

# World Health Organization

## Cancer pain guidelines

**WHO GUIDELINES** FOR  
THE PHARMACOLOGICAL  
AND RADIOTHERAPEUTIC  
MANAGEMENT OF  
**CANCER PAIN** IN ADULTS  
AND ADOLESCENTS



**Regularly-dosed immediate-release oral morphine, or regularly-dosed slow-release morphine, should be used to maintain effective and safe pain relief. With either formulation, immediate-release oral morphine should be used as rescue medicine.**

**(Strong recommendation; moderate-quality evidence)**

# Essential Medicines

## WHO 18<sup>th</sup> EML 2013

### New section 2 Pain and Palliative Care

#### Analgesics

morphine, codeine

ibuprofen, paracetamol, ASS

#### Medicines for symptom relief

amitriptyline, cyclicine,

dexamethasone, diazepam, docusate,

haldol, hyoscine butylbromide,

loperamide, metoclopramide,

midazolam, ondansetron,

senna

2. MEDICINES FOR PAIN AND PALLIATIVE CARE	
2.1 Non-opioids and non-steroidal anti-inflammatory medicines (NSAIMs)	
acetylsalicylic acid	Suppository: 50 mg to 150 mg. Tablet: 100 mg to 500 mg.
ibuprofen <b>[a]</b>	Oral liquid: 200 mg/5 ml. Tablet: 200 mg; 400 mg; 600 mg. <b>[a]</b> Not in children less than 3 months.
paracetamol*	Oral liquid: 125 mg/5 ml. Suppository: 100 mg. Tablet: 100 mg to 500 mg. * Not recommended for anti-inflammatory use due to lack of proven benefit to that effect.
2.2 Opioid analgesics	
codeine	Tablet: 30 mg (phosphate).
morphine*	Granules (slow-release; to mix with water): 20 mg to 200 mg (morphine sulfate). Injection: 10 mg (morphine hydrochloride or morphine sulfate) in 1-ml ampoule. Oral liquid: 10 mg (morphine hydrochloride or morphine sulfate)/5 ml. Tablet (immediate release): 10 mg (morphine sulfate). Tablet (slow release): 10 mg to 200 mg (morphine hydrochloride or morphine sulfate). *Alternatives limited to hydromorphone and oxycodone.
2.3 Medicines for other common symptoms in palliative care	
amitriptyline	Tablet: 10 mg; 25 mg; 75 mg.
cyclizine <b>[c]</b>	Injection: 50 mg/ml. Tablet: 50 mg.
dexamethasone	Injection: 4 mg/ml in 1-ml ampoule (as disodium phosphate salt). Oral liquid: 2 mg/5 ml. Tablet: 2 mg <b>[c]</b> ; 4 mg.
diazepam	Injection: 5 mg/ml. Oral liquid: 2 mg/5 ml. Rectal solution: 2.5 mg; 5 mg; 10 mg. Tablet: 5 mg; 10 mg.



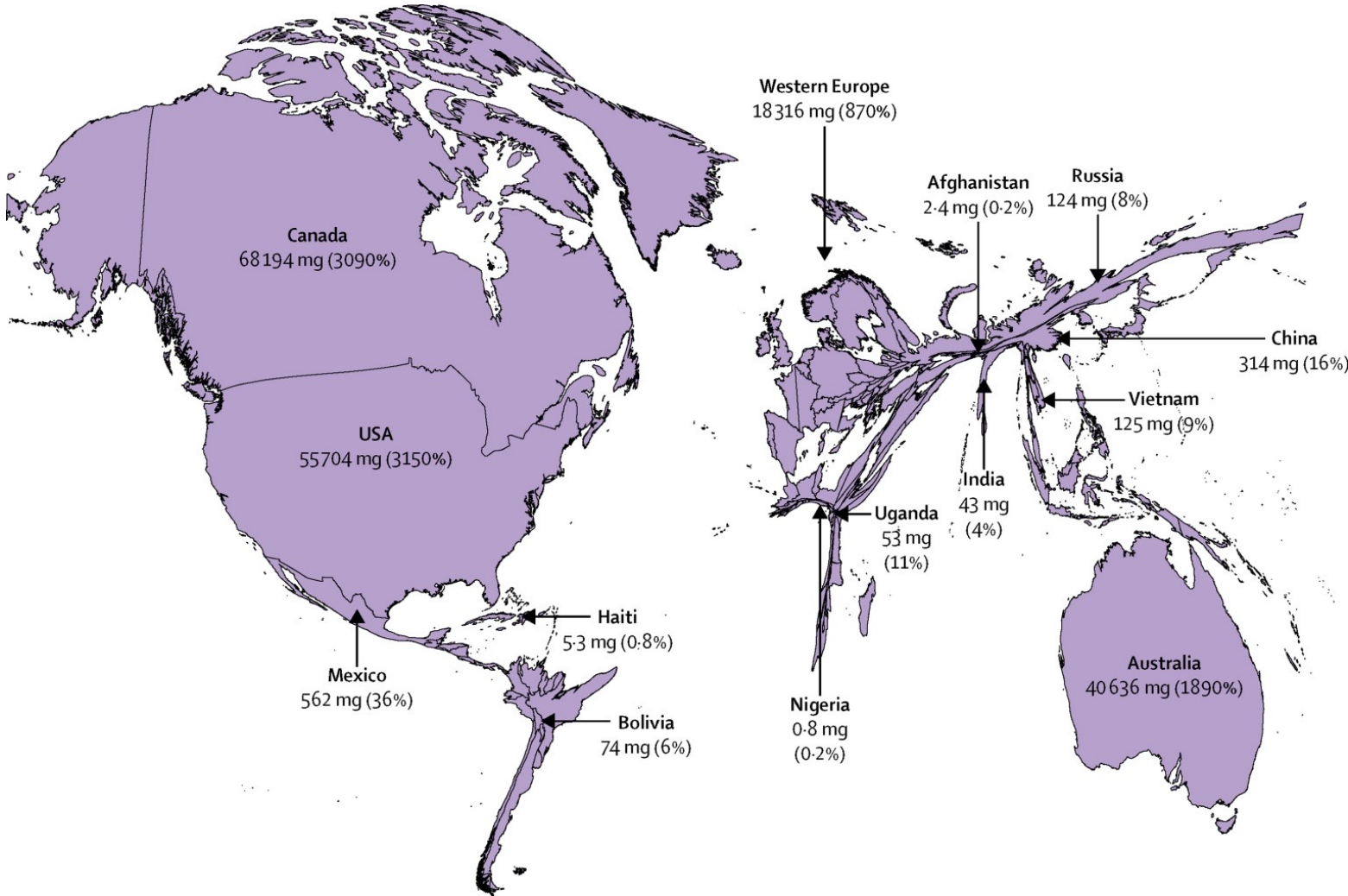
# Essential Medicines

## WHO 22<sup>th</sup> EML 2021

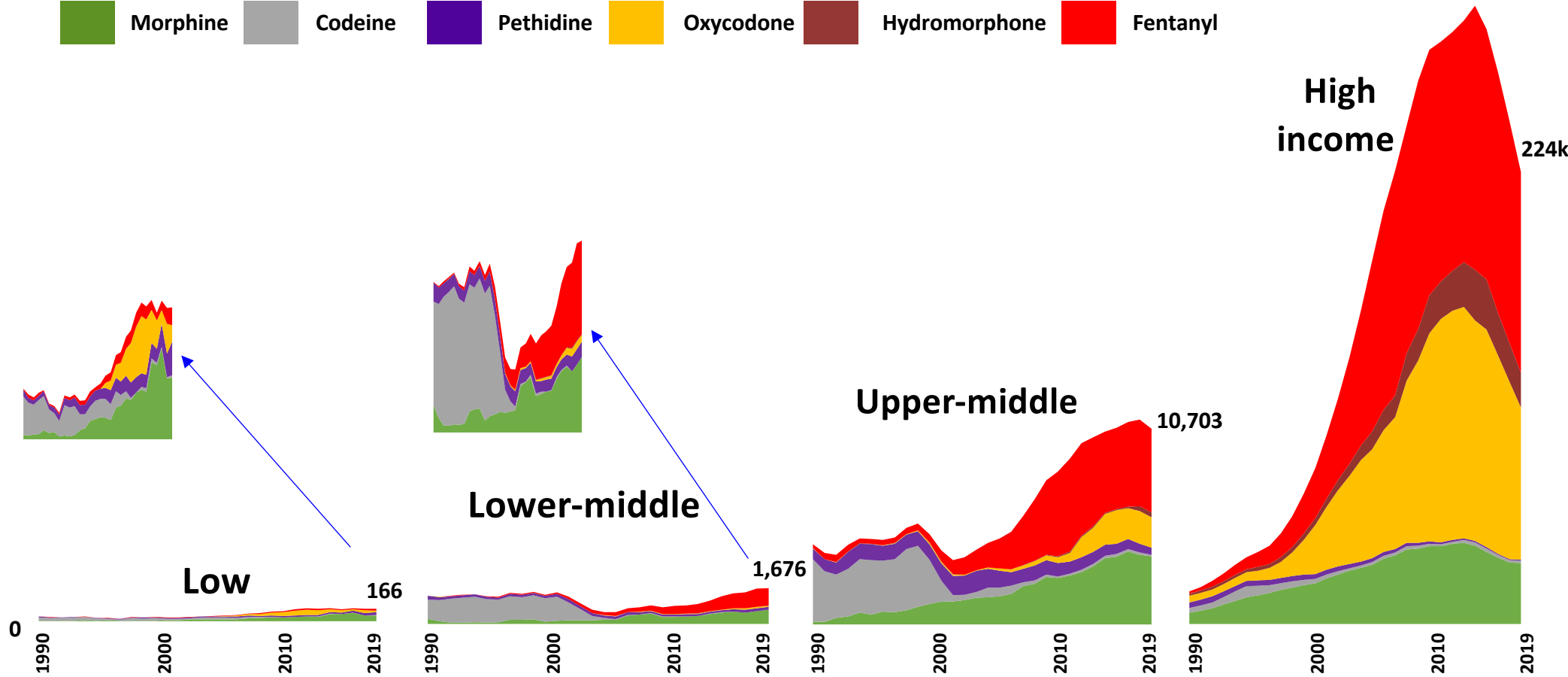
2.2 Opioid analgesics	
codeine	<b>Tablet:</b> 30 mg (phosphate).
fentanyl*	<b>Transdermal patch:</b> 12 micrograms/hr; 25 micrograms/hr; 50 micrograms/hr; 75 micrograms/hr; 100 micrograms/hr  *For the management of cancer pain
<input type="checkbox"/> morphine Therapeutic alternatives: - hydromorphone - oxycodone	<b>Granules (slow release; to mix with water):</b> 20 mg to 200 mg (morphine sulfate).  <b>Injection:</b> 10 mg (morphine hydrochloride or morphine sulfate) in 1 mL ampoule.  <b>Oral liquid:</b>  <b>Tablet (slow release):</b> 10 mg to 200mg (morphine hydrochloride or morphine sulfate).  <b>Tablet (immediate release):</b> 10 mg (morphine sulfate).
<i>Complementary list</i>	
methadone*	<b>Tablet:</b> 5 mg; 10 mg (hydrochloride) <b>Oral liquid:</b> 5 mg/5 mL; 10 mg/5 mL (hydrochloride) <b>Concentrate for oral liquid:</b> 5 mg/mL; 10 mg/mL (hydrochloride)  *For the management of cancer pain.



