

# Pain & Policy Studies Group • International Pain Policy Fellowship



ZAMBIA

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Fellow 2014-2015  
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For further information on Zambia:  
<http://www.painpolicy.wisc.edu/country/profile/zambia>



## BACKGROUND:

Despite several years of progress to improve palliative care in Zambia, there remain challenges regarding the accessibility of oral morphine. In 2014, oral morphine was not sufficiently available in all hospitals or palliative care programs and stock outs occurred occasionally. Although pethidine and injectable morphine were widely available throughout the country for post-operative pain at the time, oral morphine was mostly only available in urban areas, such as Lusaka.

The government of Zambia recently renewed its commitment to improving the availability of oral morphine. In 2014, Dr. Lewis Banda, the head of clinical care and a consultant clinical oncologist at the Cancer Diseases Hospital, was selected as a Fellow. A representative of the national competent authority, the Zambia Medicines and Regulatory Authority (ZAMRA), accompanied Dr. Banda to the Fellowship training workshop, during which they developed a plan to improve access and availability of oral morphine in Zambia.

## FELLOWSHIP SUCCESSES:

At the beginning of the fellowship, Dr. Banda and his government colleague participated in a stakeholders meeting at the Drug Enforcement Commission (DEC) headquarters. The issue of delays in importing opioids was discussed among other topics.

Dr. Banda also engaged with the DEC officer in charge of diversion about the need to ensure balance and shared the 2011 WHO Guidelines, "Ensuring Balance" which the officer then shared with the DEC.

Dr. Banda and colleagues conducted a survey of hospitals in three provinces to assess the extent of opioid availability and trained staff. Most notably, the survey findings indicated there were no opioids at the district level of the health system because the standard kits of medications delivered to the districts did not contain opioids. Many additional challenges to opioid use were discovered by the survey, such as a lack of training in pain management, lack of awareness of the opioid ordering process, and varying methods of compounding and packaging morphine syrup. Following the survey, Dr. Banda had initial meetings with the Ministry of Health (MoH) Director of Clinical Care as well as Deputy Director of Pharmacy (for Medical Stores) to discuss barriers to opioid access and met with them to review the survey findings to address any policies that may be hindering access. To address the lack of opioids in the standard kits, Dr. Banda and colleagues launched an initiative to change this practice and sensitize and train those in charge of assembling the medication kits.

Dr. Banda and the Cancer Diseases Hospital (CDH) has also engaged other stakeholders such as the MoH, the Palliative Society of Zambia, the Zambia Medical Association (ZMA), the General Nursing Council (GNC), the Health Professions Council of Zambia (HPCZ) and other Hospitals to orient the health care workers in pain management. A Training Manual for pain management has been developed and will be used to train healthcare workers in essential pain management.

## ONGOING PROGRESS:

The CDH together with ZMA hosted the first pain conference in Zambia in October 2015, after which the pain society was formed. This was an opportunity to bring together all stakeholders and establish their support for improving opioid availability.

## CHALLENGES AND FUTURE NEEDS:

The stakeholders meeting, which was held in July 2014, was not primarily focused on and opioid availability. As such, there is need to establish a genuine stakeholders meeting especially after the October 2015 pain conference.

Dr. Banda and his colleague from ZAMRA identified the need to review and amend the opioid prescribing regulations, to remove potential barriers. While ZAMRA agreed to spearhead the change in regulation to ensure availability of opioids, they recognized that policy changes were a long term objective and work is ongoing to bring together all the stakeholders.

While Lusaka is a good representation of the status of opioid availability and training in the country, there is a need to extend Dr. Banda's survey of opioid availability to the rest of the country.



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