Global Initiatives addressing the problem of inadequate cancer pain relief

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Freedom From Cancer Pain

• “Nothing would have a greater impact than using the knowledge we have now to improve the care of the patient with cancer pain”

Dr Jan Stjernsward
Chief Cancer Unit, WHO, 1986
# Prevalence of Pain in Cancer

## Adults
- 1/3 of cancer patients in active therapy
- 2/3 of patients with advanced disease
- 1/3 of cancer survivors

## Children
- 1/3 of children in active therapy
- 2/3 of children with advanced illness
- NB procedural pain is a big issue.
Original WHO Monographs
WHO Public Health Model

**Policy**
- Palliative care part of national health plan, policies, related regulations
- Funding/service delivery models support palliative care delivery
- Essential medicines
  (Policy makers, regulators, WHO, NGOs)

**Drug Availability**
- Opioids, essential medicines
- Importation quota
- Cost
- Prescribing
- Distribution
- Dispensing
- Administration
  (Pharmacists, drug regulators, law enforcement agents)

**Implementation**
- Opinion leaders
- Trained manpower
- Strategic & business plans – resources, infrastructure
- Standards, guidelines measures
  (Community & clinical leaders, administrators)

**Education**
- Media & public advocacy
- Curricula, courses – professionals, trainees
- Expert training
- Family caregiver training & support
  (Media & public, healthcare providers & trainees, palliative care experts, family caregivers)
WHO Three-Step Analgesic Ladder

1. Pain
   - Pain persisting or increasing
     - ± Non-opioid
     - ± Adjuvant

2. Pain persisting or increasing
   - Opioid for mild to moderate pain
     - ± Non-opioid
     - ± Adjuvant

3. Freedom from cancer pain
   - Opioid for moderate to severe pain
     - ± Non-opioid
     - ± Adjuvant

Chapter 3

What are the main barriers to palliative care development?

Key indicators of availability are the reports of opioid usage by country that are published by the International Narcotics Control Board (INCB). There is enormous variability in consumption per capita around the world and many barriers to increasing the availability and include overly strict regulation, limitations on available forms of medication particularly oral opioids, lack of supply and distribution systems, limitations on who can prescribe, fear of law enforcement intervention into medical use, and so forth (see Figures 27 & 28 for country comparisons).

Worldwide morphine use in mg per capita (WPCA 2014)
GLOBAL ACCESS TO PAIN RELIEF: EVIDENCE FOR ACTION

THE FIRST EVER GLOBAL SURVEY ON AVAILABILITY AND BARRIERS TO ACCESS OF OPIOID ANALGESICS FOR PATIENTS IN PAIN

Conducted in 79 countries and 25 Indian states, representing 87% of the global population, this Global Opioid Policy Initiative (GOPI) survey provides a comprehensive view of access to pain relief for cancer patients in need. The survey reveals multiple barriers to routine use of low cost, efficacious pain management in the form of morphine and other opioid analgesics in most countries worldwide.

GLOBAL DISPARITIES IN ACCESS TO PAIN RELIEF

Vast and unacceptable disparities in access to pain relief exist between developed and developing countries. Across the developing world, internationally recommended medicines, indispensable to treat moderate to severe pain, are scarce and unnecessarily difficult for patients to access. The World Health Organization (WHO) estimates there are 5 billion people living in countries with little or no access to pain medicines, including 5.5 million terminal cancer patients and millions of others suffering from acute illness and end-of-life suffering. Among patients with terminal cancer, 80% are estimated to experience moderate to severe pain due to inequitable access to medicine.

PALLIATIVE CARE aims to improve the quality of life of patients suffering life-threatening illness, and their families through the prevention and relief of suffering through the treatment of pain and other problems, physical, psychosocial and spiritual.
Reasons for lack of availability

- Inadequate method for assessing needs
- Unduly strict drug regulations
- Burdensome administrative procedures
- Exaggerated fears of addiction
- Fear of investigation, penalties etc
- Lack of training in pain management
Addressing inadequate cancer pain relief:

- Access to essential pain medications
- Education of policymakers and the public
- Education of healthcare professionals
Addressing the issue.....

- Unquestioned need to relieve pain
- Solid scientific and medical basis
- Clear Guidelines from UN Bodies
- International Narcotic Control Board support
- World Health Assembly
  - Economic, Social and Cultural Council
  - UN Human Rights Rapporteurs for Health and Torture
  - Committee on Narcotic Drugs
- Acceptance of pain relief and palliative care as human rights issues
Organisations working to address the problem

• International Association for Hospice and Palliative Care (IAHPC)
• Worldwide Palliative Care Alliance (WPCA)
• International Children’s Palliative Care Network (ICPCN)
• International Association for the Study of Pain (IASP)
• World Health Organization (WHO)
• Pain and Policy Studies Group (PPSG) University of Wisconsin
• GAPRI, Treat the Pain, HGI-Lancet Commission, Child Kind, OSF etc.
• Regional Associations e.g. APCA. APHN, EAPC, LAP
• National Associations and individual organisations
Pain Relief and Human Rights

• IASP Montreal Declaration on pain relief as a fundamental human right

• A World Medical Association Declaration on access to pain relief

• Human Rights Watch reports on access to pain relief and palliative care
  • India
  • Kenya
  • Ukraine
  • Senegal
“Please, do not make us suffer any more...”