# Dome: Distributed Opioid Morphine-Equivalent



# DOME by income region morphine-equivalent in kgs (1990-2019)



# IAHPC Opioid Price Watch



**Availability, affordability and accessibility of a 30-day treatment of oral solid morphine (red dots: not available)**

# IAHPC Opioid Price Watch

**Example:  
Iloilo City,  
Philippines**

**Morphine 10 mg  
immediate release  
for 30 days**

**Costs 144 USD**

**At minimum wage:  
29 days**



# Barriers

## Legal barriers

availability, scheduled medicines, punishment code

## Regulatory barriers

special licence, amount/duration prescribed, storage

## Administrative barriers

special prescription forms, out-of-office regulations,  
internal regulations of health care providers

## Lack of training





# **Barriers: lack of training**

**GP: “I do not have the special prescription forms”**

**GP: “I will send him to the oncologist, he knows how to deal with this”**

**Physician: “Better not give him an opioid yet, let us save it until he really needs it, otherwise it may not work anymore later on”**

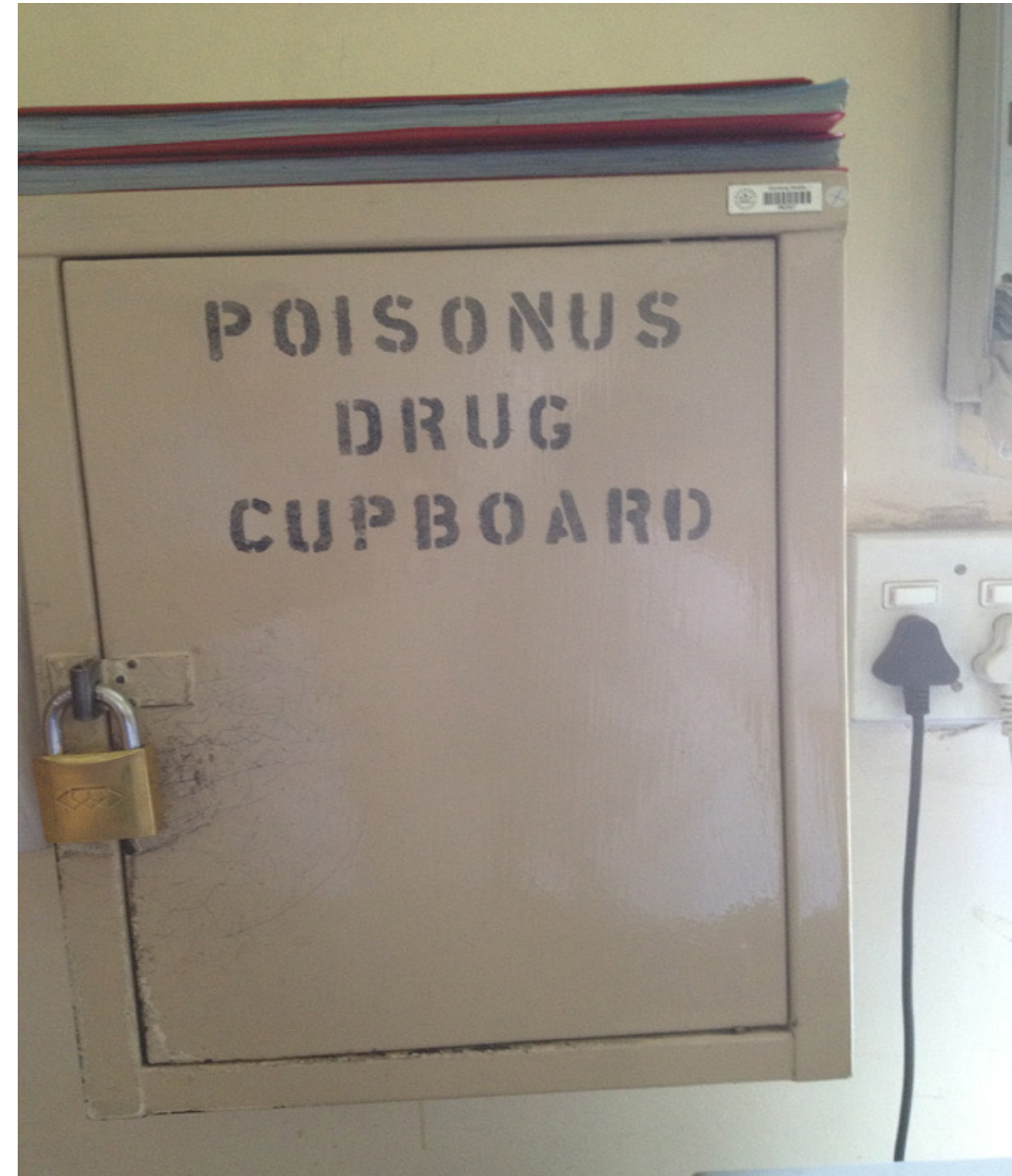
**Patient: “Why does he want to give me morphine, that is only for the dying, isn't it”**

**Nurse: “After receiving morphine, the patient became quiet. This must be an overdose”**

**Night nurse: “You already had morphine twice this night, you can't be in pain again!”**



# Barriers: language



# Use of Terminology

## Neutral and respectful language

<b>Abuse</b>	<b>Non-medical use</b>
<b>Addict</b>	<b>Person with substance abuse disorder person with dependence</b>
<b>Clean vs dirty</b>	<b>Negative vs positive test results</b>
<b>Drug</b>	<b>Medicine or psychoactive substance</b>
<b>Narcotic</b>	<b>Psychoactive substance</b>
<b>Physical dependence</b>	<b>Withdrawal and/or tolerance</b>
<b>Substitution therapy</b>	<b>Opioid agonist therapy</b>



# **IAHPC Response**

**Opioid Price Watch**

**Training of health care professionals**  
**Scholarships, fellowships, bursaries,**  
**Online resources**

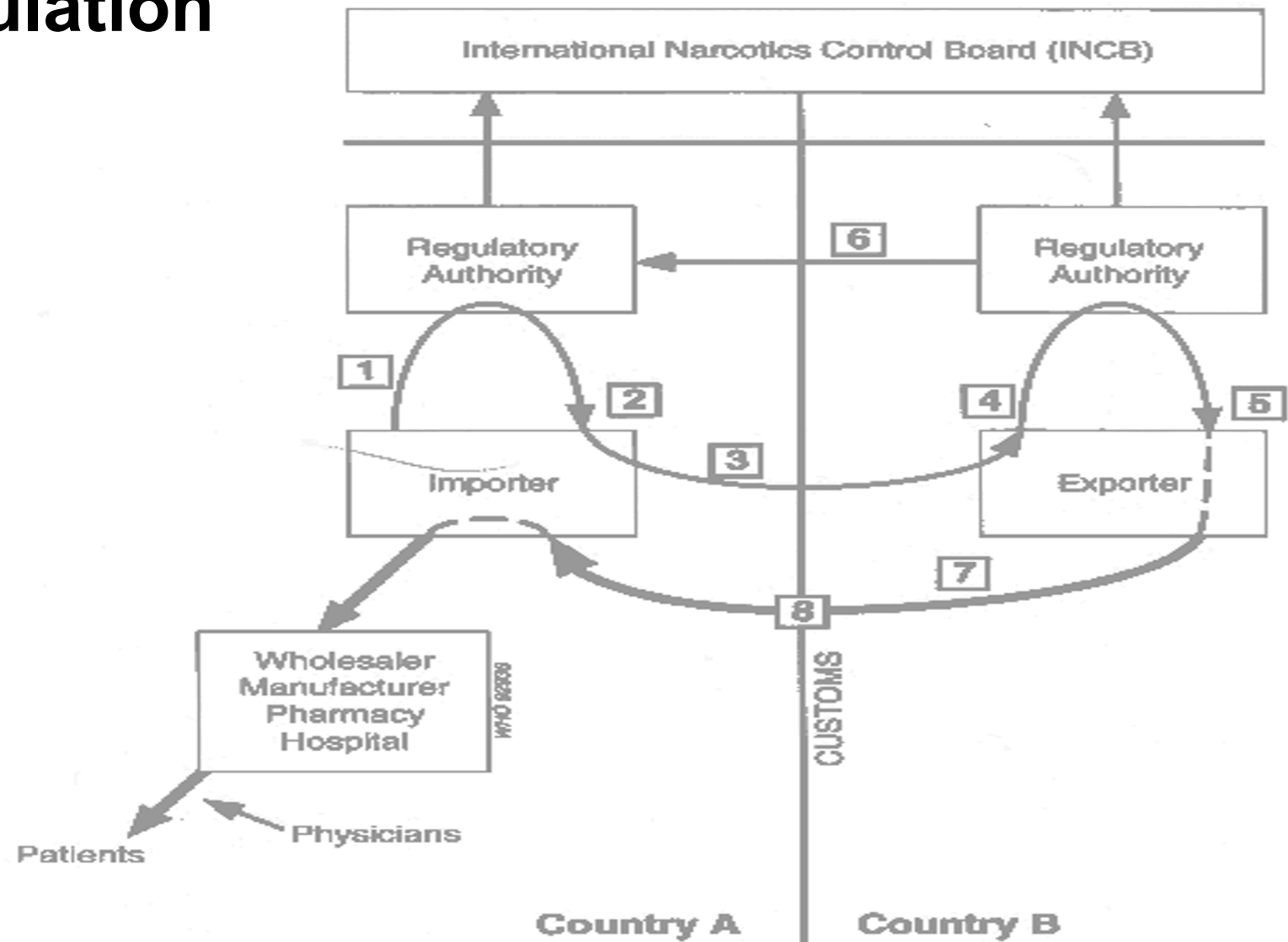
**Advocacy**  
**Cheap generic morphine**  
**Principle of balance**

