BACKGROUND:

Progress to improve the availability of controlled medicines, in particular opioid analgesics, has been occurring in Rwanda for several years as palliative care and pain management have been continually advancing. In 2011, Rwanda became the first African country to develop a stand-alone national palliative care policy, accompanied by a national palliative care strategic plan and practice standards. Led by the Ministry of Health (MoH), these ground-breaking policies commit the country to providing all Rwandans suffering from life threatening and limiting illnesses, with high quality and affordable palliative care services, with a specific objective of ensuring the availability of essential palliative care medicines, particularly oral opioids (e.g. morphine) at all levels of the health system.

In 2014, Dr. Ntizimira, a palliative care doctor, was selected as a Fellow to lead efforts to improve opioid availability in Rwanda. He was accompanied by Mr. Jean-Claude Tayari, the Pharmaceutical Supply Chain Director of the Medical Procurement and Production Division in the Rwanda Biomedical Center, which is the implementation arm of the MoH.

FELLOWSHIP SUCCESSES:

In 2014, a technical working group for palliative care was initiated within the Non-Communicable Disease Cluster of the MoH, to lead the next phase of palliative care development, including a specific priority on opioid availability and accessibility. The working group includes members from several sectors of government, hospitals, teaching institutions, civil society, NGOs, and development partners.

Also in 2014, the Government of Rwanda and palliative care experts collaborated to develop a production facility to reconstitute morphine sulphate powder (the first shipment of which was received in late 2014) into oral morphine solution. This provides an important additional oral morphine formulation for children and patients who cannot swallow tablets.

To encourage wider distribution of available controlled medicines, in 2014, the Medical Procurement and Production Division disseminated an announcement to all health facilities throughout Rwanda informing them about the stock availability of morphine 30 mg and 10 mg immediate release morphine tablets and 10 mg/ml injection formulation, and encouraging hospitals to place emergency orders for these medicines.

These advances in opioid availability have been coupled with ongoing efforts to educate health professionals about pain relief and the rational use and safe handling of essential controlled medicines. Government-sponsored training workshops on morphine prescribing and dispensing best practices were held in late 2014 and mid-2015. Furthermore, a mechanism is in place for palliative care experts in the country to share best practices including the use of morphine with other districts hospitals through mentorship programs and during quarterly meetings organized by the Rwanda MoH.
ONGOING PROGRESS:

The Non-Communicable Disease Division in collaboration with other stakeholders of the Rwanda MoH is developing morphine regulations and Standard Operating Procedure for the safe distribution and use of morphine medications.

There have also been efforts initiated to review the morphine reporting system and there has been a meeting with all the people involved in the supply chain. Related to this, PPSG is collaborating with the Government of Rwanda to explore possible enhancements to the electronic web-based system that tracks the supply of medicines throughout the country and the electronic medical record software.

CHALLENGES AND FUTURE NEEDS:

Rwanda has made significant progress to expand and improve palliative care and opioid availability in recent years; however, there is an ongoing need for training of health professionals and the wider distribution of morphine throughout the country.

PUBLICATIONS: