

Pain & Policy Studies Group • International Pain Policy Fellowship



GHANA

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Fellow 2014-2015

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For further information on Ghana:

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

BACKGROUND:

In 2014, palliative care was a relatively new specialty in Ghana and had not been formally integrated into the national health system. In rural areas, access to palliative care was very rare. Opioids were not sufficiently available to treat all patients needing them, particularly in rural areas. Although access to oral morphine was relatively better in urban areas, there were still occasional stock outs. Additionally, there were cost barriers to accessing oral morphine for many patients since only breast and cervical cancer patients were able to have their opioid prescriptions reimbursed by the National Health Insurance scheme in Ghana. In 2011, the Government of Ghana developed the *National Strategy for Cancer Control in Ghana: 2012 – 2016*, with a chapter dedicated to palliative care; however, until 2015, there was no government budget allocated towards palliative care.

Dr. Gyakobo, a family medicine physician with palliative care expertise, was selected as a fellow in 2014 and was accompanied by Mr. Emmanuel Owusu-Ansah, the Director of Policy in the Policy Analysis Unit of the Ministry of Health (MoH) in Ghana.

FELLOWSHIP SUCCESSES:

During the Fellowship, progress was made towards addressing many of these challenges.

First, Dr. Gyakobo and colleagues began to work with the key government representatives at the MoH to allocate resources in the national budget for pain and palliative care. The budget went before the Ghana Parliament in mid-November 2014 and was expected to be approved, which would allow for palliative care experts to be engaged in significant roll-out of programs related to pain management.

Second, Dr. Gyakobo led advocacy efforts to expand the diagnoses that are included in the National Health Insurance scheme.

Third, palliative care services are expanding as three new centers are opening in Accra, Mampong-Akuapem and Bolgatanga.

Lastly, additional prescribers are being trained in appropriate pain management and opioid prescribing to address the existing knowledge gap. This was facilitated by Dr. Gyakobo's leadership in having the curricula of seven health training institutions reviewed to incorporate core concepts about palliative care and pain management into each program. This will help in training healthcare professionals to be comfortable and knowledgeable with prescribing opioid medications.

ONGOING PROGRESS:

The line item in the budget for pain and palliative care is still being considered; however, once it is passed Dr. Gyakobo will be engaged significantly in the roll out process of the programs related to pain management.

Dr. Gyakobo conducted a survey of healthcare facility senior managers in 2015 on the availability of opioid analgesics in their health facilities. The survey included some qualitative items about their knowledge of palliative care and barriers to opioid availability.

CHALLENGES AND FUTURE NEEDS:

Challenges remain with regard to the availability of oral morphine throughout the country. Additionally, the findings of the 2015 survey identified that healthcare facility senior managers had significant knowledge deficits with regard to palliative care. This underscores the critical need to scale up training and education to raise awareness about palliative care and pain management with oral morphine.

PUBLICATIONS:

- Ama Kyerewaa Edwin, Summer Johnson McGee, Edwina Addo Opare-Lokko and Mawuli Kotope Gyakobo. A Structured Approach to End-of-Life Decision Making Improves Quality of Care for Patients With Terminal Illness in a Teaching Hospital in Ghana. *AM J HOSP PALLIAT CARE* published online 2 November 2014 DOI: 10.1177/1049909114557350.
 - <http://ajh.sagepub.com/content/early/2014/10/31/1049909114557350>
- Gyakobo MK and Opare-Lokko EA. Palliative Care in Ghana. *Die Hospiz-Zeitschrift*. 2015; 3: 36-41.



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