



Medicines availability

During the period under review 12 countries were supported to improve access to pain medications, especially opioids. APCA interventions ranged from technical assistance for governments in their importation of opioids to the capacity building of health professionals in relation to their effective use and their continued advocacy role.

In **Botswana**, 40 doctors and pharmacists were trained in pain management, with an emphasis on opioid use. The training was organised by the MoH of Botswana with technical support from APCA and co-sponsorship from CDC. Those trained have contributed to the development of national pain management guidelines in the country – an initiative spearheaded by the MoH of Botswana, with funding support from CDC and with technical assistance from APCA during the period under review.

In **Malawi**, a task force of 15 stakeholders was identified and trained on the safe use of opioids, and they thereafter engaged in discussions on the situation of morphine use in the country, including the procurement of morphine powder. As a result the Government of Malawi is purchasing powdered morphine for the whole country, and the Central Medical Stores is undertaking reconstitution of the powder into oral liquid morphine for use by those who need it via accredited health facilities. Moreover, 38 pharmacists were oriented during 2013–14 on the importance and use of morphine in an effort to improve access to pain management in the country.

In **Tanzania**, the MoH approved the inclusion of morphine in the national essential drug list in order to make it more available to the health facilities that have the direct role of using it to manage pain and suffering among palliative care patients. This resulted from an advocacy meeting in November 2013 between the Tanzania Palliative Care Association (TPCA) and the Ministry of Health and Social Welfare, the Tanzania Food and Drugs

Authority and the Drug Controller Officer, Medical Store Department.

In **Rwanda**, APCA supported a meeting of local stakeholders where the supply chain mechanism/ framework for opioids was defined. This meeting was led by MoH Rwanda and the Palliative Care Association of Rwanda, with technical input and support from APCA, the Uganda MoH and the Makerere Palliative Care Unit in Uganda. In addition, two pharmacists from the MoH in Rwanda were supported to undertake an experiential study visit in Uganda, from where they derived lessons for the reconstitution of powdered morphine into oral liquid morphine – to be used at all levels of the health care system in Rwanda, including community level. As a result of these interventions, the Government of Rwanda agreed to procure and reconstitute powdered morphine.

APCA also initiated a study on the supply chain mechanisms, estimating procedures and consumption of opioids in four southern African countries: **Namibia, Swaziland, Mozambique and Zimbabwe**. In Swaziland, data collection was completed and a draft report is available.

In February 2014, APCA entered into a partnership with the Pain Policy Studies Group of the University of Wisconsin in the United States to pilot the first African Pain Policy Fellowship (APPF) programme, aimed at empowering health care practitioners from low- and middle-income countries with knowledge and skills to improve patient access to opioid analgesics for cancer pain management in their countries. Five fellows selected from five countries (Ethiopia, Ghana, Rwanda, Sudan and Zambia) have been enrolled and are being trained through the programme so that they become lead advocates and champions for ensuring access to opioids in their work settings and countries.