

POETIC TANZANIA ANNUAL REPORT 2025



Note of gratitude

Dear Colleagues and Collaborators

We extend our heartfelt gratitude to our colleagues, collaborators and partners whose dedication, expertise and commitment have made this work possible. Your contributions – whether through research, implementation, policy engagement, mentorship or frontline service – gave been central to advancing Essential Emergency and Critical Care and strengthening health systems in Tanzania and beyond.

We are deeply thankful to the healthcare workers, researchers, policymakers, academic institutions, implementing partners, and funders who have walked this journey with us. Your trust, collaboration, and shared belief in the value of equitable, life-saving care continue to inspire our work.

This report reflects not only our collective achievements, but also the power of partnership in translating evidence into action and improving care for critically ill patients everywhere. We look forward to continued collaboration as we work together to save lives and build stronger, more resilient health systems.

As we close the year, we wish you and your loved ones a joyous and restful holiday season and a healthy, fulfilling year ahead!

Warm Regards,
The POETIC Tanzania Team

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OVERVIEW

OUR TEAM

03

WHAT WE DO

05

OUR PROJECTS

05

PARTICIPATION IN CONFERENCES AND WORKSHOPS

11

EECC GLOBAL

13

PUBLICATIONS

14

CAPACITY BUILDING SESSIONS

15

EECC LEARNING COURSES AND MATERIALS

15

EECC JOB AIDS

16

MENTORSHIP PROGRAM

16

COLLABORATORS

17

FUNDERS

17

APPRECIATION

18

OUR TEAM

The Provision of Essential Treatments In Critical Illness (POETIC) Tanzania team is a multidisciplinary team of researchers based at Muhimbili University of Health and Allied Sciences (MUHAS) within the Department of Emergency Medicine, focused on a core mission: advancing Essential Emergency and Critical Care (EECC). EECC is the foundational low-cost lifesaving care that all critically ill patients should receive regardless of their age, sex, diagnosis or location. Our team consists of senior and junior medical doctors, clinicians, public health and implementation science specialists, social scientists, PhD students and communication experts.

MEET THE TEAM:



Tim Baker is an Associate Professor, Critical Care physician and Anesthesiologist with 20 years' experience in global critical care research, programmatic and clinical work. Tim leads global collaborative research and capacity building programs, especially around the health systems innovation, Essential Emergency and Critical Care.



Karima Khalid is a lecturer and consultant at MUHAS with more than 10 years of experience in Anesthesia and Critical Care. Her expertise spans both clinical and non-clinical aspects of medicine, with a particular focus on capacity building in anesthesia and critical care. She serves as the principal investigator for EECCIT.



Godfrey Barabona, is a senior project manager and Tanzania lead for projects under the African Partnership for Perioperative and Critical care Research (APPRISE). He is also an honorary lecturer at Muhimbili University of health and Allied Sciences, Tanzania and a visiting assistant professor at Kumamoto university, Japan.



Aneth Kaliza is a medical doctor, researcher and leader in areas focusing in improving the standards and access to healthcare services. She is currently serving as the Program Coordinator of POETIC Tanzania.



Anna Hvafner is a visiting PhD student, from the Department of Global Public Health at Karolinska Institute. Currently, Anna is involved in projects within the implementation of EECC in Tanzania– coordinating capacity building approaches; and the APPRISE project – researching bottlenecks to the provision of EECC in health facilities.



Rafael Shayo, is a medical doctor with vested interest in clinical and public health research programs. For the past 4 years he has worked in clinical research, data quality assessment, and monitoring and evaluation activities of health programs to determine program effectiveness.



Alma Damas, is a dedicated pharmacist, public health and implementation science specialist, and a researcher at POETIC Tanzania.



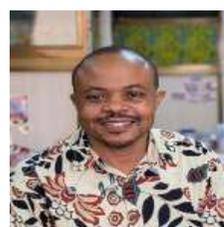
Anab F. Issa, is a medical doctor and population health scientist at the POETIC Tanzania office, serving as a research scientist for the EECCiT project.



