

## CND Thematic Intersessional, 19-21 October 2020

Selected Civil Society Speaker				
Country	NGO representative	NGO Contacts	Thematic section	Title and topic
Uganda	Mark Donald Bikosa Mwesiga  <b>Job Title:</b> Country Director	<a href="https://pcauganda.org/">https://pcauganda.org/</a>  <a href="mailto:mark.mwesiga@pcau.org.ug">mark.mwesiga@pcau.org.ug</a>  +256 793 873 400	Access to controlled medicines	Enhancing Access to controlled Pain Medicine for Children and Adults living with life-limiting illness in Uganda

### I. Brief Background

The [2nd edition of the Global Atlas of Palliative Care](#) by the Worldwide Hospice Palliative Care Alliance (WHPCA) 2020, has classified as one of four African countries with preliminary integration of palliative care into the health care system. This classification is a decline from the last global atlas in 2014. The criteria used by the WHPCA to rank countries include; substantial impact of palliative care on policy; unrestricted availability of morphine and most strong pain-relieving drugs and the existence of a national palliative care association that has achieved significant impact. One important fact for this decline is the delayed approval of the National Palliative Care Policy for Uganda.

Palliative Care Services were introduced in Uganda by Prof Anne Merriman in 1993 when she founded Hospice Africa Uganda (HAU). The Palliative Care Association of Uganda (PCAU) was formed in 1999 and has led the mission of coordinating civil society actors to advocate for the integration of palliative care into the national health system. There is still too much to do to achieve full integration of palliative care and access to pain relief medicines Uganda. But Uganda has registered some achievements. The government of Uganda has included Morphine on the essential medicines list and this is made available for patients in need free of charge. Numerous challenges in the supply chain however hinder access.

### 2. Access to Morphine

Government has licensed Hospice Africa Uganda to Manufacture Oral Liquid Morphine which is supplied by government purchased and supplied by government body National Medical Stores. Uganda has a statutory instrument (since 2004) allowing trained Nurses with a Diploma in Clinical Palliative Care (DCPC) to prescribe certain oral narcotic medicines. This was arrived at following great advocacy by civil society actors. As a result, over 200 health facilities are accredited to offer palliative care in at least 80% of the districts. However, much as over 350 nurses have trained to

attain DCPC the public civil service stricture does not recognize them and employ them as specialists. They are still employed as registered nurses, midwives etc and they majority over to prescribe oral liquid morphine as volunteers because they are allocated other work at health facilities where they are employed.

### **3. New The new Law:**

In 2015, a new law the Narcotic Drugs and Psychotropic Substances (Control) Act passed in came into force in 2016. The Act does not recognize the statutory instrument of 2004 that allowed nurses to prescribe certain opioids including Morphine. The Act only allows Medical Officers to do so. The entire spirit of the Act is to criminalize drug use in Uganda and omits the essence of dual balance between control and access for medical and scientific use. The Act now being implemented by the Antinarcotics Police is blind to the need for controlled medicine to relieve pain and suffering. The Act and the implementors have also not provided for practical steps of ensuring capacity building for law enforcement on access to controlled medicines for persons in need for medical reasons.

### **4. Steps to rectify this lacuna in the Law:**

The Palliative Care Association of Uganda engages in multistakeholder dialogues with the Ministries of Health, Internal Affairs, and Narcotics Police to ensure that nurses in Uganda can continue to prescribe morphine for their palliative patients, per a 2004 Statute, without being criminally charged under the 2016 Narcotic Drugs and Psychotropic Substances (Control) Act, which criminalizes people who use drugs. The Act did not explicitly repeal the 2004 Statute but left the legal status of palliative care nurses who prescribe morphine in limbo. PCAU has been engaging the Minister of Health, which established a Committee to study the Act before drafting the regulations. PCAU supports the work of the Committee by participating in roundtables with all policy stakeholders to push for the implementation of the recommendations to allow qualified nurses to continue prescribing oral morphine for palliative patients.

### **5. Further appeals to Government and other actors**

To attain unrestricted access to controlled medicine for pain relief among patients in need in Uganda, the Palliative Care Association of Uganda appeals to government to among other things; ensure that key stake holders such as law enforcement officers are not only made aware but that Antinarcotics Police Officers are trained on the importance and need of controlled pain medicine for people suffering pain as well as harm reduction. PCAU also appeals to government to and actors to address the challenges impacting the supply chain for access to controlled medicine. This included ensuring financial resources for the palliative care association to be able to

coordinate the morphine supply chain, offer training for health workers including pharmacists in hospitals and continuous engagements with policy makers on regulation and budgetary allocation.

PCAU is also strongly advocating for the recognition of trained palliative care nurses into public service structures as specialist nurses.

## **6. Conclusion**

In Uganda, Like in many other developing countries, the need for access to controlled pain medication cannot be underrated. The increasing burden of Non-Communicable Diseases and ageing requires better plans for palliative care. For example, the Uganda Cancer Institute (UCI) has stated that 80% of cancer patients are diagnosed at a late stage when surgery and other curative therapies are far less effective. The remaining option would be palliative care and access to pain relief medicines. According to the International Agency for Cancer Research, Uganda recorded a total of 32,617 new cancer cases and 21,829 cancer death in 2018. The availability and access to pain medicine must therefore be a top priority agenda. We cannot talk about Universal Health Coverage if we live in a legislative era that impacts access to controlled pain medicine.