

THE UGANDAN EXPERIENCE: HOW ORAL MORPHINE GOT INTO THE NATIONAL HEALTH POLICY

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INTRODUCTION

- The Pearl of Africa
- Total population 27.4 million
- Poverty and disease linked
- Poor health indices especially Life Expectancy at Birth
- High burden of preventable communicable diseases: HIV/AIDS, Malaria, TB, Maternal and Childhood Conditions
- Rising incidence of cancers mostly HIV/AIDS associated

HISTORY

- British colony, got independence in 1962
- At independence, had one of the best social systems in Sub-Saharan Africa
- Per Capita was equal to or better than the current Asian economic tigers
- A lot social and political upheavals up to 1986 when NRM took power
- HIV/AIDS accompanied social and political problems

EARLY RECONSTRUCTION

- 3 Year White Paper developed for emergency reconstruction in 1987
- Shift to PHC Strategy to address most pressing health needs arising out Burden of Disease Study
- GOU sort partnerships from Development Partners like WHO, WB, UNFPA, UNICEF
- Adopted SWAP, ROM and OOB in government business
- Public-Private Partnership for Health

REFORMS IN HEALTH

- Various reforms mandated MOH to make radical adjustments in the Health Sector
 - The Constitution 1995 ensures basic health services for all Ugandans
 - Local Governments Act 1997 provided for extensive decentralization of services and separation of roles of central and local governments
 - Presidential Election Manifestos
 - Other policy documents.

REFORMS IN HEALTH cont

- Basic Package of Health Services agreed between all parties. It includes Palliative Care
- National Health Policy developed after extensive consultations and signing of MOU with development partners (2000 to 2010)
- Health Sector Strategic Plan I (2000 to 2005) and II (2006 to 2010)
- Individual policy documents developed for key diseases of public health significance

DEVELOPMENT OF PALLIATIVE CARE IN UGANDA

- Modern Palliative Care began with the arrival of Dr. Anne Merrimann in Uganda in 1993
- The then Minister of Health pledged to everything possible to ensure the 3 arms of the WHO Recommendations are implemented: Government Support, Availability of Essential Medicines including Oral Morphine, Education for Palliative Care at all levels of health care
- Many senior clinicians advocated for Oral Morphine to be included on the Essential Medicines List

OUTCOMES OF DEVELOPMENTS

- Palliative Care included in the Basic Package under Essential Clinical Care
- Government committed to availability of Oral Morphine to all patients who need it since 2003.
- Palliative Care integrated into all aspects of Health Care Delivery
- Strong support from government and development partners

SCALING UP OF ORAL MORPHINE

- Preconditions
 - Training on providers: GOU has delegated this HAU and Mildmay
 - Increasing prescribers: Statutory Instrument No. 24 of 2004 has widened prescribers to nurses and clinical officers with specialist training
 - Country Palliative Care Team in place
 - Starter-up teams to assist districts and health units to initiate PC Programmes
 - Assistance from WHO and Italian Government

SCALING UP cont

- 17 of 56 old districts have a Oral Morphine
- Almost all hospitals provide Palliative Care varying quality
- Included in global initiatives and programmes like Global Fund, PEPFAR, etc
- MOH able to procure morphine powder for all its needs (10 kg annually)

CHALLENGES OF PALLIATIVE CARE IN UGANDA

- New discipline, looks strange to some senior clinicians and policy makers
- Slow policy changes and implementation
- Resistance from among health workers
- Capacity to reconstitute Oral Morphine Solution limited in Uganda
- Get reliable suppliers of Oral Morphine
- Few trained health workers

CHALLENGES cont

- Patients in remote rural areas not easily accessible
- Too many bodies trying to provide PC even when not competent
- Delay in development of PC Standards for Uganda

CONCLUSION

- Introduction of Oral Morphine in National Health Policy took a long effort of many stakeholders.
- Palliative Care is a key component of Minimum Package
- Continuous policy and assessment reviews in Palliative Care is needed

THE END

THANK YOU

