

# 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)

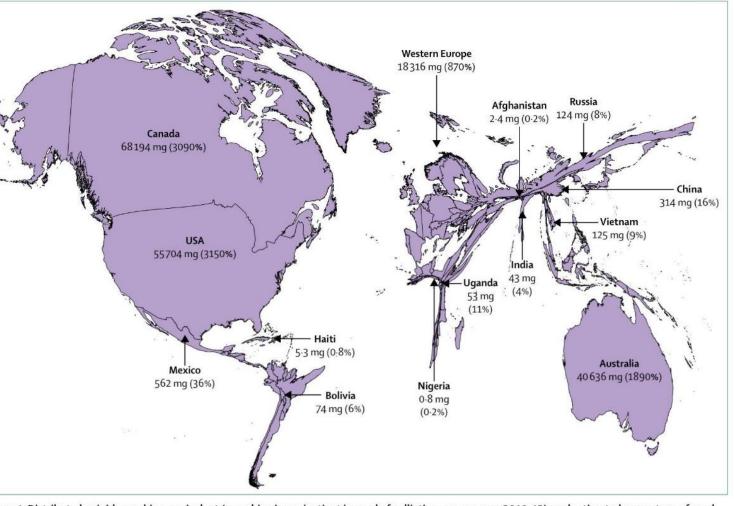


Figure 1: Distributed opioid morphine-equivalent (morphine in mg/patient in need of palliative care, average 2010–13), and estimated percentage of need that is met for the health conditions most associated with serious health-related suffering

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 3point 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%		
Total	167	100%		

