

**Statement delivered by Ms. Rose Kiwanuka, Country Director,
Palliative Care Association of Uganda (PCAU), , on the occasion of the Fourth Intersessional
Meeting of the 59th Commission on Narcotic Drugs**

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Nothing gives me more satisfaction as a nurse than providing pain relief to a suffering patient and family.

I was the first nurse in Uganda to prescribe oral morphine. Uganda is one of the few countries in the world where nurses can take a specialized course to prescribe and dispense oral morphine to relieve the suffering of patients and their families. I am now the Country Director of Palliative Care Association of Uganda, established in 1999.

We have 40 organizational and 600 individual members and we work in partnership with Ministry of Health (MoH) and other stake holders like; Hospice Africa Uganda (HAU), National Medical Stores (NMS), Joint Medical Stores the Uganda (JMS) Uganda Cancer Institute (UCI), Mulago National Referral Hospital and all regional Referral Hospitals to enhance availability of Palliative care medications in the country.

Although a lot of work is being done to ensure pain control and opioids are available to all patients who need it, there are still challenges around training, human resources and accessibility. The new 2015 Narcotic and Psychotropic Substance Act is still unclear on the medical use of opioids for pain control. We have deliberately established a good working relationship with drug regulators **Ant Narcotic Police Officers**) through awareness creation meetings and now we are working together to develop regulations to guide implantation so that oral morphine prescribers will not be disturbed.

This year in August, over 26 countries were represented at the African Palliative Care Association conference in Kampala, with Ministers or their representatives from the Gambia Malawi, Tanzania, Libya, Republic Of Sudan, South Africa, and Uganda presenting their progress in implementing the WHO resolution and UNGASS recommendations. The Consensus statement reaffirmed countries to take the following Actions:

- Assess domestic palliative care needs including pain management medication requirements and promote Collaborative Action to ensure adequate supply of essential medicines in palliative care avoiding shortages.
- Ensure adequate funding and allocation of Human resources as appropriate for palliative care initiatives, including development and implementation of palliative care policies, education and training, quality improvement initiatives and supporting the availability and appropriate use of essential medicines including controlled medicines for symptom management.
- Review and where appropriate revise national and local legislation and policies for controlled medicines.

PCAU is implementing the UNGASS recommendations through:

- Ongoing training of health care workers to prescribe and dispense oral morphine to patients to patients with life limiting illnesses who need it.
- Sensitize Anti Narcotic Police Officers to support the development of appropriate regulations and working with drug regulators on the new law.
- Working with stakeholders in the morphine chain i.e HOH, HAU, NMS, JMS and health facilities to prevent stock outs.
- Develop rational access to controlled medicines in all context particularly oral morphine for relief of pain.
- Integrating Palliative care into Agenda 2030 and advocating for access to universal coverage and essential medicines Target 3.8.

We thank CND for assisting us in our advocacy, with your recommendation in the outcome document and salute the government of Uganda for their support and budgetary commitment to palliative care and subsidy of morphine to the poorest populations.