

# GAPRI | Global Access to Pain Relief Initiative

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[www.gapri.org](http://www.gapri.org)





## The problem of unrelieved pain

Globally,  
**7.3 million**  
people die of cancer or HIV each  
year in severe pain

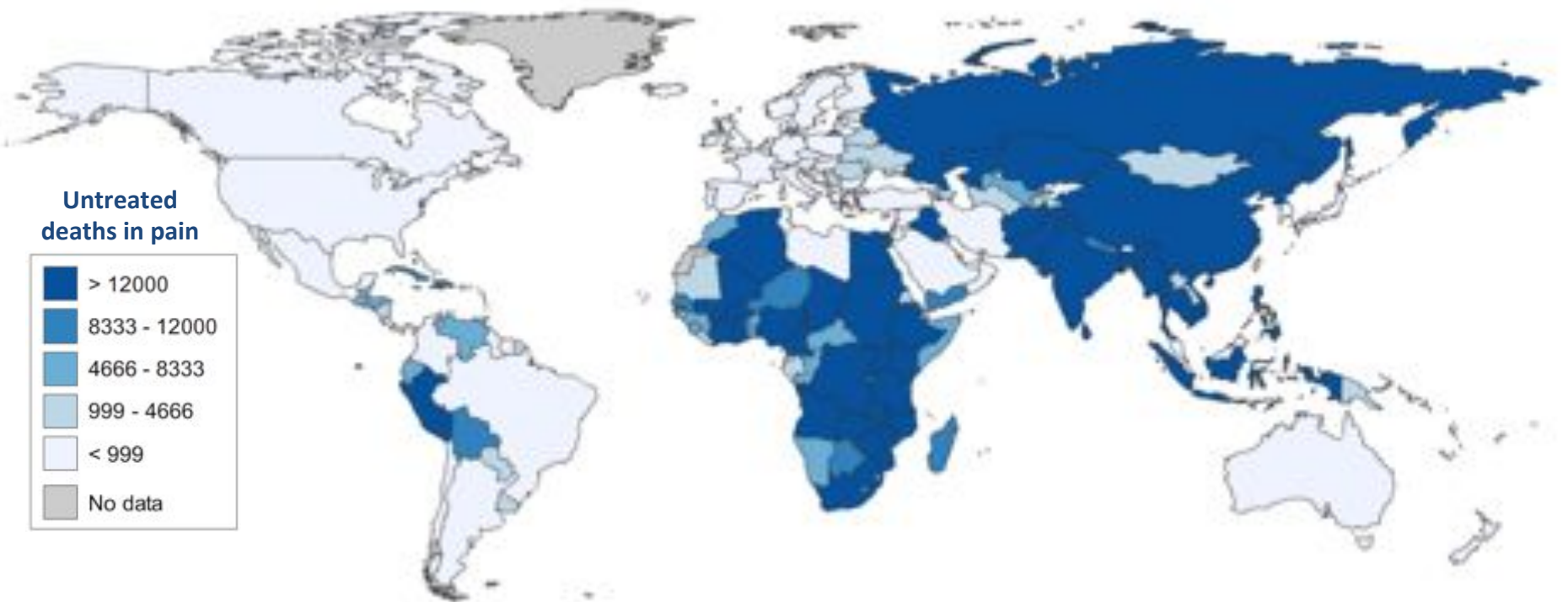
More than  
**2.9 million**  
die without pain relief

