



# Breaking Barriers: Access to Pain Medicines for Paediatric Palliative Care Worldwide

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## The Problem

- Children and their families around the world are suffering needlessly with pain and other symptoms, as they do not have access to essential controlled medicines
- This is **not** good enough – we have the medicines, knowledge and skills to reduce their suffering – but in >98% of LMICs we cannot access them
- Yet according to the Lancet commission on alleviating the access abyss to pain and palliative care 98% of those children that die each year needing access to palliative care and pain control are in low income countries.
- Family members will remember seeing their child's pain.....

## Scale of the Problem



- At least **21.1 million** children globally need access to PC, including controlled medicines
- Need is higher in LMICs
- Estimated only **5-10% children globally have access** and the majority of these are in High Income Countries.
- Additional challenges in humanitarian settings

- Goal of reducing non-medical use of controlled substances, whilst also assuring significant supplies of safe and effective medicines for all those in need.
- ***Neither is being realised at present*** (INCB 2022)
- Access to controlled medicines for those in need is an important part of the right to health – that includes children in need – far too many children are suffering due to a lack of access to controlled medicines
- At best international medicine prices, the cost of covering the unmet need for opioid analgesics in all children in need in low-income countries was just over \$1 million per year (Lancet Commission 2017)

# The Access Abyss

- (Knaull et al 2017)