Charles Machumu, is a medical doctor who seamlessly integrates clinical expertise with creative flair. He has embarked on a dual career path as both a medical doctor and a Communications Officer at POETIC Tanzania.



Sabra Hussein, is a practicing medical doctor and an emerging clinical researcher with a strong leadership background. At POETIC, she serves as one of the coordinators for APPRISE project and also supports EECCiT activities.



Elibariki Mkumbo, is a social science researcher with 17 years' experience in community- and facility-based health research. Formerly at Ifakara Health Institute and now at MUHAS, he has published on maternal and newborn health, quality improvement, community interventions, and critical care. He leads community critical care work and supports community involvement and engagement initiative within the POETIC project.



Abbas Kiwae, is a dedicated medical doctor and emerging researcher with a passion for clinical research aimed at saving lives and advancing medical knowledge. A 2023 graduate of MUHAS, he currently serves as the Project Coordinator for the EECCiT project.

WHAT WE DO

Our team oversees and supports projects and initiatives focused on strengthening emergency, peri-operative, and critical care systems. Our work bridges research, implementation, and advocacy to transform how critical illness is identified and managed, starting at the primary care level in Tanzania and extending to influence global practice.

Our work is comprehensive, and impact driven. We provide the technical backbone for national initiatives such as the Essential Emergency and Critical Care in Tanzania (EECCIT) program. Through multi-country research collaboratives like the African Partnership for Peri-operative and Critical Care Research (APPRISE), we generate vital evidence and conduct quality improvement studies to reduce post-operative mortality.

In addition, POETIC Tanzania serves as the National EECC Global Hub, fostering a growing network of EECC Champions in Tanzania and implementation of EECC in health facilities throughout the country. We actively shape the conversation on critical care through participation in conferences and publishing in peer-reviewed journals. We engage communities to understand critical illness from the perspectives of patients, survivors, and families, ensuring that care improvements remain grounded in lived experience.

OUR PROJECTS

ESSENTIAL EMERGENCY AND CRITICAL CARE IN TANZANIA (EECCIT)

EECCIT is a government-led program supported by UNICEF. We provide technical assistance for the operationalization and integration of EECC including oxygen therapy within Primary Health Care (PHC) settings across five mainland regions and Zanzibar. The goal of EECCIT is to identify gaps in EECC provision, design and implement a targeted intervention package, and generate evidence on what works to inform the national scale-up of EECC across other regions.

To achieve this, we have done the following:

- Dissemination to raise awareness about the government's plans and the importance of EECC.
- Review of medical and nursing curricula and 21 in-service courses to assess the coverage of EECC content and identify training needs.
- A survey of 300 health facilities and an in-depth-assessment of 24 selected facilities in five regions of mainland Tanzania plus Zanzibar to identify gaps in EECC provision and the underlying drivers of these gaps.
- Development of 3-day clinical EECC training, EECC leadership training and EECC focal persons training, plus, clinical tools and job aids to assist EECC provision.
- Review of the country's health management information systems and recommendations of EECC indicators for inclusion.

The baseline assessments that identified nine key barriers to the provision of EECC. Based on these findings, the POETIC team, in collaboration with UNICEF and government stakeholders, co-designed a targeted intervention package which was rolled out in May 2025.

