



# Pain Management in Africa

ESMO 2017

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No Conflicts of Interest

The failure to ensure access to controlled medicines for the relief of pain and suffering threatens fundamental rights to health and to protection against **cruel, inhuman and degrading treatment**. International human rights law requires that governments must provide essential medicines—which include, among others, opioid analgesics—as part of their minimum core obligations under the right to health

- United Nations Special Rapporteur on the Prevention of Torture and Cruel, Inhuman, or Degrading Treatment or Punishment & Special Rapporteur on Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, “Letter to Chairperson of the Commission on Narcotic Drugs,” U.N. Doc. G/SO 214 (52-21) (Dec. 10, 2008), p. 4h.

“Please, do not make us  
suffer any more...”

Access to Pain Treatment as a Human Right

HUMAN  
RIGHTS  
WATCH

# Human right



*“Generally, denial of pain treatment involves acts of omission rather than commission, and results from neglect and poor Government policies, rather than from an intention to inflict suffering.”*

# Meet Mr. Africa





# Where did we fail him?

- Policies to ensure access to pain medication.
- Accessibility and availability of pain medication.
- Competent prescribing of pain medication.
- Continuity of care.
- Comprehensive care .

# Policies and guidelines



# World Health Assembly Resolution A67.19

- [http://apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_R19-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R19-en.pdf)
- *“Recognizing that palliative care, when indicated, is fundamental to improving the quality of life, well-being, comfort and human dignity for individuals”*

# World Health Assembly resolution 67.19

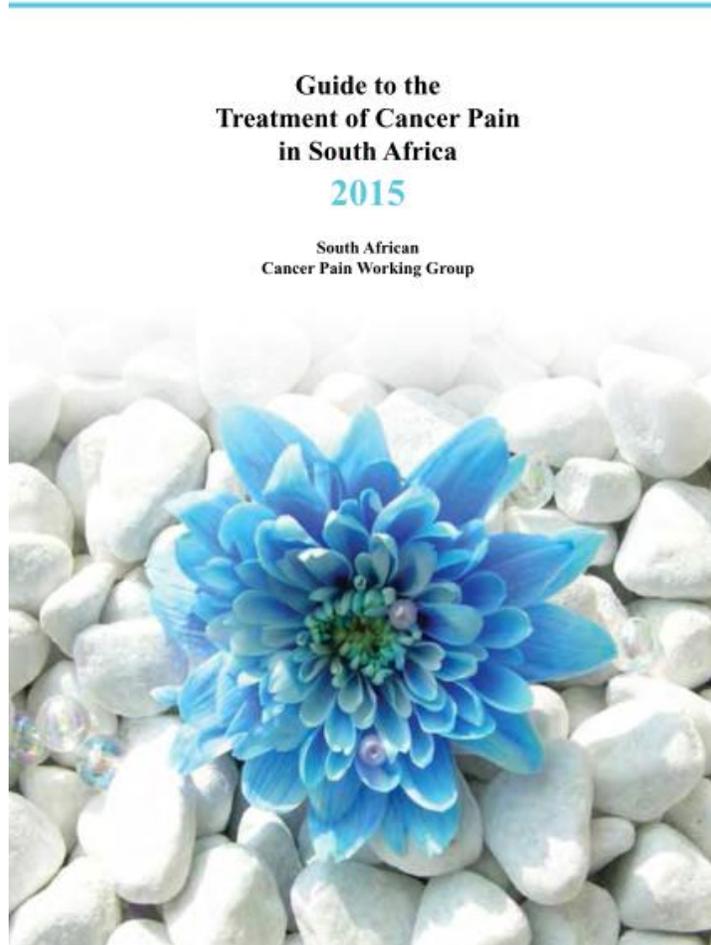
“To review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance, on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions”



# National Policies in Palliative Care

- The Kampala Declaration 2016
- Stand alone Palliative care policies:
  - Rwanda
  - Swaziland
  - Botswana 2016
  - Malawi (pending)
  - Uganda (pending)
  - South Africa National Health Council 23-24 Feb 2017
    - In cancer strategic plan

