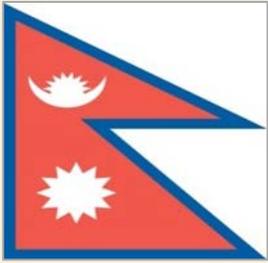


# Pain & Policy Studies Group • International Pain Policy Fellowship



NEPAL

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**Fellow 2008-2012**

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For further information on Nepal:

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

## BACKGROUND:

Nepal is one of the poorest countries in the world, which is also struggling with a large burden of cancer, other non-communicable diseases, and AIDS. For the last decade in Nepal, the development of palliative care services has steadily increased, but the availability of morphine has remained inconsistent and inadequate.

Prior to the IPPF, most of Nepal's opioids were imported from India. Nepal required a six-month import license and this would often expire before the Indian government would approve the export due to India's complicated licensing system. Obtaining interim opioid analgesic supplies from Indian pharmaceutical companies was technically possible; however, the company required larger orders than Nepal's national opioid consumption at the time.

## FELLOWSHIP SUCCESSES:

Dr. Paudel, an oncologist who had watched his patients suffer for years, determined that the only answer to these problems was to start manufacturing morphine in Nepal. Early in his Fellowship, he persuaded a local company to make oral morphine syrup and worked with the Ministry of Health's Department of Drug Administration to authorize the production. By October 2009 the company was sending the morphine syrup to hospitals and pharmacies. In 2011, the same local company agreed to import powder from Swiss suppliers and manufacture 10 mg immediate-release (IR) morphine tablets.

After securing assurances that the local company would continue to manufacture IR morphine, the next priority was to secure a supply of (10mg and 30mg) sustained-release (SR) morphine tablets. After many glitches in development and testing, the distribution of SR tablets to hospitals and pharmacies began in 2012. Dr. Paudel was also able to get the manufacturer to agree to make the medicines affordable. That is essentially a humanitarian gesture on the part of the company; the business is probably minimally profitable, guesses Dr. Eric Krakauer of the Harvard Medical School and one of Dr. Paudel's mentors. This local production of an additional formulation of morphine will ensure availability of all essential morphine formulations on a more continuous, uninterrupted basis for patients in Nepal than was possible in the past.

Dr. Paudel has also helped bring coherence to the advocacy efforts of Nepal's palliative care providers and champions. Dr. Paudel left the initial IPPF training workshop in Madison determined to bring the stakeholders together into a national palliative care association, and in 2009, 22 palliative care providers began meeting to do so. The Nepalese Association of Palliative Care (NAPCare) was officially registered by the end of the year and since then has become the central player in expanding palliative care and pain management in Nepal. In 2011, NAPCare released a Pain Management Protocol in Palliative Care to guide clinicians in the best pain treatment practices.

In April 2012, an International Conference and two day workshop on palliative care was held in collaboration with NAPCare and the International Network for Cancer Treatment and Research, an international non-governmental organization. During this conference, the Honorable Secretary of Health, who was the chief guest of the program, spoke on behalf of the Ministry of Health, formally recognizing the government's continued commitment to working with NAPCare to expand palliative care development and improve opioid availability.

## ONGOING PROGRESS:

Since his fellowship ended, Dr. Paudel has continued to be active in palliative care both in Nepal and internationally. Under his leadership, educational initiatives continued to expand with the Ministry of Health conducting a two-week *Pain Management and Palliative Care* training for doctors and nurses every year since 2013. In 2012, he received the South Asia Palliative Care Award and Loyalty Prize from the International Association of Hospice and Palliative Care. He also became a member of PPSG's International Expert Committee in 2012, and served as a mentor for two 2012 fellows from Sri Lanka.

## CHALLENGES AND FUTURE NEEDS:

Nepal suffered from deficiencies in infrastructure and development even before the massive earthquake of 2015. This has created an additional layer of obstacles to the already cumbersome process to procuring opioids in the country. There is still a need for better access to opioid medicines in Nepal. The 2015 earthquake destroyed the infrastructure of the country, making it difficult to transport opioid medications to hospitals and clinics where it is needed.

## PUBLICATIONS:

- Paudel BD, Ryan KM, Skemp Brown MM, Krakauer EL, Rajagopal MR, Maurer MA, Cleary JF. Opioid availability and palliative care in Nepal: Influence of an International Pain Policy Fellowship. *Journal of Pain & Symptom Management*. 2015;49(1):110-116.



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