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Press Release

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Report: Alleviating Access to Palliative Care and Pain is available for media preview.
Interviews with authors, Drs. Felicia Knaul, Julio Frenk, and Paul Farmer are available.
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Video B-Roll: available at**:** https://goo.gl/pumXBH

Some 100 nations provide little or no relief for patients in serious pain

Almost 26 million die suffering, many without a 3-cent morphine tablet

This global pain crisis can be solved easily

Almost half of those who die globally, nearly 26 million people, including over 2.5 million children, have serious physical or psychological suffering and need palliative care and pain relief.

Globally, some 61 million people suffer serious physical and psychological suffering and pain each year. Of this total, some 83 percent live in low and middle-income countries where access to low-cost, off-patent morphine is rare or completely unavailable, even though the cost should be pennies a tablet.

The annual burden in days of severe physical and psychological suffering is huge - 6 billion days worldwide, 80 percent in the low and middle-income countries, according to *The Lancet* Commission on Global Access to Palliative Care and Pain Relief, which studied this health issue for three years. *The Lancet* will publish this major report on October 13th.

Of the 298.5 metric tons of oral morphine distributed worldwide, only 10.8 metric tons, 3.6 percent, go to low and middle-income countries.

"The pain gap is a massive global health emergency which has been ignored, except in rich countries," says Felicia Knaul, Ph.D., chair of *The Lancet* Commission and Professor at the Leonard M. Miller School of Medicine at the University of Miami and Director of the Institute for Advanced Study of the Americas.

"This global pain crisis can be remedied quickly and effectively. We have the right tools and knowledge and the cost of the solution is minimal. Denying this intervention is a moral failing, especially for children and patients at the end of life," adds Professor Knaul.

To solve the problem, *The Lancet* Commission calls for an essential package of palliative care to be made available by health systems worldwide. At the center of the essential package is immediate release, oral and injectable morphine. In high-income countries, a pain-relieving dose costs 3 cents per 10 mg. In low-income nations, the same morphine cost 16 cents where and when it is available.

"If low and middle-income countries could obtain morphine at the same price as rich countries, the annual global price tag for closing the gap in access to oral morphine would be $145 million, a fraction of the cost of running a medium-sized U.S. hospital," says Professor Knaul.

"This is a pittance compared to $100 billion a year that the world's governments spend on enforcing global prohibition of drug use."

"The biggest shame is children in low-income countries dying in pain which could be eliminated for $1 million a year."

"No health system can expect to meet the needs of its people without providing access to basic pain relief and palliative care," says Paul Farmer, M.D., Ph.D., co-chair *of The Lancet* Commission and Professor at Harvard Medical School. "What we have here is an access abyss of palliative and pain relief for the poor," says Dr. Farmer, who is also a co-founder of Partners in Health, which runs a hospital in Haiti and projects in Africa, South America, Mexico and Russia.

Lack of money is only part of the problem, according to Jim Yong Kim, M.D., Ph.D., President of the World Bank. "Failure of health systems in poor countries is a major reason that patients need palliative care in the first place," say Dr. Kim, a co-founder of Partners in Health and former Harvard professor. "More than 90 percent of these child deaths are from avoidable causes. We can and will change both these dire situations."

Where the pain crisis is most severe

In the most comprehensive global analysis of palliative care ever conducted, *The Lancet* Commission of 35 experts measured the need for palliative care in 172 countries, caused by 20 life threatening and life limiting diseases such as HIV, cancers, heart disease, premature birth, tuberculosis, hemorrhagic fevers, lung and liver disease, malnutrition, dementia and trauma injuries.

"The results are startling," says Julio Frenk, M.D, Ph.D., a senior author of the report and President of the University of Miami. "The pain gap is a double-edged sword with too little access to inexpensive opioids for poor nations and misuse by the rich ones. The enormous disparity between need and availability of opioids for palliative care is growing and skewed against people living in poverty."

Out of the 172 countries studied, 25 nations provided had almost no morphine and hence could not provide standard palliative care to their population with severe health-related suffering. Another 15 countries distributed enough opioid analgesic to attend to less than 1 percent of those needing pain relief. In total, 100 countries had only enough to meet the needs for standard pain relief for less than 30 percent of their patients. More than 75 percent of the world's population lives in countries that provide less than half of the morphine needed for palliative care.