# Results

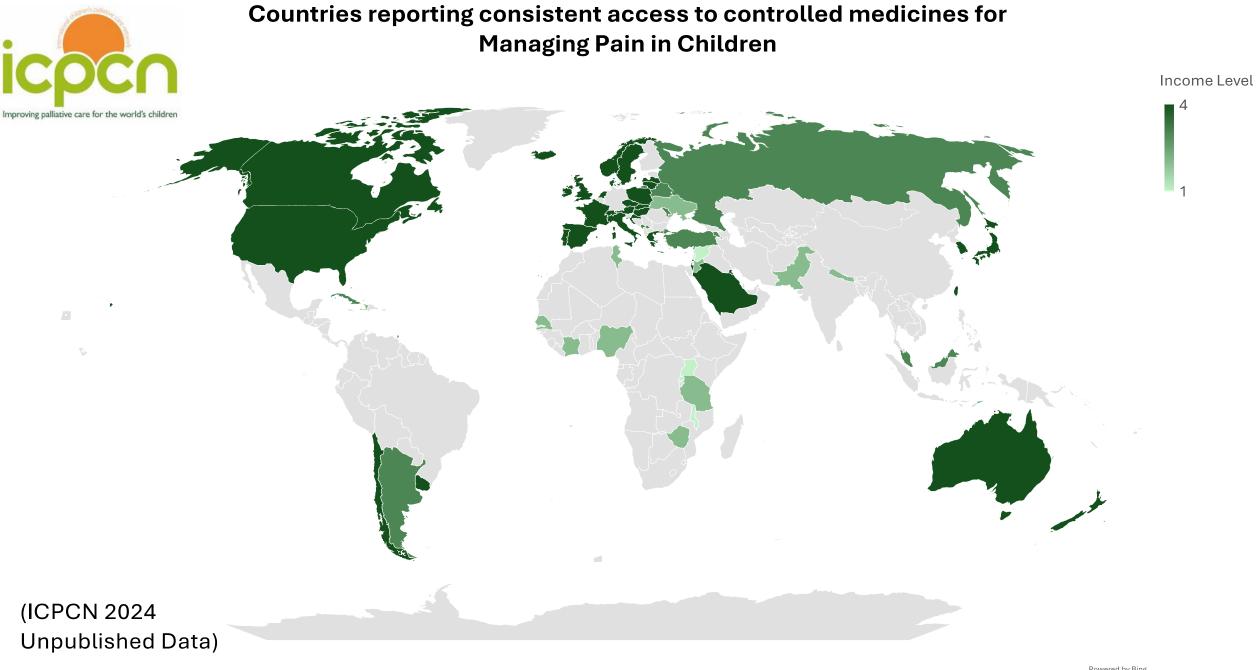


#### **Essential Medicines List**

	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%

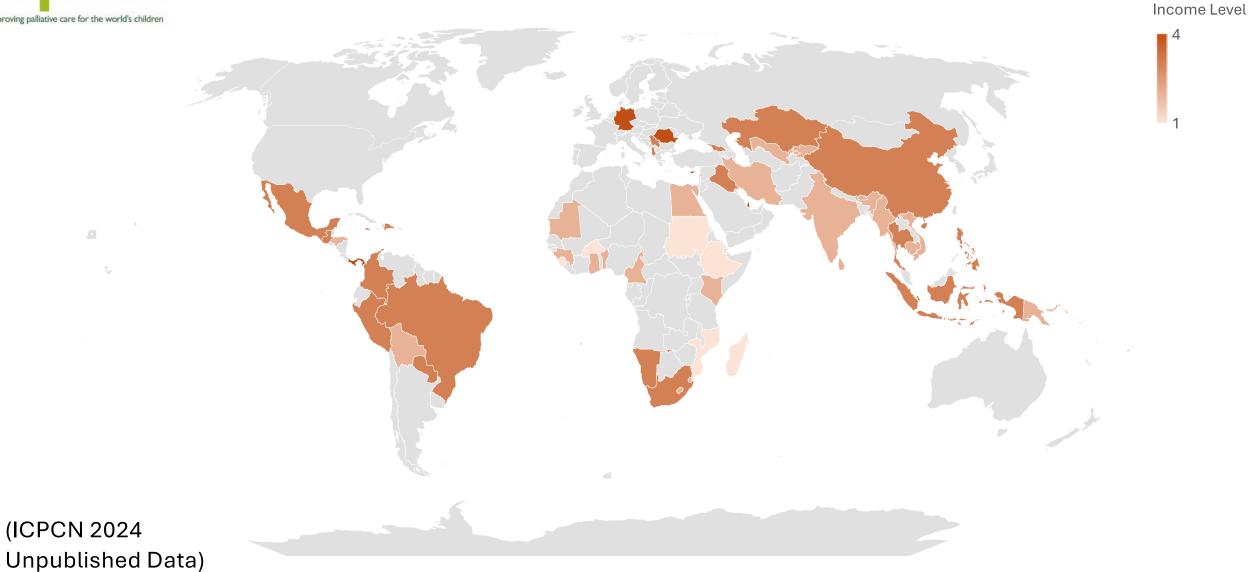
# Access to pain medicines including oral morphine

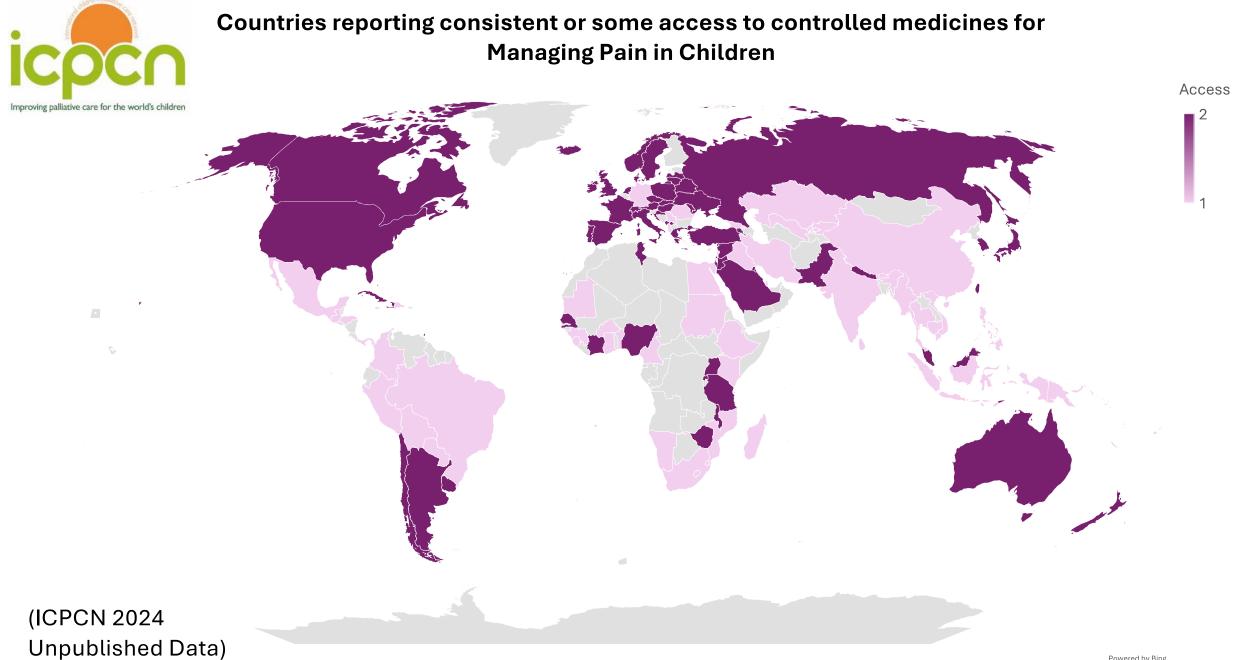
	Countries	%
Consistent access to pain medicines	68/130	52%
Sometimes having access to pain medicines	57/130	44%
No response	5/130	4%





