

**Supporting National Opioid
Accessibility in Africa:
Successes, Challenges and Lessons
Learnt.**

Henry Ddungu
African Palliative Care Association

Introduction



- HIV/AIDS and/or cancer-related pain is highly prevalent, can be severe and adversely affects individual's quality of life.
- WHO recommended an analgesic method that has also been endorsed for relief of pain due to HIV/AIDS.
- World Health Assembly recognized the importance of improving pain relief using opioid analgesics, calling upon Member States to remove barriers to their medical use.

APCA's Response



- Regional essential pain medication accessibility advocacy workshops in Uganda and Ghana were held to:
 - a. improve participants knowledge of the policies, tools, and infrastructure necessary to make opioids available;
 - b. support them in evaluating their medicines policies and laws on opioid availability, and;
 - c. support participants in developing effective pain medication advocacy action plans.

The Workshops



- The 3-day workshops were supported by:
 - Open Society Institute (OSI);
 - American International Health Alliance (AIHA), Twinning center
 - NHPCO/FHSSA;
 - Pain and Policy Studies Group (PPSG);
 - World Health Organization (WHO);
 - True Colours Trust.
 - Other palliative care experts

The Countries



- Kenya
- Tanzania
- Malawi
- Zambia
- Rwanda
- Ethiopia
- Cameroon
- Cote d'Ivoire
- Ghana
- Nigeria
- The Gambia
- Sierra Leon

Seventy six participants from 12 countries – attended Entebbe Workshop



Participants to the Entebbe Meeting

Advocating for Opioids Accessibility in Western Africa



Participants at the Western Africa Pain Medicines Accessibility workshop – Accra Ghana

Country Strategies



- Each country team developed an action plan with implementation strategies – a major outcome of the workshops
- All country teams expressed a need for on-going advocacy for policy change and a need for on-going technical assistance

And What has Happened Since then...

Successes



The Small Grants Program



- APCA with partners availed small grants to country teams for and called upon them to apply for these grants.
- Countries that showed an interest applied and funds were made available after agreeing on clear deliverables.

In-Country Advocacy Activities



- There have been varying degrees of advocacy activities among the 12 countries.
- Some countries have moved on well while others have made less progress.
- There are various factors that influenced progress in the countries
- APCA and the PMAW have supported the countries in the implementation of their action plans.



Malawi

- Country team report and a briefing to the Secretary for Health about the Entebbe workshop.
- The team has worked very closely with the MoH as well as the National PC association
- Held a high level advocacy meeting organized together with the MoH with small grant support from APCA
- Opioids are more readily available in Malawi than previously.

Ethiopia



- National palliative care Task Force established
- Oral morphine made available
- National Pain management guidelines developed
- National Palliative care training manual developed
- The team needs technical and financial assistance to organise for a National Advocacy workshop.

Zambia



- National Task Force to advocate for increased accessibility to opioid analgesics
- Draft guidelines for opioid use in Zambia – being developed.
- A consultative meeting on a planned palliative care situational analysis; a protocol and a logical framework were developed.
- Hosting of several provincial meetings – enabled greater commitment from a wider cross section of stakeholders in Zambia.

Zambia



- National task force – shared with government the necessary forms for distribution of opioids
- Recently, MoH has approved morphine for hospices in Zambia and to have it extended to all district hospitals for HBC programs.
- A morphine facts booklet has been developed with support from APCA
- Planned on-going training of doctors on use of morphine for pain control

Tanzania



- There is good progress going on in Tz.
- It is not the restrictive regulations in Tz but the phobia amongst medical professionals to use opioids.
- National association coordinator has taken a lead on following up of advocacy activities
- A National advocacy meeting with all stakeholders was recently held.

Kenya



- Kenya Hospices and Palliative Care Association (KEHPCA) was formed.
- Opioid Advocacy activities were combined with the Association's strategic action plans.
- The National Coordinator is taking the lead in team mobilization.
- National advocacy meeting – March 2007 with many stakeholders including MoH and the pharmacy and poisons board of Kenya
- An increased consumption of opioids in the country

The Challenges



Challenges



- Dissolution of some country teams;
- Continued opiophobia amongst medical professionals;
- Problematic communication with teams;
- Insufficient funding to run the activities;
- Lack of a dedicated leadership to spearhead in-country advocacy activities.

