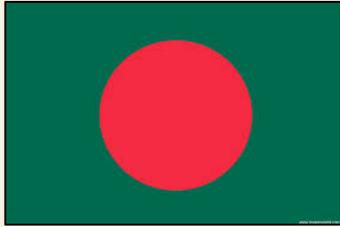


Pain & Policy Studies Group • International Pain Policy Fellowship



BANGLADESH

Farzana Khan, MBBS, MPH,
Fellowship in Palliative Medicine
Fellow 2012-2014
General Secretary, Fasiuddin Khan Research Foundation



For further information on Bangladesh:

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

BACKGROUND:

At the beginning of the fellowship, Bangladesh had no palliative care policy or clinical guidelines for the management of pain. Although immediate-release oral morphine was on the national Essential Drugs List, it was not available in the country. The 1990 Narcotics Control Act and other drug regulations presented significant barriers to the treatment of pain with opioid analgesics, and doctors were untrained in using them.

Two Fellows were selected from Bangladesh: (1) Dr. Rumana Dowla, a Palliative Medicine Specialist physician with a background in Public Health and Pediatrics, who was the founder and Chairperson of the Bangladesh Palliative & Supportive Care Foundation, and (2) Dr. Farzana Khan, a physician who was pursuing her PhD in Palliative Care, and who was part of the Centre for Palliative Care at, Bangabandhu Sheikh Mujib Medical University (BSMMU), the only medical university in the country. For the IPPF Training session held in Wisconsin, USA, the Fellows were accompanied by the Advisor to the Honorable Prime Minister of Bangladesh, demonstrating high-level government support for improving the availability and access to opioids for palliative care.

Prior to the fellowship Dr. Khan and a professor at her university presented these issues to the Director General of the Department of Narcotics Control (DNC), along with recommendations for addressing them.

FELLOWSHIP SUCCESSES:

The meeting with the Director General led to his agreement that the 1990 Narcotics Control Act and other drug regulations needed to be revised. Dr. Khan was included in a committee created to harmonize the current law, subsequent amendments and recommendations for revision. The group drafted a new policy and presented it to the National Narcotics Control Board (NNCB). The NNCB has taken up the issue of pain management and the committee's specific proposals are on the agenda for later discussion.

In an effort to change the legal environment in which opioids are distributed in Bangladesh, in late 2012, Drs. Khan and Dowla worked with the DNC to organize a nationwide training program on palliative care for the narcotics officials. A total of 60 regional agents, police, and inspectors attended the workshops. The goal was to enlist their help in promoting licit access, while preventing diversion. Experienced advocates know that in a country where drug control enforcement has trumped pain control enhancement, changing the law is not enough. Real reform can happen only if the police understand the importance of access to opioids, in conjunction with preventing abuse and diversion of opioids.

With regard to the availability of morphine in various formulations in Bangladesh, local manufacturers had produced injectable and sustained-release tablets for some time; however, immediate-release (IR) tablets had never been available in Bangladesh. Following months of collaboration between national palliative care experts, Bangladeshi pharmaceutical companies, the DNC, and experts from BSMMU, the production of 10 mg IR morphine tablets at local pharmaceutical companies began in February 2014.

Under the leadership of the newly formed National Palliative Care Society of Bangladesh—both Fellows have been elected to be officers—Palliative Care Guidelines are taking shape based on models from India and Vietnam.

ONGOING PROGRESS:

In 2014, during the 67th session of WHO Regional Committee on South East Asia, held in Dhaka Bangladesh, key language recognizing the importance of revising national legislation governing controlled medicines was included in Bangladesh's newly adopted National Policy for Non-Communicable Diseases.

CHALLENGES AND FUTURE NEEDS:

While "train the trainer" programs and workshops have been established to educate medical professionals about the importance of and practices for using opioids to treat pain, there is still a large deficit in education. A survey in 2013 of physicians showed that a majority of responders demonstrated poor knowledge and attitudes towards opioid availability, accessibility and use.

PUBLICATIONS:

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