**99.9%**  
of these deaths are in low and  
middle-income countries

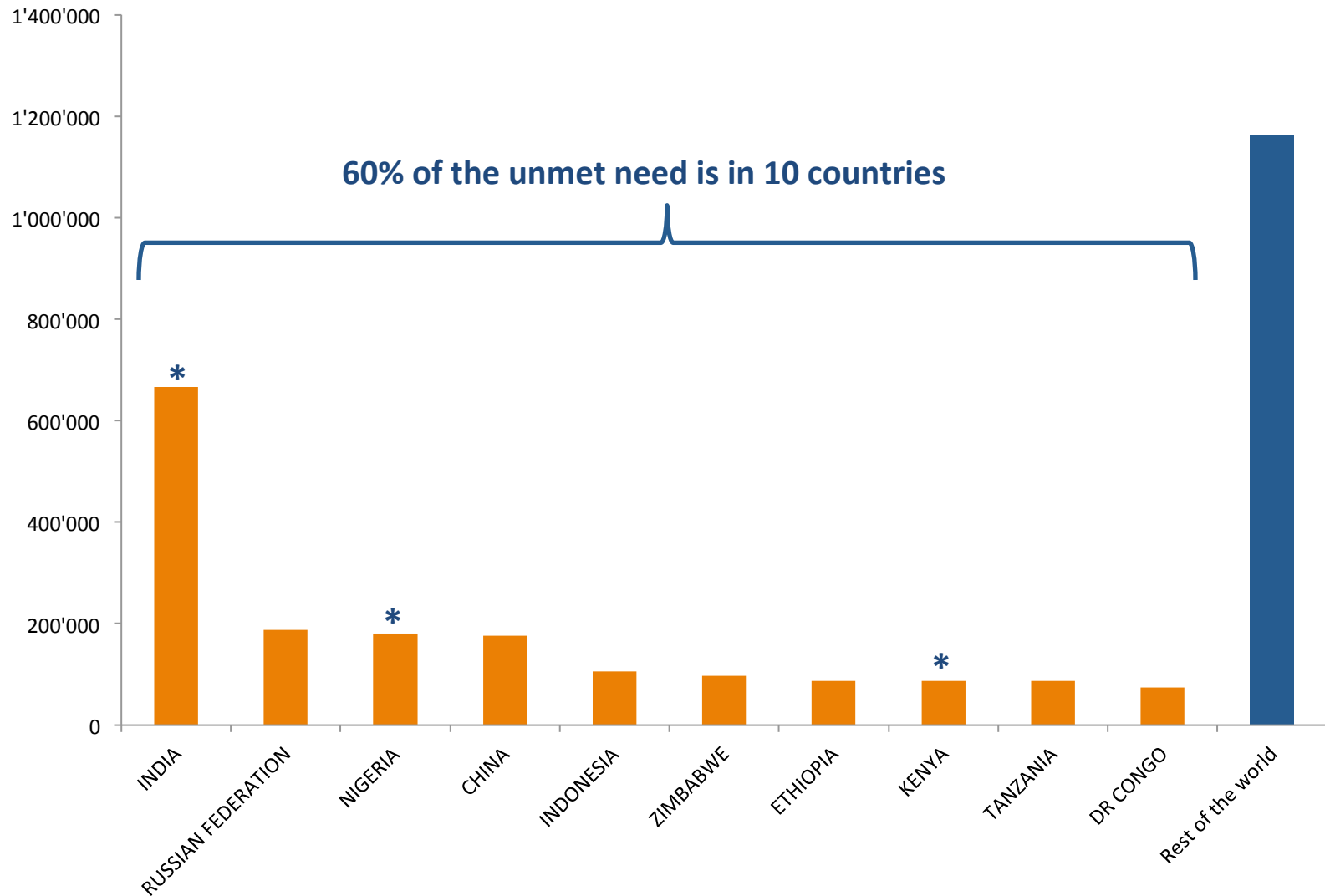
# Scoping the problem

There are 2.9 million deaths from HIV or cancer in untreated pain each year

- Sub-Saharan Africa: 41%
- South Asia: 29%
- East Asia & Pacific: 16%
- Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, North America: 14%



# Untreated deaths in pain



\* Denotes GAPRI partner countries

Source: 2010 WHO cause of death and INCB reports ([www.gapri.org](http://www.gapri.org))

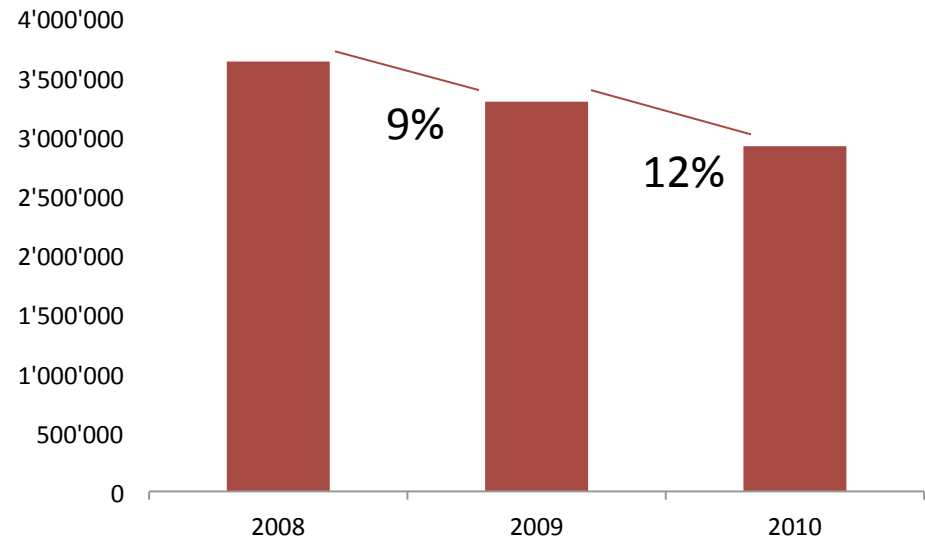
# Progress against goals

2010: **2.9 million** untreated deaths in pain and going down

Global coverage rate is 60%

- 100%-high income
- 57%-middle income
- 8%-low income

Untreated deaths in pain



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Meg O'Brien  
Director

29 Aug 2012

In life, you try your best to hold  
tight to your dignity, in death  
sometimes others have to hold  
onto it for you.

