

# UICC WORLD CONGRESS: UICC WORLD CANCER CONGRESS 2006



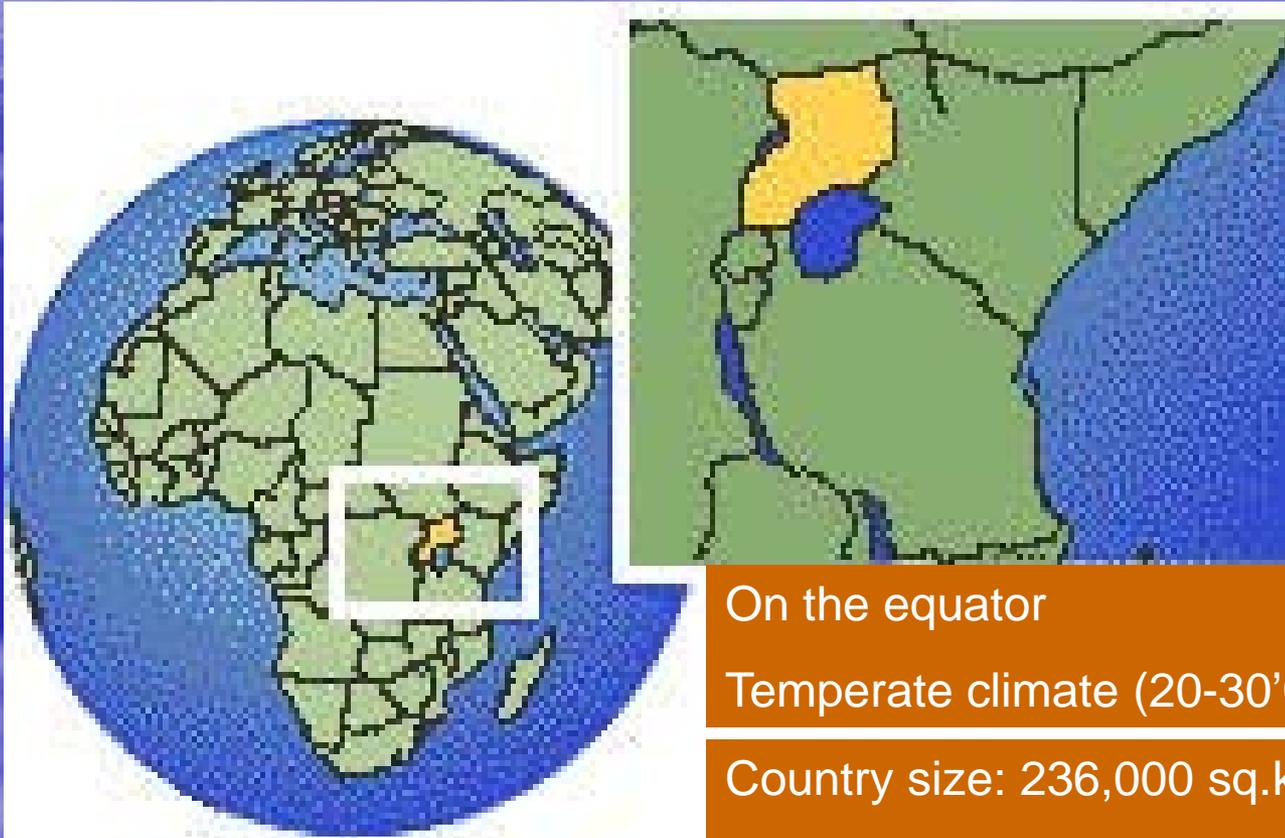
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WORKING WITH GOVERNMENT AND NURSING TO EXTEND PAIN  
RELIEF TO THE PERIPHERY IN UGANDA.

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# 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 – 26.7 million (2004) 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



# Discovery of Palliative Medicine -

## 1967

Hospice Africa



Uganda

- Dame Cicely Saunders discovered Palliative Care in 1967. Through well researched methods of care, pain and symptoms for patients with life-limiting illnesses e.g. cancer and HIV/AIDS can be successfully controlled and Quality of Life improved to the end of life.



# FIRST STEPS: KAMPALA 1993



HAU 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 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.

# Teaching and Research



- Recruitment of Nurses & Clinical Officers.
- Training them for palliative care.
- Work in a defined area 20km radius from the centre of Kampala.
- 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 4<sup>th</sup> year Medical students and student Nurses.
- 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.
- 23 of the 56 districts now access morphine for severe pain.
- With a population of 27.6 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 Association of Uganda



- Hospice Africa Uganda
- 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
- To guide, set standards and ensure drug availability for patient care.

# 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 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)



- Hospice Africa Uganda
- Co-founder of APCA
- Collaboration with NHPCO, FHSSA, Help the Hospices, WHO and Pain and Policy Study Group of the WHO collaborating Centre, Madison USA etc.

# 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

