

Alleviating the access abyss in palliative care and pain relief

an imperative of universal health coverage: the *Lancet* Commission report



Most people in all parts of the world live and die with little or no palliative care or pain relief. Staring into this access abyss, one sees the depth of extreme suffering in the cruel face of poverty and inequity. The abyss is broad and deep, mirroring health and social deprivation. Inexpensive and essential health interventions exist, yet are tragically denied to the vast majority of people in our world.

The report of the *Lancet* Commission on Global Access to Palliative Care and Pain Relief quantifies the heavy burden of serious health-related suffering associated with a need for palliative care and pain relief, identifies and costs an Essential Package of palliative care and pain relief health services that would alleviate this burden, measures the unmet need for one of the most essential components of the package — inexpensive, off patent, oral immediate-release and injectable morphine — and outlines national and global health systems strategies to expand access to palliative care and pain relief as an integral component of Universal Health Coverage (UHC) by applying a balanced approach that ensures adequate attention to both the medical needs of all patients and the risk of non-medical use.

No country can meet Sustainable Development Goal target 3.8 on UHC without covering palliative care and pain relief. The Commission calls on each and every country to ensure universal access to the Essential Package by 2030.

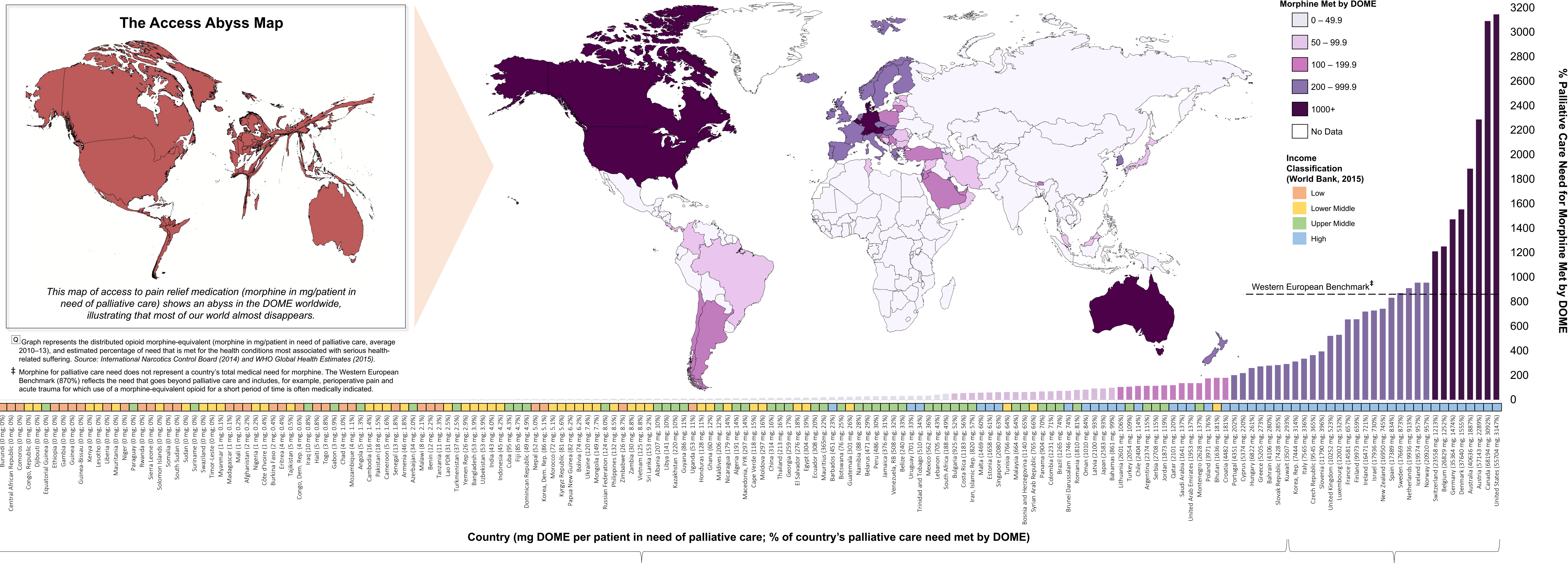
Full Report: Knaul FM, Farmer PE, Krakauer EL et al on behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group. *Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: The Lancet Commission report. The Lancet. 2017. <http://www.thelancet.com/commissions/palliative-care>*

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PROBLEM		SOLUTION		COST	
Serious Health Related Suffering (SHS) <ul style="list-style-type: none"> 61 million people worldwide experience SHS each year, for a total of at least 6 billion suffering days Over 80% live in low- and middle-income countries where access to palliative care is severely lacking 	Access to Pain Relief Medications <ul style="list-style-type: none"> Oral immediate-release and injectable morphine is critical to palliative care, inexpensive and effective, yet 128 countries lack sufficient medication 50% of the world's population receives less than 1% of the distributed opioid morphine -equivalent (DOME) worldwide 	The Essential Package (EP) <ul style="list-style-type: none"> 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 	EP <ul style="list-style-type: none"> The cost of the EP in LMICs is just over 1% of LMIC per capita health expenditure* 	Morphine <ul style="list-style-type: none"> Approximately US\$145 million* per year would pay for the world's unmet need for morphine in palliative care Just over US\$1 million* per year would meet the morphine needs of all children with SHS in low-income countries 	

* At best international prices

What proportion of palliative care need for morphine can be met by countries [DOME / morphine required to treat palliative care need]†?



† Morphine for palliative care need does not represent a country's total medical need for morphine. The Western European Benchmark (870%) reflects the need that goes beyond palliative care and includes, for example, perioperative pain and acute trauma for which use of a morphine-equivalent opioid for a short period of time is often medically indicated.

10% of World DOME (Distributed Opioid Morphine-Equivalent) 90% of World DOME

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

Key Facts

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whpca
worldwide hospice
palliative care alliance



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

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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.¹
- 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.

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.

Access to 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.
- 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.

¹The 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.