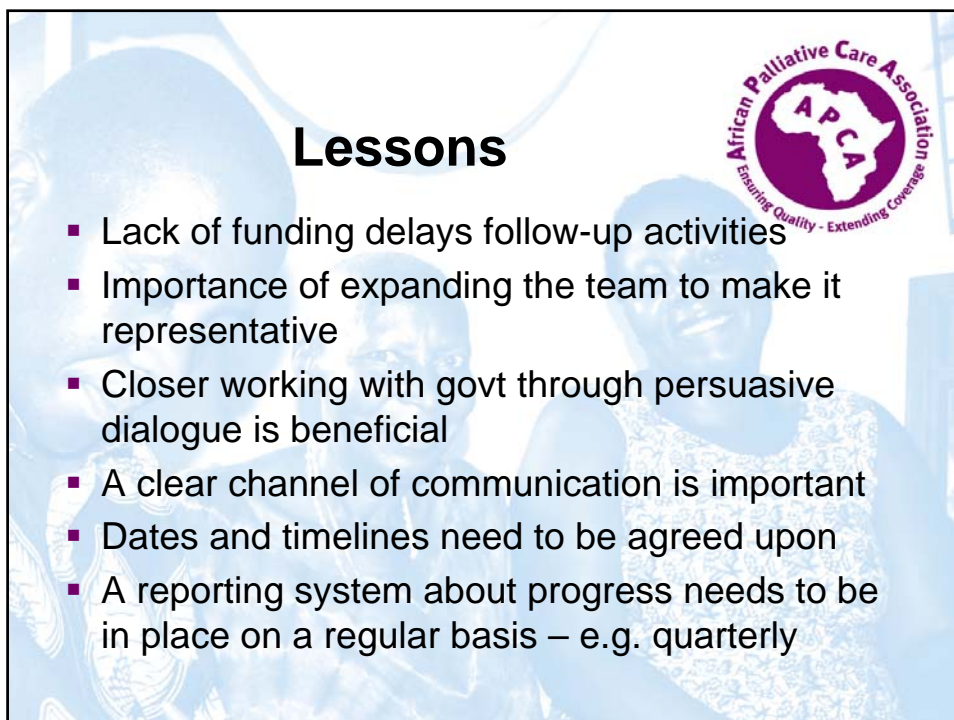
Western Africa Countries



- Ghana
- Nigeria
- Cameroon
- Cote d'Ivoire
- Sierra Leone
- The Gambia



We have not yet fully supported these countries



Lessons

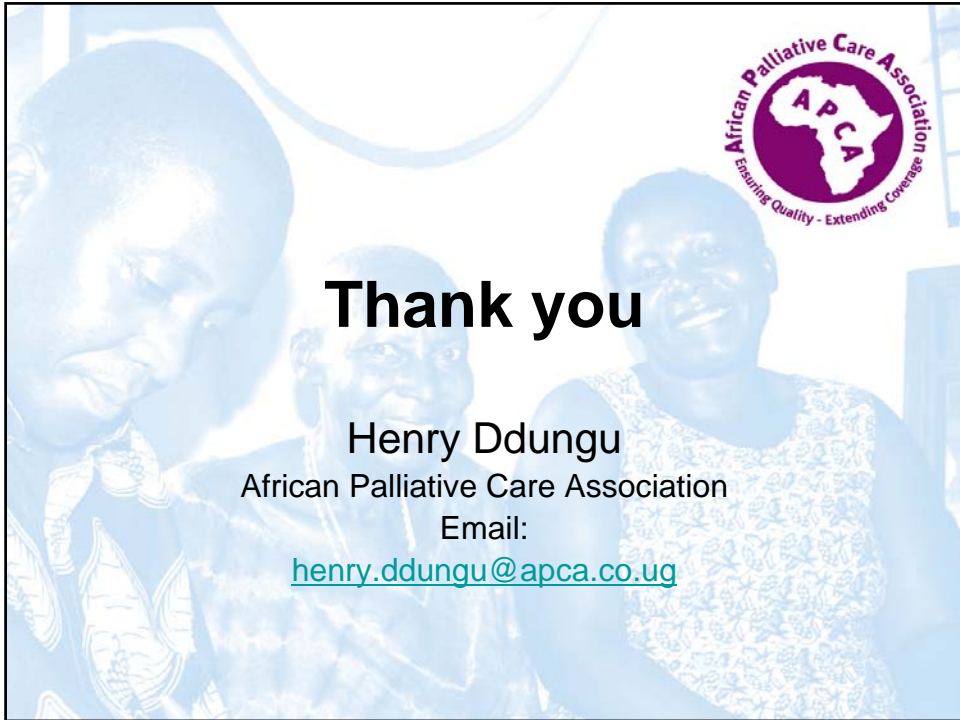


- A dedicated team leadership
- A committed team with a fire in the belly
- Policy change is a slow but on-going process; you don't need to give up.
- Start with meaningful cost effective or no cost activities e.g. communication with government
- Governments prefer solutions to problems.
- Go to them with a problem statement and a possible solution.
- Critical policy review is important.

Way Forward



- APCA together with partners, will continue to support the teams;
- Need to mobilize for funding to help in the implementation of the developed activities.
- It would be a good idea to have individuals trained as fellows in pain policy



Thank you

Henry Ddungu

African Palliative Care Association

Email:

henry.ddungu@apca.co.ug