

Pain & Policy Studies Group • International Pain Policy Fellowship



SIERRA LEONE

Gabriel Madiye, DPH

Fellow 2006-2012

Executive Director, Shepherd's Hospice, Freetown

For further information on Sierra Leone:

<http://www.painpolicy.wisc.edu/country/profile/sierra-leone>



BACKGROUND:

From 1991 to 2002, Sierra Leone was ravaged by civil war. "Many youth abused drugs and drugs were one factor that aggravated the civil crisis," said Mr. Madiye, executive director of Sierra Leone's only hospice, Shepherd's Hospice. "The state was very intent on controlling drugs." Registration of morphine was onerous and costly; in 2006, when Mr. Madiye began his fellowship, there was no oral morphine available to Sierra's Leone's 6 million people. Mr. Madiye had clear goals: to persuade the government to authorize the importation of morphine sulfate powder that could be reconstituted into an oral morphine solution to treat cancer and HIV/AIDS patients—and to demonstrate that this could be done without diversion to the illicit drug trade.

FELLOWSHIP SUCCESSES:

The fellowship helped equip Mr. Madiye with the arguments to get his foot in the ministers' doors. Once inside, in 2006 he began working with the Pharmacy Board (PB) and the Ministry of Health and Sanitation (MoHS) to approve and implement the importation of morphine sulphate powder. He sent two potential prescribers to Uganda for training in the safe handling and medical use of morphine. Two years later, the first shipment of 500 grams of low-cost morphine sulfate powder arrived at Shepherd's Hospice. Mr. Madiye set up a lab and oversaw the training of staff to produce the oral morphine. In early 2009, the first hospice patients were treated with the new oral morphine solution.

The next challenge was to make sure none of the medicine made its way out of the clinic and into the hands of drug dealers or abusers. Starting with the PB's recordkeeping system, Mr. Madiye worked with PPSG to design a far more detailed database and documentation procedure. In 2010, he submitted a report to the PB, including a spreadsheet accounting for every milligram of morphine and a request to import twice the amount for 2011. The request was granted resulting in Shepherd's Hospice receiving 1 kilogram of morphine sulfate powder. The powder continues to be used to produce oral morphine solution in two strengths: 1mg/ml (colored blue) and 10mg/ml (colored red) to treat patients with moderate to severe pain who are referred to the Community Palliative Care Program (CPCP).

ONGOING PROGRESS:

Indispensable to Mr. Madiye's efforts both in advisory and practical ways were his mentor Dr. Jack Jagwe, a pioneer in expanding access to opioid analgesics in rural Uganda, and Hospice Africa Uganda, where Dr. Jagwe was advising on medicines, policy, and advocacy. In addition, over the years Mr. Madiye has helped gather an alliance of private and public Sierra Leonean champions—most recently, a task force of NGOs, patients, opinion leaders, and policymakers, under the umbrella of the Sierra Leone Palliative Care Association (SLPCA)—to move palliative care into the public hospital system and expand the availability of oral morphine in Sierra Leone. To this end, Dr. James B. W. Russell, a physician trained in palliative care is teaching palliative care to medical students in their final year at the College of Medicine and Allied Health Sciences, University of Sierra Leone, and supervising a two week placement at the Shepherd's Hospice in Freetown. In addition, continuing medical education has continued in palliative care for health workers in public and private practice; utilizing the Palliative Care Toolkit, and distributing this resource material widely across services in the country.

In line with the SLPCA framework, patients who are diagnosed with life-limiting illnesses are referred by several hospitals for palliative care. In 2013, the Shepherd's Hospice received a grant to construct a 16-bed in-patient palliative care facility to serve as a referral center for patients in acute illness hospitals in need of prolonged care. The in-patient facility is intended to provide short term admission (2-3 days) for 10% of patients in the CPCP.

Shepherd's Hospice will continue to advocate for opioid availability, train health workers, coordinate the SLPCA, facilitate networking on palliative care, and provide community care for increased access to palliative care. However, this effort will continue to be constrained by the limited capacity of the SLPCA members to train a large number of medical personnel in palliative care. Thus an urgent need exists to train a core team of national palliative care trainers outside Sierra Leone to support the human resource development required for the adoption of the public health approach to palliative care.

CHALLENGES AND FUTURE NEEDS:

In 2014, Mr. Madiye's Shepherd's Hospice found itself at the front line of the response to the Ebola outbreak. "Initially we shied away from Ebola, but Ebola has come to us and we had to do something" said Mr. Madiye. Subsequently in October 2014, Mr. Madiye revealed plans to establish community Ebola centers to help reach and care for survivors, which included a six month project implemented by the Shepherd's Hospice with support from several international donors. The patients with Ebola virus disease (EVD) symptoms were received at the care centers by trained health workers and treated for pain and other distressing symptoms using oral morphine solution and other medicines. However, there was only limited opportunity for care before referral to Ebola Treatment Units (ETUs). Yet, the 27 patients who benefited from oral morphine at the centres showed improvement in symptoms before referral to ETUs or discharge when EVD was not confirmed. Nonetheless, this intervention was short-lived and the centers were closed because of the significant improvement in the epidemic.

PUBLICATIONS:

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- *Palliative Care in Response to Ebola* – eHospice:
<http://www.ehospice.com/ArticleView/tabid/10686/ArticleId/12626/language/en-GB/View.aspx>
- McNeil, Jr, DG. *Drugs Banned, Many of the World's Poor Suffer in Pain*. New York Times, September 10, 2007.
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