**WHO collaboration**

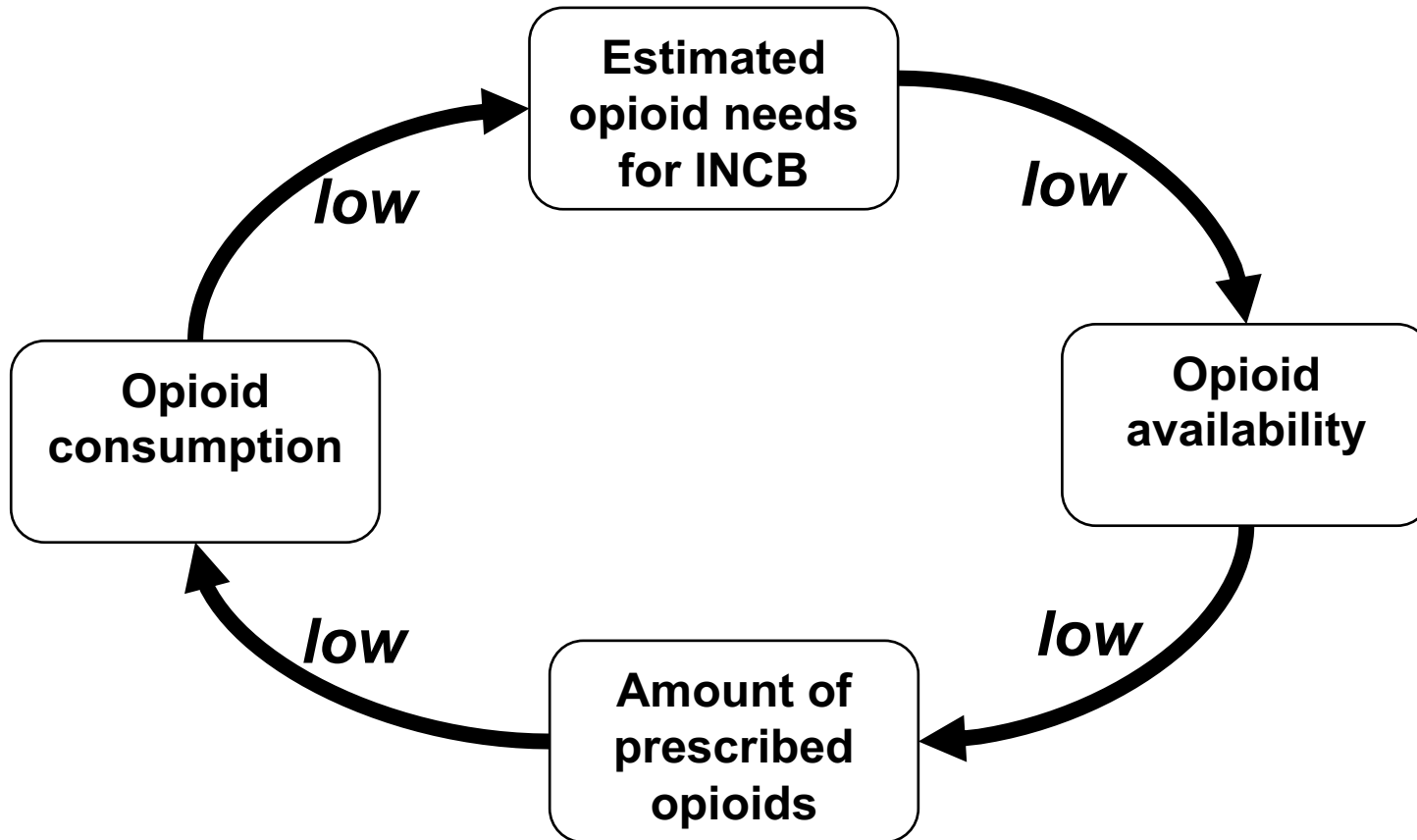


# Import of Controlled Substances

## INCB Regulation



# Vicious circle of low consumption



# *Example from Uganda*





INTERNATIONAL NARCOTICS CONTROL BOARD



# Improving availability of internationally controlled drugs for medical and scientific purposes

Stefano Berterame, PhD  
Chief, Narcotics Control and Estimates Section  
Secretariat of the International Narcotic Control Board Secretariat (INCB)

Global Palliative Care and Pain Relief Research Hub (Webinar Series)  
14 March 2022





## Role of INCB

Monitoring and promoting compliance of Governments with international drug control treaties

Endeavour to ensure availability of internationally controlled substances for medical and scientific purposes

Unique position to monitor availability, cultivation, production, import, export, consumption



# Narcotic Drugs

- Despite a global increase in the availability of opioid analgesics, disparity and imbalance in access to them remain evident;
- The increase in the use of expensive synthetic opioids has not been matched by an increase in the use of affordable morphine;
- Most of the morphine available is not utilized for palliative care; this has negative effects in particular in low- and middle-income countries that cannot afford expensive synthetic opioids for the treatment of pain.

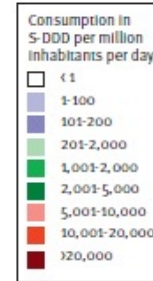
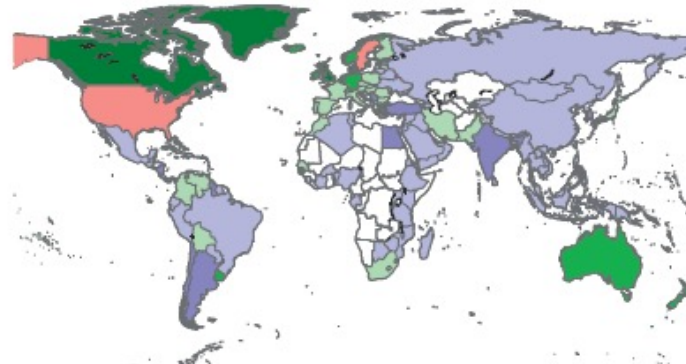


# INTERNATIONAL NARCOTICS CONTROL BOARD

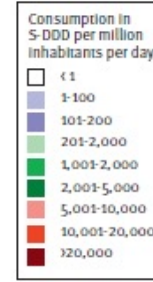
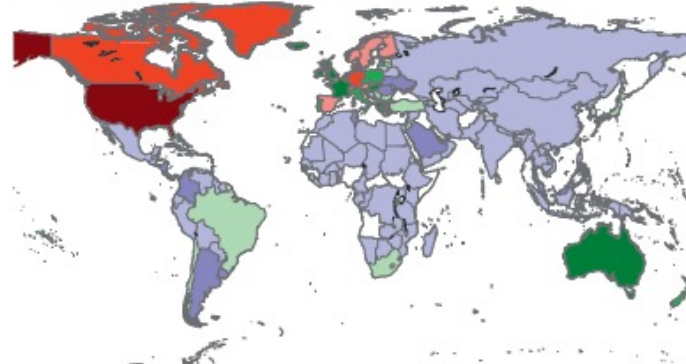


Map 1. Availability of opioids for consumption for pain management (1994–1996, 2004–2006, 2014–2016 averages)

Availability of opioids for pain management, 1994–1996



Availability of opioids for pain management, 2004–2006



Availability of opioids for pain management, 2014–2016

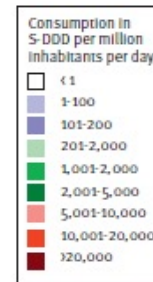
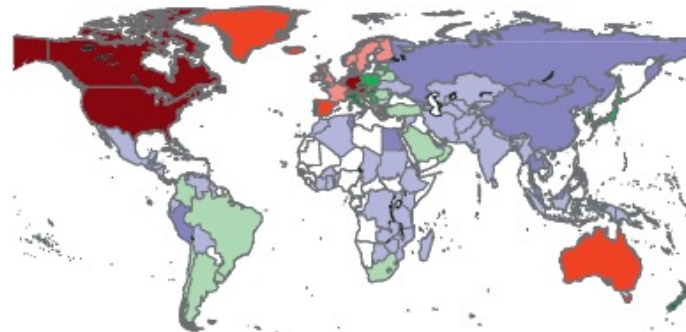
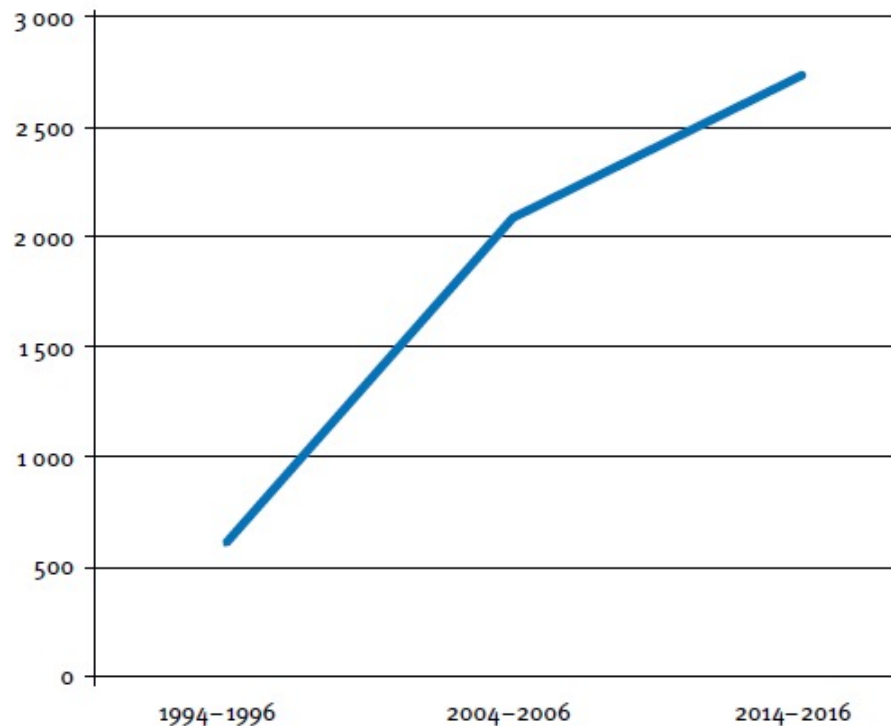




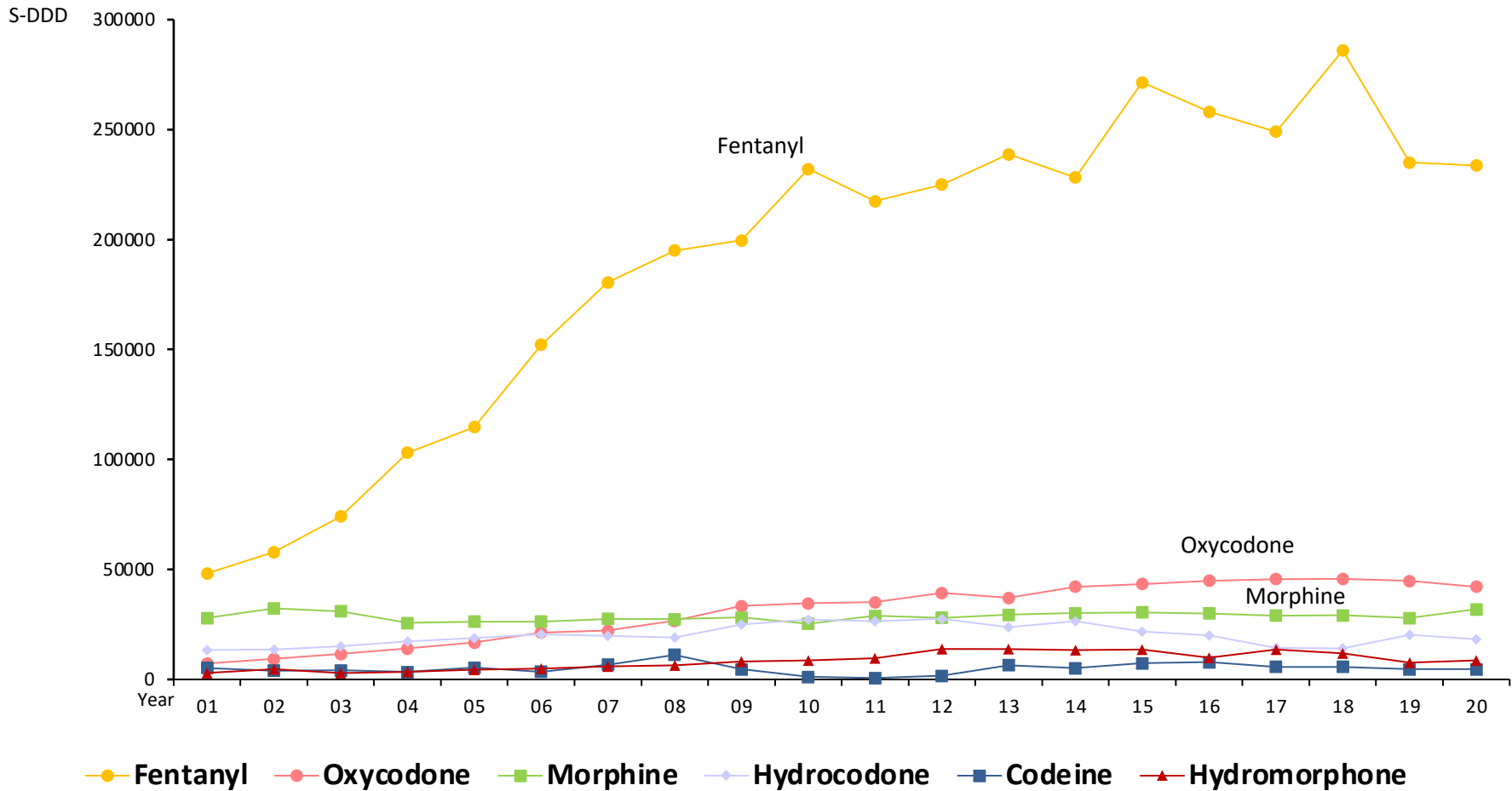
Figure II. Global availability of opioid analgesics for consumption, defined daily doses for statistical purposes per million inhabitants per day (1994–1996, 2004–2006 and 2014–2016)



Note: S-DDD per million inhabitants per day, by total world population.

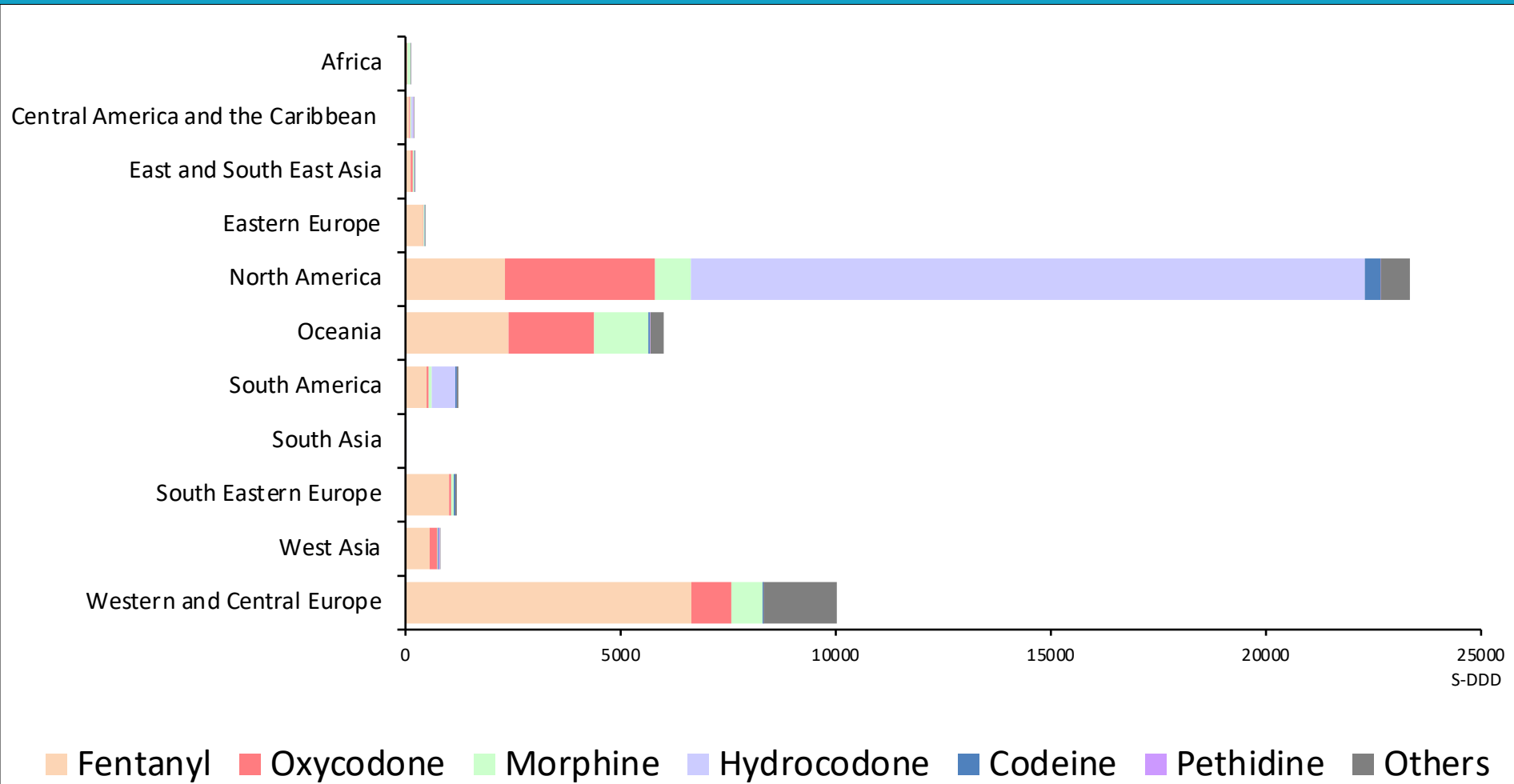


# Global consumption of opioids for pain management in S-DDD per million inhabitants per day, 2001-2020



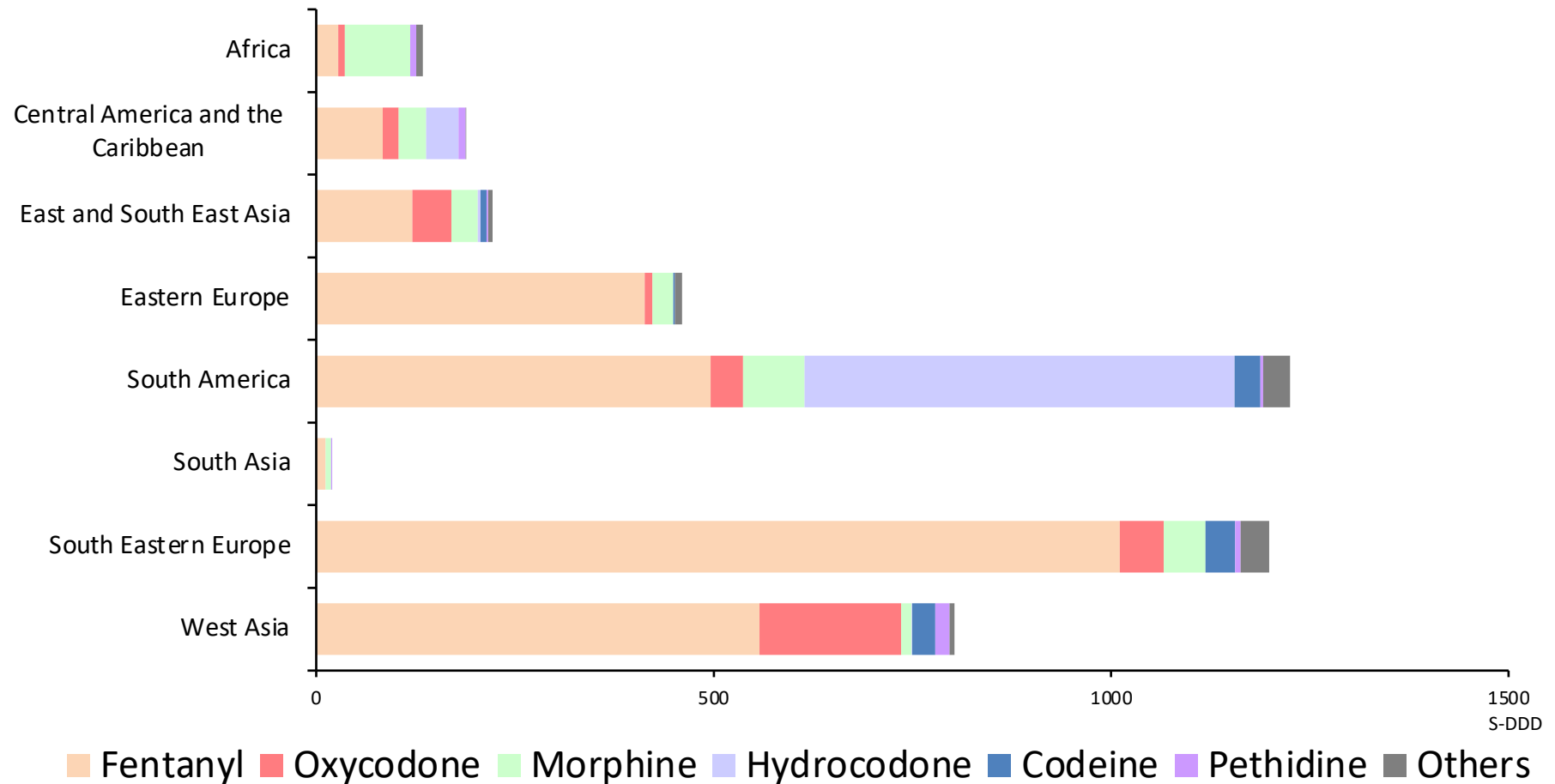


# Consumption of various opioids for pain management by region, in S-DDD per million inhabitants per day, 2001-2020





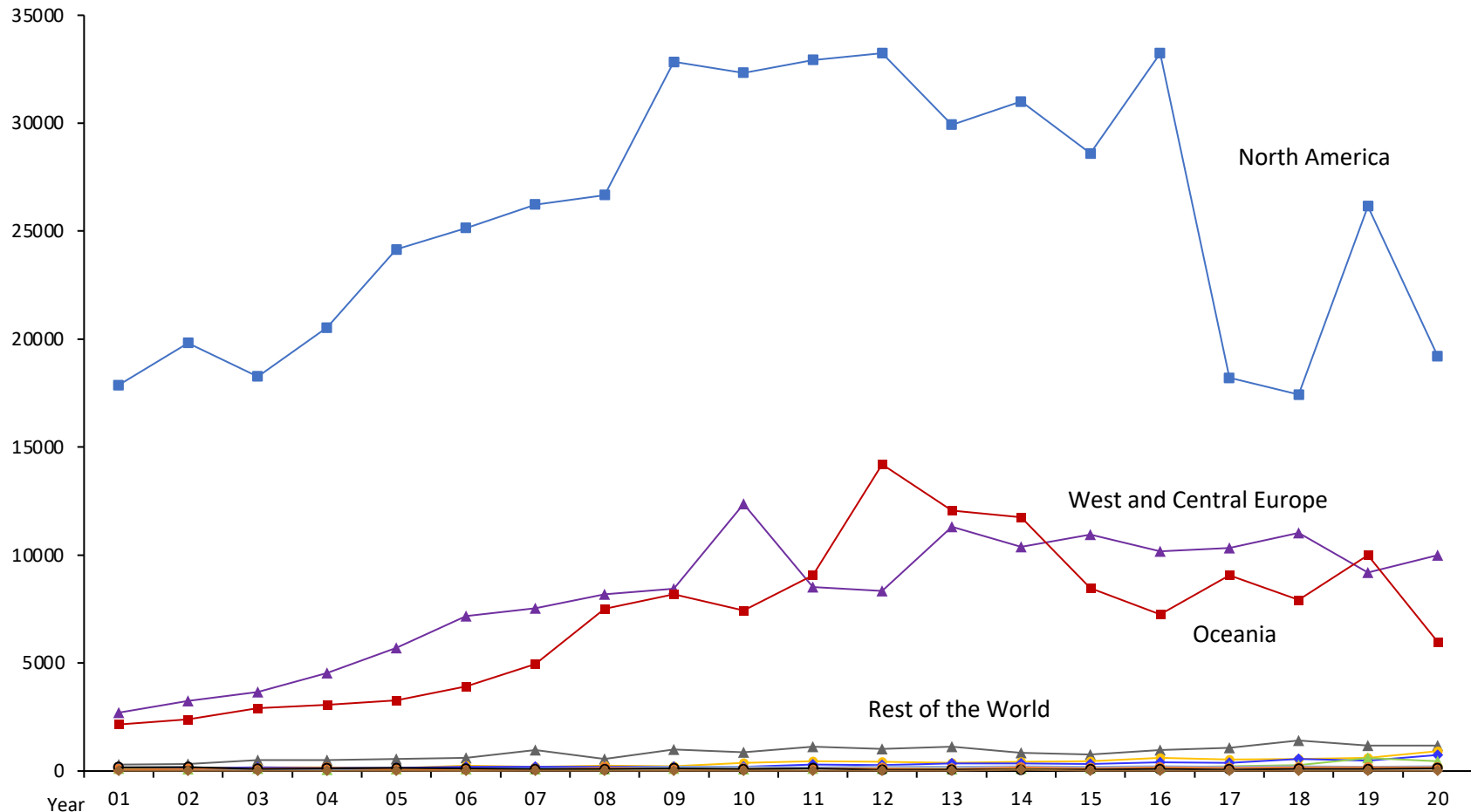
# Consumption of various opioids for pain management by selected regions, in S-DDD per million inhabitants per day, 2001-2020





# Global consumption of opioids for pain management by region in S-DDD per million inhabitants per day, 2001-2020

S-DDD





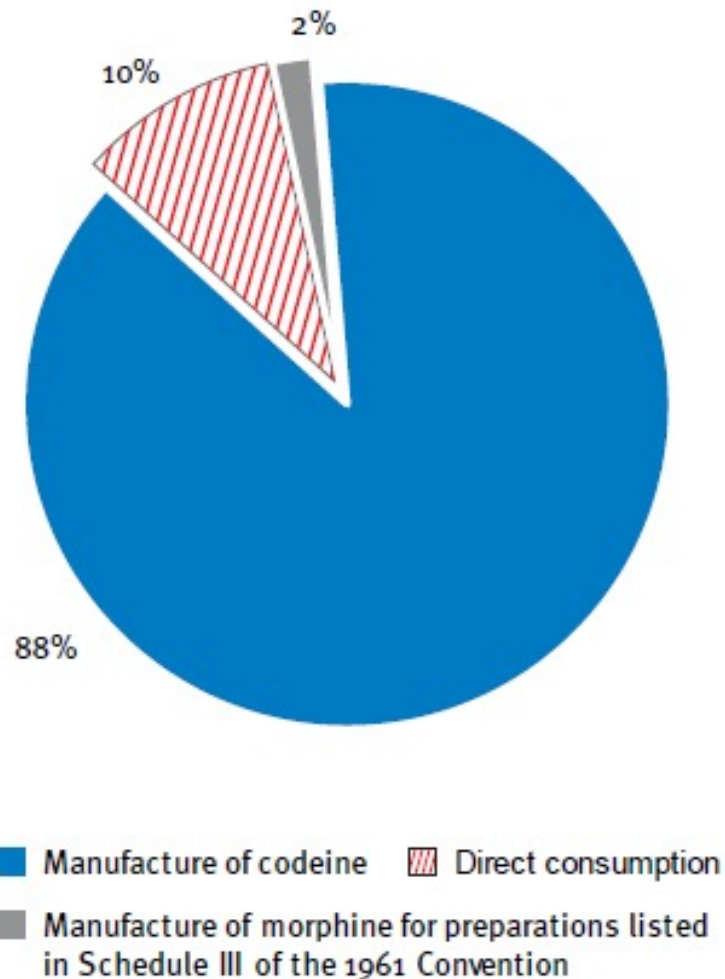


# Morphine

- In 2020, 239.7 tons of morphine (77.6 per cent of global production) was converted into other narcotic drugs or into substances not covered by the 1961 Convention.
- Only 35.3 tons (11.4 per cent, up from 9.4 per cent in 2019) was used for direct consumption, mainly for palliative care.
- Of the amount of morphine consumed for the management of pain and suffering (35.3 tons, or 11.4 per cent of global production), only 16.9 per cent was available for use by most of the world population (82.6 per cent) - mainly, those living in low- and middle-income countries.
- Most of the total direct consumption of morphine (83.1 per cent), excluding preparations in Schedule III, continued to be in a small number of countries, mainly in Europe and North America.



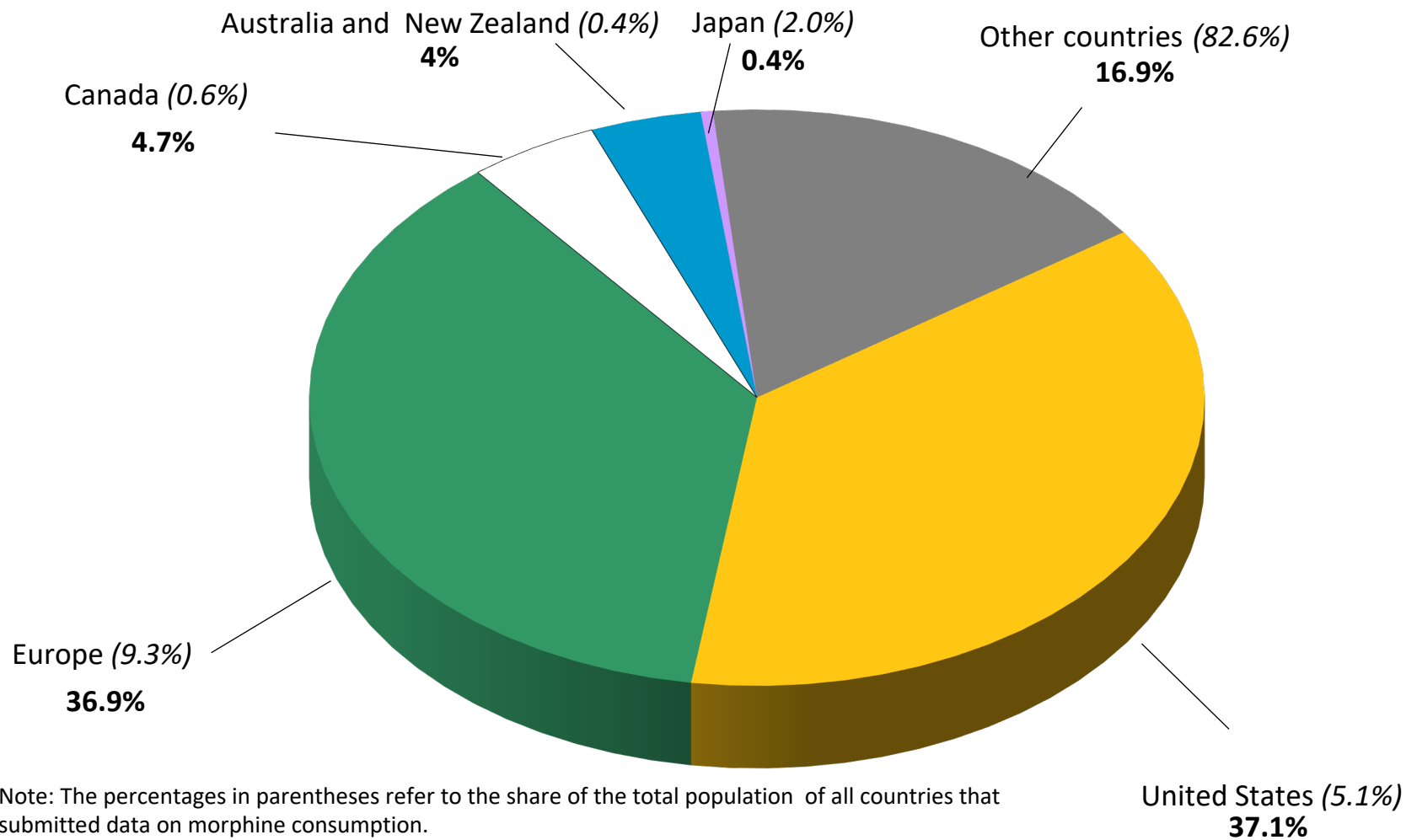
Figure X. Utilization of morphine, 2000–2016



Note: S-DDD per million inhabitants per day, by total world population.



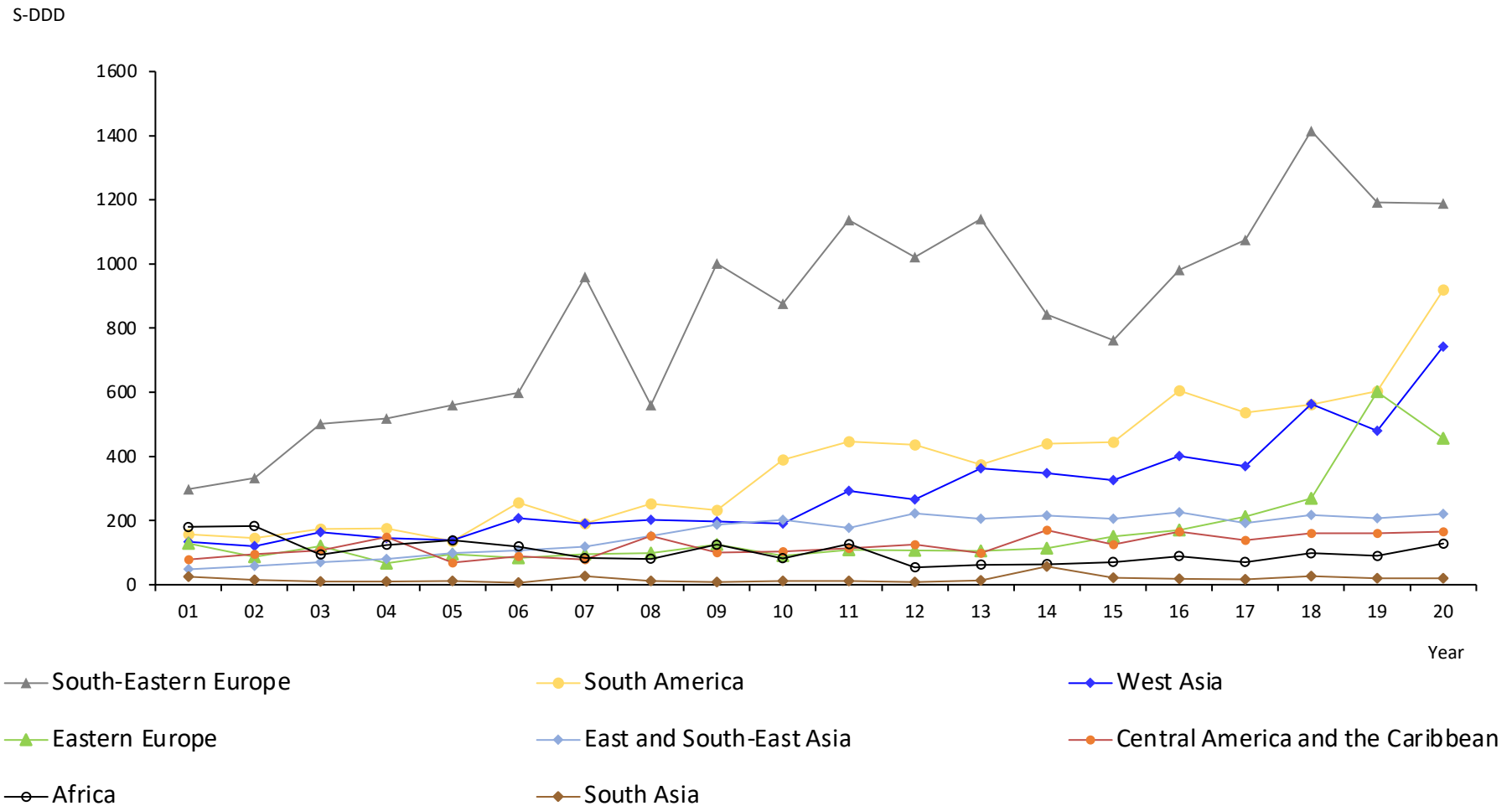
## Morphine: distribution of consumption, 2020



Note: The percentages in parentheses refer to the share of the total population of all countries that submitted data on morphine consumption.

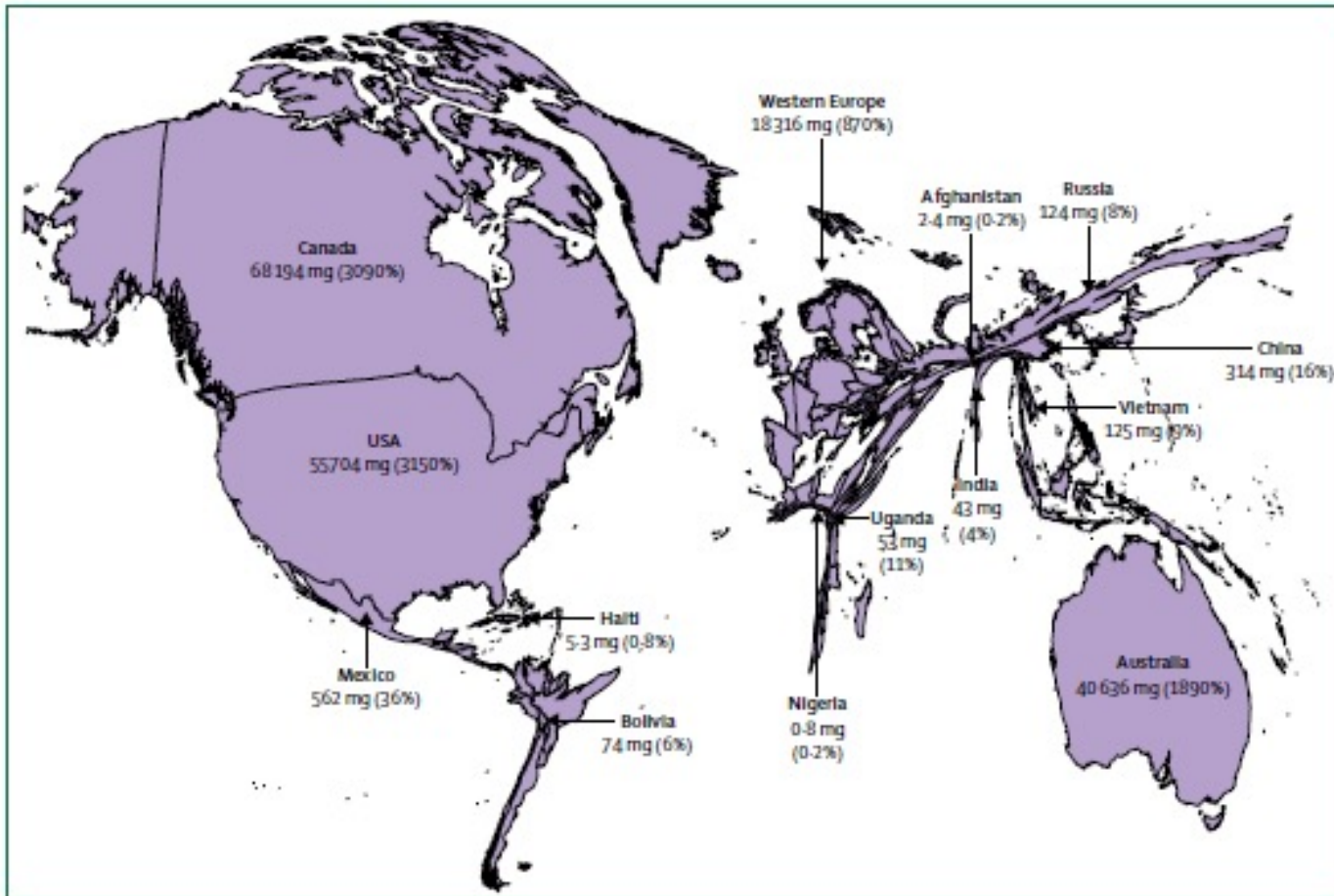


# Consumption of opioids for pain management in the regions with lowest consumption, in S-DDD per million inhabitants per day, 2001-2020





# Availability of opioid analgesics



**The Lancet Commission (2017):** Alleviating the access abyss in palliative care and pain relief - an imperative of universal health coverage



# Availability of opioid analgesics

## Impediments to the availability of narcotic drugs

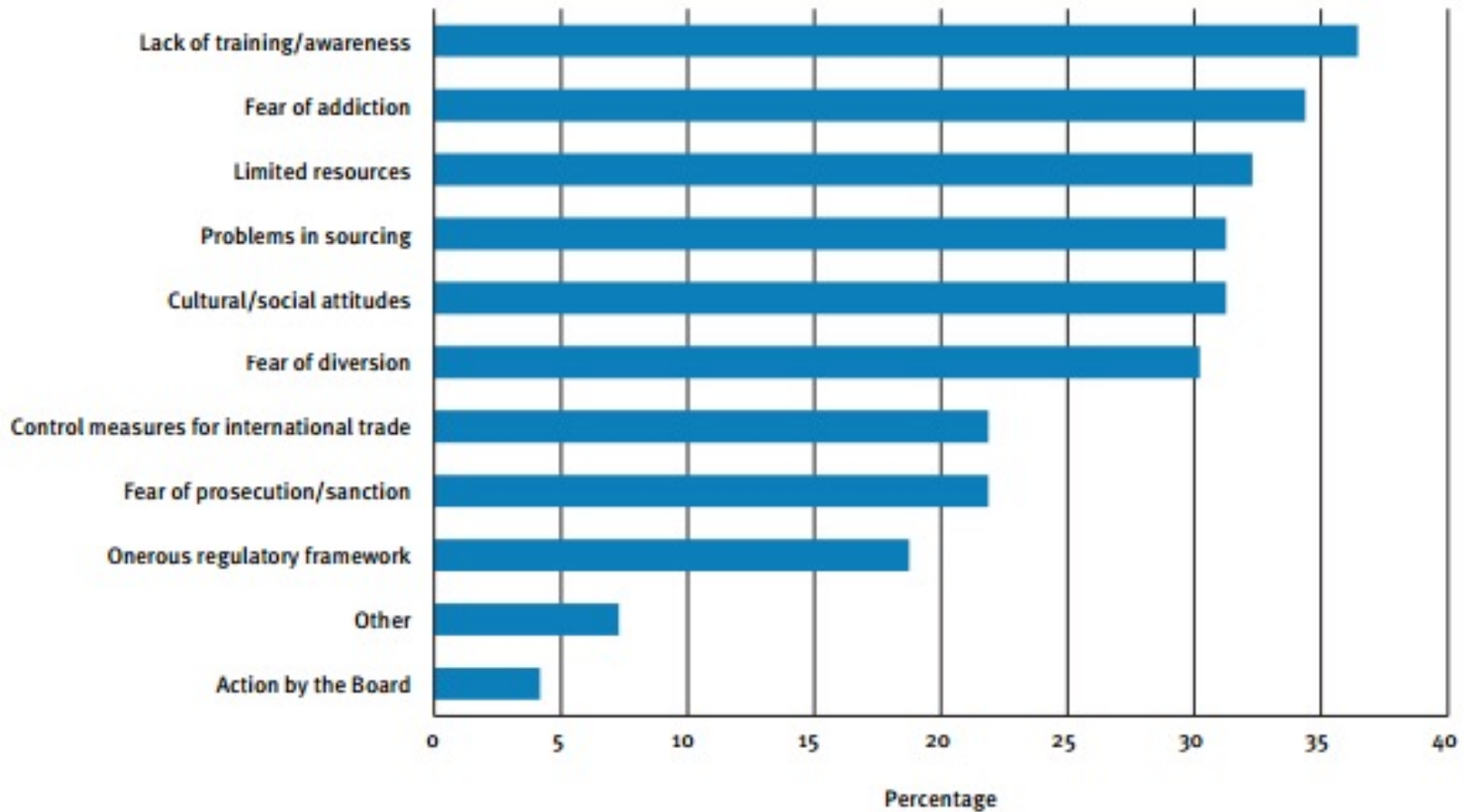




Figure I. Impediments to availability mentioned by competent national authorities (1995, 2010, 2014 and 2018)

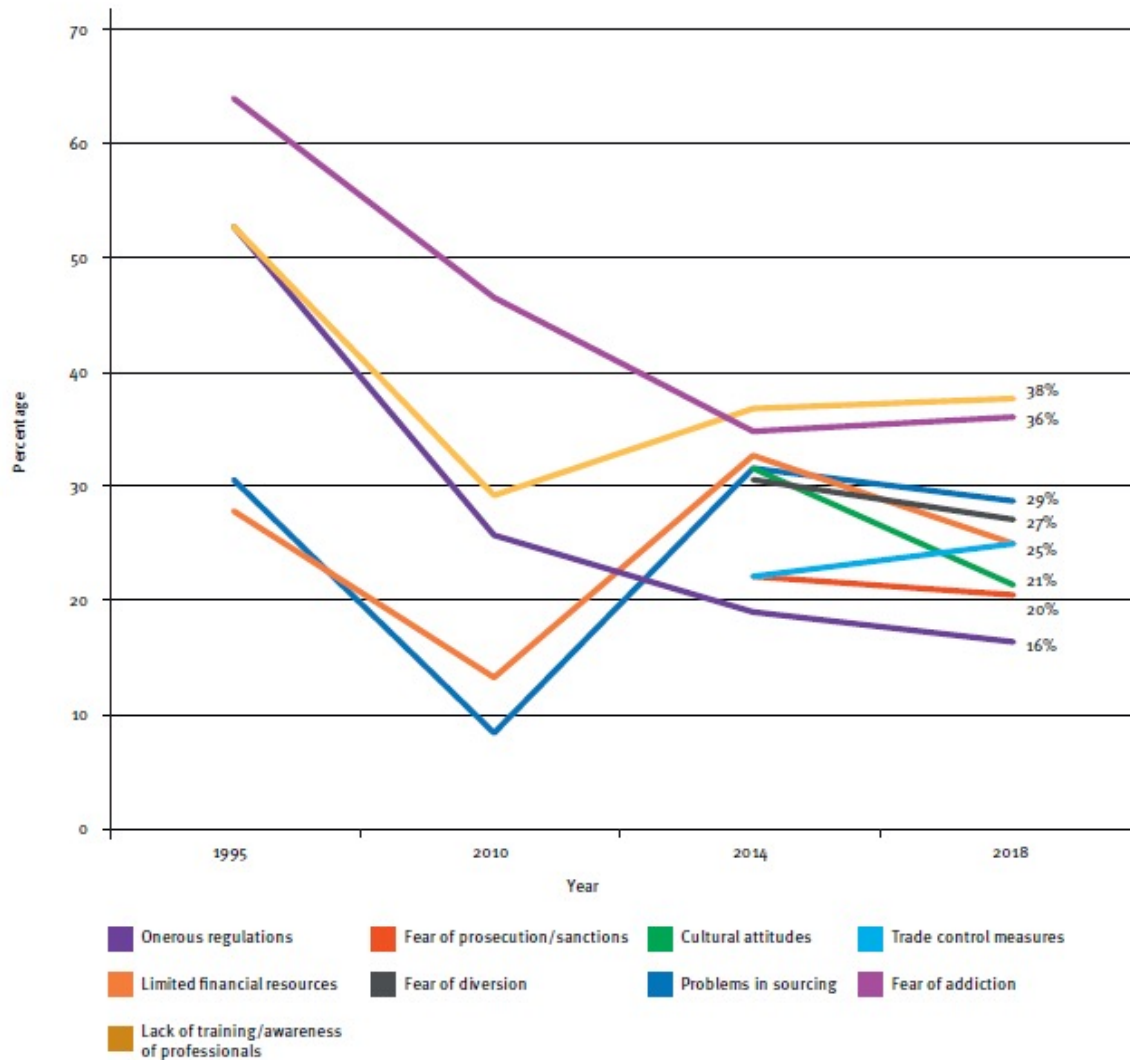




Figure XII. Who can prescribe opioid analgesics and psychotropics, percentage of countries responding