The major problem is in eight of the countries with the largest global populations. China has enough opioid analgesic to meet the needs of only 16 percent of those needing pain relief; India-4.0 percent; Indonesia-4.2 percent; Pakistan-1.5 percent; Nigeria-0.2 percent; Bangladesh-3.9 percent; Russia-8.0 percent; and Mexico-36.0 percent. Brazil has enough for almost 75 percent who need it. Among the 10 most populous nations, only the United States has the opposite problem – an opioid epidemic.

Barriers to palliative care

Low and middle-income countries are paying much more than they should have to for morphine – 16 cents per 10 mg tablet, compared to 3 cents in high-income countries. To bring the price of morphine in line globally, low and middle-income governments need to negotiate prices with the main producers of low-cost morphine.

Governments need to adopt policies and laws that maximize access and standardize best world prices for morphine for palliative care and other medical needs. Countries need the support of a global medicines financing facility that must be led by an international financial institution such as the World Bank that must also include medicines for treatment.

To date, the focus and funding has gone toward preventing the non-medical use of internationally controlled substances, like opioids. For the most part, this has crippled access without balancing the human right to access these medicines to relieve pain and suffering.

"To complement policies to increase medical access, safeguards must to be put in place to ensure that morphine is not diverted for non-medical use," says Professor Knaul. "This is doable. Case studies in Austria, Germany, Switzerland, United Kingdom, Uganda and Kerala, India demonstrate that increased access for medical purposes can be achieved safely."

Another barrier is the focus by physicians and global health advocates on cures and extending life and neglecting care giving, especially at the end of life.

"Prejudice and misinformation about the appropriate medical use of opioids are common among those in severe pain and their family members," explains Kathy Foley, M.D., senior co-author and former Chief, Pain and Palliative Care Service at Memorial Sloan Kettering Cancer Center in New York City.

About the Report

The report is wide-ranging and detailed so that it can be used by ministries of health and other policy makers, physicians, hospital administrators, clinic managers, care givers and researchers and medical schools.

This work by 35 experts and 26 collaborating researchers from 25 countries and spearheaded by the University of Miami and Harvard University covers how to integrate palliative care into health systems of low and middle-income countries, a full list of items for an essential

palliative care package and calls for all medical personal to have training as palliative caregivers.

"To improve the usefulness of the report, we used case studies and examples how individual countries overcame individual problems," says Lukas Radbruch, M.D., Ph.D., a senior co-author of the report and Chair of Palliative Medicine at the University of Bonn, Director of the Palliative Department at Bonn University Hospital and Chair of the International Association for Hospice and Palliative Care.

Here are examples how countries solve palliative care delivery problems:

• In Costa Rica, a successful pilot program grew into a national network of 54 clinics with palliative care linked to tertiary hospitals through referral. In Kerala, a single program expanded into a network of 841 palliative care sites and prompted the design of palliative care policies in other states of India.

• In Nepal, where morphine was virtually unavailable, a local doctor convinced a Nepalese pharmaceutical company to produce oral morphine locally and to distribute it at cost to hospitals as a humanitarian gesture. Locally produced morphine liquid has been accessible since 2009; 10 mg immediate-release morphine tablets have been available since 2011.

• In Mexico, COFEPRIS, the national agency responsible for managing access to controlled substances, maintained an outdated system that included the use of bar-coded, paper prescription pads available only in large city hospitals and with a few physicians.

Physicians who were willing to prescribe controlled medicines were forced to travel regularly to obtain the pads. An advocacy campaign by a group of national and regional non-governmental organizations, including the Mexican Health Foundation, Human Rights Watch and clinicians successfully convinced policy makers to shift to electronic prescribing in 2015.

Palliative Care in India

In agonizing, crippling pain from lung cancer, Mr. S came to the palliative care service in Calicut, Kerala, India from an adjoining district a couple of hours away by bus. His body language revealed the depth of the suffering.

We put Mr. S on morphine, among other things. A couple of hours later, he surveyed himself with disbelief. He had neither hoped nor conceived of the possibility that this kind of relief was possible.

Mr. S returned the next month. Yet, common tragedy befell patient and caregivers in the form of a stock-out of morphine.