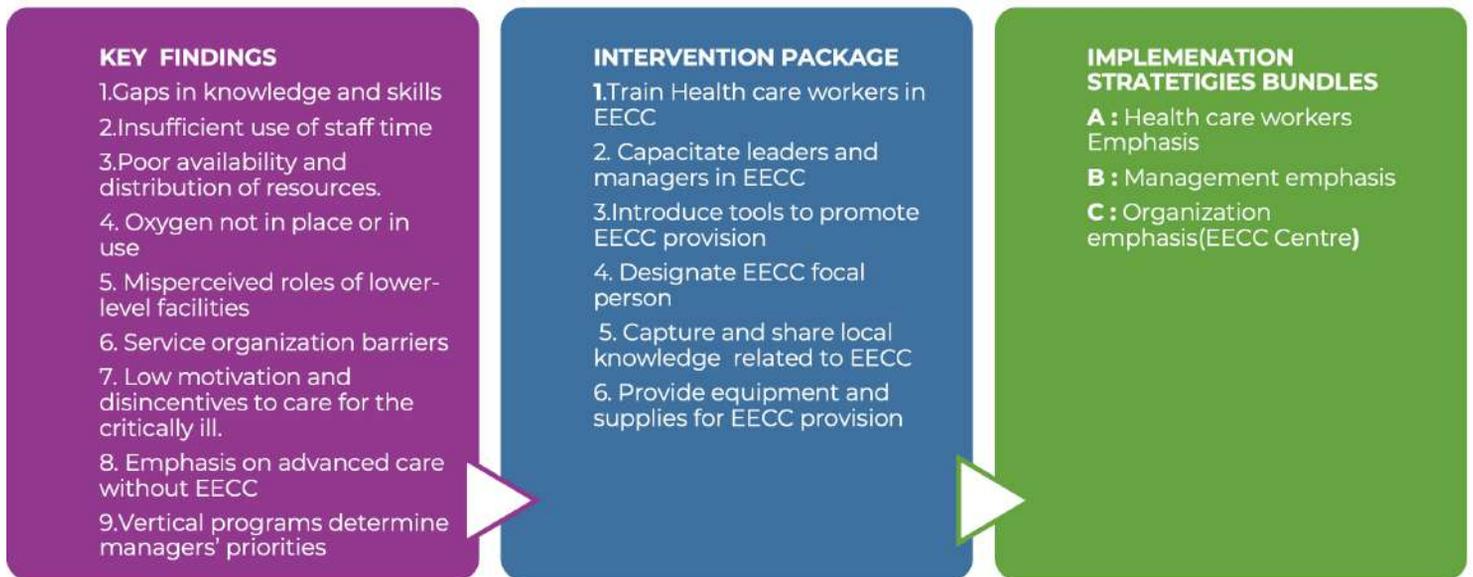


Figure 1 The key findings and intervention package



Photos from the co-creation workshop with UNICEF and government stakeholders

PROGRESS IN IMPLEMENTATION ACTIVITIES

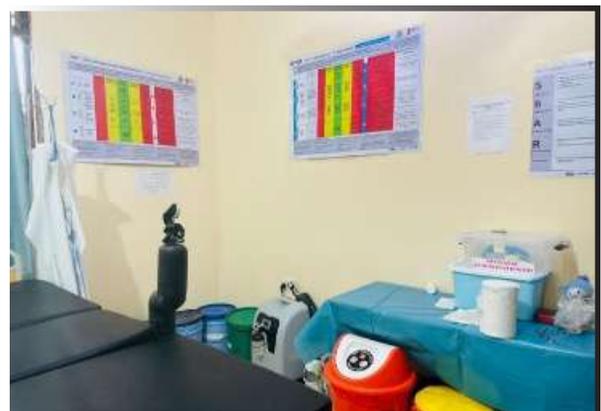
- Trained trainers in preparation for clinical and leadership trainings



- We trained >1,000 health workers in a practical 3-day EECC course



- We distributed user-friendly job aids like colour-coded Vital Signs Directed Therapy (VSDT) charts, which help staff quickly identify danger signs and act, and SBAR communication tools for better handovers.