An Irish proverb





# The MORPHINE framework



**M**indset | **O**rganize | **R**egulations | **P**rocurement | **H**ealthworker | **I**nitiation | **N**ationalization | **E**mpowerment

Ensure that policy makers understand the issues and are prepared to take a lead role

Consult stakeholders to map process and barriers to access

Ensure that they are up-to-date or identify needed changes

Establish budget for drug purchase, storage, and distribution. Estimate quantities, identify suppliers, secure product registrations, develop tenders, place and pay for orders, and receive and distribute to regional medical stores

Organize awareness-raising activities, in-service training, and continuing medical education; develop reference materials and guidelines

Establish pain treatment by trained clinicians, usually at large clinical centers or specialized clinical units

Integrate into service delivery at regional and district hospitals and ensure adequate geographical coverage to make pain relief accessible to all who need it

Create a sustainable stakeholder base



# Strategy

## Goal

Universal access to essential pain medicines by 2020

## Objectives

### ***1. Strengthen government leadership***

by providing staff (fellows) and technical assistance directly to health ministries

### ***2. Reduce cost and improve availability of medicines***

by negotiating with suppliers and providing technical assistance to buyers

### ***3. Improve clinical and regulatory policies and practice***

by advocating on international, national, and facility levels

### ***4. Improve skills and motivation of individual clinicians***

by improving access to information and to other clinicians interested in pain treatment

## Strategy

- Develop high-profile projects in countries with large unmet need; prompt change in neighboring countries and adoption by other organizations

# Update: Current activities

## *1. Strengthen government leadership*

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Nigeria: Govt has placed 19kg morphine order, 1<sup>st</sup> since 2008: 280,000 treatment days

Kenya: Govt committed to ordering 10kg morphine, 1<sup>st</sup> since 2008: 150,000 treatment days

## *2. Reduce cost and improve availability of medicines*

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Uganda: HAU produced 23kg morphine on contract to govt: 340,000 treatment days

- GAPRI secured donation of 85kg for Uganda: 1.3 million treatment days

Supplier relationships: Shared market forecasts with UK suppliers

**Total: >2 million treatment days**

# Update: Current activities

## *3. Improve clinical and regulatory policies and practice*

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### *Facility-based projects:*

- India: Launching pain-free hospital initiative in collaboration with Pallium India
- Haiti: Launching pain-free hospital initiative in collaboration with Partners in Health

### *UN advocacy*

Continue to seek support for pilot collaboration among UICC, UNODC, and WHO

### *Media/journals*

- Manuscript in press for Lancet Oncology: *Improving access to analgesic drugs for patients with cancer in Africa*
- *New York Times*: Time to face the pain (Jan)
- *New Engl J Med*: Painful inequities-Palliative Care in Developing Countries (Jan)
- *ASCO Post*: Inefficient markets impede cancer pain relief (Mar)
- *Devex Web*: Access to pain relief: opportunities for the aid community (Mar)
- *New York Times*: Nigeria to import morphine in pain relief initiative (Mar)
- *The Nation*: Succour for patients as govt imports pain killers (Mar)
- *Cancer World*: Fixing the holes in the opioid supply lines (May)

# The MORPHINE framework

Replenishing national  
Replenishing national  
supplies: building a  
sustainable supply

Influencing practice in  
health facilities: the  
pain-free hospital  
initiative



**M**indset | **O**rganize | **R**egulations | **P**rocurement | **H**ealthworker | **I**nitiation | **N**ationalization | **E**mpowerment

Ensure that policy  
makers understand  
the issues and are  
prepared to take a  
lead role

Consult stakeholders to  
map process and  
barriers to access

Ensure that they are  
up-to-date or  
identify needed  
changes

Establish budget for drug  
purchase, storage, and  
distribution. Estimate  
quantities, identify

registrations, develop  
tenders, place and pay for  
orders, and receive and  
distribute to regional  
medical stores

Organize awareness-raising  
activities, in-service training,  
and continuing medical  
education; develop  
reference materials and  
guidelines

by trained clinicians,  
usually at large clinical  
centers or specialized  
clinical units

Integrate into service delivery  
at regional and district  
hospitals and ensure adequate  
geographical coverage to  
make pain relief accessible to  
all who need it

Create a sustainable  
stakeholder base

The role of the United  
Nations agencies in  
enhancing access to  
pain relief

Thinking beyond  
Thinking beyond  
Uganda

# **MCCABE CENTRE**

**FOR LAW & CANCER**



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# **The role of the United Nations agencies in enhancing access to pain relief**

**Jonathan Liberman**

# Overview

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- key developments since WCC 2010
  - United Nations Office on Drugs and Crime
  - International Narcotics Control Board
  - Commission on Narcotic Drugs
  - World Health Organization
  - UN General Assembly Political Declaration on NCDs
- key developments since WCC 2010
  - United Nations Office on Drugs and





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# UNODC Discussion Paper, January 2011

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- lack of availability of controlled medicines represents a major global health problem
- recommendations relating to:
  - data collection; national legislation, regulations and policies; awareness of policymakers and national regulatory authorities; inter-agency coordination and cooperation between relevant government ministries and agencies; national committees and workshops; health professional training; public education about the role of opioid analgesics

# UNODC Discussion Paper, January 2011

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- UNODC's normative work assisting States to implement relevant international treaties, including through development of domestic legislation, is a central aspect of its work
- UNODC will examine model laws to ensure that they reflect appropriate balance between ensuring availability and preventing against diversion and abuse – revision if required to remove or modify provisions that create impediments to medical and scientific use and do not advance the objectives of the Convention