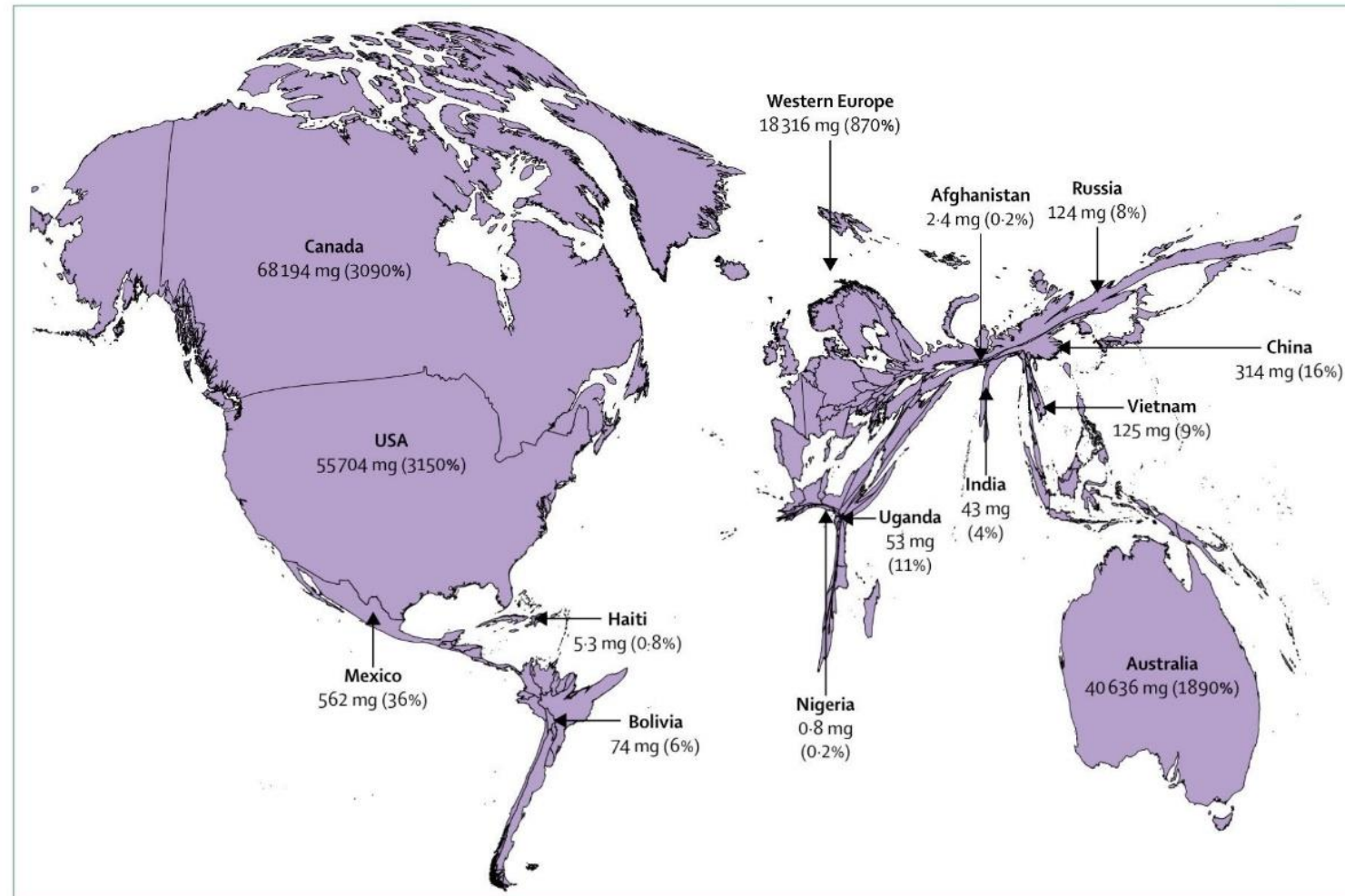


Figure 1: Distributed opioid morphine-equivalent (morphine in mg/patient in need of palliative care, average 2010-13), and estimated percentage of need that is met for the health conditions most associated with serious health-related suffering

Source: International Narcotics Control Board and WHO Global Health Estimates, 2015. See additional online material for methods.

## Methods



- Cross-sectional study
- Survey sent to CPC representatives in 167 countries
- The remaining countries we could not find a CPC representative
- 27 questions about CPC
- Included questions about access to medicines for pain and whether on EML
- Asked to rate accessibility on a 3-point likert scale

	Number of countries	Percentage
Countries to whom the survey was not sent to:		
No known CPC champion	29/196	15%
Countries to whom the survey was sent to:		
No response	37	22%
Responded	130	78%
<b>Total</b>	<b>167</b>	<b>100%</b>



