Opioid Workshop on National Drug Control Policy: “Opioids – the foundation of pain treatment”

Translating barriers into Action

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UGANDA

Country size: 236,000 sq.kms
Slightly smaller than Oregon

On the equator
Temperate climate (20-30°C)
PEARL OF AFRICA
Uganda: Demographic indicators

- Population – 28 million (2006) UN
- 52% of population below 15 years
- 86% live in rural areas
- 57% never see a health worker
- Life Expectancy at birth 39 in 1993, 45 yrs 2003 (MoH)

Source: Uganda Demographic and Health Survey, 2006
52% OF POPULATION BELOW 15 YEARS
Commencing Modern Palliative Medicine – 1967

- Dame Cicely Saunders (RIP 2005) commenced Palliative Care at St Christopher's Hospice in London in 1967.
- Previously, through well researched methods of care, pain and symptoms for patients with life-limiting illnesses e.g. cancer and HIV/AIDS she had shown that all can be successfully controlled and Quality of Life improved to the end of life.
- In 1987, Palliative Medicine became a specialty under R College of Physicians.
FIRST STEPS: KAMPALA 1993

- Hospice Africa Uganda commenced with the arrival of Dr. Anne Merriman MBE, FRCP a distinguished physician who started palliative care in Uganda in 1993.
- The specialty of palliative medicine was introduced for the first time.
• She came to address cancer pain but found more suffering arising from HIV/AIDS in 1994.
• Adapted cancer pain management to HIV/AIDS pain.
• Insisted that Oral Morphine be made available.
• Ministry of Health granted her request.
• Oral morphine (liquid) formulation was registered in Uganda for the first time.
Hospice Africa Uganda, Kampala
commenced 1993

Branches:
- Mobile Hospice Mbarara: 1998
- Little Hospice Hoima: 1998

The 3 noble objectives of these Hospices:
- To provide palliative care services to patients and families.
- To carry out education and training in palliative care so that this form of care is available to all patients in need.
- To encourage palliative care in other African countries.
NOW MAKING UP AFFORDABLE MORPHINE IN HOSPICE
Teaching and Research

- Recruitment of Nurses & Clinical Officers.
- Training them for palliative care.
- Work in a defined area: 20km radius from the Hospice.
- Research at the three above centres.
• Strategic exposure of many young doctors and nurses to palliative care and sustaining interest for pain management and symptom control for both Cancer and HIV/AIDS patients.

• Lectures/workshops to Health Professionals.

• Research/Needs assessment of patients & people suffering with pain in their homes in urban & rural settings.

• Collaboration with government and a large Non-governmental organizations network offering Home-Based care & support to HIV/AIDS patients.
WHO FOUNDATION MEASURES:

- [Handshake icon]
Approach

- Advocacy: Policy makers, Health Officials, leaders & community.
- Government moved to incorporate palliative care into the five year Health Support Strategic Programme 2000-2005.
- Palliative care is now part of the Health Care Package of the Essential Clinical Services availed at all Public Health Institutions.
• Education: Health Institutions, two medical schools, Health Officials & communities.
• Exposure of young doctors to palliative care by lectures to 4th year Medical students and student Nurses since 1994
• International exposure to overseas Medical students who come to do their electives at Hospice Africa Uganda.
• Drug Availability: Government through Ministry of Health and the National Drug Regulatory Authority procured powdered morphine for use.
• Local manufacture (reconstitution of powdered morphine) keeps the cost very low.
• Proper Guidelines worked out by Ministry of Health and stake holders on how to handle Narcotics according to the laws.
Progress on Palliative Care in Uganda

- Expansion of access to opioids.
- Government has authorized specialized Palliative Care Nurses and Clinical Officers to prescribe morphine since March 2004 by revisiting and amending the law on narcotics.
- Education, sensitization and familiarization seminars have demystified fears and misconceptions about morphine.
- 30 of the 56 districts now access morphine for severe pain.
- With a population of 28 million and a doctor:population ratio of 1:18,000 to 1:50,000 in remote areas, someone in remote village can now access oral morphine.
Hospice and Palliative Care Organisations in Uganda

- Hospice Africa Uganda (1993)
- Palliative Care Association of Uganda (PCAU) (1999)
- To guide, set standards and ensure drug availability for patient care
- Working closely with Uganda PC Country Team based in MoH (2002)
UGANDA COUNTRY PALLIATIVE CARE TEAM (2000-2006)
Country Palliative Care Team in Ministry of Health. Brings together:
- Ministry of Health Officials
- Hospice Africa Uganda- Palliative Care Workers
- WHO Officials
- Makerere University Medical School
- Mbarara University Medical School
- Mildmay International
- TASO etc
- Kitovu Support Care Organization
- PCAU
International Collaboration

- To spread Palliative care to Sub-Saharan Africa.
Hospice Africa Uganda works with countries and organizations wishing to spread Palliative care in Africa through Advocacy for opioid availability.

Examples: Tanzania, Zambia, Malawi, Botswana, Ethiopia, Ghana, Nigeria, Cameroon, Rwanda, Sierra Leone and Seychelles.
African Palliative Care Association (APCA) (2003---5)

• Hospice Africa Uganda is Co-founder of APCA

• Collaborates with NHPCO, FHSSA, Help the Hospices, WHO and Pain and Policy Study Group of the WHO collaborating Centre, Madison USA etc.

• Other African countries
Conclusions

• Through collaboration with Government.
• Through Advocacy based on the 3- WHO Foundation Measures for starting Palliative Care.
• Through collaboration with Nursing profession- the backbone of Palliative Care.
• It has been possible to take pain relief to the periphery in Uganda.
THE END

THANK YOU

Hospice Africa
Uganda

Diana
THE WORK CONTINUES