

# The Lancet Commission on Global Access to Palliative Care and Pain Relief

## Key Facts

UNIVERSITY OF MIAMI  
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MILLER SCHOOL  
of MEDICINE



whpca  
worldwide hospice  
palliative care alliance



icpcn  
international children's  
palliative care network



Source: Knaul FM, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report. The Lancet. 2017

<http://www.thelancet.com/commissions/palliative-care>

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### Serious health-related suffering and the need for palliative care

- Serious health-related suffering (SHS) is associated with illness or injury of any kind that could be ameliorated by palliative care or pain treatment<sup>1</sup>.
- More than 25.5 million of the 56.2 million people who died in 2015 experienced SHS. An additional 35 million experienced SHS from life-threatening or life-limiting conditions, or at end of life. In total, more than 61 million people worldwide experienced SHS, for a total of at least 6 billion suffering days.
- The majority of people with SHS do not have access to palliative care. Over 80% live in low- and middle-income countries (LMICs) where access is severely lacking. Between 70 and 85% live in countries where even oral morphine is largely unavailable.
- Patients in LMICs account for at least 95% of the need for palliative care associated with HIV disease, premature birth and birth trauma, tuberculosis, and malnutrition. The vast majority of this premature mortality is avoidable.
- Every year nearly 2.5 million children die needing palliative care and pain relief. In high income countries, children account for 1% of all deaths associated with SHS, while in low income countries they account for over 30% of SHS related deaths. Over 90% of all pediatric deaths associated with SHS are avoidable.

### Pain relief

- Morphine - oral immediate release and injectable - is critical to palliative care. It is inexpensive and effective.
- In 2014, 298.5 metric tons of distributed opioid morphine-equivalent (DOME) were available globally for medical use, of which over 96% went to high-income countries, just over 3% to LMICs, and only 0.03% metric tons (one-tenth of a metric ton) to low-income countries.
- 50% of the world's population - the 3.6 billion people who live in the poorest countries - receive less than 1% of the morphine distributed worldwide. The richest 10% of the world's population receives almost 90% of the morphine distributed worldwide.
- Some of the largest countries in the world have huge deficits in pain medicines including China, India, Russia, Indonesia, Pakistan, Nigeria and Bangladesh.

<sup>1</sup>The most common SHS health conditions are: atherosclerosis; cerebrovascular disease; chronic ischaemic heart diseases; congenital malformations; degeneration of the CNS; dementia; diseases of the liver; haemorrhagic fevers; HIV disease; inflammatory disease of the CNS; injury, poisoning, and external causes; leukaemia; lung diseases; cancers; musculoskeletal disorders; non-ischaemic heart diseases; premature birth and birth trauma; protein energy malnutrition; renal failure; and tuberculosis. The common SHS physical symptoms are: pain, weakness, fatigue, shortness of breath, nausea and vomiting, constipation, diarrhoea, dry mouth, itching, and wounds and bleeding. The most common psychological SHS is anxiety and worry, depressed mood, delirium or confusion, and dementia.

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CÁNCER DE MAMA  
TÓMATEO  
A PECHO  
ASOCIACIÓN CIVIL



Fundación  
Mexicana  
para la Salud

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- More than 75% of the world's population live in countries that provide less than half of the morphine needed for palliative care.
- The 100 lowest income countries in the world, which account for 73% of the global population (5.3 billion people), and 56% of all patients in need of palliative care (36 million patients), do not have enough morphine to cover even 30% of the medical need. These same 100 countries are unable to cover even 4% of the medical need for morphine of patients when comparing to a Western European benchmark.
- DOME in low-income countries meets less than 0.5% of total medical need for opioid analgesics. In lower-middle income countries, DOME meets less than 1% of total need, and in upper-middle-income countries, just more than 3%.
- DOME in U.S. and Canada is more than 3.5 times the opioid analgesics of a Western European country.
- At best international prices, an estimated \$US145 million per year would close the gap in palliative care need and bring relief to the millions suffering preventable pain. At current prices, it would take almost \$US600 million.
- For low-income countries, the estimated annual cost of unmet, medical need for opioid analgesics for children with SHS is just over 1 million USD, which is only 63 cents per child. This is at best international prices.
- Global and regional purchasing platforms must be made available to stabilize and ensure best prices and quality, as well help implement a balanced approach by accompanying support for the purchase of off-patent, inexpensive oral immediate release morphine with technical assistance to strengthen health systems and especially safe supply chains.

### Essential Package of palliative care health services

- An essential palliative care package of off-patent medicines, basic and frugal equipment and health personnel could alleviate much of the avoidable suffering in the world.
- The cost of the Essential Package in LMICs is just over \$3 per capita, or slightly more than 1% of LMIC per capita health expenditure.
- Variation in prices paid for medicines across countries, especially for injectable morphine, can significantly impact the cost of the Essential Package and for low income countries can increase the overall price of the Essential Package by over 25%.
- At lowest international medicine prices, the total cost of covering the Essential Package for all people with SHS is 2.4% of public health expenditure for lower-middle income countries, and 2.2% of public health expenditure for upper-middle income countries. For low-income countries, the proportions are much higher: 14.4% of public health expenditure and 0.35% of GDP.