

# Implementing a Health Policy Intervention to Improve Access to Pain Relief for Patients with Cancer in Africa

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## BACKGROUND

- Increased burden of cancer in low- and middle-income countries (LMICs)<sup>1</sup>
  - Patients often diagnosed at late-stage when pain is severe
- Inadequate pain relief without access to opioid analgesics<sup>2-3</sup>
- Morphine consumption greater in high-income countries than in LMICs (Fig. 1)
- Consumption disparities attributed to outdated, stigmatizing or overly restrictive national drug control and healthcare regulatory policies<sup>4-6</sup>
- 2006: International Pain Policy Fellowship (IPPF) equips healthcare professionals from LMICs to address 'macro-level' supply chain, and legal/regulatory barriers to opioid availability in their countries<sup>6-8</sup>
- 2014: Pain & Policy Studies Group and African Palliative Care Association piloted a novel regional approach to IPPF, the African Pain Policy Fellowship (APPF)
- Fellow & government representative selected from 5 African countries (Fig. 2)



Figure 1. Access to Morphine Around the World. From PRI's The World®. Used with permission by Public Radio International®

- Key intervention components:
  - 8-week distance learning modules and weekly web-based conference calls
  - 3-day in-person workshop in Uganda to learn to become a strategic change-agent for opioid availability and to create a country-specific Action Plan
  - International expert mentors & PPSG/APCA staff providing technical assistance to the Fellows as they implement their Action Plans over 6 months
- Outcomes measured by:
  - Successful policy change designed to improve opioid access
  - Opioid supply chain improvements
  - Semi-structured interview feedback from Fellows and mentors
    - Interviews (n=22) recorded, transcribed and analyzed using coding schema derived from thematic domains in interview guide

## FINDINGS

Table 1. Examples of Fellows' progress to address barriers, working with government representatives, pain policy experts and colleagues

Country	Findings
<b>ETHIOPIA</b>	<ul style="list-style-type: none"> <li>Ministry of Health (MoH) organized a National Pain Management Steering Team with relevant stakeholders, to provide leadership and coordination for efforts to improve pain management</li> <li>MoH began developing a draft guideline to improve supply chain management for opioids and improve distribution throughout the country</li> </ul>
<b>GHANA</b>	<ul style="list-style-type: none"> <li>Initiation of advocacy efforts to expand the diagnoses included in the National Health Insurance Authority beyond breast and cervical cancers (currently the only covered diagnoses)</li> <li>Two new palliative care centers opening; Fellow will be intricately involved in developing the programs, including institutional policies</li> </ul>
<b>RWANDA</b>	<ul style="list-style-type: none"> <li>Advisory committee on Pain and Palliative Care established under MoH leadership (supervised by the Rwanda Biomedical Center)                             <ul style="list-style-type: none"> <li>Committee includes members from several sectors of government, hospitals/teaching institutions, civil society, NGOs, and development partners</li> </ul> </li> <li>Fellow and Government representative began drafting Standard Operating Procedure for safe distribution and use of oral morphine medications</li> </ul>
<b>SUDAN</b>	<ul style="list-style-type: none"> <li>Fellow worked with government and institutional officials to ensure access to oral morphine tablets at two hospitals which previously had none</li> <li>Fellow successfully negotiated to extend the operating hours for the pharmacy in the Radiation Isotope Center Khartoum, the main national cancer hospital</li> </ul>
<b>ZAMBIA</b>	<ul style="list-style-type: none"> <li>Conducted survey of the availability of opioids at hospitals                             <ul style="list-style-type: none"> <li>Finding: no opioids at the district level of the health system; standard medication kits did not contain opioids</li> <li>Began initiative to change this practice and sensitize those in charge of assembling the medication kits</li> <li>Barriers to opioid access, survey findings discussed with MoH Director of Clinical Care as well as Deputy Director of Pharmacy for Medical Stores</li> </ul> </li> </ul>

## FINDINGS

Table 2. Key themes identified by qualitative analysis

Theme	Findings
<b>Benefit of Regional Non-Governmental Organization (NGO) Involvement</b>	<p>"Well, I think it [involving an NGO] would be a great asset because they [APCA] have the reputation, you know, they have the huge experience in establishing a similar program and...this is transfer...in terms of training materials, in terms of experience, and perhaps in terms of...understanding the local context. So to just have those added advantages...I'm sure they've been to many of these countries repeatedly, so I understand they really understood the situation better." (APPF03)</p>
<b>Training / Program Value</b>	<p>"Yes, it [APPF] influenced my confidence greatly, because I have the knowledge and I have the support. If I have any doubts or I need something I have people to go back to and they can help me, especially my mentor. And so I was able to meet people at the ministry level and speak with them and convince them of making changes and that was important for me." (APPF02)</p> <p>"And so with this [APPF], I'm able to speak out with confidence and with authority [on] issues regarding policy not only at this level, but at an extension level as with regards evidence and material that you have given us to educate other colleagues and policymakers..." (APPF01)</p>
<b>Valuable Mentor / Staff Support</b>	<p>"If I talk about my mentor, my mentor is really supportive because he [the mentor] had lengthy experiences in developing countries...so he was available so he came to my country two times. So, I was really happy. And we conducted different trainings, and we discussed with the key people from government, especially we used his title and position...to uproot the government authorities." (APPF05)</p>
<b>Regional Collaboration Benefits</b>	<p>"Absolutely well encouraged because she [mentor] also works in the area of palliative care in [her] country, which is one of our biggest neighbors, and also an Anglophone country for which we share a lot of commonalities. So, for me, it's like we understand each other so much and our challenges, our constraints, our strong points." (APPF01)</p> <p>"Yes, it was great to have fellows from Africa, because each one of them was reflecting a situation similar to us or was similar to us some time ago. And also all the other facts like no systems available, underdevelopment of the services, and some bureaucracy. And we had a lot of similar challenges and so it was useful to have fellows from Africa, yes." (APPF02)</p>
<b>Fellowship Length</b>	<p>"I don't think the one year is enough...I still believe two years would be a good time to finish most of the things..." (APPF04)</p>



Figure 2. The APPF Fellows. From left to right: Dr. Christian Ntizimira (Rwanda), Dr. Lewis Banda (Zambia), Dr. Mawuli Gyakobo (Ghana), Dr. Abraham Mengistu (Ethiopia), Dr. Nahla Gafer (Sudan)

## IMPLICATIONS FOR D&I RESEARCH

- APPF is a successful regional approach for implementing evidence-based policy research about opioid availability
- With sufficient training, Fellows are effective change agents for "macro-level" barriers
- Future directions:
  - Other regional groupings of LMICs
  - Target additional healthcare providers
  - Address 'micro-level' barriers to pain relief
  - Explore measurement outcomes such as opioid consumption

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