and colleagues, Ghana has made strides in healthcare a good indicator in the continuous improvement of radiological services both in medical imaging and radiation therapy. There are plans to further expand services significantly - mother and child health ultrasound services and radiation therapy with the soon to be acquisition of two linear accelerators.

This was also an opportunity to network and renew past friendships/ acquaintances and create new ones too. Through the Africa Radiography Forum (ARF) meetings the radiography community in Africa is networking and learning from best practices within the continent. The forum brings together all facets and aspects of the profession; political leadership, educators, policy makers and regulators. This year under the leadership of the current President Dr. Mark Okeji, there was participation from the French speaking societies/ associations from Togo, Cameroon, Cote d’Ivoire, Gabon, Niger and Congo. We were privileged to have the (International Society of Radiographers and Radiological Technologists) ISRRRT Regional Director Mr. Boniface Yao and immediate past ISRRRT President Dr. Fozy Peer in attendance; they provided insights on how to effectively engage. The ARF compliments the efforts all the global ISRRRT by espousing the same values and objectives win the continent.

Following successful bidding and lobby, the next PACORI shall be in the year 2021 in Addis Abba, Ethiopia. The incoming hosts have promised a bigger and more inclusive congress. I wish them well in their endeavour.

Visit to Korle Bu Teaching Hospital

Purpose;

1. To carry out a study tour and of activities at the National Radiotherapy, Oncology and Nuclear Medicine Centre,
2. To establish networks between the centre and my department in Nairobi, Kenya, and
3. To share experience of my department and learning possible best practices that I would take home and perhaps domesticate for use.

During PACORI 2019, I found time to visit the National Radiotherapy, Oncology, and Nuclear Medicine Centre which is hosted by the Korle-Bu (the valley of the Korle lagoon) Teaching Hospital (KBTH). The KBTH was established in 1923 as health facility for natives during the colonisation era of Ghana. Currently it is 2000-bed tertiary premier health-care facility and referral hospital located in the capital city of Ghana, and the third largest hospital in Africa. KBTH gained teaching hospital status in 1962 which is now affiliated with the Medical School of the University of Ghana

While the National Radiotherapy, Oncology and Nuclear Medicine Centre established in 1997 through a collaborative effort between the Government of Ghana via the Ministry of Health, the International Atomic Energy Agency (IAEA) in collaboration with the Ghana Atomic Energy Commission (GAEC). Last year alone, the centre treated 720 patients.

Healthcare human resource in such facilities in Africa is a major challenge. I was able to establish that there are 3 Radiation Oncologists, 3 Medical Officers/Residents, 3 Nurses, 2 Medical Physicists, 13 Radiation Therapists, 2 Biomedical Engineers and 2 Accounts Personnel working there either as employees of the KBTH, Government or seconded by the GAEC. The centre is a standalone unit with the basic operational equipment and facilities; Cobalt 60 unit, dual head gamma camera, conventional simulator, LDR brachytherapy, film processor, orthovoltage unit, treatment planning unit 2D, C-arm fluoroscopy machine, and a cancer registry. With these the centre is able to see 30 new patients seen at the clinic daily, have 50 patients treated on Co-60 Units via 2 shifts (8am-2pm, 2pm-8pm), and effective manual based Quality Assurance (Q/A) system. Chemotherapy is carried out in another clinic which is adjacent.

Colleagues confirmed and outlined the following as the future plans to improve service delivery;

1. Supporting and Strengthening Komfo Anokye Teaching Hospital in Kumasi;
2. More collaboration with MOH/IAEA to improve quality of care;
3. Construction of a new facility and acquisition of new SPECT gamma camera, 3D Planning System with CT Linkage, and linear accelerator;
4. Source of cobalt 60 equipment change;
5. Public Private Partnership;
6. Human Resource Development;
7. Carry out survival analysis on certain cancers particularly cancer of the cervix.

Lessons Learned:

- a. QA should not be complicated; the manual system at the centre is quite effective in ensuring safe treatment delivery to the clients. It is based on a system that is constantly reviewed.
- b. Collaboration/ Partnerships are key in development capacity because at no time will there be enough resources to actualize vision of any organization. An innovation from one institution can be used across the board if it provides the desired goal or objective. A good example is the joint calendar of events/activities and review of protocols treatment management protocols by and for both the hospital and the university.

Acknowledgements;

I wish to acknowledge the Trustees of the WRETF for providing the bursary to achieve all that I have listed in this report. I pay special mention to past Chair Cynthia Cowling, the current Chair Christopher Steelman for constant encouragement, and the Honorary Treasurer Ian Henderson for promptly providing with updates and financial access.

The vision of the founders of WRETF is not in vain, I am testimony to this.
Long live WRETF.

CAESAR BARARE

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