# Guidelines



Hospice  
Palliative  
Care  
Association  
of South Africa





TREAT THE PAIN

American Cancer Society  
A program of the American Cancer Society

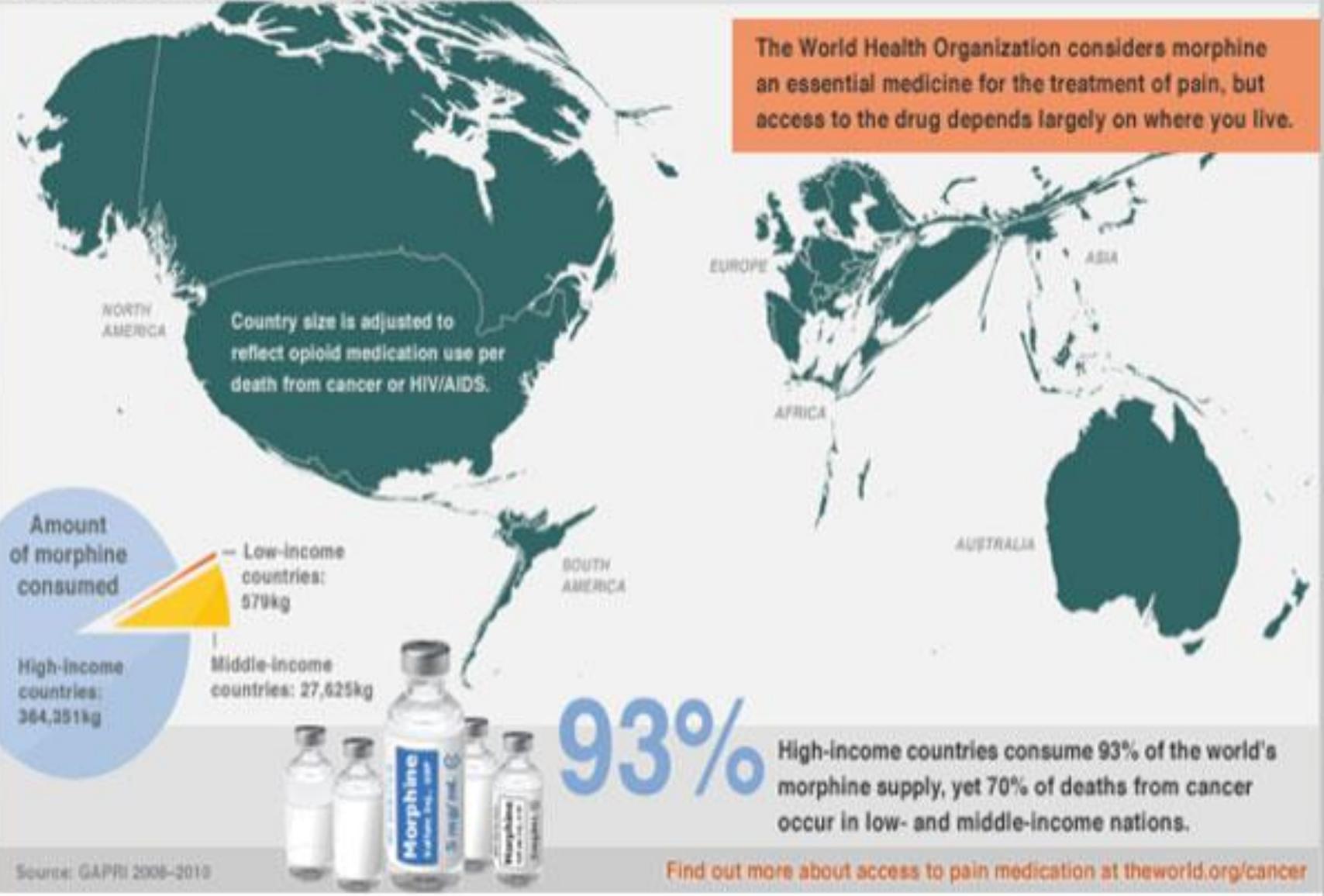
# Availability of pain medication

ACCESS TO ESSENTIAL PAIN MEDICINES BRIEF (2013 data) 2 May 2016

- 7.2 million people die with HIV or cancer with moderate to severe pain
- 2.3 million of these deaths had untreated pain
- 74% of these deaths are in low and middle income countries
  - Sub-Saharan Africa 36% of the worlds untreated deaths in pain.
- But LMIC consume 7% of the worlds morphine supply