Access to Pain Treatment as a Human Right

Unbearable Pain
India’s Obligation to Ensure Palliative Care

Uncontrolled Pain
Ukraine’s Obligation to Ensure Evidence-Based Palliative Care

I wanted to fall head down and be dead right away but I wouldn’t hurt anyone.

Needless Pain
Government Failure to Provide Palliative Care for Children in Kenya
Health and Human Rights
A Resource Guide for the Open Society Institute and Soros Foundations Network

Now we have the responsibility to move forward by recognizing that true interdependence and real interconnectedness requires that we—from health and from human rights—advance together: equal partners in the belief that the world can change.

Jonathan Mann (1947-1998)

Palliative Care and Human Rights: A Resource Guide

“...you must matter because you are you, and you matter until the last moment of your life. We will do all we can, not only to help you die peacefully, but also to live until you die.”

Dame Cicely Saunders, founder of the modern Hospice movement
People with debilitating illnesses are left to die in excruciating pain as a result of restrictions on pain medicines. Health care workers must be allowed to provide patients with relief from severe pain.

Vlad is suffering from incurable brain cancer. Despite his chronic pain, doctors in Ukraine are only allowed to prescribe 50 mg of pain medicine. In another country, doctors would typically prescribe more than 2,000 mg for a patient like Vlad.

http://www.stoptortureinhealthcare.org/
ICPCN Charter

- Sets out the international standard of support that is the right of all children living with life limiting and life threatening conditions and their families.
Declaration of Montreal

Declaration that Access to Pain Management is a Fundamental Human Right

We, as delegates to the International Pain Summit (IPS) of the International Association for the Study of Pain (IASP) (comprising IASP representatives from Chapters in 64 countries plus members in 130 countries, as well as members of the community), have given in-depth attention to the unrelieved pain in the world.

Finding that pain management is inadequate in most of the world because:

• Chronic pain with or without diagnosis is highly stigmatised.
• Most countries have no national policy at all or very inadequate policies regarding the management of pain as a health problem, including an inadequate level of research and education.
• Pain Medicine is not recognized as a distinct specialty with a unique body of knowledge and defined scope of practice founded on research and comprehensive training programs.
• The World Health Organization (WHO) estimates that 5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain.
OVERARCHING GOAL:
There will be major reductions in premature deaths from cancer, and improvements in quality of life and cancer survival rates.

BY 2025:

- **Target 01** - Health systems will be strengthened to ensure sustained delivery of effective and comprehensive, patient-centred cancer control programmes across the life-course
- **Target 02** - Population-based cancer registries and surveillance systems will be established in all countries to measure the global cancer burden and the impact of national cancer control programmes
- **Target 03** - Global tobacco consumption, overweight and obesity, unhealthy diet, alcohol intake, and levels of physical inactivity, as well as exposure to other known cancer risk factors will have fallen significantly
- **Target 04** - The cancer causing infections HPV and HBV will be covered by universal vaccination programmes
- **Target 05** - Stigma associated with cancer will be reduced, and damaging myths and misconceptions about the disease will be dispelled
- **Target 06** - Population-based screening and early detection programmes will be universally implemented, and levels of public and professional awareness about important cancer warning signs and symptoms will have improved
- **Target 07** - Access to accurate cancer diagnosis, quality multimodal treatment, rehabilitation, supportive and palliative care services, including the availability of affordable essential medicines and technologies, will have improved
- **Target 08** - Effective pain control and distress management services will be universally available
- **Target 09** - Innovative education and training opportunities for healthcare professionals in all disciplines of cancer control will have improved significantly, particularly in low- and middle-income countries
- **Target 10** - Stigma associated with cancer will be reduced, and damaging myths and misconceptions about the disease will be dispelled

WORLD CANCER DECLARATION 2013

The World Cancer Declaration calls upon government leaders and health policy-makers to significantly reduce the global cancer burden, promote greater equity, and integrate cancer control into the world health and development agenda.

• Target 08 – Effective pain control and distress management services will be universally available.