- Capacitated >200 facility, district and regional leaders to create an enabling environment for the provision of EECC in their contexts
- We empowered facilities by designating EECC focal persons and implementing monthly "Vital Signs Censuses," a simple yet effective tool for tracking critical illness and quality of care. This fostered local ownership and enabled data-driven improvements.
- To sustain momentum, we leveraged WhatsApp groups and webinars as dynamic platforms for continuous knowledge sharing, celebrating successes, and maintaining direct communication with leaders and health workers on the ground.

OUTCOMES AND IMPACT:

- We have observed a reduction in inpatient mortality, reduced number of referrals and reduced average hospital stays across implementing facilities.
- EECC knowledge among health workers has improved and the knowledge increased has been retained; four months following the training
- Provision of EECC to critically ill patients has more than doubled across participating facilities.
- Oxygen systems have improved, with better availability, earlier identification of hypoxic patients, and more timely oxygen delivery.
- There is an improved availability of resources in health facilities and strengthened ward-level preparedness for EECC delivery.
- Health workers report increased confidence in managing critically ill patients



"There has been a significant reduction in maternal deaths since the EECC implementation began in June. There has been a marked decrease in the need for referrals, and we have only had one maternal death in the district hospital and none in the whole of a district council – this has never happened in history."

Dr Jonathan Budenu, Regional Medical Officer, Katavi Region, Tanzania



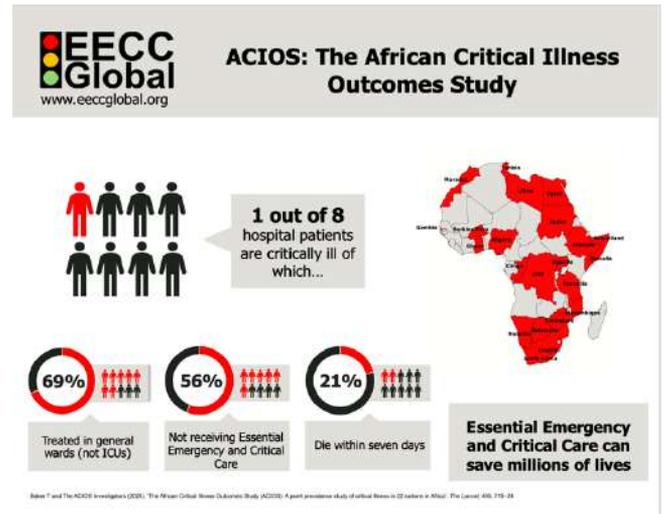
The way forward: We are writing-up the results in a series of scientific manuscripts and policy briefs, and will continue supporting the government with the plans for scale-up and sustaining of EECC throughout the country.

AFRICAN PARTNERSHIP FOR PERI-OPERATIVE AND CRITICAL CARE RESEARCH (APPRISE)

APPRISE is an NIHR-funded multi-country project focused on improving perioperative and critical care in Africa. It involves four countries: Tanzania, South Africa, Uganda, and Ethiopia. The Tanzania arm of this project is led by the POETIC Tanzania team.

Sub-Projects:

- The African Critical Illness Outcome Study (ACIOS)** a prospective, multi-country, multi-centre, observational study to determine the burden and mortality of patients with critical illness and the current coverage of EECC. The study was conducted in 21 African countries including Tanzania and involved 19,872 patients in 180 hospitals. ACIOS was published in the Lancet in Feb 2025, the findings highlighted significant gaps in the provision of EECC, despite evidence that these interventions are both feasible and cost-effective. You can read the key findings at EECC Global's website: <https://www.eeccglobal.org/african-critical-illness-study>
- 5Rs to Rescue:** A quality improvement and research project conducted in collaboration with the Institute for Health Improvement that aims to reduce post-operative mortality in Africa through '5Rs': R-Risk assessment, R-Recognition, R- Response, R- Reassessment, R- Reflection. Following a pilot phase in 2 facilities in 2024, in 2025 the project was launched in 5 large hospitals in Tanzania (Muhimbili Orthopedic Institute (MOI), Singida RRH, Morogoro RRH, Dodoma RRH, and Benjamin Mkapa Hospital- Dodoma). Data collection is ongoing and so far 3730 patients have been recruited. The next steps are to analyse results and perform process evaluations.



