

Global Health, palliative care & lack of access to internationally controlled essential medicines

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Outline

- What is palliative care? Unmet need?
- How is palliative care relevant to the global health agenda?
- What is IAHPC?
- What are essential palliative care medicines?
- Why the Joint Position Statement on WHO Withdrawal of Two Key Guidelines on pain management?

Palliative care on a global context

The Lancet Commissions

**Alleviating the access abyss in palliative care and pain relief—
an imperative of universal health coverage: the Lancet
Commission report** 

Felicia Marie Knaul, Paul E Farmer, Eric L Krakauer*, Liliiana De Lima, Afsan Bhadelia, Xiaoxiao Jiang Kwete, Héctor Arreola-Ornelas, Octavio Gómez-Dantés, Natalia M Rodriguez, George A O Alleyne, Stephen R Connor, David J Hunter, Diederik Lohman, Lukas Radbruch, María del Rocío Sáenz Madrigal, Rifat Atun†, Kathleen M Foley†, Julio Frenk†, Dean T Jamison†, M R Rajagopal†, on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group†*

Executive Summary

In agonising, crippling pain from lung cancer, Mr S came to the palliative care service in Calicut, Kerala, from an adjoining district a couple of hours away by bus. His body language revealed the depth of the suffering, poor or otherwise vulnerable people in high-income countries—is a medical, public health, and moral failing and a travesty of justice. Unlike so many other priorities in global health, affordability is not the greatest barrier to access, and equity-enhancing, efficiency-oriented,

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See Online/Comment
<http://dx.doi.org/10.1016/>

- Serious Health-related Suffering (SHS) = need of palliative care
- 25.2 million deaths experienced SHS (45% total deaths 2015)
- 80% Developing countries
- High inequalities: LMICs
- 3% of children in LMICs vs. 1% in other countries
- Palliative care is scarce across the world

Definition of palliative care

The active holistic **care** of individuals across all ages with **serious health-related suffering** due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers*



26

Million

2016



48

Million

2060

LMICs: 155% increase**

*See IAHPHC website hospicecare.com for global delphi process and clarifying points.

** Sleeman et al, 2019.

What is IAHPC?

- A global membership organization whose vision is a world free from health related suffering
- We engage in advocacy, education, and research to improve access to palliative care for all in need
- We are a Non-State Actor in Official Relations with WHO – Focal point is Essential Medicines and Medical Products (Dr. Gilles Forte)
- We are a Non-Governmental Organization in consultative status with the UN Economic and Social Council (ECOSOC)

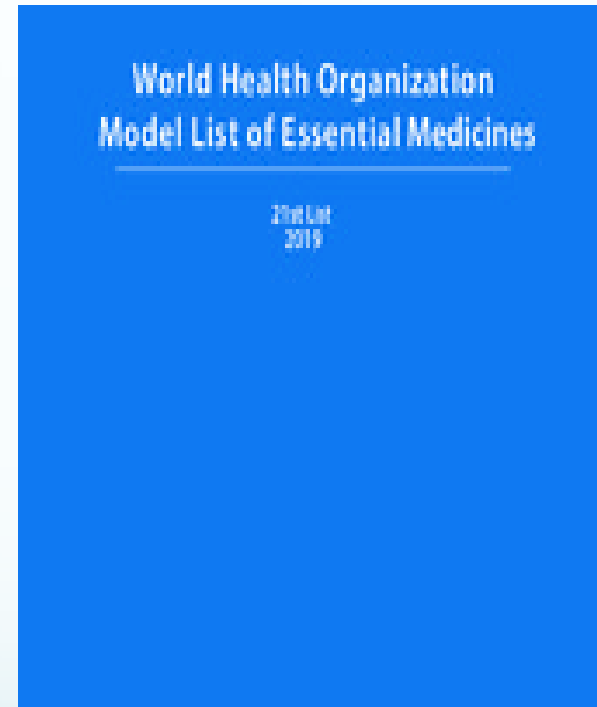
How is palliative care relevant to the global health agenda?