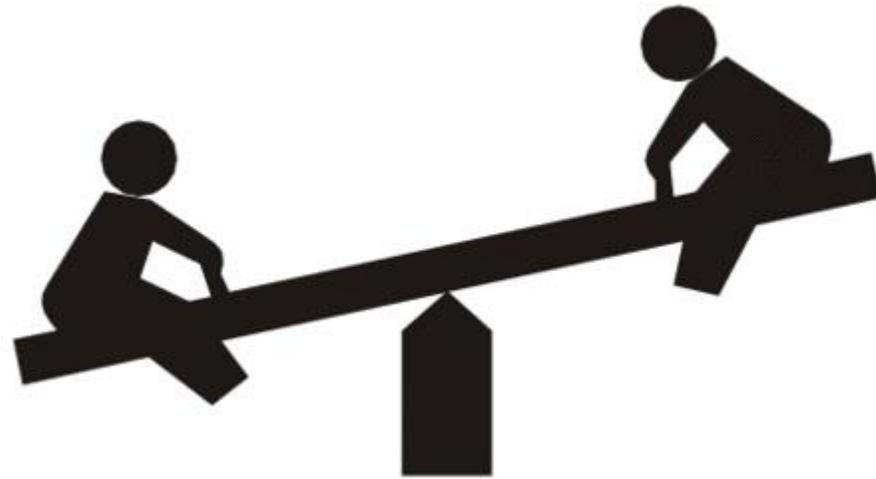


## Access to Morphine Around the World



# Balance

- Good patient care and diversion prevention



# Access to pain medication

research article

*Annals of Oncology* 24 (Supplement 11): xi14–xi23, 2013  
doi:10.1093/annonc/mdt499

## **Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa: a report from the Global Opioid Policy Initiative (GOPI)**

J. Cleary<sup>1,2</sup>, R. A. Powell<sup>3</sup>, G. Munene<sup>3</sup>, F. N. Mwangi-Powell<sup>3</sup>, E. Luyirika<sup>3</sup>, F. Kiyange<sup>3</sup>,  
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From: Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa:  
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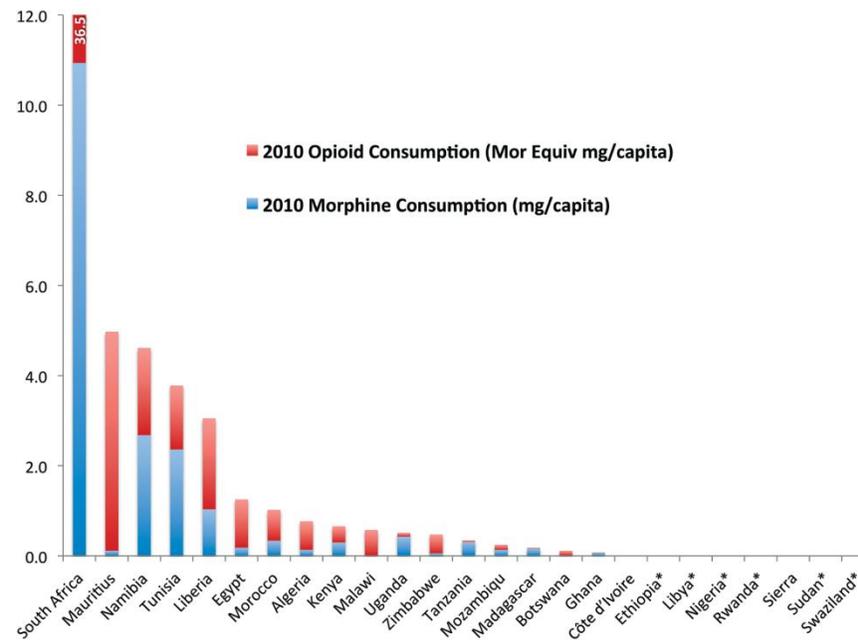


Figure Legend:

Rank order of 2010 opioid consumption (mg/capita in morphine equivalence without methadone) for surveyed African countries.