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





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



#### Universal health coverage

Adequate amount of morphine and other strong opioids for medical use

- Multidisciplinary body (e.g. regulatory, clinical, social care, consumer representative) to coordinate government policies on use of controlled substances
- + Medicines/therapeutics committees in districts and hospitals to oversee access and rational use of opioids
- Clinical supervision, formal audit and feedback on access and rational use of opioids
- + Regulations or policies for facilitating medical use and prevent misuse of opioids
- Policy to avoid perverse financial incentives that encourage injudicious use
  of morphine for mild pain or chronic non-severe pain

Governance structure

Resource availability

- + Formulary listing includes products containing morphine and for children
- + **Medicines to support safe use**, such as naloxone, antinauseant products and laxatives
- + **Equipment for safe storage** (e.g., security safes or safety boxes)
- + Equipment for safe disposal of devices for injection (e.g., safety boxes for disposal)
- Print or online clinical resources to guide medical use (e.g., clinical guidelines, information pamphlets)
- Print or online resources to guide the prevention of misuse or dependence (e.g., guidelines, information pamphlets)
- + **Predictable, stable and adequate funding** to support procurement and provision of clinical services
- Information technology infrastructure to support data management and demand forecasting

Barriers

Overly focused on preventing illicit use
 Prescribing and dispensing restrictions

(e.g. requirements for permits and licence approval considered as more stringent than legally required; restrictions in long-term care facilities and home based care)

Administrative requirements (e.g., maximum import quantity, prescription validity, quantity or dosage restrictions, special prescription forms, record keeping)

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Legislativeor policyrelated barriers

- + Training on appropriate medical use of opioids in undergraduate curricula for doctors, nurses and pharmacists
- + Specialty or subspecialty training relating to palliative care or pain management for doctors and nurses
- + Continuing in-service medical education as a licensure credit for doctors, nurses and pharmacists
- + Patient and caregiver education about morphine (or opioids generally)
- + Public education about morphine (or opioids generally) for medical use

Fearful of risks of dependence, side effects, potential overdose

- Associate morphine use only at the end of life and general social stigma
- Little trust in health or care workers for the need and safe use of morphine
- Prefer other therapeutic options
- Perceive pain as 'normal' (e.g. for ageing) and management is not necessary

Service-related barriers

Capacity building

Attitudes and perceptions

**Enablers** 

Inadequate and inequitable access

- Health staff lack the skill set to provide morphine or strong opioids due to inadequate education or training
- Health staff face difficulties to prescribe due to administrative requirements
- Irregular availability of morphine or other strong opioids in health facilities
- Lack of awareness of the availability of treatment
- Unaffordable price and costs of morphine
- People in need or caregivers lack the ability to communicate treatment needs
- Long distance or poor transportation to travel to health facilities
- Morphine is only provided for patients with specific medical conditions but not other medically indicated conditions

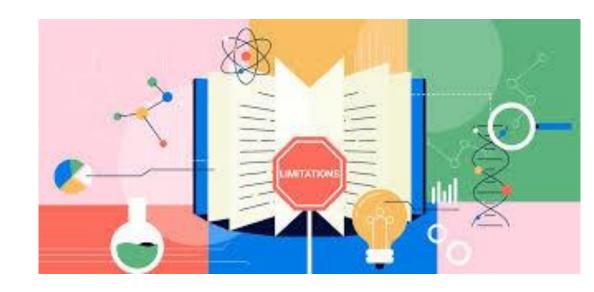


(WHO 2023)

# **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

