

Pain & Policy Studies Group • International Pain Policy Fellowship



UGANDA

Henry Ddungu, MB, ChB, M. Med.

Fellow, 2006-2008

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For further information on Uganda:

<http://www.painpolicy.wisc.edu/country/profile/uganda>



BACKGROUND:

Uganda has had palliative care services provided since 1993 with great support from the Government that includes provision of free morphine for patients with life threatening diseases – cancer, HIV/AIDS, among others. In 2000, Uganda became the first African country to classify palliative care as “essential clinical care” in its National Health Sector Strategic Plan. In 2003, Dr. Ddungu began working with the then-young African Palliative Care Association (APCA), where he still serves as a Consultant. In 2006, prior to joining the IPPF, Dr. Ddungu facilitated a regional opioid availability workshop in which 6 Southern and Eastern African countries completed abbreviated versions of the initial fellowship meeting in Madison, developing Action Plans to advance balanced drug policy and access to pain medicines in their countries. Given his work with APCA, Dr. Ddungu’s focus in the IPPF was on improving access to opioids in several countries in the region, rather than only in one country.

FELLOWSHIP SUCCESSES:

After those first six countries, APCA ran similar opioid availability workshops in Southern and Western Africa in partnership with PPSG. Within his two-year fellowship, Dr. Ddungu and APCA brought 18 countries into the fold.

For instance, in April 2008—with the Palliative Care Association of Zambia (PCAZ) supported by Catholic Relief Service and APCA—he ran a two-day workshop in Lusaka, Zambia on drug policy and the management and use of morphine. Following the IPPF model, the meeting involved clinicians (e.g., doctors, nurses, pharmacists), medicine supply chain experts (e.g., officers from District Health Management Teams), and government officials who had a hand in overseeing controlled substances (e.g., Ministry of Health).

From that training, recommendations to Zambia’s Ministry of Health emerged, including: to accelerate policy changes to ensure the availability of morphine for all patients who need it; to authorize a broader field of healthcare providers to prescribe and handle morphine and related opioids for medical use; and to require that healthcare professional training include pain management.

ONGOING PROGRESS:

In 2011, Dr. Ddungu joined PPSG’s International Experts Collaboration and has served as an IPPF mentor since then. Along with this mentor’s expertise and spirit, fellows can take advantage of Uganda’s resources for palliative care in the region. For instance, in the year after the official end of her 2008-2012 fellowship, Kenya’s Dr. Ali arranged a study tour to Kampala, Uganda, with, among others, officials of the Kenyan Ministry of Medical Services and the Pharmacy and Poisons Board. The goal, according to Dr. Ali was “to show them a successful example of a country that has managed to provide morphine safely and with great success to patients.” In late April 2013, it was announced that the Kenya Health Ministry planned to purchase morphine.” At a three-day training of pharmacists, the Senior Deputy Chief Pharmacist in the Ministry of Medical Services announced that her department was “making a case to Kenya Medical Supplies Agency to try and see if the supply of morphine could be made constant.” Dr. Ddungu was also the mentor for 2012 fellow Dr. Taalaiqu Sabrybekova from Kyrgyzstan. In 2014, Dr. Ddungu was a faculty member and mentor for the fourth cohort of fellows, the African Pain Policy Fellowship.

CHALLENGES AND FUTURE NEEDS:

There is still a great deal of work to be done in Africa. A review by APCA of the national drug regulation legislation and policy documents and health care implementation strategies of 10 Southern African countries found that none of the examined documents "address the issue of opioid use adequately," and none "recognize the ethics of pain relief." The report called on governments to attack the gender injustice and sexual stigma that inhibit effective HIV/AIDS prevention and stymie humane care for the populations most at risk for contracting the disease.

PUBLICATIONS:

- Powell RA, Kaye, RM, Ddungu H, Mwangi-Powell F. Advancing drug availability – Experiences from Africa. *J Pain Symptom Manage* 2010;40:9-12.
- Ddungu H. Palliative care: What approaches are suitable in developing countries? *British Journal of Haematology* 2011;154:728-735.
- Namisango E, Harding R, Atuhaire L, Ddungu H, Katabira E, Roland Muwanika F, Powell RA. Pain among ambulatory AIDS patients: Multicenter study of prevalence, intensity, associated factors, and effect, *The Journal of Pain* 2012;13:704-713.



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