# UNODC Discussion Paper, January 2011

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- ‘UNODC has long worked proactively to assist Member States to implement the diversion and abuse prevention aspect of their obligations under the drug Conventions. This should be, and will remain, an essential element of UNODC’s work, but the Office will also focus equally on all elements necessary to guarantee availability and accessibility with particular attention to avoiding any control measures unintentionally impeding high quality medical treatment.’
- the time has come for a partnership between UNODC and WHO on access to controlled medications



INTERNATIONAL NARCOTICS CONTROL BOARD

2010

Report of the  
International Narcotics Control Board on the  
**Availability of  
Internationally Controlled Drugs:  
Ensuring Adequate Access for  
Medical and Scientific Purposes**



# Special supplement to INCB 2010 Annual Report, January 2011

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- causes of limited availability: regulatory, attitudinal, knowledge-related, economic and procurement-related problems
- study
  - majority of governments reported that main factors contributing to underuse of opioids were attitude- and knowledge-related impediments – namely, addiction-related concerns among health-care professionals and patients and insufficient training for health-care professionals
  - unduly restrictive laws and burdensome regulations also commonly perceived as playing significant role in limiting availability

# Special supplement to INCB 2010 Annual Report, January 2011

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- recommendations on availability
  - assess requirements
  - identify and remove policy, regulatory and administrative impediments
  - collect information
  - address supply interruptions
  - determine whether laws take into account indispensability of narcotic drugs for relief of pain and suffering and the fact that adequate provision must be made
  - make necessary adjustments if any laws, regulations or administrative policies impede prescribing, dispensing, availability or distribution



# Special supplement to INCB 2010 Annual Report, January 2011

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- recommendations on appropriate use
  - health professional training
  - ethical behaviour in drug marketing
  - public education on appropriate use
- recommendations on national control systems
- recommendations on prevention of diversion and abuse

## **Resolution 54/6**

**Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse**

*The Commission on Narcotic Drugs,*

*Recalling its resolution 53/4 of 12 March 2010, aimed at promoting adequate availability of internationally controlled drugs for medical and scientific purposes while preventing their diversion and abuse, in line with the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol<sup>25</sup> and the Convention on Psychotropic Substances of 1971,<sup>26</sup>*

# CND Resolution 54/6, March 2011

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- requests UNODC, in consultation with INCB and WHO, to update its model laws to ensure they reflect an appropriate balance between ensuring adequate access to internationally controlled drugs and preventing diversion and abuse
- requests UNODC to develop a technical guide explaining the revised model laws to support training and awareness-raising activities for its personnel in regional and country offices
- requests UNODC to conduct, for its personnel in regional and country offices, training and awareness-raising activities to promote adequate availability for medical and scientific purposes while preventing diversion and abuse

# CND Resolution 54/6, March 2011

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- requests UNODC and INCB to continue their efforts to ensure adequate availability for medical and scientific purposes worldwide, cooperating as appropriate, through the Access to Controlled Medications Programme of WHO, while continuing activities to prevent diversion and abuse
- encourages member states to ensure involvement and coordinated action of relevant bodies and agencies responsible for health care, justice, drug regulation and law enforcement
- invites member states, UNODC and relevant international organizations to facilitate provision of technical assistance to developing countries

# Ensuring balance in national policies on controlled substances

GUIDANCE FOR AVAILABILITY AND ACCESSIBILITY  
OF CONTROLLED MEDICINES



World Health  
Organization

# Ensuring balance in national policies on controlled substances, WHO 2011

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- guidance on policies and legislation regarding availability, accessibility, affordability and control of controlled medicines
- public health outcome is at its maximum ('balanced') when optimum is reached between maximizing access for rational medical use and minimizing substance abuse
- quadruple imperative
  - legal imperative (under the drug control conventions and the right to health)
  - political imperative (MDGs)
  - public health imperative
  - moral imperative

# Ensuring balance in national policies on controlled substances, WHO 2011

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- guidelines on:
  - content of drug control legislation and policy
  - authorities and their role in the system
  - policy planning for availability and accessibility
  - health care professionals
  - estimates and statistics
  - procurement





## General Assembly

Date: General  
24 January 2012

Sixty-sixth session  
Agenda item 117

### Resolution adopted by the General Assembly

*[without reference to a Main Committee (A/66/L.1)]*

#### **66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases**

*The General Assembly*

*Adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.*

*3rd plenary meeting  
19 September 2011*

# UN General Assembly Political Declaration on NCDs, September 2011

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- comprehensive strengthening of health systems that support primary health care, cost-effective, equitable and integrated essential services for addressing non-communicable disease risk factors and for the prevention, treatment and care of non-communicable diseases, acknowledging the importance of promoting patient empowerment, rehabilitation and palliative care
- budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection, and treatment of non-communicable diseases, and the related care and support including palliative care

# UN General Assembly Political Declaration on NCDs, September 2011

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- priority to improving the accessibility to the safe, affordable, effective and quality medicines and technologies to diagnose and to treat NCDs; improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level
- partnerships between Government and civil society, building on the contribution of health-related NGOs and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment, care, including palliative care, of non-communicable diseases

