Policy Development for Universal Health Coverage in Cancer & Palliative Care: Lessons from Zambia

Access to Medicines Panel Discussion

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Outline

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Introduction

- Zambia, has an estimated 136.2 per 100,000 age-standardized incidence rate for all cancers (Globocan 2018)
- About 12,052 new cases of cancer per year.
- Cervical cancer remains the most common cancer in Zambia with an estimated 3,000 cases annually.
- Most patients present late, hence the need to improve & integrate cancer screening & PC.
- We are committed to achieving universal health coverage across all spectra of health care including PC.
Introduction Cont.

• Zambia with an estimated 17m people consumes 9kg of oral morphine annually.
• This is far too low to cater for the people that are in need of pain relief.
• The other opioid drugs are in short supply too.
• The low consumption is due to among other factors poor opioid prescription practices
Introduction Cont.

- Myths about morphine persist
- Very low numbers of Healthcare workers educated in pain management and palliative care
- Low advocacy for essential palliative care drugs
- To mitigate against these the NPCSP has been developed to aid the integration of PC into all levels of Healthcare encompassing the whole government approach policy
Objective

Delivering quality health services across the continuum of care which includes promotive, preventive, curative, rehabilitative and palliative care provided as close to the family settings as possible.
Current Status

- National Cancer Control Strategic Plan (2016-2021)
- Prioritises 4 cancers & PC
  - Cervical cancer
  - Prostate cancer
  - Breast cancers
  - Retinoblastoma
- Palliative Care
  - Develop an effective PC service at all levels of the health care system;
  - Complete and implement the NPCSP
The first draft of the National Palliative Care Strategic Framework (NPCSF) was developed.

Final draft to be actualized by the National Cancer Control Strategic Plan.

Final draft to be launched in October 2020.
• Keeps updating the essential medicine list to the population needs
• Procurement is through the Medical Stores Limited (Zambia Medicines Agency)
• Regulation through Zambia Medicines Regulatory Authority (ZAMRA)

Examples Analgesics

1.0 Non-opioid analgesics
• Acetyl salicylic acid (aspirin)
• Paracetamol
• NSAIDS

2.0 Opioid analgesics
• Dihydrocodeine
• Morphine sulphate
• Pethidine
Current Status Cont.

Procurement & Regulation of Essential Medicines
• Cabinet on 4th December 2019 gave approval for processing and exporting of cannabis for medicinal purposes.

• MOH to provide overall leadership and coordinate the issuance of licenses for the cultivation, processing and export of cannabis for medicinal purposes under the Dangerous Drugs, CAP. 95
Current Status Cont.

- Cancer Diseases Hospital opened in July 2007 with support of International Atomic Energy Agency (IAEA)
- In 2016, opened Phase 2 with 252 bed capacity
- About 20,000 patients have been treated
- PC is recognized as a specialty & has funded positions for MOs & nurses
- Provides specialist training in radiation oncology
Current Status Cont.

- Hospices were saved from closure as a result of inadequate funding from international donors
- MOH provided direct funding to support hospices and placed medical personnel on government payroll to provide care
Current Status Cont.

- Creation of funded PC specialist positions for medical doctors & nurses
- Some hospitals integrated PC within their establishments
- Some health care workers were trained from Kenya, UK, SA & Uganda
- Shared our experience at local & international conferences
Current Status Cont.

- Zambia remain committed to UHC
- We signed into law the National Health Insurance Act in 2018
- To start February 1, 2020
Current Status Cont.
CONCLUSION

• Strong government commitment and institutional frameworks and policies that support essential medicines, cancer control & PC integration are key

• It is possible to integrate PC & cancer services within the existing govt health systems