WWW.UICC.ORG/WORLD-CANCER-DECLARATION
International Pain Policy Fellowship – PPSG, University of Wisconsin

- 2006 – Nigeria, Serbia, Panama, Uganda, Argentina, Columbia, Sierra Leone
- 2008 – Kenya, Moldova, Guatemala, Georgia, Armenia, Nepal, Jamaica
- 2012 – India, Bangladesh, Sri Lanka, Albania, Kyrgyzstan, Ukraine.
- 2014 – African Pain Fellows – Ethiopia, Ghana, Rwanda, Sudan, Zambia

Provides fellows with the knowledge and skills necessary to develop and implement a project to evaluate national policy and systems and improved access to pain medications.
Opioid Price Watch Project

• Presents and reports global information on the availability, affordability and prices of 5 strong opioids (fentanyl, hydromorphone, methadone, morphine and oxycodone) in 13 formulations

• Objectives:
  • Provide information on opioid availability globally
  • Shoe opioid price patterns among regions and countries
  • All further analysis of the difficulties and affordability of opioid analgesics and suggest strategies addressing the problems

Funded through US Cancer Pain Relief Committee
Global Access to Pain Relief Initiative (GAPRI)

ABOUT GAPRI

The Global Access to Pain Relief Initiative (GAPRI) is a programme of the Union for International Cancer Control (UICC) to address target 8 of the World Cancer Declaration to make essential pain medicines universally available by 2020.

GAPRI's projects are designed to address the following objectives:

- Empowering governments to take the lead in expanding access to pain relief and palliative care
- Mainstreaming the issue of pain treatment and palliative care in the global health and drug regulation agenda
- Calling for integration pain management and palliative care into national cancer control plans and supporting strengthening of the health-system response

GLOBAL ACCESS TO PAIN RELIEF INITIATIVE (GAPRI) MEETS THE FOLLOWING WORLD CANCER DECLARATION TARGETS

Target 8 Universal availability of pain control and distress management

WORKING IN PARTNERSHIP

RELATED FILES

- The Global Opioid Policy Initiative
Aims of GAPRI

• Empowering governments to take the lead in expanding access to pain relief and palliative care
• Mainstreaming the issue of pain treatment and palliative care in the global health and drug regulation agenda
• Calling for integration of pain management and palliative care into national cancer control plans and supporting strengthening of the health system response
The MORPHINE framework

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

**Organize**
Consult stakeholders to map process and barriers to access.

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

**Procurement**
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.

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

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

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

**Empowerment**
Create a sustainable stakeholder base.
• International programme to improve access to pain medicines
• Provides technical support to improve patient access to opioid analgesics, with a focus on LIC and MIC

• Uganda
• Nigeria
• Kenya
• India
Harvard Global Equity Initiative

- HGEI-Lancet Commission on Global Access to Pain Control & Palliative Care
- Launched in September 2014
- Bringing together experts in PC and Global health and health systems
- Looking at policy oriented research and evidence based policy-making
- Lancet Report – Closing the Pain Divide
Access to Opioid Medication in Europe (ATOME)

- Addresses the legal, administrative and organisational barriers that impeded access to pain management for the treatment of cancer
- 12 European countries
- 5 year project
African Palliative Care Association (APCA)

- Ongoing aspect of their work
- Status of pain relieving medications in 12 countries
- Advocacy workshops
- In-country work
- Legal work
- African Pain Fellows
- Etc.
Columbia
Progress in Colombia

• Prescription amount from 10 days to 30 days of medication, 15 December 2005

• Working to improve distribution of morphine supply from warehouses in Bogota to rural areas.

• Success in ensuring at least one pharmacy in each district stocks opioids 24/7.

• Actively engaging with Government authorities to address opioid access.

• Colombian Senate passes new palliative care law 16 April 2009
Advocacy in 2010

• Cancer is killing us. Pain is killing me because for several days, I have been unable to find injectable morphine in any place. Please, Mr. Secretary of Health, do not make us suffer anymore...”

published in Columbian Newspaper
Uganda
Progress in Uganda

- National policy for PC
- Developed new drug regulations
- Updated essential medicines list
- Developed country estimates
- Re-constitution and distribution of oral morphine
- National morphine production programme
- New guidelines for handling
- Authorised prescription by specialist trained nurses (2009)
- Training programme developed to train nurse prescribers
- Evaluation of the programme on-going
Strengthening of palliative care as a component of integrated treatment within the continuum of care

The Executive Board,

Having considered the report on strengthening of palliative care as a component of integrated treatment throughout the life course,¹

RECOMMENDS to the Sixty-seventh World Health Assembly the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

Recalling resolution WHA58.22 on cancer prevention and control, especially as it relates to palliative care;

Taking into account the Commission on Narcotic Drugs’ resolutions 53/4 and 54/6 respectively entitled “Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse” and “Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse”;

Acknowledging the special report of the International Narcotics Control Board entitled Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes,² and the WHO guidance document entitled Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines;³

Also taking into account resolution 2005/25 of the United Nations Economic and Social Council on treatment of pain using opioid analgesics;

Bearing in mind that palliative care is an approach that improves the quality of life of patients (adults and children) and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual;

¹ Document EB134/28.

Meeting in Barcelona 10ᵗʰ-11ᵗʰ December 2014

Xavier Gomes Baptiste – interim post

Committed staff and funds to implement the resolution in country
Thank You

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