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# Guide on Estimating Requirements for Substances under International Control

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Developed by the International Narcotics Control Board  
and the World Health Organization for use  
by Competent National Authorities



# Guide on estimating requirements, INCB and WHO, February 2012

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- developed by working group comprising representatives of INCB, WHO and PPSG
- many countries still find it difficult to identify actual requirements and therefore unable to provide adequate estimates and assessments to INCB, or in some cases, to provide any estimates at all
- Guide:
  - designed to assist governments of countries with low levels of consumption of controlled substances in calculating requirements so they can submit to INCB estimates and assessments that accurately reflect their requirements
  - could also be useful for governments of countries in which consumption levels for some substances disproportionately high



World Health  
Organization



REVISED WHO DISCUSSION PAPER  
(Version dated 25 July 2012)

**A COMPREHENSIVE GLOBAL MONITORING FRAMEWORK, INCLUDING  
INDICATORS, AND A SET OF VOLUNTARY GLOBAL TARGETS FOR THE  
PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES**

# Proposed WHO NCD indicators and targets, July 2012

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- proposed indicator for health system response:
  - access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer
    - selected as effective proxy measurement for palliative care development for all life-threatening illnesses, including NCDs
- proposed voluntary target for 2025
  - 80% availability in both public and private facilities of basic technologies and generic essential medicines required to treat major NCDs



# Links to these documents at

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<http://www.mccabecentre.org/focus-areas/access-to-medicines/access-to-opioid-analgesics>

# Joint WHO-UNODC-UICC global initiative

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- for international and national-level work
  - meeting of governments to be hosted by Australian mission in Vienna on 5 September
  - Australia made announcement of extra-budgetary contribution of \$170K at CND March 2012

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<http://www.gapri.org/>

<http://www.mccabecentre.org/>



HOSTED BY



# MELBOURNE WELCOMES 23<sup>rd</sup> World Cancer Congress

3-6 December 2014




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A man wearing a blue long-sleeved shirt and a traditional patterned cap is seen from the side, looking at a display of medicine boxes in a pharmacy. The shelves are filled with various boxes of medicine, and a white thermos is visible on the counter.

# Rebuilding national supply: a sustainable supply solution for Nigeria

Tunji Odelola, GAPRI Fellow  
Special Assistant to the Director of Food and Drug Services  
Federal Ministry of Health, Nigeria

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[www.gapri.org](http://www.gapri.org)

# Background: Nigeria



Population: 160 million

Estimated deaths in pain each year: 181,600

Untreated deaths in pain: 181,200



## Challenges: oral morphine

- Erratic availability
- Centralized procurement – facilities must pick up from Lagos
- Fewer than 100 providers trained in pain treatment

**70% of last order expired in May 2010**



NAFDAC, with input from FMOH, submits annual estimate to INCB



INCB approves morphine quantity



MOH Pharmacy Dept places order with international supplier



Drugs received by Central Medical Stores in Lagos



Registered pharmacist gets approval from state MOH



Registered pharmacist gets approval from NAFDAC & Central Medical Stores Lagos



Registered pharmacist picks up drugs at Central Medical Stores Lagos



Powder is reconstituted into solution



Clinician asks about pain

Patient reports pain



Clinician writes prescription



Patient fills prescription



Patient receives monitoring and follow-up

# What does it take to get morphine in Nigeria?



# GAPRI – Federal Ministry of Health (FMOH) Partnership

## Two-fold strategy

- Ensure availability of opioid analgesics
- Generate demand among clinicians and patients

Initial funding of 300,000 USD for three years (2012-2014) from Fondation Philanthropia

Assistant to the Director of Food and Drug Services in the Federal Ministry of Health



Mr. Tunji Odelola



280,000 patient days of treatment

- FMOH initiated emergency procurement of approx. 19kg of morphine powder and other opioid analgesics expected to be delivered by the end of the year
- Agreement to set up reconstitution hubs at 9 tertiary hospitals across the country
- Incorporating pain management into standard treatment guidelines for HIV (already in cancer guidelines)

## **GAPRI-FMOH collaboration in the news.....**

- Press conference by the Honorable Minister of Health on February 20 aired on national TV and was featured in national newspapers
- The New York Times featured the story on March 5



# Sustainability through Availability



Government will continue to procure opioid analgesics



Working with NAFDAC to develop standard operating procedures for oral morphine reconstitution and train pharmacists



Tracking consumption across the country and organizing quarterly meetings with stakeholders.