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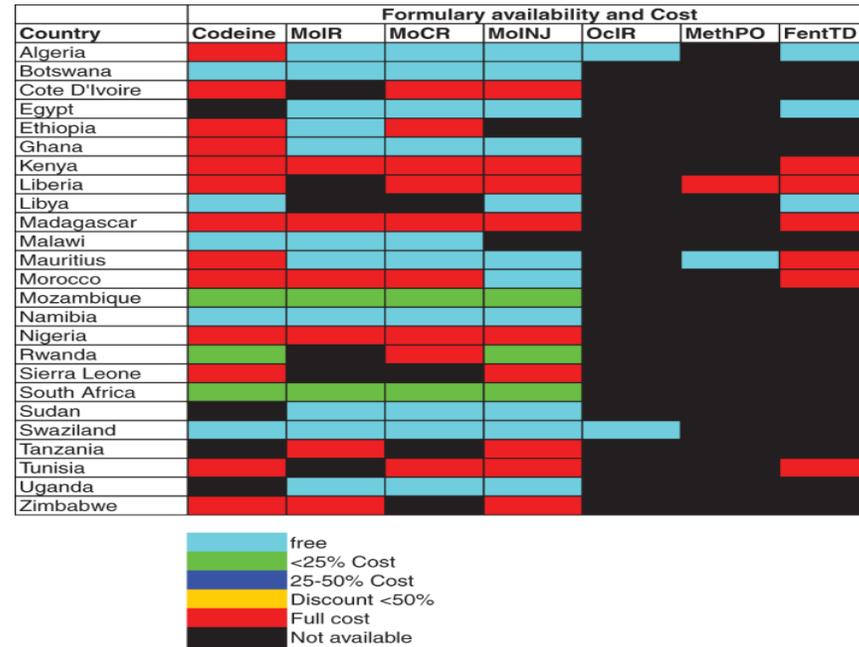


Figure Legend:

Formulary availability and cost to patients of the seven essential opioid formulations of the International Association for Hospice and Palliative Care (IAHPC) in African countries. MoIR, immediate release oral morphine; MoCR, controlled release oral morphine; MoINJ, injectable morphine; OcIR, oral immediate release oxycodone; FentTD, transdermal fentanyl; MethPO, oral methadone.

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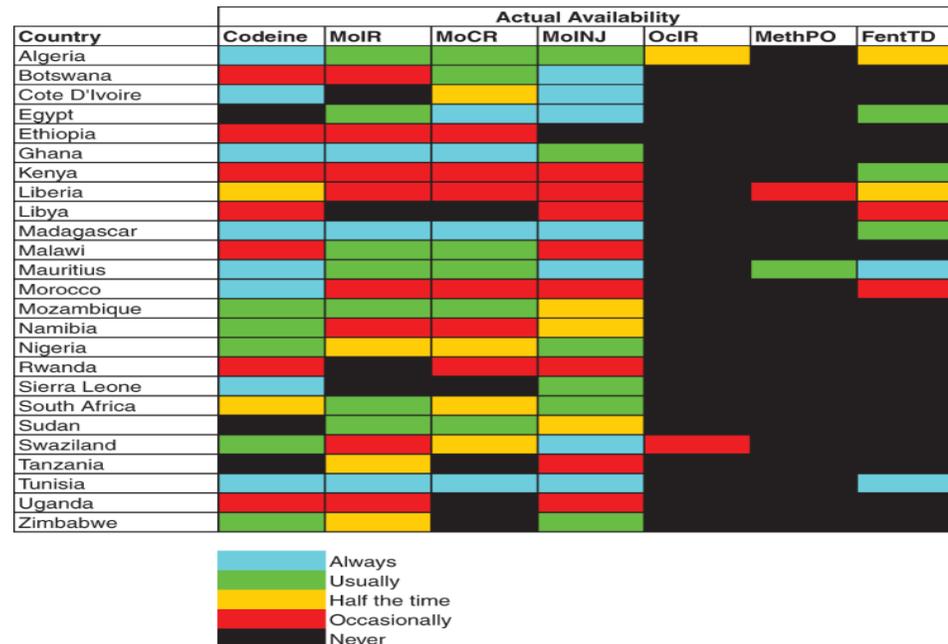


Figure Legend:

Actual availability of the seven essential opioid formulations of the IAHPIC in African countries. MoIR, immediate release oral morphine; MoCR, controlled release oral morphine; MoINJ, injectable morphine; OcIR, oral immediate release oxycodone; FentTD, transdermal fentanyl; MethPO, oral methadone.