- **EECC Bottlenecks:** we are studying the bottlenecks to EECC coverage to understand the underlying determinants of the low provision of EECC in African hospitals. The study protocol has been developed and data collection is scheduled for 2026 in Tanzania and other participating countries.
- **The Rule of Thumb:** A prospective, multi-center efficacy study of a bundled peri-operative care package to prevent and treat life-threatening maternal haemorrhage during or after caesarean section. The rule of thumb project is underway in Mwananyamala and Amana RRH in Dar es Salaam regions, where the project was launched following a 2-week baseline data collection period.



- **Community Engagement and Involvement (CEI):** In 2025, our Community Engagement and Involvement (CEI) work focused on strengthening community-centred critical care research by actively involving survivors of critical illness and family caregivers (CRISP). We concentrated on data analysis and manuscript development from a study exploring the experiences of critically ill patients and their families in Tanzania. The manuscript, “We feel powerless: the experiences of critically ill patients and their families receiving care in Tanzania,” is in its final stages and ready for journal submission. Insights from the CRISP work were presented at the international meeting on Building Global Acute Care Research Capacity in Kigali, Rwanda, amplifying community voices. At the same time, efforts continue to strengthen and expand the CRISP group in preparation for broader CEI activities in 2026.



- **E registry study:** A mixed methods study describing stakeholder perceptions of electronic healthcare registries in Tanzania. Stakeholders include healthcare professionals, medical records personnel, administrators, and policymakers actively engaged in the healthcare system in the selected areas. The aim of the study is to develop a framework describing stakeholder perceptions of electronic healthcare registries to support quality improvement, clinical benchmarking, and research at local, regional, and national levels of the healthcare system in Tanzania. Currently, interviews are underway.

PARTICIPATION IN CONFERENCES AND WORKSHOPS-2025

In 2025, the POETIC team actively participated in a range of national, regional, and international meetings and conferences to share experiences, disseminate emerging evidence, and strengthen partnerships.

- Symposium on Essential Emergency and Critical Care: Early Action and Practical Skills for Every Nurse in Every Ward, MUHAS - 5th December 2025
- Building Global Acute Care Research Capacity meeting in Kigali, Rwanda- 5th- 9th October 2025



- Tanzania Health Summit from 1st -3rd October 2025 at JNICC, Dar es Salaam



- 17th World Congress of Intensive and Critical Care from September 16th – 19th, 2025 in Vancouver, Canada

- UNICEF/Child Health Taskforce Webinar Essential Emergency and Critical Care: Training, tools and implementation in Tanzania, 11th September



- Muhimbili University of Health and Allied Sciences Scientific Conference, 18th June 2025



- Society of Anaesthesiologists of Tanzania (SATA), 7th-9th May 2025



- Tanzania National Medical Conference, 18th-20th June 2025



- EEECC was presented at World Federation of the Society of Anaesthesiologists (WFSA) -World Health Assembly side event within the theme of Data to Action: How metrics and standards are improving patient safety, May 2025



- 4th EEECC Champions Workshop, Dar-es-salaam, 9th-11th April 2025



- Critical Care Congress in Orlando, Florida - 23rd-25th February 2025



- WFSA Webinar: Anaesthesiology in Health Emergencies: Essential Emergency and Critical Care. 14th January 2025



EECC GLOBAL

EECC Global is a newly established global non-profit organization promoting EECC for all critically ill patients worldwide. It's website <https://www.eccglobal.org> is the go-to platform for reliable and up-to-date information on EECC for anyone seeking to know more about EECC.

EECC global also hosts the EECC network: an informal and independent community with over 1,700 members from 127 countries and opportunities to participate in the work of EECC across areas. The network consists of medical and public health experts from different professional backgrounds from all over the world interested in EECC.