2013-2014 need will be forecast and quantified by December 2012

# Generating demand among clinicians



- Working with FMOH, WHO, and other stakeholders to develop national pain treatment guidelines
- Organizing in-house hospital seminars and CME events
- Collaboration with HIV treatment partners
- Create demand by patients and care givers
  - Media advocacy – radio, newspapers, & TV programs
- Need for innovative training

# Need to innovate clinical training

People per trained provider ratio: **1.5 million: 1**

Number to be trained: **19,375**

Current cost of training @ 3,300 USD: **64 million USD**

Likely funding for training: **300,000 USD**

Optimal training cost: **15.56 USD**



# 2013 Objectives



- Revive the National Committee on Narcotics and host quarterly meetings
- National Committee to prepare national quantification figures and advise government on procurement
- Advocacy to Committee of Chief Medical Directors of tertiary hospitals
- Next order for opioids to be placed by Feb 2013
- Warehouse opioids in Abuja and Lagos

# 2013 Objectives

- E-approvals for opioid requests from hospitals
- Engage a third party logistics agent to deliver to hospitals
- Work with WHO to include pain management in national curriculum for healthcare professionals
- Pre-qualify community pharmacies to procure from Government and make opioid analgesics available in the private health sector

The time is now to Treat the Pain!





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## Thinking beyond supply: lessons from Uganda

Meg O'Brien, Ph.D.

Director, Global Access to Pain Relief Initiative

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[www.gapri.org](http://www.gapri.org)

# Background



Data from 2010

**Population: 33 million**  
**Deaths in pain: 69,000**  
**Coverage: 4%**

Hospice Africa Uganda (HAU) and the Ministry of Health (MOH) work in close collaboration

Other key partners:

- Palliative Care Association of Uganda (PCAU)
- African Palliative Care Association (APCA)

*Access to pain relief- since 1993*



Hospices



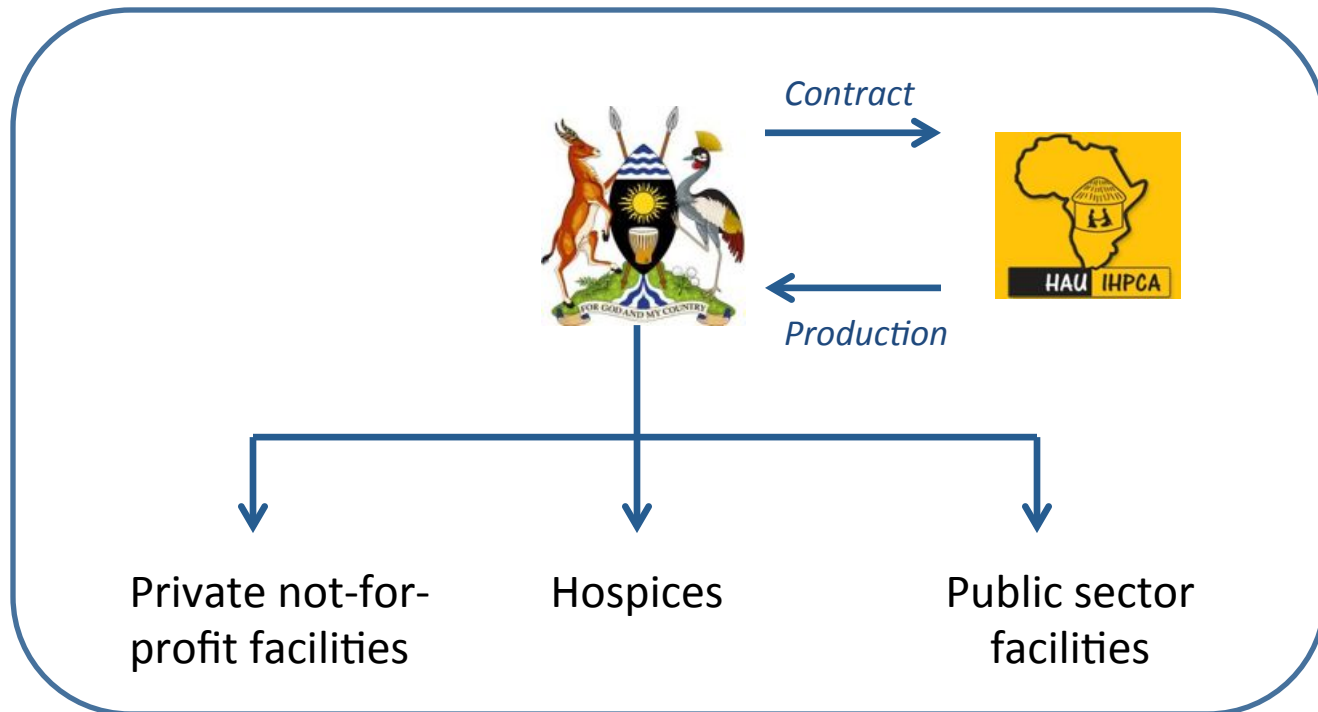
Public sector  
facilities

*Specially trained nurses can prescribe morphine*

# Disruption leads to transformation

Public-sector stock-out in 2010

Extensive discussions with all players led to design of a new approach, starting early 2011



# Experience after one year

Price for govt	↓ 40%
HAU cost	↓ 92%
Patient cost	<b>Free</b>

- HAU is being licensed by the National Drug Authority as a drug manufacturer
- Product testing