# Results

## Essential Medicines List

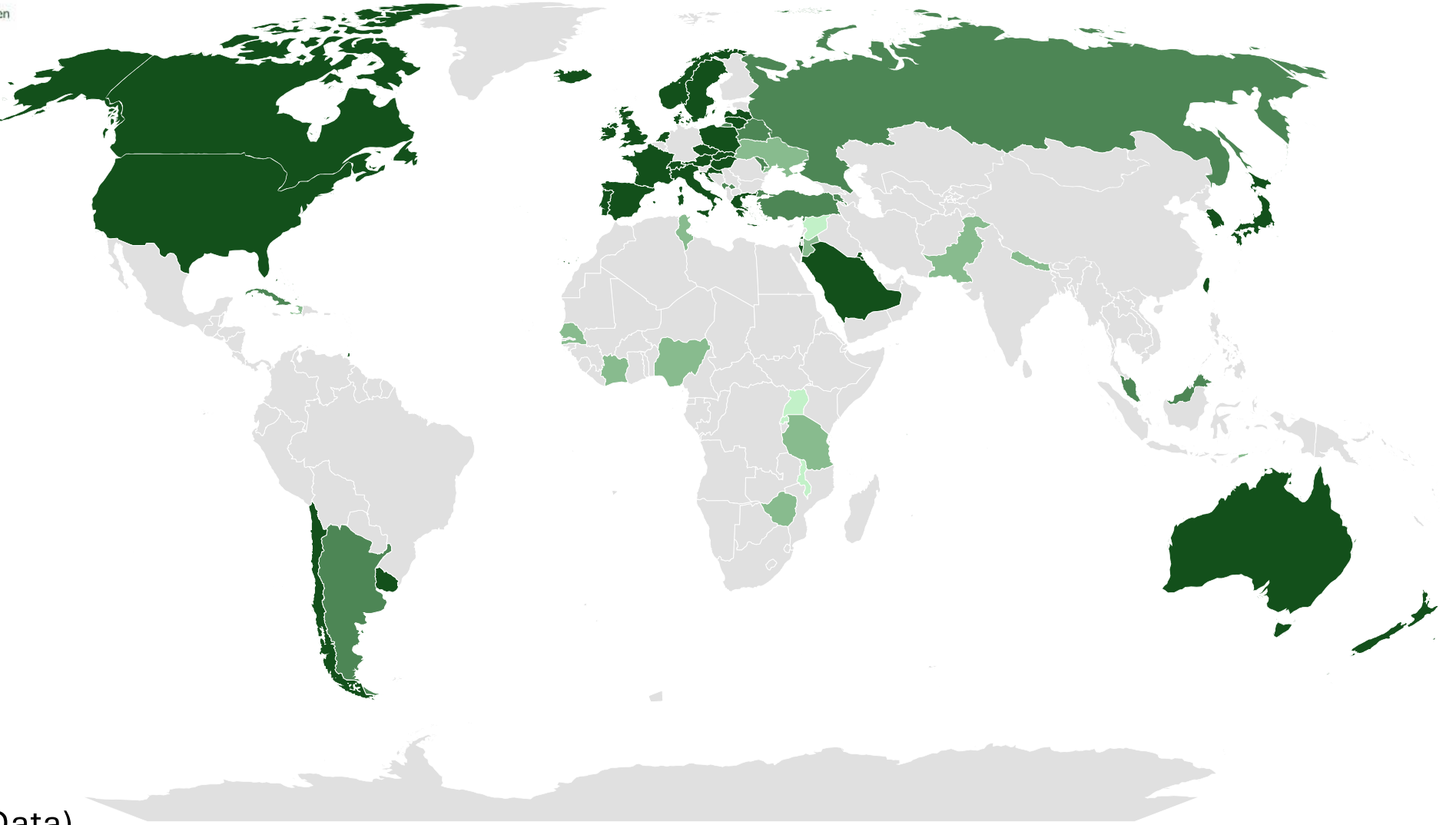
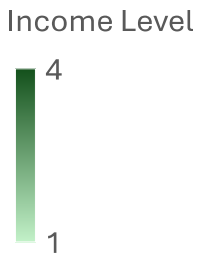
	Countries	%
EML includes appropriate medicines for CPC	74/130	57%
EML does not have the medicines needed for CPC	30/130	23%
Not sure about their EML	21/130	16%

## Access to pain medicines including oral morphine

	Countries	%
Consistent access to pain medicines	68/130	52%
Sometimes having access to pain medicines	57/130	44%
No response	5/130	4%