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Country	Prescriber privileges				
	Oncologist	FamilyDoc	Surgeon	Nurse	Pharmacist
Algeria	Always	Only in emergency	Always	Never	Never
Botswana	Always	Always	Always	Never	Never
Cote D'Ivoire	Always	Always	Always	Never	Never
Egypt	Always	Always	Always	Never	Never
Ethiopia	Always	Always	Always	Never	Never
Ghana	Always	Always	Always	Never	Only in emergency
Kenya	Always	Always	Always	Only with special permit or authorization	Only with special permit or authorization
Liberia	Always	Always	Always	Never	Never
Libya	Always	Only in emergency	Always	Never	Never
Madagascar	Always	Only with special permit or authorization	Always	Only in emergency	Only in emergency
Malawi	Always	Always	Always	Only in emergency	Never
Mauritius	Always	Only in emergency	Always	Never	Never
Morocco	Always	Always	Always	Never	Never
Mozambique	Always	Always	Always	Never	Never
Namibia	Always	Always	Always	Never	Never
Nigeria	Always	Always	Always	Never	Never
Rwanda	Always	Only with special permit or authorization	Always	Never	Never
Sierra Leone	Always	Always	Always	Only with special permit or authorization	Only with special permit or authorization
South Africa	Always	Always	Always	Only in emergency	Only in emergency
Sudan	Always	Only with special permit or authorization	Always	Only in emergency	Only in emergency
Swaziland	Always	Always	Always	Only in emergency	Only in emergency
Tanzania	Always	Always	Always	Only with special permit or authorization	Only in emergency
Tunisia	Always	Always	Always	Never	Never
Uganda	Always	Always	Always	Only with special permit or authorization	Never
Zimbabwe	Always	Always	Always	Never	Never

Always	Always
Only with special permit or authorization	Only with special permit or authorization
Only in emergency	Only in emergency
Never	Never

Figure Legend:  
Opioid prescriber privileges for cancer patients in African countries.



# Doctors ability to manage cancer pain

- Undergraduate training for medical doctors in South Africa:
  - Average of 3-4 hours in pain management
  - From 2 hours to 48 hours in Palliative Care
- Post graduates receive adhoc lecturers and are mostly not assessed in pain control.

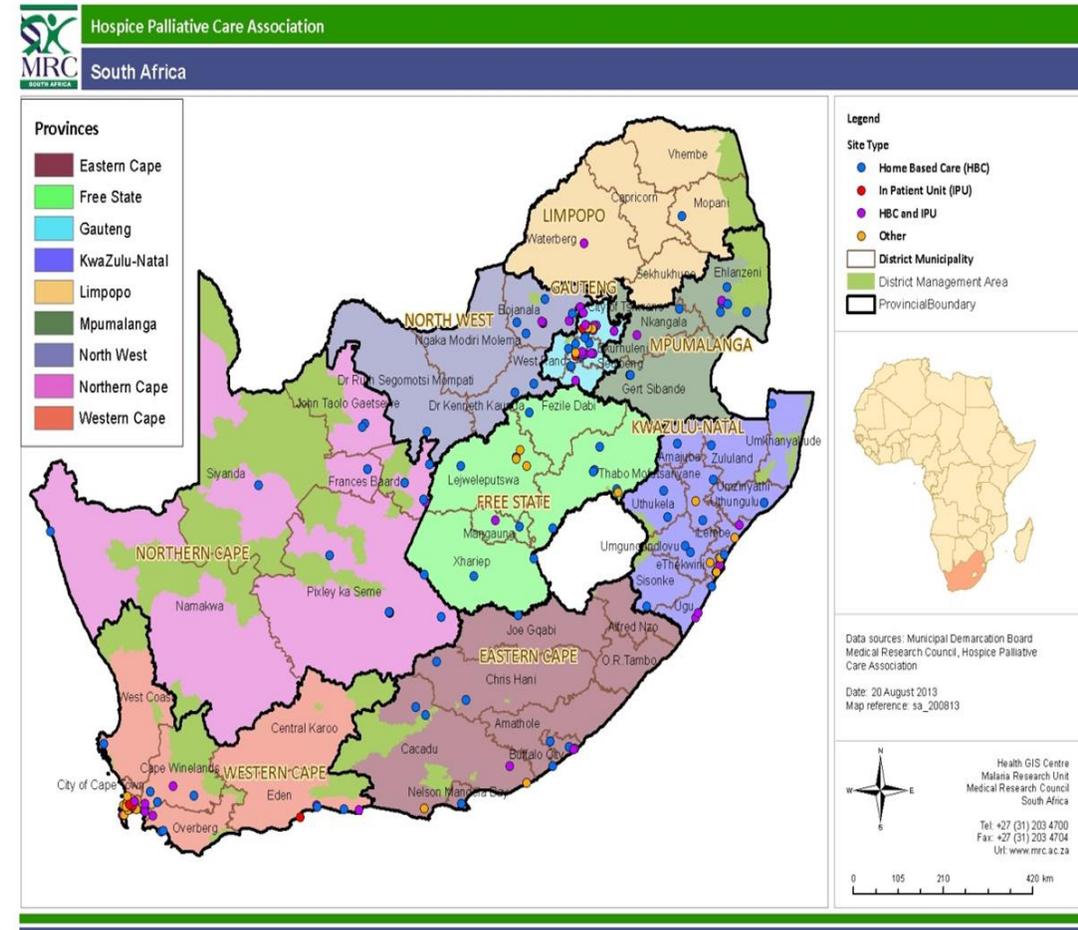
Bateman C. Pain management – the global sound of silence. SAMJ. 2015 .