Oral morphine has been continuously available at central stores

- 16 kg produced in 2011
- 7 kg produced first half of 2012



# Cost

Current cost is 1.86 USD for 500mg

- This is about 1 week of treatment



## Cost of 500mg/500mL

	Cost in USD	
Morphine powder	\$	0.85
Bronopol crystals	\$	0.01
Gauze for filtering water	\$	0.04
Water	\$	0.11
Bottle: 500mL	\$	0.09
Label	\$	0.03
Packing	\$	-
Human resources	\$	0.38
Administrative costs for Hospice Africa-Uganda	\$	0.22
Other recurring costs	\$	0.15
Total	\$	1.86

## Cost component

- 45% is morphine powder
- 20% is human resources

# Upgrading production

GAPRI recently secured 85kg donation of morphine powder for HAU

- 1.3 million treatment days
- 3-5 years national supply

HAU cost: ↓ 45%

HAU price: ↔

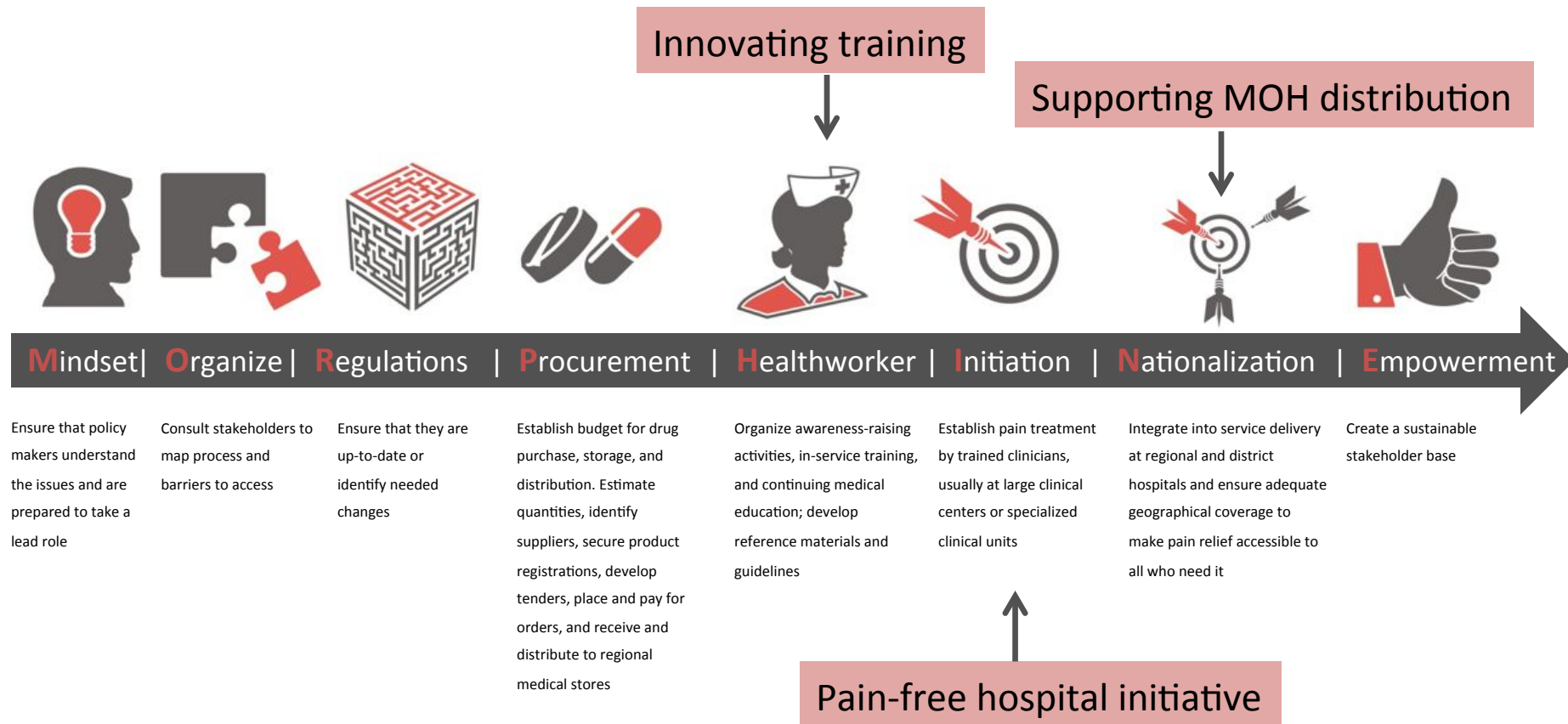


**170,000 USD** surplus revenue

- Automation equipment
- Renovate space
- Rainy-day fund



# The MORPHINE framework





YES, WE SHOULD...Employ innovative training methods to improve access to pain relief



# How we've communicated over the years



1880

1920



1960



2000



2012!