Anyone interested in EECC can join the EECC Network at www.eccglobal.org/eccnetwork or scan the code below.



PUBLICATIONS

1. [Lessons learned from the promotion of Essential Emergency and Critical Care in Tanzania - a qualitative study.](#) Kaliza AC, Mlunde LB, Schell CO, et al. *BMJ Open* 2025;15:e089229.
2. [The African Critical Illness Outcomes Study \(ACIOS\): a point prevalence study of critical illness in 22 nations in Africa.](#) Baker T and The ACIOS Investigators. *The Lancet* (2025) 405: 715–24.
3. [Realising the benefits of oxygen through essential emergency and critical care.](#) Tim Baker, Karima Khalid, Alhassan Datti Mohammed, Alexa Wharton-Smith, Ganbold Lundegh, Rob Mitchell, et al. *The Lancet Global Health*. Mar 2025. Vol 13, Issue 3. e387-e388
4. [Critically ill patients are not just luggage: The experiences of health workers on the transportation of critically ill patients in hospitals in Tanzania.](#) John Maiba, Elibariki Mkumbo, Karima Khalid, Tamara Mulenga Willows, Onesmus Onyango, Carl Otto Schell, Jacob McKnight, Jacquie Oliwa and Tim Baker. *Journal of Health Services Research & Policy*. Sep 2025.
5. [Reducing global inequities in medical oxygen access: the Lancet Global Health Commission on medical oxygen security.](#) Hamish R Graham, Carina King, Ahmed Ehsanur Rahman, Freddy Eric Kitutu, Leith Greenslade, Masooma Aqeel et al. *The Lancet Global Health Commission* Vol. 13, Issue 3. E528-E584, Mar 2025.

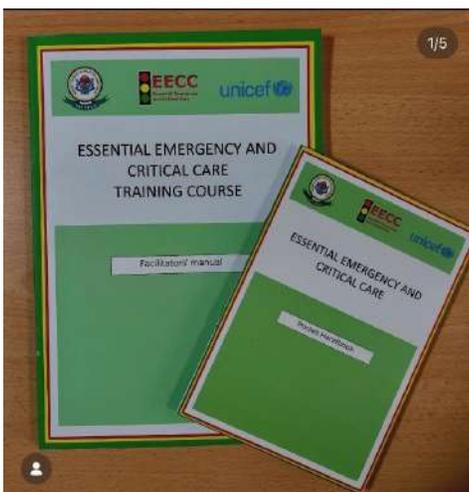
CAPACITY BUILDING SESSIONS

Through 2025 the team conducted weekly capacity building sessions to enhance research skills, soft and hard skills to all team members, so that we can enhance output and every member is capacitated to perform to the best of their capabilities



EECC LEARNING COURSES/TRAINING

We finalized and made available a comprehensive set of EECC training materials, which are openly accessible on the EECC Global website. These include a facilitator resource pack—comprising a course schedule, facilitator manual, pocket handbook, course printouts, and evaluation forms—as well as training slides for the 3-day EECC course.



SCAN THE CODE BELOW



EECC JOB AIDS

We have also developed a set of EECC job aids designed for use by healthcare workers and facility leaders to support routine care and quality improvement at facility level. These tools include the Vital Signs Directed Therapy (VSDT) charts for both paediatric and adult patients, the EECC Rapid Health Facility Assessment Tool, the EECC Resource Checklist, and an SBAR (Situation–Background–Assessment–Recommendation) communication template. All of these job aids are openly available on the EECC Global website.

<https://www.eeccglobal.org/ecc-tools>

VSDT EECC Vital Signs Directed Therapy Protocol For all patients over 12 years

Note: The chart can be modified by the treating clinician to suit local practice. Do not use for patients with underlying illness.