Mr. S told us with outward calm, "I shall come again next Wednesday. I will bring a piece of rope with me. If the tablets are still not here, I am going to hang myself from that tree". He pointed to the window. I believed he meant what he said.

Stock-outs are no longer a problem for palliative care in Kerala, but throughout most of the rest of India, and indeed our world, we find near total lack of access to morphine to alleviate pain and suffering.

Reported by M R Rajagopal, M.D

Financing

"For most countries, public financing that is integrated into all national insurance and social security programs are crucial to cover palliative care," says Dr. Frenk. "The package of services must cover the cost of the essential palliative care package at district hospitals, primary care clinics and some services at the household level."

In Mexico's Seguro Popular, palliative care has been integrated into the Fund for Personal Health Services, which covers care in general hospitals and clinics.

In Chile, palliative care has been included in the package of Explicit Health Guarantees to cover patients with cancer.

Access to palliative care and pain relief is an essential component of universal health coverage and achieving the U.N.'s Sustainable Development Goals.

"I have experienced the pain of cancer," says Professor Knaul. "I have accompanied a loved one dying in the pain of cancer. No human being should go through this without pain medicine. We can ensure that the 61 million people a year who need it get palliative care. The alternative is unacceptable and unthinkable."

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Resources:

University of Miami: http://www.as.miami.edu/mia/projects/lancet-commission-palliative-care--pain-control/

International Association for Hospice and Palliative Care: https://hospicecare.com/home/

Human Rights Watch: https://www.hrw.org/topic/health/palliative-care

Worldwide Hospice and Palliative Care (WHPCA): http://www.thewhpca.org/

Open Society Foundations: https://www.opensocietyfoundations.org/topics/palliative-care

Pallium India: http://palliumindia.org/

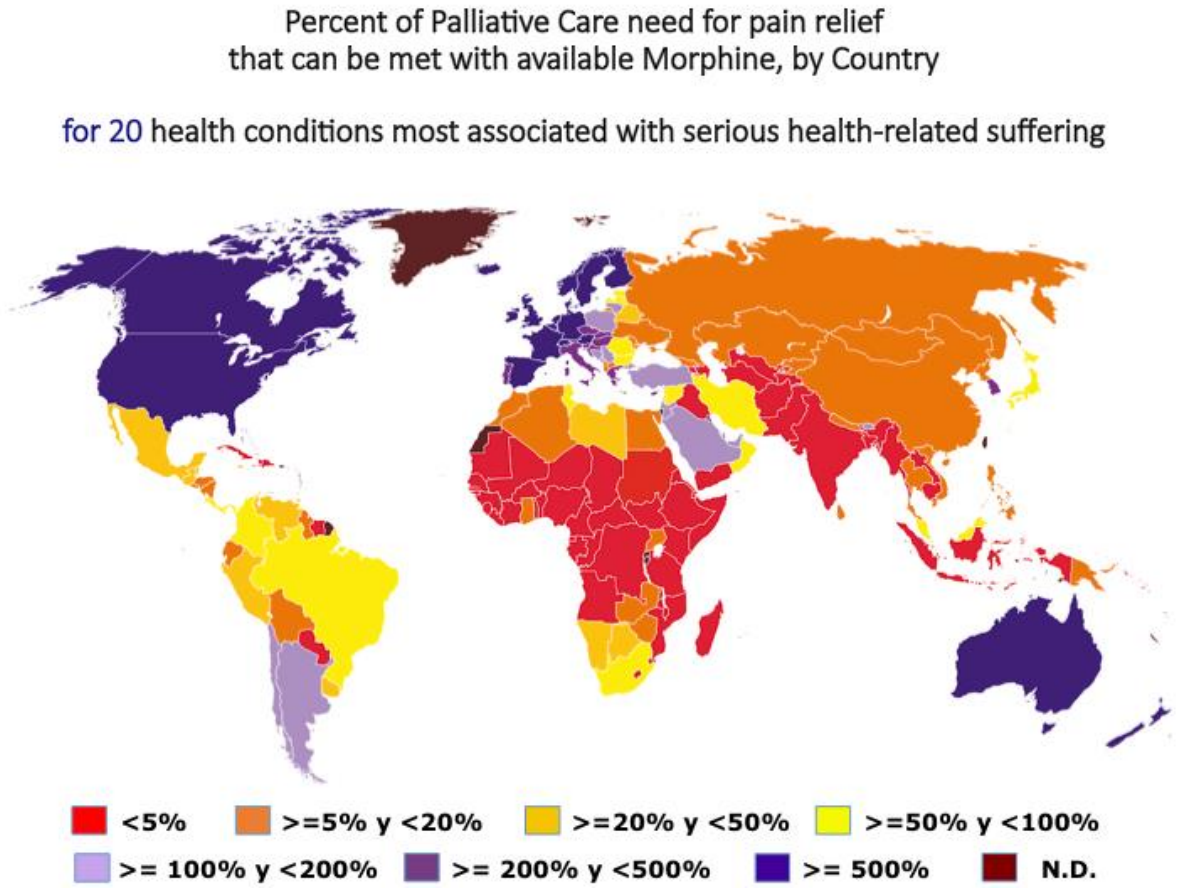
European Association for Palliative Care: http://www.eapcnet.eu/Home.aspx