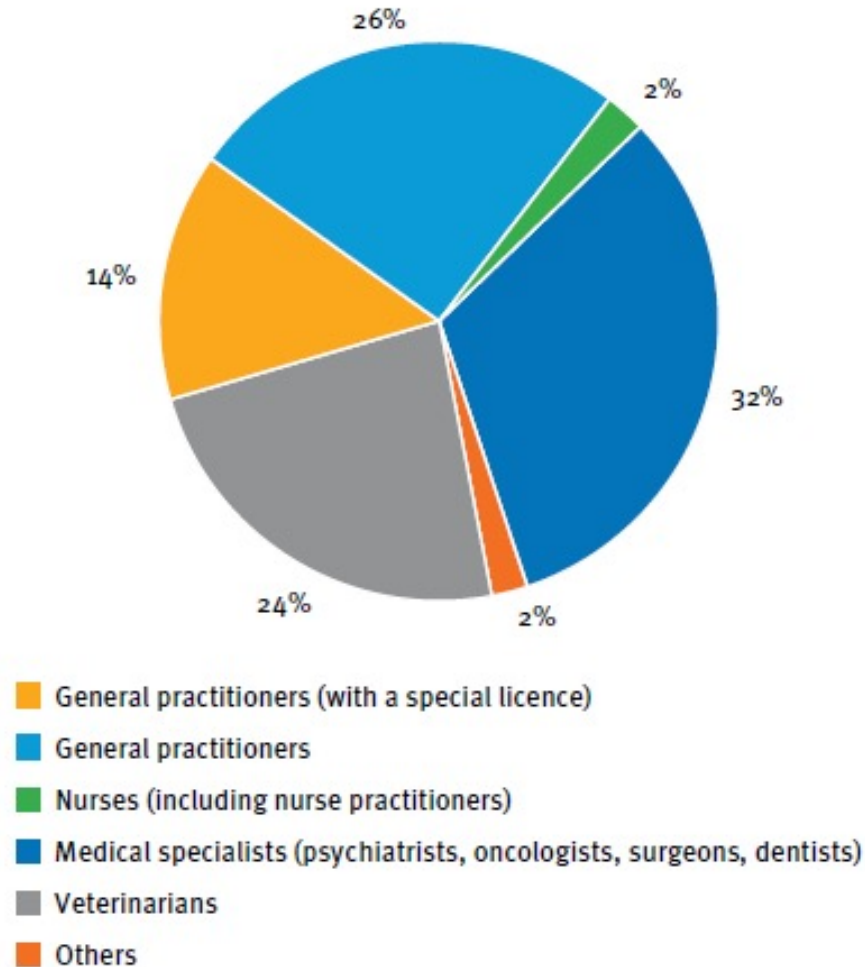






Figure XIII. Prescription validity for opioid analgesics

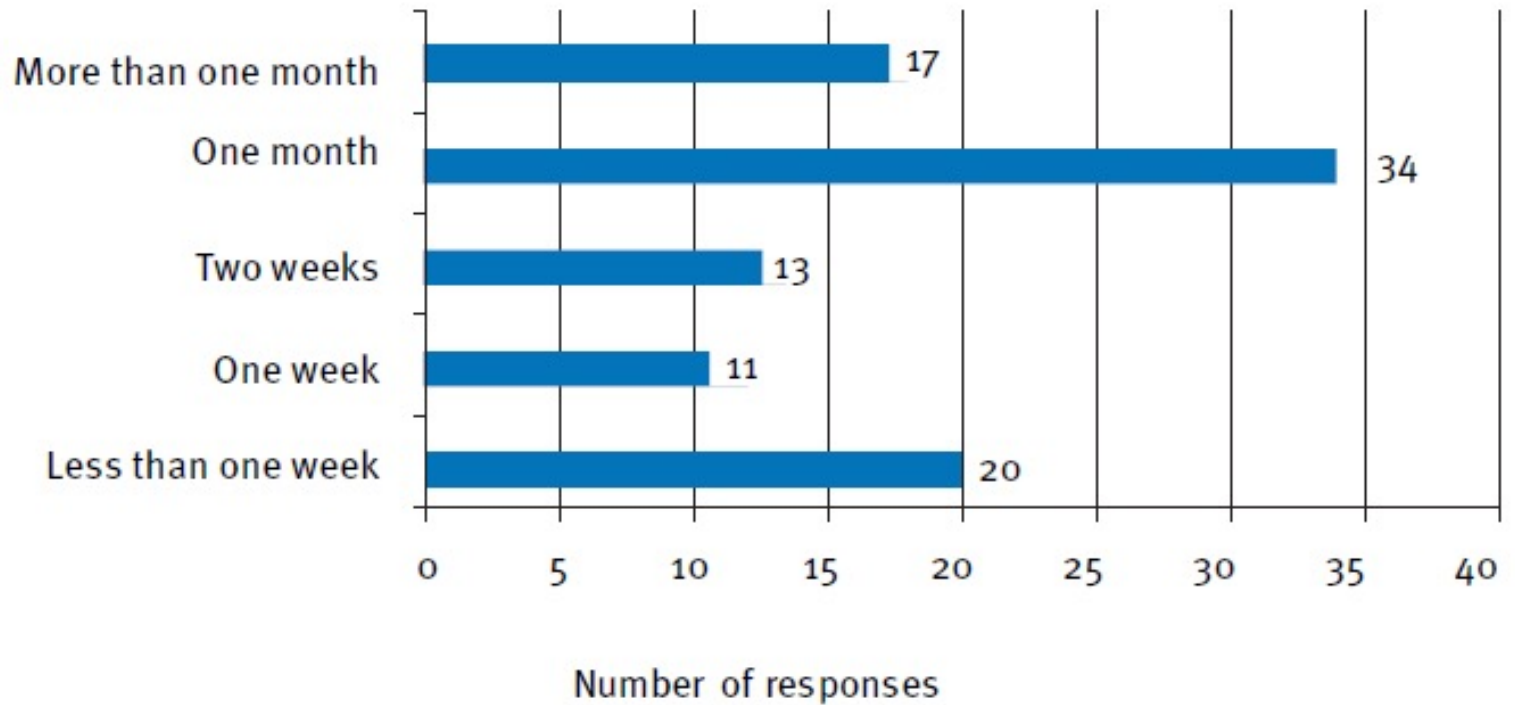




Figure XIV. Awareness of medical and pharmaceutical sectors of new measures, assessment by competent national authorities of responding countries

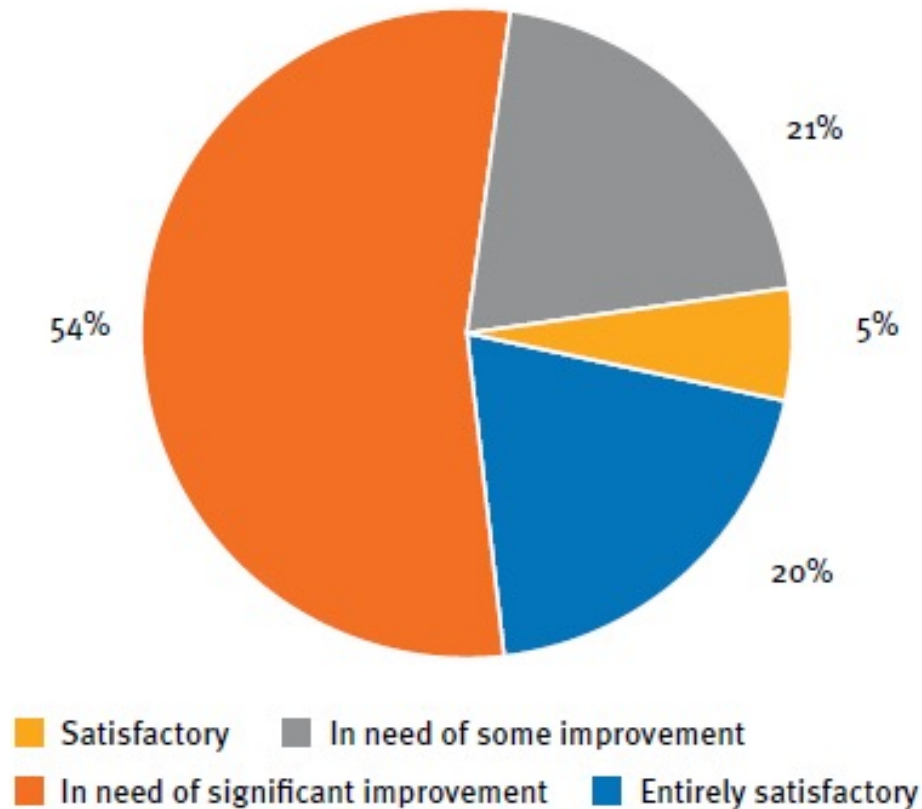




Figure XV. Steps to improve accessibility by patients to essential medicines, including opioid analgesics

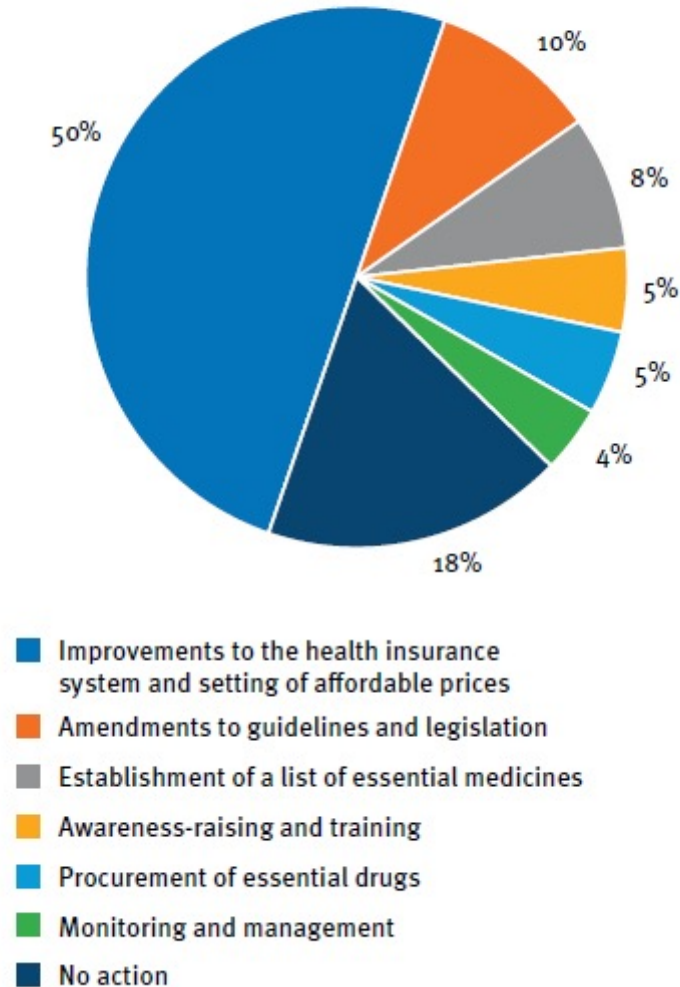
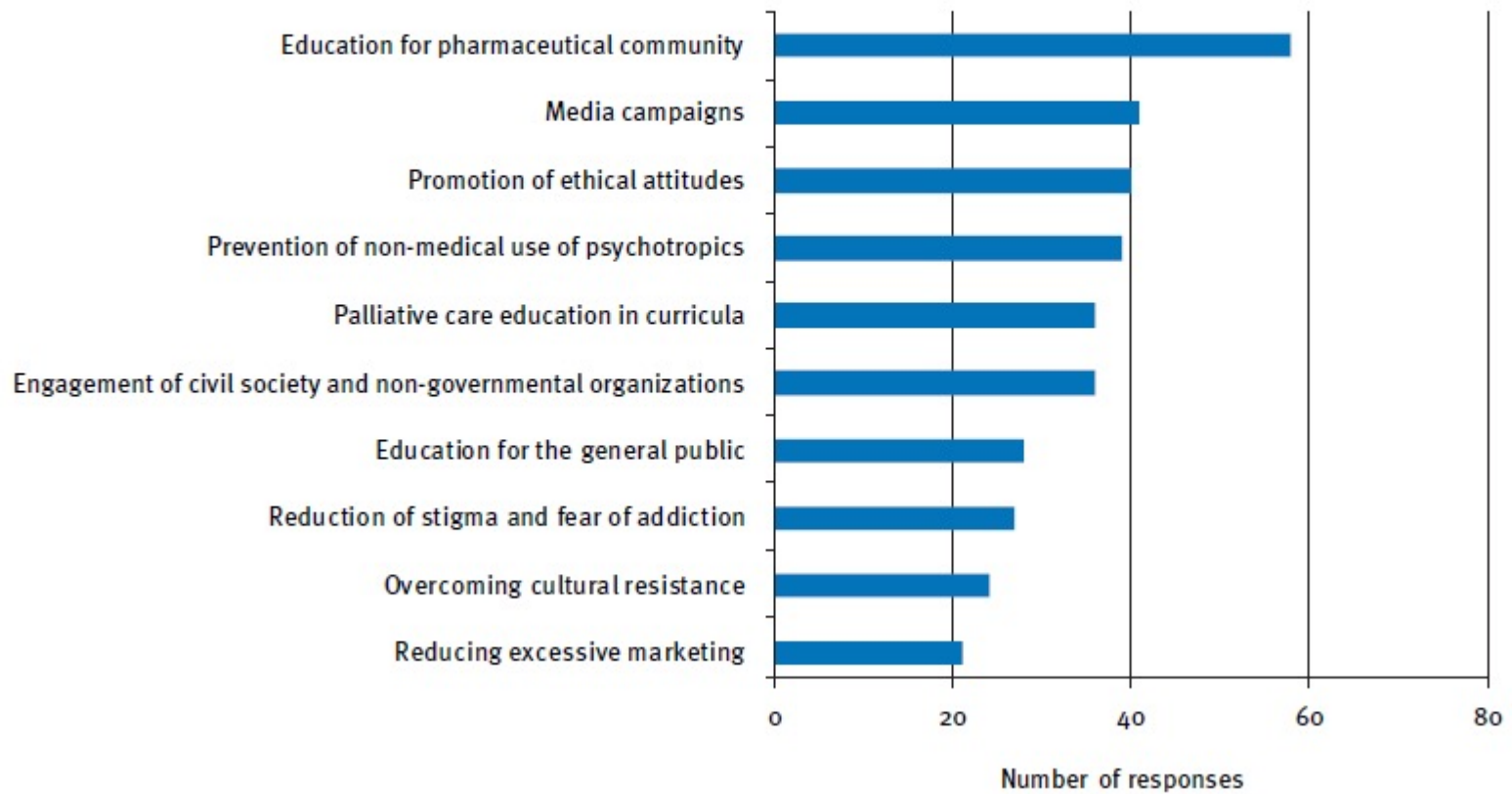




