

Palliative Care and

Pain Relief

With a small investment, all countries can deliver the limited number of inexpensive medicines required to provide effective pain relief to cancer patients.

Target 8



Universal availability of pain control and distress management



The [Global Action Plan for the Prevention and Control of NCDs](#) calls for improved access to palliative care.

Opioid analgesics are considered essential medicines and are present on almost every national essential medicines list. A small number of medications, none of which are limited by patent, can control pain for almost 90% of people with cancer pain¹⁶, including children¹⁷.

Morphine, the most effective pain control medicine, is safe, effective, inexpensive, easy to use and available in plentiful supply globally. However, legal and regulatory restrictions, cultural misperceptions about pain combined with inadequate training and poorly-functioning markets forces 5.5 million cancer patients on average to die in pain each year¹⁸.

There are considerable inequities in terms of global access to pain relief and palliative care. Patients in low- and middle-income countries often have the most limited access. It is estimated that **92% of the world's medical morphine is consumed by just 17% of the global population**¹⁹, located predominantly in high-income countries. By comparison, approximately **75% of the world's population has no or limited access to pain relief**.

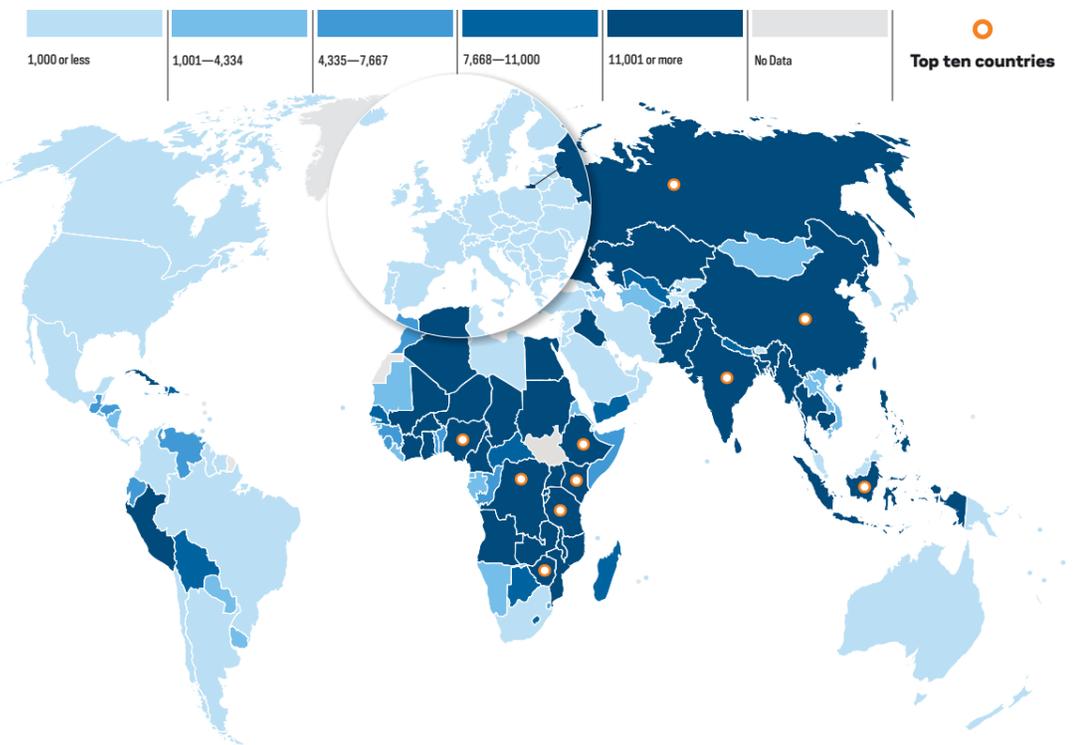
The WHO assessment of National Capacity for the Prevention and Control of NCDs found that approximately **41% of countries could provide palliative care services through primary healthcare facilities**, but only 36% could offer community or home-based care²⁰.

The regulatory requirements established by international drug control treaties are designed to prevent the diversion and abuse of controlled drugs. However, **many countries have adopted measures that exceed those required by the UN Single Convention on Narcotic Drugs**. Numerous international agreements now call for improved balance in drug policies to improve access to pain medicines including: the 2015 report from the International Narcotics Control Board entitled the [Availability of Internationally Controlled Drugs, World Health Assembly Resolution on Palliative Care](#), and the [Global Action Plan for the Prevention and Control of NCDs](#).

The four core elements of an effective palliative care response are **policies, education, availability, and regulation**.

¹⁶ Zech et al. (1995) Validation of World Health Organization Guidelines for cancer pain relief: a 10-year prospective study www.ncbi.nlm.nih.gov/pubmed/8577492 [Accessed 19.08.16]
¹⁷ Zernikow et al. (2006) Paediatric cancer pain management using the WHO analgesic ladder—results of a prospective analysis from 2265 treatment days during a quality improvement study www.ncbi.nlm.nih.gov/pubmed/16243549 [Accessed 19.08.16]
¹⁸ WHO, Ensuring balance in national policies on controlled substances www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/ [Accessed 19.08.16]
¹⁹ INCB, Report 2014 www.incb.org/documents/Publications/AnnualReports/AR2014/English/AR_2014.pdf [Accessed 19.08.16]
²⁰ WHO, Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases (2015) <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1> [Accessed 19.08.16]

Untreated Deaths In Pain, 2011



Global Opioid Policy Initiative

The European Society for Medical Oncology-led [Global Opioid Policy Initiative](#) explored barriers to opioid access across the globe and provides a set of 10 recommendations on how countries can reduce those barriers. The project includes data and a number of **advocacy resources that make the case for palliative care action** in every region.

Hospice Africa Uganda

[Hospice Africa Uganda \(HAU\)](#) was established to provide modern methods of pain and symptom control to patients with cancer and HIV/AIDS. HAU treats over 3,000 cancer patients per year with an emphasis on holistic care and support for patients and families.

HAU worked with the Government of Uganda to change legislation to enable prescriptions for liquid oral morphine by specialist trained nurses and clinical officers. Since 2003, morphine has been available for free to patients with a prescription.

Training and oversight have been central to HAU's aims and this is provided through the Institute of Hospice and Palliative Care in Africa. The institute offers training courses and support, alongside a distance learning programme up to degree level through an e-learning platform.

HAU's success has stemmed from the **delivery of tailored and effective education to healthcare professionals and measures to ensure access to opioids as part of safe pain management services**.



"Ensuring access to controlled substances for medical purposes requires a focus on education of both clinicians and the public; ready availability of the medicines and improving the laws and regulations that in many countries act as a clear barrier to pain relief. Each on its own is ineffective, but when taken together can result in balanced access to opioids."

Jim Cleary, Director Pain and Policy Studies Group, UW Carbone Cancer