# How we've trained over the years



2012



1960



1880



- ✓ Scheduling conflicts
- ✓ Taken out of post...again
- ✓ Wrong people
- ✓ Lack of attention
- ✓ Fail to retain information
- ✓ No drugs or program at their site
- ✓ Relocated
- ✓ Newly posted
- ✓ Dilution of training skills
- ✓ Can't be shared
- ✓ Can't be updated
- ✓ Can't be revisited
- ✓ Costly
- ✓ Lack of documented effectiveness

Training and HIV-Treatment Scale-Up: Establishing an Implementation Research Agenda

McCarthy, O'Brien, Rodriguez (PLOS Medicine 2006)





- Paper-based, on-line, or downloadable self-directed learning
- Lectures and demonstrations on CD-ROM
- On-line assessment and certification
- +/- in-person component



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[www.gapri.org](http://www.gapri.org)

# Influencing practice in health facilities: the Pain-Free Hospital Initiative



Jenna Kohnke, MSBioethics  
Program Manager, Global Access to Pain Relief Initiative



# Background



Population: 1.2 Billion

Estimated deaths in pain each year: 709,000

Untreated deaths in pain: 667,000



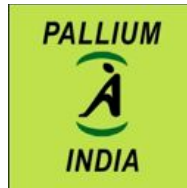
## Challenges

- Regulatory
- Healthworker training
- Drug availability
- Awareness (patients, families, and healthworkers)



# The Pain Free Hospital Initiative - India

*Goal: Implement a one-year program to integrate effective pain treatment into hospital-based services in two hospitals*



## Objectives

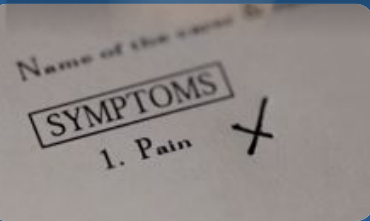
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- 1) *Motivate* clinicians to evaluate and treat pain
- 2) *Supply* appropriate drugs to treat pain
- 3) *Equip* clinicians with the skills and tools to effectively treat pain
- 4) *Measure* the impact of the program
- 5) *Communicate* the impact of the program

# Motivate clinicians to evaluate and treat pain



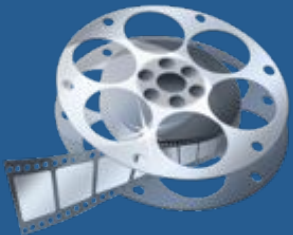
Develop campaign materials like signage, t-shirts, or pain scale bracelets to raise awareness



Add routine pain assessment to clinical forms



Distribute summaries of baseline and follow-up measures by department and highlight improvements



Create and disseminate short films or presentations to share the patient and family perspective

**Tired of  
fighting  
pain alone?**



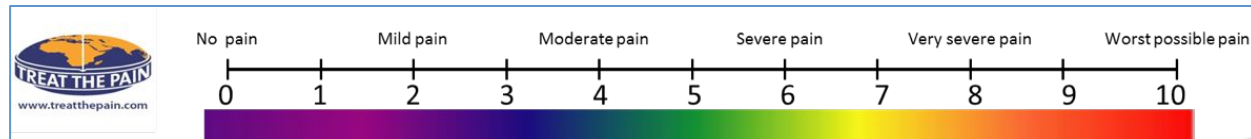
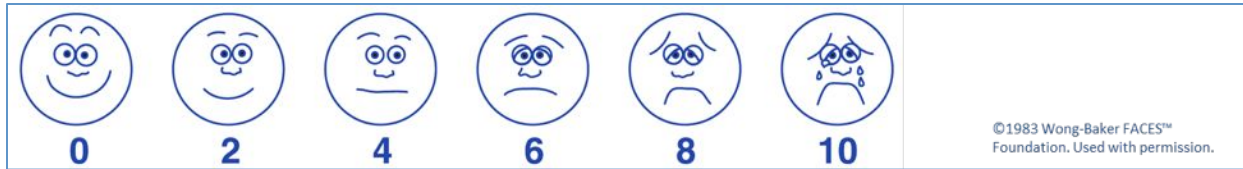
**We can help.**

**It's our aim to reduce your pain.**



**If you're suffering from pain, let your doctor or nurse know. We can help, so you can focus on getting better.**

# Pain scale 'slap bracelet'



# Supply



Collaborating with an existing IACA project to provide essential pain and ancillary medicines to the sites



# Educate



Continuing  
education



Reference  
materials



Mentorship



Media  
advocacy



# Measure

- Patient pain scores
- Healthworker knowledge
- Healthworker attitudes
- Drug availability
- Cost

Developed Excel-based tools to sample, record, and analyze data

# Communication

Final report for clinical experts and policymakers:

- Activities
- Project cost
- Impact

Aim of simplifying scale-up and replication





# Pain Free Hospital Initiative - Haiti

Population: **10 million**

HIV deaths: **9,200**

Cancer deaths: **5,500**

Deaths in moderate/severe pain due to HIV or cancer: **9,000**

Person-treatments of opioids consumed (avg. 2008-2010): **440**

2010 WHO and UN data



The earthquake created additional needs

- Crush injuries
- Amputations
- Burns

The 2010 earthquake

- 220,000 people died
- 300,000 people injured

Morphine consumption: 100,000 person-days

# Pain Free Hospital Initiative - Haiti



Commitment to implement the Initiative in two hospitals in Haiti



Looking to expand to:

- Uganda
- Ethiopia
- India
- Zambia
- Nigeria
- Turkey
- Kenya

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