

MEDICINE AVAILABILITY
ZODWA SITHOLE

BACKGROUND

- Essential palliative care medications are required for the delivery of quality palliative care
- Access to opioid medication for pain control is big problem worldwide
- The major focus is on control of criminal use of drugs with little emphasis on access for medical and scientific use
- The worldwide palliative care community and related human rights organisations have advocated for balance to be restored by paying equal attention to both medical use and prevention of criminal use

BACKGROUND

- An important component of palliative care is pain relief
- Pain can influence an individual's health status and can have serious negative consequences:
 - poor nutrition
 - decreased appetite
 - abnormal sleep patterns
 - fatigue
 - impairment of daily living activities

Many chronic sufferers do not have access to effective pain management for a variety of reasons, including limited access, restrictions, and personal and cultural biases



PALLIATIVE CARE INDICATORS

- The way of monitoring the availability of palliative care is based on the use of morphine and other opioids for pain relief
- South African NSP recognises the importance of providing care and support but it has not included specific indicators for such interventions
- HPCA believes that a comprehensive response to healthcare needs must include such indicators and is advocating for their inclusion in the NSP
- HPCA is recommending the following indicators:
 - Pain assessment and management
 - Referral to community based care
 - An annual audit on the quality of care support

(Gwyther 2013)

BARRIERS TO ACCESS TO OPIOIDS

Political

- Little political will within department of health
- Lack of palliative care policies
- Outdated policies and legislation

Clinical

- Little knowledge of pain assessment and management
- Fear of opioids
- Inadequate training of health-care providers
- Little or no interest in palliative care
- No reimbursement for palliative care services by insurance schemes

Facilities

- Procurement difficulties
- Absence of skilled professionals
- Concerns about addiction and misuse

FRAMEWORK FOR IMPROVEMENT OF ACCESS TO PAIN RELIEF

- There have been expansion efforts to improve access to pain relief for our patients
- These efforts have been led by HPCA (Alliance), APCA and international supporters such as the Worldwide Palliative Care Alliance and the Open Society Foundations
- More recently, these initiatives have received technical assistance from international NGOs such as the Global Access to Pain Relief Initiative, clinical education programmes such as those offered by the Pain & Policy Studies Group and international advocacy support such as that undertaken by Human Rights Watch

- WHO advocates for a balance approach between **education of health care professionals**, presence of **appropriate regulation and legislation** to improve **drug availability** and government policy addressing the adherence to national policy to alleviate chronic cancer pain.
- Some movements to improve morphine availability have been made in various African countries in recent years. e.g. in Uganda, the law has allowed healthcare professionals to prescribe morphine within their clinical practices

THE PUBLIC HEALTH STRATEGY FOR PALLIATIVE CARE

The WHO PHS addresses:

- 1) appropriate policies
- 2) adequate drug availability
- 3) education of policy makers, health care workers, and the public;
- 4) implementation of palliative care services at all levels throughout the society.

This approach has demonstrated that it provides an effective strategy for integrating/establishing palliative care into a country

WORLD HEALTH ASSEMBLY (WHA) RESOLUTION A67/71

Roles of members states:

- to 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
- 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
- to **update**, as appropriate, **national essential medicines lists**, in the light of the recent addition of sections on **pain** and **palliative care medicines** to the WHO Model List of Essential Medicines and the WHO Model List of **Essential Medicines for Children**

ROLE OF THE DIRECTOR GENERAL OF WHO

To explore ways to increase the **availability** and **accessibility** of **medicines** used in palliative care in consultation with Member States & all international stakeholders

THE STEERING COMMITTEE ON PALLIATIVE CARE (SCPC)

The Minister of Health Dr Arron Motsoaledi has appointed the Steering Committee on Palliative Care (SCPC) to guide the Department of Health to achieve Resolution WHA 67.19

Seven TTs were formed: Ethics, Special Category - Vulnerable Groups, Education & Training, Policy, Drug Availability, Support to Families/HCW and Funding

DRUG AVAILABILITY TASK TEAM

Goal : to support the provision of equitable and sustained access to appropriate medications and related consumables, to deliver palliative care

Objectives:

- To recommend palliative care essential medicines which need to be included on the Essential Medicines List
- To give recommendations for a national morphine monitoring system
- Nurse prescribing

THE DRUG AVAILABILITY TASK TEAM COMPRISE OF:

