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 pain14, including children15.

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 year16,17.

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 population18, located predominantly in high-income countries. By comparison, approximately 78% 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 30% could offer community or home-based care19.

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 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.

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