Pain & Policy Studies Group • International Pain Policy Fellowship

KENYA

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Fellow 2008-2012

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For further information on Kenya:
http://www.painpolicy.wisc.edu/country/profile/kenya

BACKGROUND:

Prior to the fellowship, opioids were inaccessible virtually everywhere in the public healthcare system in Kenya. Healthcare workers were reluctant to prescribe, stock, or transport the opioid medicines, not only because of their own misconceptions and misgivings about the potential for abuse and dependence syndrome and adverse side effects, but also because of their fears of severe penalties under the national law governing opioids, the Narcotic and Psychotropic Substance Act of 1994. Additionally, the high cost of morphine, due, in part, to a16% tax on the raw morphine powder imported into the country, because the government considered it a raw material and not a medicine, was a barrier to its accessibility.

FELLOWSHIP SUCCESSES:

The Government of Kenya has taken a notable interest in pain management and palliative care. In July, 2010, the Ministry of Medical Services (MoMS) issued a directive for 11 large hospitals throughout the country to establish palliative care services with the assistance and collaboration of the Kenya Hospice and Palliative Care Association (KEHPCA). Since 2010, the Government has given a second directive to have palliative care integrated in 30 additional hospitals. As of 2014, 16 of the 30 hospitals started offering services and had oral morphine available. KEHPCA is helping those facilities get the programs under way and has begun training health care professionals at all levels. Education is breaking down resistance to prescribing morphine. From about 5 kilograms consumption a year, the demand has risen to 20 kg in recent years.

Also in 2010, Cancer Control legislation was enacted and KEHPCA continues to monitor its implementation. In August 2011, the Kenya Ministry of Public Health and Sanitation and the Ministry of Medical Services launched the first-ever National Cancer Control Strategy that names as one of its key themes palliative care and pain control; and it recognizes the need to improve the availability of opioid analgesics. Dr. Ali spearheaded the chapter on palliative care and pain management. Also in 2012, after several years of collaboration with the Ministry of Health, the WHO county office and other relevant stakeholders, the KEHPCA launched the first National Palliative Care Guidelines. One of the objectives of these guidelines, according to the association: “To provide a basis for lobbying availability, accessibility, safe handling, and rational use of opioids for pain management.” In 2013, National Guidelines for Cancer Management, which include pain management and palliative care for both adults and children, were developed.

Regarding the morphine powder taxation issue, by 2010, the Minster of Medical Services and the Kenya Revenue Authority had responded to meetings with Dr. Ali and other KEHPCA representatives, as well as to letters drafted by PPSG staff, recommending that they lower or repeal the tax on morphine. Ultimately, Laborex, the local pharmaceutical company that imports morphine powder, was persuaded to absorb the tax for all hospices that buy the powder, although the offer was not extended to private hospitals.

In Kenya, as elsewhere, a visit from members of the IPPF’s International Expert Committee can accelerate the pace of change. In 2012, Dr. Ali asked Dr. Cleary and Open Society Foundations palliative care consultant Stephen Connor to speak at the KEHPCA annual meeting. The health minister and his wife also attended. First ladies and other official spouses can be “very, very significant” in raising the public profile of a problem and encouraging the government to act, Dr. Cleary says. The next day, Dr. Ali and her two guests made the rounds of the ministries, meeting with the appropriate authorities, some who had been at KEHPCA’s meeting. At the Pharmacy and Poisons Board, they discussed the low

consumption of morphine in the country, entreated the officials to make sure that morphine use was not discouraged, and offered pointers on the use of INCB estimate procedures to increase consumption to necessary levels.

ONGOING PROGRESS:

In September 2012 the Ministry of Health brought in the first 2 kilograms of morphine powder to be used in the 11 former provincial hospitals that had started integrating palliative care. In 2013, an additional 20 kilograms was imported by the MoH. In 2015, the government brought in 47 Kgs of morphine power to be used in government hospitals.

This morphine is supplied to hospitals by the Kenya Medical Supply Agency, which is the agency that supplies medicines to the public hospitals. Through support from Treat the Pain (a project of American Cancer Society), KEHPCA is now working closely with the Ministry of Health and the national referral hospital, Kenyatta National Hospital, to have a central manufacturing point for morphine for the whole country. It is hoped that this will start in 2016. This project will facilitate good quality standards for morphine, uniform concentrations across the country, and it will also make safe pediatric solutions available. Under the same project; KEHPCA is working with the national hospital to have a pain free hospital, which involves, sensitizing and training staff; and sensitizing patients about pain management.

From 2012-2014, KEHPCA trained pharmacists working in government hospitals on use, constitution and safe keeping of morphine as well as sensitizing them on palliative care and the need for them to be part of the palliative care teams and working closely with them to ensure that patients in need of oral morphine or other pain relieving medicines have access to them.

In 2013, Dr. Ali was awarded: the African Palliative Care Association Individual Advocacy Award an Honorary Doctorate from Oxford Brookes University. In July 2015, she completed a Master's Degree in Palliative Care from the University of Dundee.

CHALLENGES AND FUTURE NEEDS:

Government Bureaucracy that leads to slow developments is the main challenge. Lack of funding also slows progress.

PUBLICATIONS:

- Importance of advocacy; an interview with Dr Zipporah Ali: http://www.ehospice.com/Default/tabid/10686/ArticleId/7736