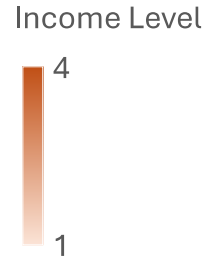
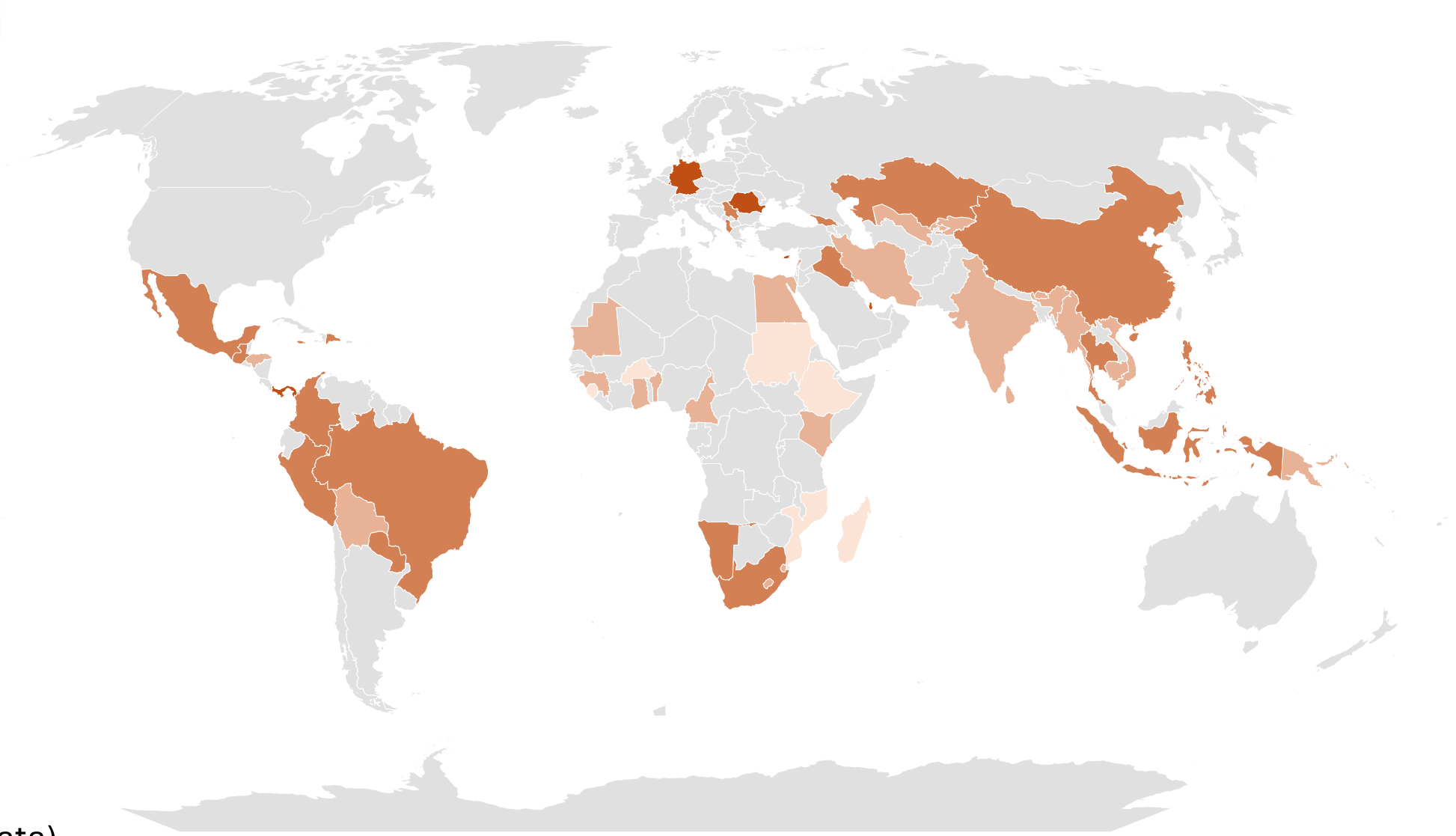
# Countries reporting consistent access to controlled medicines for Managing Pain in Children



(ICPCN 2024  
Unpublished Data)