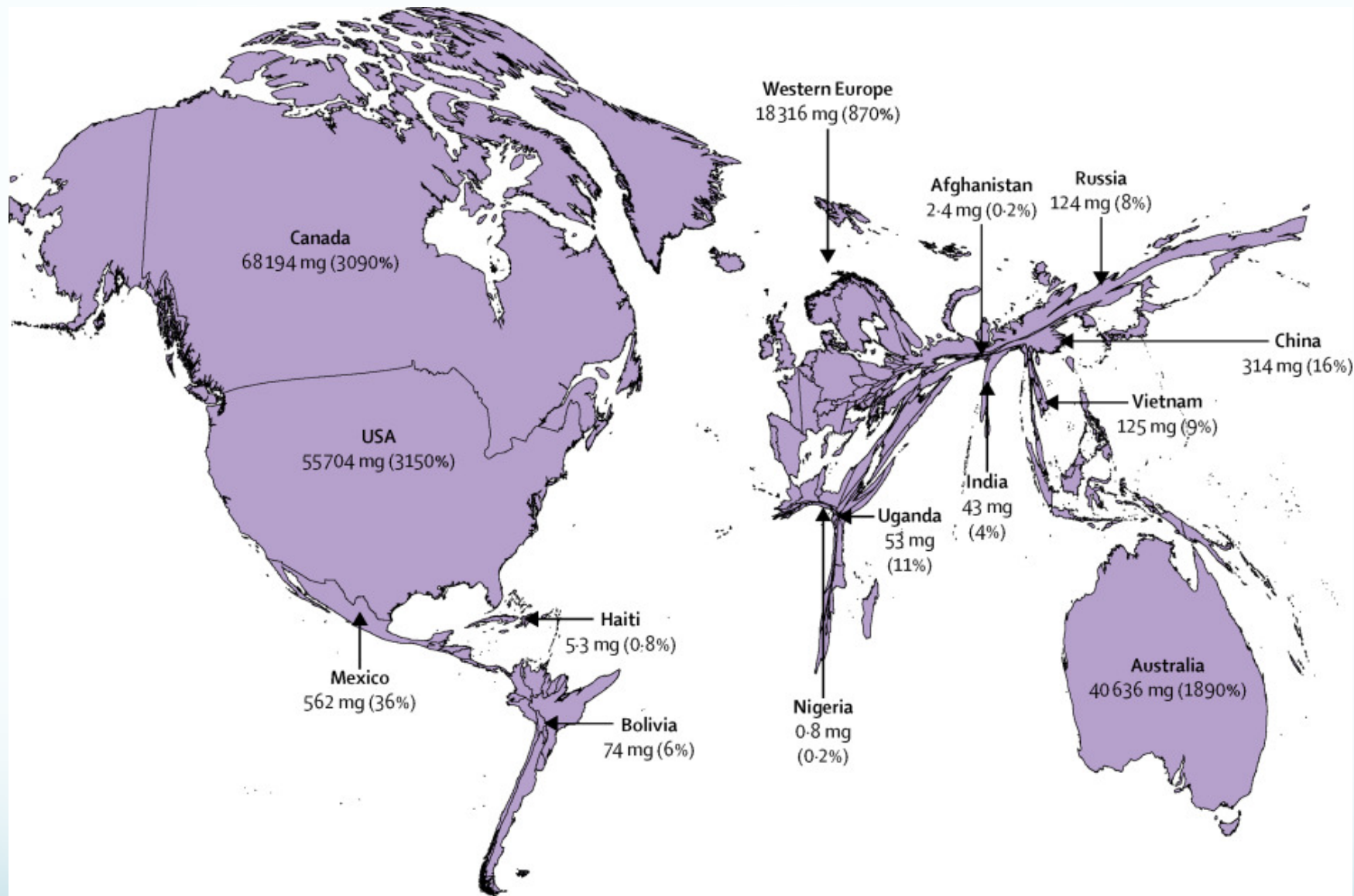
Now included as an essential service in:

- Astana Declaration for Primary Health Care (2018)
- Political Declaration on Universal Health Coverage (2019)
- WHO Triple Billion Targets
- Indirectly in Agenda 2030 for Sustainable Development
 - Target 3.8 (UHC and Access to Medicines)

Essential Palliative Care Medicines

- Opioids: Pillar of severe pain dyspnea treatment
- EPCM Developed by IAHPC
- Included in the WHO Model List
- Many (including morphine) are “internationally controlled” – ie listed in the Schedules of the international drug conventions overseen by the UN Commission on Narcotic Drugs in Vienna
- Unavailable in > 60% of the world





**Map of access to pain relief medication (morphine in mg/patient in need of palliative care) shows an abyss in the DOME – Distributed Opioid Morphine Equivalent – worldwide.
Lancet Commission, 2018**

Solution: The “Essential Package”*

- **An essential palliative care package**, including off patent medicines, frugal innovation for needed equipment, and human resources based on competencies rather than professions, **could alleviate much of the world’s suffering**
- The cost of the EP in LMICs is just over **1% of LMIC per capita health expenditure**
- Approximately **US\$145 million*** per year would pay for the world’s **unmet need for morphine** in palliative care
 - Requires political will and centralized procurement

**Joint Position Statement on WHO
Withdrawal of Guidelines**
endorsed by 179 orgs worldwide

- In May 2019, Two US Congresspersons alleged undue influence of Purdue Pharma on development of two key WHO palliative care guidelines

1. Balanced policies for opioid availability
2. Clinical management of pain in children

Emphasis is on balance between ensuring access and preventing harmful non-medical use

- WHO reaction to US Report: Withdrew guidelines

- Gave credibility to the US report, which was unfortunately *not* based on facts or scientific evidence
- Suggested that development of 2 withdrawn WHO guidelines were inappropriately influenced
- Now re-doing the Guidelines



1. Withdrawal leaves normative and technical vacuum until new guidelines are produced
2. Has a chilling effect on urgently needed policies to improve access to controlled medicines

IAHPC stands by the Joint Position Statement

- Our delegation will present at WHO EB
- We will continue to insist on the importance of balanced policies re opioid availability
- We will continue to distinguish between the “US Overdose Crisis” and the Global Crisis of Unavailability of Opioids
- *We are concerned that the particular situation of one country has driven decisions that may have a negative impact on global health, especially when such inequity already exists in access to controlled medicines for the relief of serious health related suffering in low- and middle-income settings.*

Selected References

- Joint Position Statement <http://globalpalliativecare.org/who-withdrawal-of-guidance-documents/>
- Knaul FM, Krakauer EL, De Lima L, et al.: "Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report." *Lancet* 2018;391:1391–1454
- University of Miami site Lancet Commission on Pain and Palliative Care 2018 – For detailed information on the map and DOME see https://www.mia.as.miami.edu/_assets/pdf/wallmap_0720.pdf
- Sleeman KE, de Brito M, Etkind S et al. “The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions.” *Lancet Glob Health*. 2019; (published online May 22.)

Thank you for your attention



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