System	Normal (Green)	Abnormal (Yellow)	Abnormal (Yellow)	Abnormal (Red)	Additional Treatments to Consider
A Airways	Clear	Wheezing	Stridor	Respiratory distress	Review and adjust oxygen levels from 28% to 30% Clear airways and back-thrust if choking
B Breathing	Normal	Increased	Increased	Respiratory distress	High-flow oxygen High-flow nasal cannula (HFNC) Respiratory support Chest physiotherapy Suction
C Circulation	Normal	Abnormal	Abnormal	Shock	Compression and elevation of any external bleeding Lateral tilt position if pregnant Oxygen therapy IV fluids IM adrenaline 0.5mg if anaphylaxis OCS if able to take oral fluids
D Consciousness	Alert	Alert or responsive to voice	Unresponsive to voice	Unresponsive to voice	Check the patient's level of consciousness Call for help

EECC Global **Canada** **unicef**

SBAR – a tool for clear and effective communication

S Situation	<ul style="list-style-type: none"> Introduce yourself and the location State why you are communicating about this patient Introduce the patient
B Background	<ul style="list-style-type: none"> Relevant past medical history and course of illness What has happened recently What treatments and actions have been done
A Assessment	<ul style="list-style-type: none"> State the current problem(s) State the relevant vital signs and say "the patient is critical" (if that is the case)
R Recommendation	<ul style="list-style-type: none"> State what you recommend or what you need State timeline for recommendation
Confirmation	<ul style="list-style-type: none"> Ask receiver to repeat back key confirmation

EECC Global **unicef** **Canada**

MENTORSHIP PROGRAM

This year, we provided mentorship for 2 medical students from Uppsala University, Sweden (Wille and Simon), who were at our office for 4-week research placement. They were involved in writing their research thesis and took part in EECCIT assessment on readiness and provision as well.



Mentorship and supervision are also conducted in the team for one PhD student at MUHAS, Dr. Karima Khalid, and two international PhD students, Dr Anna Hvarfner at Karolinska Institute, and Federica Mangini at University of Cape Town.

COLLABORATIONS

We have collaborated with universities, non – governmental organizations and governments to improve the quality of care for critically ill patients.

1. Ministry of Health, Tanzania
2. PORALG, Tanzania
3. Ministry of Health, Zanzibar
4. Ifakara Health Institute, Dar es Salaam, Tanzania
5. Queen Mary University of London, UK.
6. Karolinska Institutet, Stockholm, Sweden
7. Uppsala University, Uppsala, Sweden
8. Stanford University, USA
9. Institute of Healthcare Improvement, USA
10. University of Cape Town, South Africa
11. UNICEF
12. World Health Organization
13. The World Bank
14. PATH
15. World Federation of Societies of Anaesthesia
16. World Federation of Intensive and Critical Care
17. International Federation of Emergency Medicine
18. London School of Hygiene and Tropical Medicine, UK
19. African Federation of Emergency Medicine

FUNDERS

We have received funding from several organizations to ensure sustainability of our work.

1. UNICEF
2. National Institutes of Health Research, UK
3. Laerdal Foundation
4. World Federation of Intensive and Critical Care
5. Association of Anaesthetists, UK
6. Life Support Foundation, Sweden
7. Einhorn Foundation, Sweden
8. Karolinska Institute, Sweden

OUR CONTACTS

For more information on what we do at POETIC TANZANIA.

Visit our website: www.poetictz.org
 Follow us:   Poetic tanzania  Poetictz



APPRECIATION

We extend heartfelt appreciation to the MUHAS administrative leadership and to all partners for the collaboration and support we've shared in the year 2025

We humbly extend an invitation to colleagues who share our belief, offering prospects for collaboration towards a brighter and robust future together. Your expertise and perspective will undoubtedly enhance the collaborative process, and contribute to the success of initiatives that align with our mutual objectives and have a lasting impact on global public health in Tanzania and beyond.



POETICTZ

Provision of Essential Treatment in Critical Illness - Tanzania



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