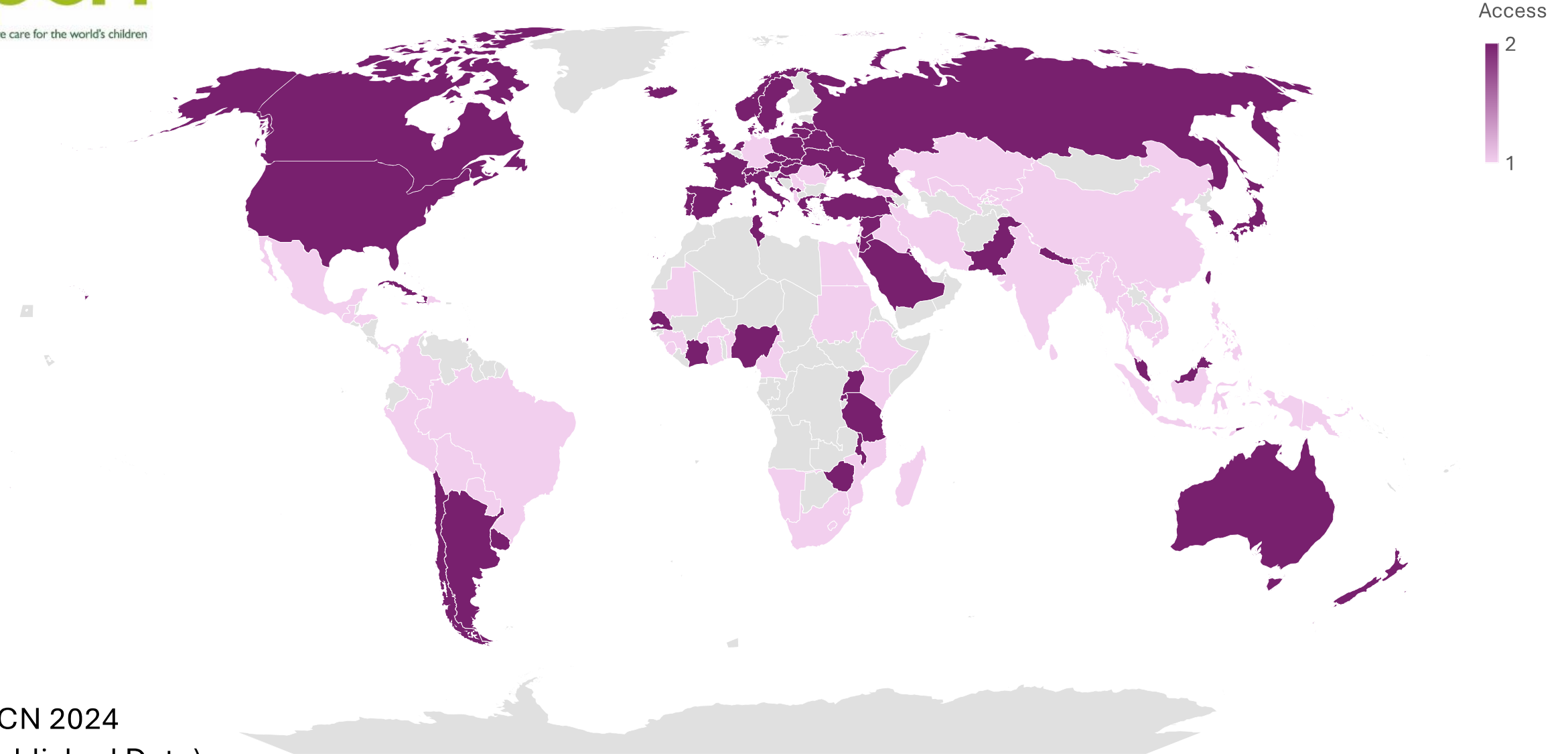


# Countries reporting sometimes having access to controlled medicines for Managing Pain in Children but not consistent access



(ICPCN 2024  
Unpublished Data)

# Countries reporting consistent or some access to controlled medicines for Managing Pain in Children



(ICPCN 2024  
Unpublished Data)