African Palliative Care Association: https://www.africanpalliativecare.org/

Latin America Palliative Care Association: http://www.cuidadospaliativos.org/

International Children's Palliative Care Network (ICPN): http://www.icpcn.org/

American Cancer Society: https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/pain.html



SOURCE: *The Lancet* Commission on Global Access to Palliative Care and Pain Relief

Percent of Palliative Care need for pain relief that can be met with available Morphine, by Country

	Income region	Country	20 palliative care conditions
1	Low income	Burundi	0.0
2	Low income	Central African Republic	0.0
3	Low income	Comoros	0.0
4	Lower-middle income	Congo, Republic	0.0
5	Lower-middle income	Djibouti	0.0
6	High income	Equatorial Guinea	0.0
7	Low income	Ethiopia	0.0
8	Low income	Gambia	0.0
9	Low income	Guinea	0.0
10	Low income	Guinea-Bisau	0.0
11	Lower-middle income	Kenya	0.0
12	Lower-middle income	Lesotho	0.0
13	Low income	Liberia	0.0
14	Lower-middle income	Mauritania	0.0
15	Low income	Niger	0.0
16	Upper-middle income	Paraguay	0.0
17	Low income	Rwanda	0.0
18	Low income	Sierra Leone	0.0
19	Lower-middle income	Solomon Islands	0.0
20	Low income	Somalia	0.0
21	Low income	South Sudan	0.0
22	Lower-middle income	Sudan	0.0
23	Upper-middle income	Suriname	0.0
24	Lower-middle income	Swaziland	0.0
25	Lower-middle income	Timor-Leste	0.0
26	Lower-middle income	Myanmar	0.1
27	Low income	Madagascar	0.1
28	Low income	Mali	0.2
29	Low income	Afganistan	0.2
30	Lower-middle income	Nigeria	0.2
31	Lower-middle income	Cote Divoire	0.4
32	Low income	Burkina Faso	0.4
33	Low income	Eritrea	0.4
34	Lower-middle income	Tajikistan	0.5
35	Low income	DRC	0.6
36	Upper-middle income	Iraq	0.8
37	Low income	Haiti	0.8
38	Low income	Togo	0.8
39	Upper-middle income	Gabon	0.9
40	Low income	Chad	1
41	Low income	Mozambique	1

