

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

Translating barriers into Action



WORKING WITH GOVERNMENT AND NURSING TO EXTEND PAIN
RELIEF TO THE PERIPHERY IN UGANDA

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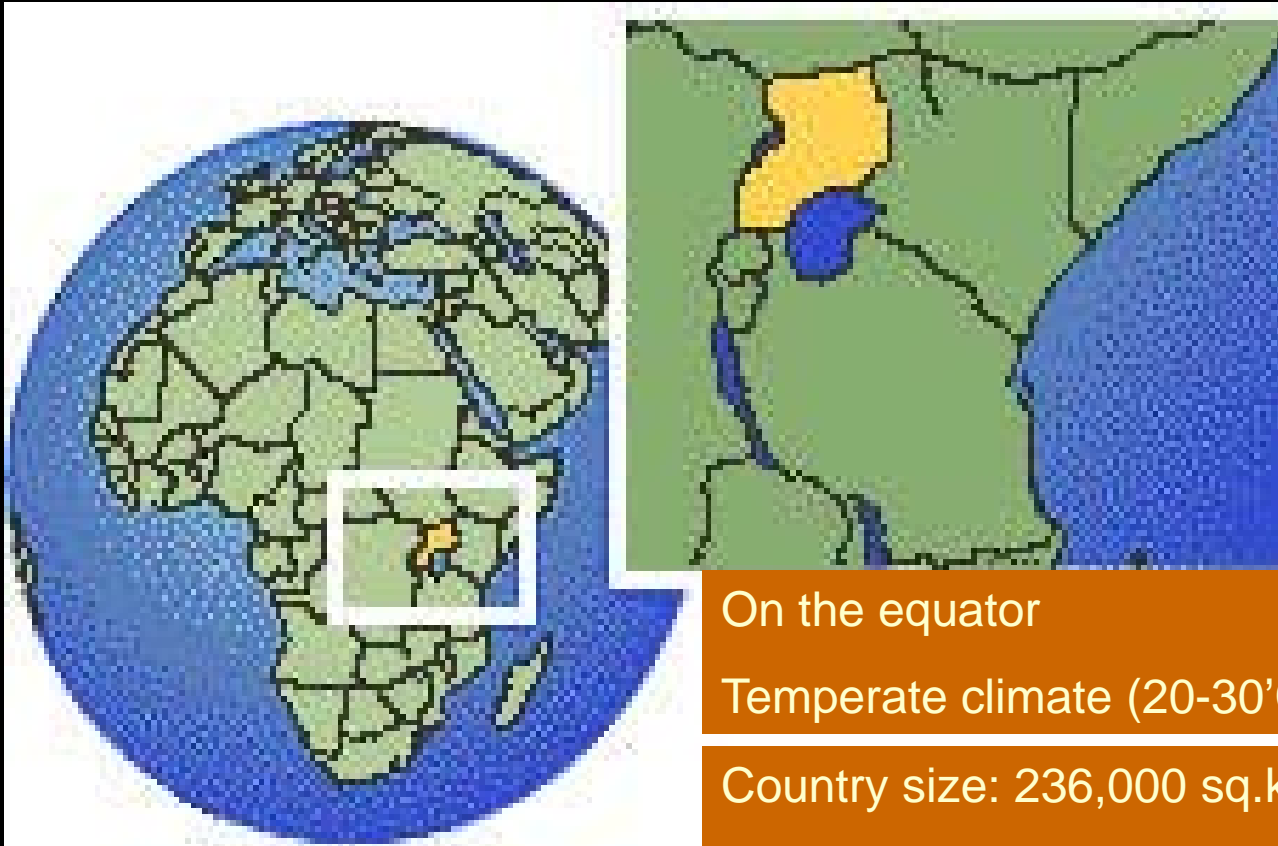
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UGANDA

Hospice Africa



Uganda



On the equator

Temperate climate (20-30°C)

Country size: 236,000 sq.kms

Slightly smaller than Oregon

PEARL OF AFRICA

Hospice 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*

Hospice Africa



Uganda



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

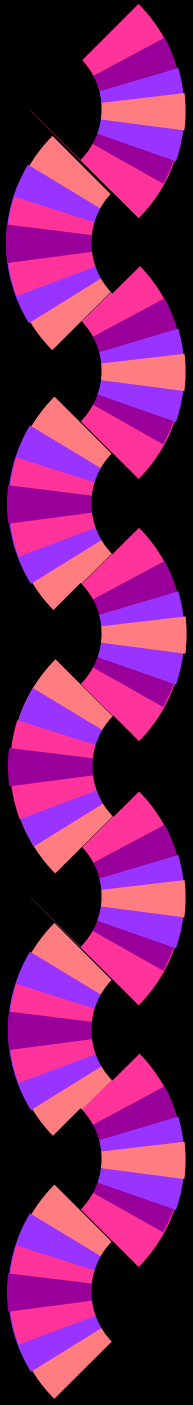


- Hospice Africa Uganda commenced with the arrival of Dr. Anne Merriman MBE, FRCP a distinguished physician who started palliative care in Uganda in 1993.
- The specialty of palliative medicine was introduced for the first time.



HAU 1993



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- A decorative graphic on the left side of the slide, consisting of a vertical wavy line made of alternating pink and purple segments, resembling a stylized DNA helix or a ribbon.
- 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:



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)



MoH



PCAU



Makerere



WHO



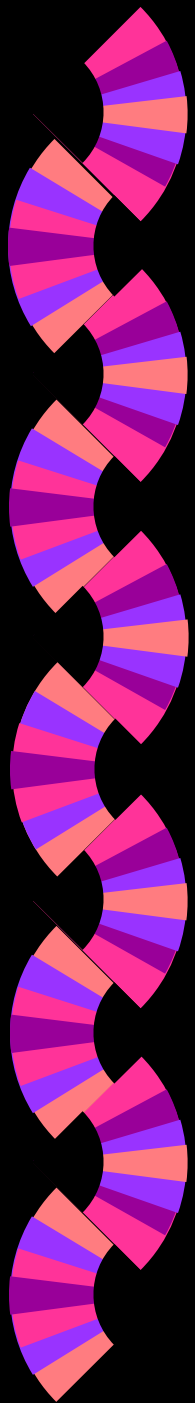
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- Country Palliative Care Team in Ministry of Health. Brings together:
 - Ministry of Health Officials
 - Hospice Africa Uganda- Palliative Care Workers
 - WHO Officials
 - Makerere University Medical School
 - Mbarara University Medical School
 - Mildmay International
 - TASO etc
 - Kitovu Support Care Organization
 - PCAU





International Collaboration

- Hospice Africa Uganda collaborates with Palliative Care Association of S.Africa, Zimbabwe and Kenya.
- 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