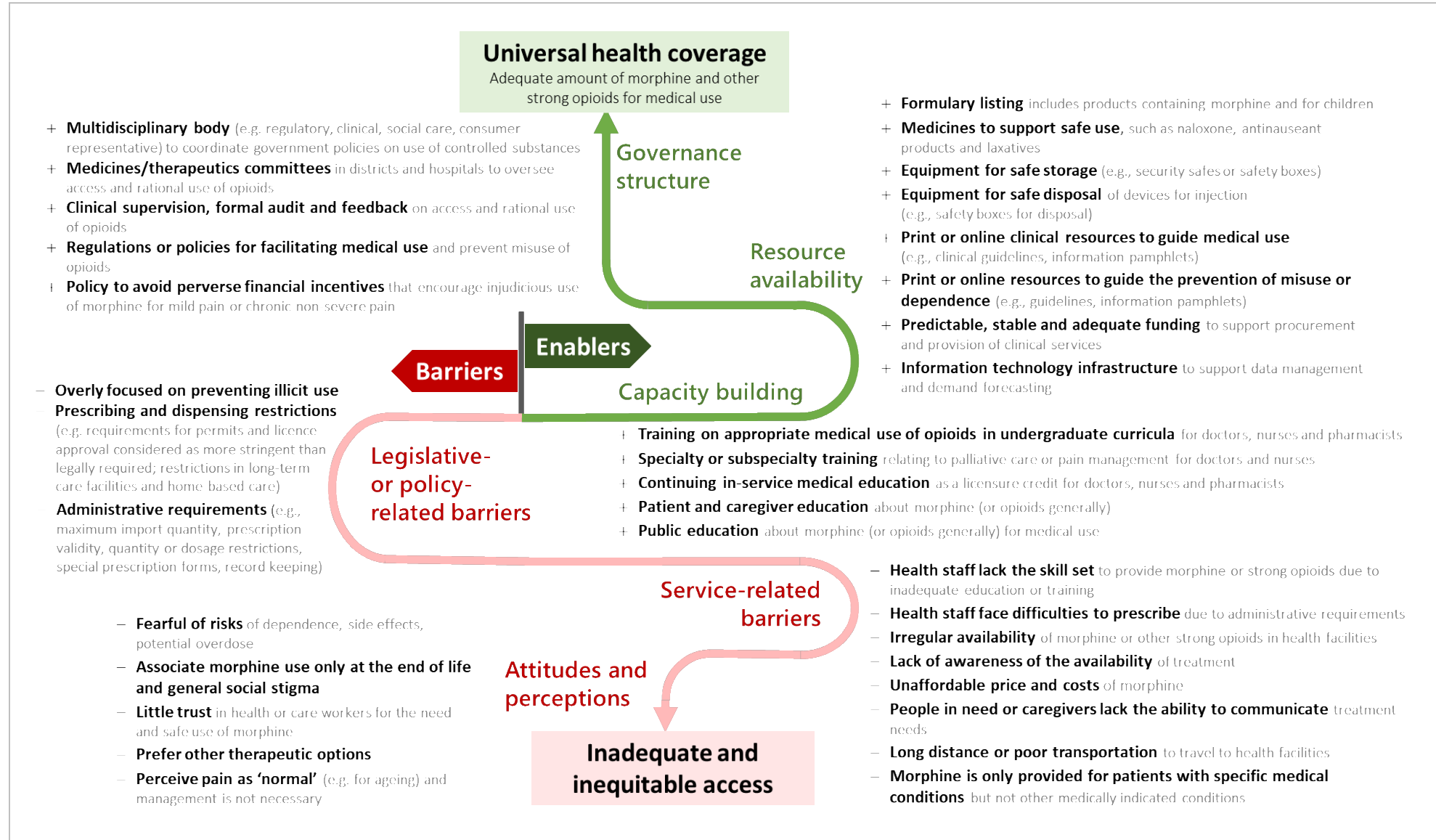
# Barriers to access to pain medicines

- Place of availability of medications
- Paediatric formulations/dosages
- Lack of education and awareness re use of pain medicines in particular opioids
- Strict rules on prescription
- Lack of pain assessment skills
- Supply issues
- Authorisations for use in children



# Enablers and Barriers

Fig. 3.1. Enablers and barriers influencing access to morphine for medical use



# Limitations

- Survey method/ questions
- Dependent on who responds
- Response rate
- Lack of response does not mean lack of access to pain medicines
- Non-responders can skew the data



## LMICs



- Of those reporting limited/ no access 50/57 – 88% were LMICs
- 56/66 (85%) countries where we don't have data are LMICs
- Access to medicines remains a challenge
- Least access in LMICs which has greatest need for CPC
- New WHO Policy Guidelines of ensuring access to controlled medicines to be published end of 2024



# Conclusion

- Many barriers to accessing pain medications for CPC around the world
- Need to understand these if we are to break down barriers and reduce suffering
- Further research is ongoing to explore accessibility of specific medications and formulations



# Failure is *NOT* an Option.....



- We have to act and we have to act now
- We need to reignite effective collaboration in response to the 2022 UNODC-WHO-INCB Joint call to Action
- Ensuring affordable and equitable access to safe and effective medicines is an imperative

**Failure ≠ Option**



Improving palliative care for the world's children



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Thank You