42	Upper-middle-income	Angola	1
43	Lower-middle-income	Cambodia	1
44	Lower-middle-income	Pakistan	1
45	Lower-middle-income	Cameroon	2
46	Low-income	Senegal	2
47	Lower-middle-income	Armenia	2
48	Upper-middle-income	Azerbaijan	2
49	Low-income	Malawi	2
50	Low-income	Benin	2
51	Low-income	Tanzania	2
52	Lower-middle-income	Lao-PDR	2
53	Upper-middle-income	Turkmenistan	2
54	Lower-middle-income	Yemen-Rep	3
55	Lower-middle-income	Bangladesh	4
56	Lower-middle-income	Uzbekistan	4
57	Lower-middle-income	India	4
58	Lower-middle-income	Indonesia	4
59	Upper-middle-income	Cuba	4
60	Upper-middle-income	Fiji	5
61	Upper-middle-income	Dominican-Republica	5
62	Low-income	Nepal	5
63	Low-income	DR-Korea	5
64	Lower-middle-income	Morocco	5
65	Lower-middle-income	Kyrgyz-Republis	6
66	Lower-middle-income	Papua-New-Guinea	6
67	Lower-middle-income	Bolivia	6
68	Lower-middle-income	Ukraine	7
69	Upper-middle-income	Mongolia	8
70	High-income	Russian-Federation	8
71	Lower-middle-income	Philippines	8
72	Low-income	Zimbabwe	9
73	Lower-middle-income	Zambia	9
74	Lower-middle-income	Vietnam	9
75	Lower-middle-income	Sri-Lanka	9
76	Upper-middle-income	Albania	10
77	Upper-middle-income	Libya	10
78	Upper-middle-income	Kazakhstan	10
79	Lower-middle-income	Guyana	11
80	Low-income	Uganda	11
81	Lower-middle-income	Honduras	11
82	Lower-middle-income	Ghana	12
83	Upper-middle-income	Maldives	12
84	Lower-middle-income	Nicaragua	14
85	Upper-middle-income	Algeria	14
86	Upper-middle-income	Macedonia,-FYR	14
87	Lower-middle-income	Cape-Verde	15
88	Lower-middle-income	Moldova	16
89	Upper-middle-income	China	16
90	Upper-middle-income	Thailand	16

91	Lower-middle income	Georgia	17
92	Lower-middle income	El Salvador	18
93	Lower-middle income	Egypt	19
94	Upper-middle income	Ecuador	20
95	Upper-middle income	Mauritius	22
96	High income	Barbados	23
97	Upper-middle income	Botswana	25
98	Lower-middle income	Guatemala	26
99	Upper-middle income	Namibia	28
100	Upper-middle income	Belarus	29
101	Upper-middle income	Peru	30
102	Upper-middle income	Jamaica	31
103	High income	Venezuela, RB	32
104	Upper-middle income	Belize	33
105	High income	Uruguay	33
106	High income	Trinidad and Tobago	34
107	Upper-middle income	Mexico	36
108	Upper-middle income	Lebanon	43
109	Upper-middle income	South Africa	49
110	Upper-middle income	Bulgaria	52
111	Upper-middle income	Costa Rica	56
112	Upper-middle income	Iran, Islamia Rep	57
113	High income	Malta	60
114	High income	Estonia	61
115	High income	Singapore	63
116	Lower-middle income	Tunisia	64
117	Upper-middle income	Malaysia	64
118	Upper-middle income	Bosnia and Herzegovina	65
119	Lower-middle income	Syrian Arab Republic	66
120	Upper-middle income	Panama	70
121	Upper-middle income	Colombia	71
122	Upper-middle income	Brazil	74
123	High income	Brunei Darussalam	74
124	Upper-middle income	Romania	81
125	High income	Oman	84
126	High income	Latvia	93
127	High income	Japan	93
128	High income	Bahamas	99
129	High income	Lithuania	106
130	Upper-middle income	Turkey	109
131	High income	Chile	114
132	Upper-middle income	Argentina	115
133	Upper-middle income	Serbia	115
134	Upper-middle income	Jordan	119
135	High income	Qatar	120
136	High income	Saudi Arabia	137
137	High income	United Arab Emirates	137
138	Upper-middle income	Montenegro	137
139	High income	Poland	176

140	Lower-middle income	Bhutan	181
141	High income	Croatia	181
142	High income	Portugal	202
143	High income	Cyprus	220
144	High income	Hungary	261
145	High income	Greece	273
146	High income	Bahrain	280
147	High income	Slovak Republic	285
148	High income	Kuwait	293
149	High income	Korea, Rep.	314
150	High income	Italy	336
151	High income	Czech Republic	365
152	High income	Slovenia	396
153	High income	United Kingdom	523
154	High income	Luxembourg	532
155	High income	France	657
156	High income	Finland	659
157	High income	Ireland	721
158	High income	Israel	730
159	High income	New Zealand	745
160	High income	Spain	834
161	High income	Sweden	873
162	High income	Netherlands	913
163	High income	Iceland	957
164	High income	Norway	957
165	High income	Switzerland	1213
166	High income	Belgium	1252
167	High income	Germany	1474
168	High income	Denmark	1555
169	High income	Australia	1887
170	High income	Austria	2289
171	High income	Canada	3092
172	High income	United States	3147

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