- **Mr Andy Gray:** Senior Lecturer, Pharmacology, School of Health Sciences
- **Ms SA Mchunu:** Acting Registrar, South African Nursing Council.
- A representative of the Pharmacy Council
- **Ms Nirupa Misra:** Pharmacy Manager, King Dinuzulu Hospital
- **Dr Julia Ambler:** paediatric palliative care doctor, lecturer in palliative medicine under-graduate and post-graduate paediatric programs
- **Ms Harsha Naicker:** Pharmacist at Red Cross War Memorial Children's Hospital
- **Ms Dithuso Monare:** Social Work Manager, Free State Department of Social Development, responsible for the HIV and AIDS sub-programme.
- **Ms Zodwa Sithole:** Director Hospice Support

Working Group:

- Ms Sandie de Villiers, Ms Hillary Gray (palliative care nursing tutor and palliative care nurse)
- Dr Rene Krause and Dr Janet Stanford (palliative care doctors),

DIVISION OF WORK INTO SUBGROUPS

1. Essential Medicines List (EML)

There are four Essential Medicines List documents issued by NDOH:

- The Primary Health Care level (Green book)
- The Paediatric Hospital level (Purple book)
- The Adult Hospital level STG/EML (Yellow book)
- The Tertiary and Quaternary list (not an STG/EML, but a list)

2. Morphine Monitoring

3. Nurse prescribing

EML REVISION PROCESS OUTLINE

The Adult Hospital STG/EML (2015)

- Revision process finished in 2015 and the most recent edition was published in 2016
- The process of revision of the Adult Hospital STG/EML will start again in about a year

The PHC STG/EML (2014)

- Covers paediatric and adults, treated at clinics, CHCs, and the outpatients at a district hospital.
- The revision of the PHC STG/EML has just started and the Expert Review Committee has just been appointed

The Paediatric Hospital STG/EML (2013)

- Is in the middle of a revision and will be re-issued by April – August 2017
- The Pain and Palliative Care section of the Paediatric STG/EML has not yet been reviewed

2. MORPHINE MONITORING

- There is a national reporting on morphine quantities, based on manufacturers' reports on what they are bringing into the country
- TT to engage with NDoH (MCC secretariat) to find out what data is available and how these can be accessed
- TT to contact NDoH for the baseline of the use of morphine
- This will help in monitoring the availability of palliative care based on the use of morphine and other opioids for pain relief

3. NURSE PRESCRIBING

- With nurses authorised to prescribe and dispense medicines in all schedules, patients will be afforded improved access to pain management medication
- In South Africa there are not enough doctors, so nurses need to be authorised to prescribe and dispense medicines in all schedules
- It is estimated that 80% of people around the world who are in pain, don't have access to pain relief medicine.
- In SA the poorest and most marginalised **terminally ill patients** who entirely depend on the public health sector, will not obtain morphine when they need it

NURSE PRESCRIBING

The main focus needs to be on SANC:

- What are the blocks to implementing sections 56(1) to (5) of the Nursing Act? We want section 56 of the nursing act to be implemented so that palliative care trained nurses can prescribed morphine
- The SANC has published a list of competencies for specialist nurses on their website, but have not gazetted these documents, so their legal status is thus unclear
- There is no competency statements for community psychiatry or palliative care nurses
- How can the regulations to accompany section 56(6) be finalised, to enable nurses with such permits to access medicines in Schedules 5 and 6?

NURSE PRESCRIBING CONT..

- HPCA submitted draft regulations, but the drafts issued for public comment in 2013 , and have not been issued in final form
- The Regulations needs to be finalised and SANC need to make a recommendation on this to the Minister of Health
- In view of the DG's recent letter on nurse-prescribing - is hampered by a lack of appropriate, updated Regulations
- DG's statement relates to dispensing, not prescribing, so the barriers are still in place and hamper access to both S5 and S6 medicines needed for palliative care.

CONCLUSION

- Lack of access to pain treatment and opioid analgesics for patients in need might amount to cruel, inhuman and degrading treatment
- all measures should be taken to ensure full access and to overcome current regulatory, educational and attitudinal obstacles to ensure full access to palliative care
- Under international human rights law, Governments must ensure equal access to the right to health and take reasonable steps to protect all against inhuman and degrading treatment. This should mean that health policies address the needs of people who require palliative care services; that healthcare workers have at least basic palliative care knowledge and skills; that medications like morphine are available throughout the country; and that drug regulations do not impede the ability of patients facing severe pain to get appropriate treatment. Failure to take such steps will likely result in a violation of the right

(International Narcotics Control Board. 2015. *Special Report*)

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“HPCA is rated under the top 5 Non-Governmental Organisations in South Africa.”

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Palliative Care – Relief of suffering
