



## Opioid pain relief for palliative care in 12 PEPFAR countries

**Dr. Richard Harding.**

Richard A Powell. Fatia Kiyange. Julia Downing. Dr. Faith Mwangi-Powell

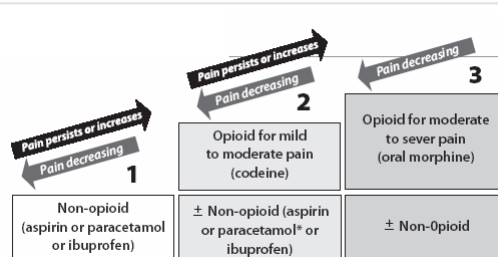


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## Background



- Pain is a significant and distressing problem experienced by PLWHAs
- It is essential that HIV care providers can access opioid analgesia in order to adhere to the WHO analgesic ladder
- Lack of access to opioid analgesics in sub-Saharan Africa is a major challenge





## APCA



- APCA's mission is to promote and support affordable and culturally appropriate palliative care throughout Africa



## WHO Definition of Palliative Care

Palliative care is an approach that:

- improves the **quality of life of patients and families** facing the problem of life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, **physical, psycho-social and spiritual**.
- will enhance quality of life, and may also positively influence the course of illness
- is applicable **early in the course of illness**, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, or antiretroviral/OI therapy and includes those investigations needed to better understand and manage distressing clinical complications

*(Sepulveda et al, JPSM Nov 2002)*



## **Aim of the study**

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- ❑ To identify current prescribing services and regulatory bodies within 12 PEPFAR countries
- ❑ To describe barriers to, and potential for, expansion in the number of opioid providers for PLWHAs



## **Opioid Availability Survey**

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- ❑ Funded by PEPFAR
  - ❑ APCA
  - ❑ Kings College London
  
  - ❑ 12 countries – Uganda, Kenya, Tanzania, Botswana, South Africa, Rwanda, Cote d'Ivoire, Namibia, Mozambique, Nigeria, Zambia, Ethiopia
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## Data collection

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1. Cross-sectional survey questionnaire sent to palliative care providers
2. International Narcotic Control Board (INCB) competent authorities using a semi-structured telephone interview

Within country and INCB data were integrated

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## Phase one

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- 112 questionnaires sent to providers and 12 for INCB CAs in each country
  - 61 providers responded (60% response rate)
  - Models:
    - Hospice n=21
    - Integrated service n=34
    - Government Hospital/ Clinic n=5
    - Other n=2
  - All sites concurred with the WHO definition
  - Palliative care only sites – significantly less patients per year than integrated sites
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- ARVS:
    - Provided n=11 (17.7%)
    - Work with ARV providers n=40 (64.5%)
    - No access to ARVs n=5 (8.1%)
  - Analgesics
    - 36 sites dispensing opioids (58.1%)
    - 7 sites reported less than constant supply even for step 1 analgesics
    - 18 sites had no access to analgesics for neuropathic pain
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## **Common factors hampering opioid supply:**

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- Supply
    - Central stores, unreliable stocks, few dispensers
  - Legislation
    - Regulations, lack national policy, bureaucracy
  - Education
    - Don't know how to use opioids, fear addiction, poor patient compliance
  - Practical
    - Costs, storage regulations, not enough prescribers, poor infrastructure, short shelf-life of morphine
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## **Suggestions for assisting more providers to access opioids:**

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- Advocacy
    - Governmental and public levels and on lifting restrictive regulations
  - Collaboration
    - Across primary and secondary care and with pharmacies
  - Training
    - In pain assessment and management, in all curricula, palliative care
  - Coverage
    - Rural and home-based services
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## **Challenges to greater opioid access**

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- Political
    - Achieving motivation
  - Educational
    - Challenging myths, teaching re pain ladder, achieving culture change
  - Resources
    - Time for doctors to prescribe, drug costs, storage facilities, number of pharmacists, supply breaks, number of prescribers
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## Ways to overcome challenges

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- Education
    - For health workers, input to curricula, teaching for HIV care
  - Advocacy
    - Support through APCA and government lobbying
  - Organisational
    - Central supply of drugs and collection points to be facilitated by government, better linkages with hospices
  - Resources
    - Funding for storage facilities, increase in capacity, more prescribers e.g. nurses, employment of professionals in Home-based care services
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## Phase two

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- 5 out of 12 INCB competent authorities were identifiable and contactable
  - Difficulty in Ministries in identifying and contacting their INCB CAs – suggesting potential problems in expanding opioid access
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## **INCB representatives:**

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- ❑ cited opioids they believed to be available in the country that providers did not report
  - ❑ felt that the current regulatory procedures were working well – contradicts provider data
  - ❑ 4/5 felt that there were adequate numbers of prescribers – contradicts provider data
  - ❑ Stated doubts regarding capacity to expand provision and regulate more services
  - ❑ Access could only be expanded through education and increasing numbers of medically trained personnel and increasing calibre of those able to prescribe
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## **Recommendations:**

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- ❑ Practitioners
    - All services need to be able to provide basics of palliative care, strengthen referral networks, address and treat all symptoms, establish networks where opioid access is poor
  - ❑ Educators
    - All clinical staff need palliative care training, collaborative teaching activities, take long-term view, consider prescribing courses, address public fears and work with INCB representatives
  - ❑ Funders
    - Local access to ART, resources to increase capacity of palliative care organisations, funding for training and structural requirements, analgesics beyond opioids
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## Recommendations:

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- Policy makers
    - Identification of strongest routes for supply, need to look at all steps of the WHO ladder, policies must balance need for expansion, must use a multi-pronged approach, wide-ranging consultation, co-ordinated advocacy, emphasis on pharmacists
  - Researchers
    - Multidimensional outcome evaluations are required, evaluative studies compare costing and levels of analgesia available, referral criteria and networking, evaluate strategies and programmes to expand opioid use, longitudinal evaluation of education
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**Thank You**



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