Ogboli-Nwasor E, Makama J, Yusufu L. Evaluation of knowledge of cancer pain management among medical practitioners in a low-resource setting. J Pain Res. 2013;6:71-7.

# Access to continuity of care and comprehensive care



Beaufort West Home Based Carers will earn an income for the first time after volunteering for years.



# Phobias and fears around drugs in our communities

- “I will stop breathing”
- “I will get addicted”
- “Morphine will hasten my death”
- “It will make my heart weak”



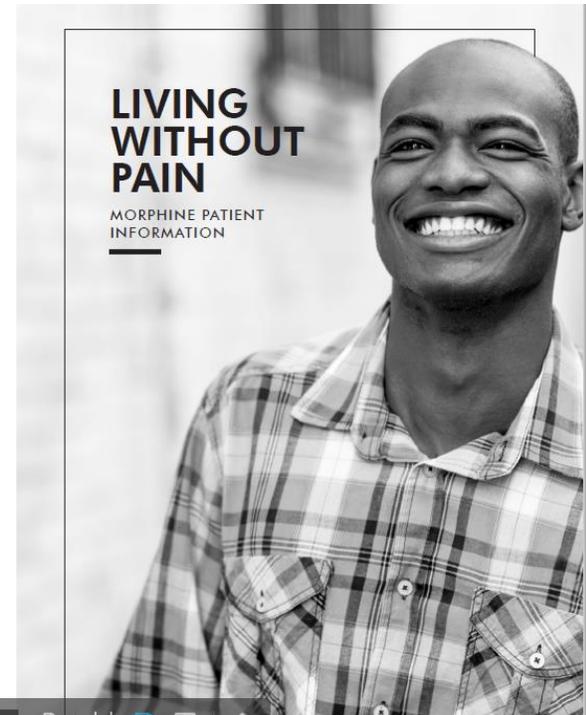
If you have any questions or problems, please contact:

Tel:

E-mail:

Your personal morphine regime:

Strength of the syrup - 20mg/5ml	6 am	10 am	2 pm	6 pm	Bedtime
Starting Dose in ml →					
Can increase to →					
Can increase to →					



# Where did we fail him?



Policy	Yes
Availability of morphine	Yes
Accessibility of morphine	Yes
Health Care providers Education	50%
Continuity of care	limited
Comprehensive care	No

# Values, beliefs and our attitudes





# The Pain Treatment Gap

“Most, if not all, pain due to cancer could be relieved if we implemented existing medical knowledge and treatments...There is a treatment gap: **it is the difference between what can be done, and what is done about cancer pain.**”

World Health Organization

Thank you