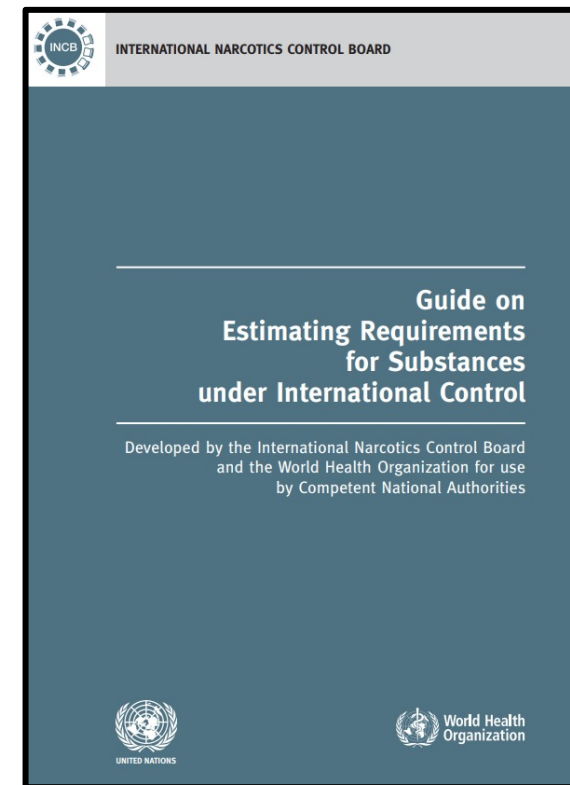
Figure XVI. Education and awareness-raising, target groups and aims, measures reported by competent national authorities





## Reporting estimates / assessments

- **Estimates for narcotic drugs**  
(art. 19, 1961 Convention)
  
- **Assessments for psychotropic substances**  
(ECOSOC resolutions 1981/7, 1991/44, 1996/30)

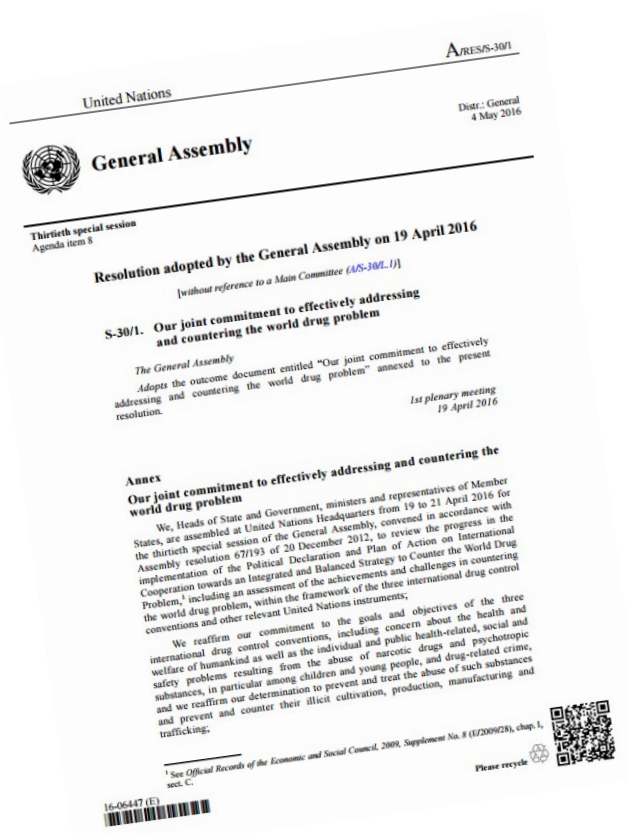




# UNGASS 2016 Outcome Document

## Chapter 2:

**“Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion”**





# Conclusions

- National and/or regional production of pharmaceuticals.
- Pharmaceutical industry produces controlled substances at affordable prices and enforce
- Consider banning the advertising of controlled substances under international control.
- Palliative care in the national curricula of medical and nursing schools.
- Review their estimates and assessments to meet medical needs.
- Tools for processing import and export authorizations and join I2ES.



# Conclusions

- Broader range of health-care professionals, in particular nurses, to prescribe controlled substances.
- Training in the use and rational prescribing of controlled substances for health-care professionals.
- Prescriptions appropriate to the needs of patients.
- Mitigate the sanctions applicable in the case of unintentional errors.
- Low-cost palliative care services to patients
- Public health prioritized in the issuing of licenses for the manufacture, import and export of essential medicines.





## INCB encourages member States to (1):

- review legislation and regulatory systems;
- improve the health systems and the infrastructure to deliver health care;
- ensure that medicines are affordable;
- ensure that the pharmaceutical industry produces affordable medicines;
- train better health care professionals;



## INCB encourages member States to (2):

- allow nurses to prescribe controlled substances, where needed;
- improve estimates and assessment of needs and support other countries to do so (also by supporting INCB Learning);
- speed-up the import and export process (also by using the INCB platform I2ES);
- include palliative care and mental health as part of national health care strategies.



INTERNATIONAL NARCOTICS CONTROL BOARD



**Thank you!**

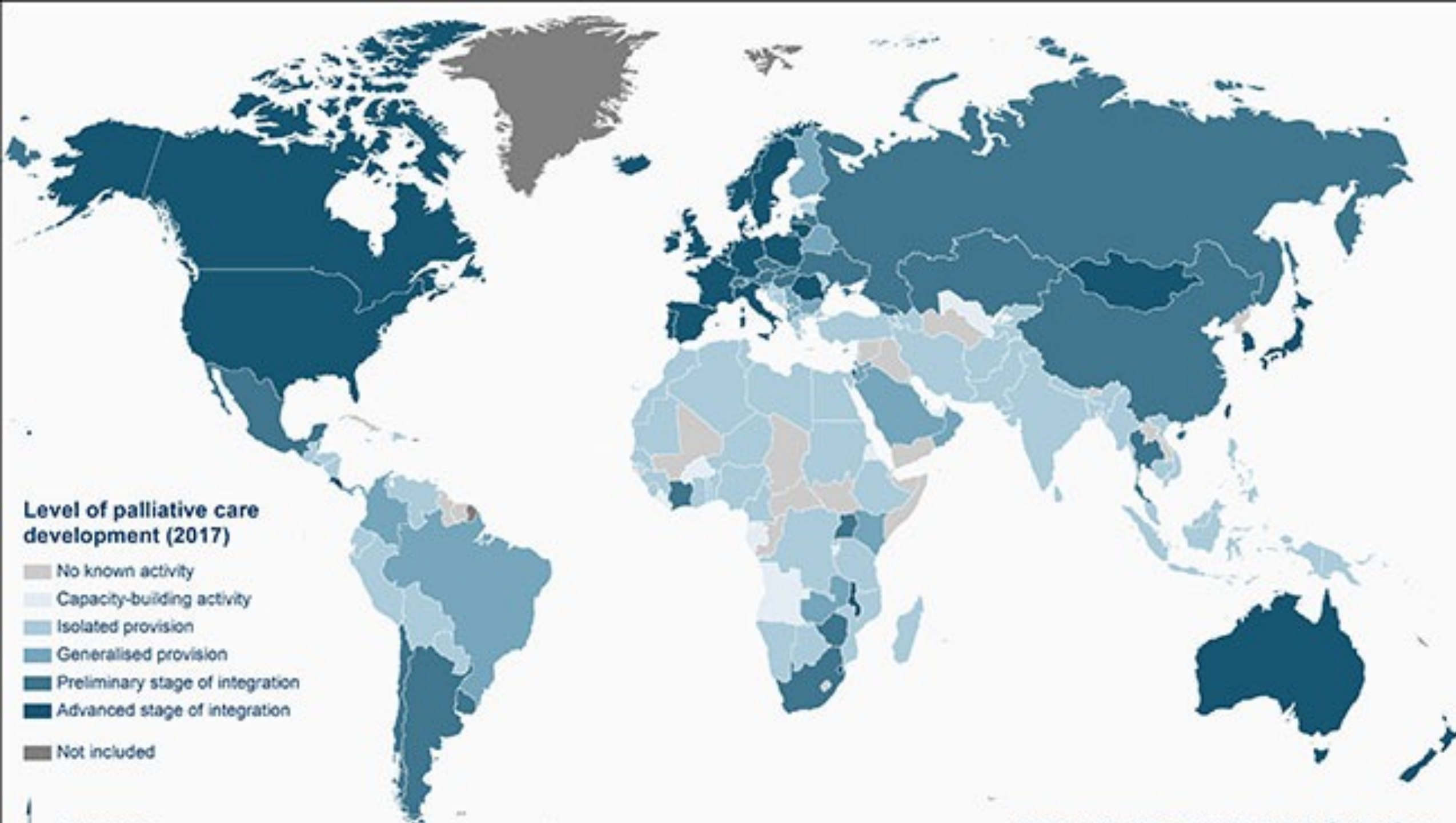


# A Regional perspective on how essential medicines inequities impact on hospice and palliative care delivery

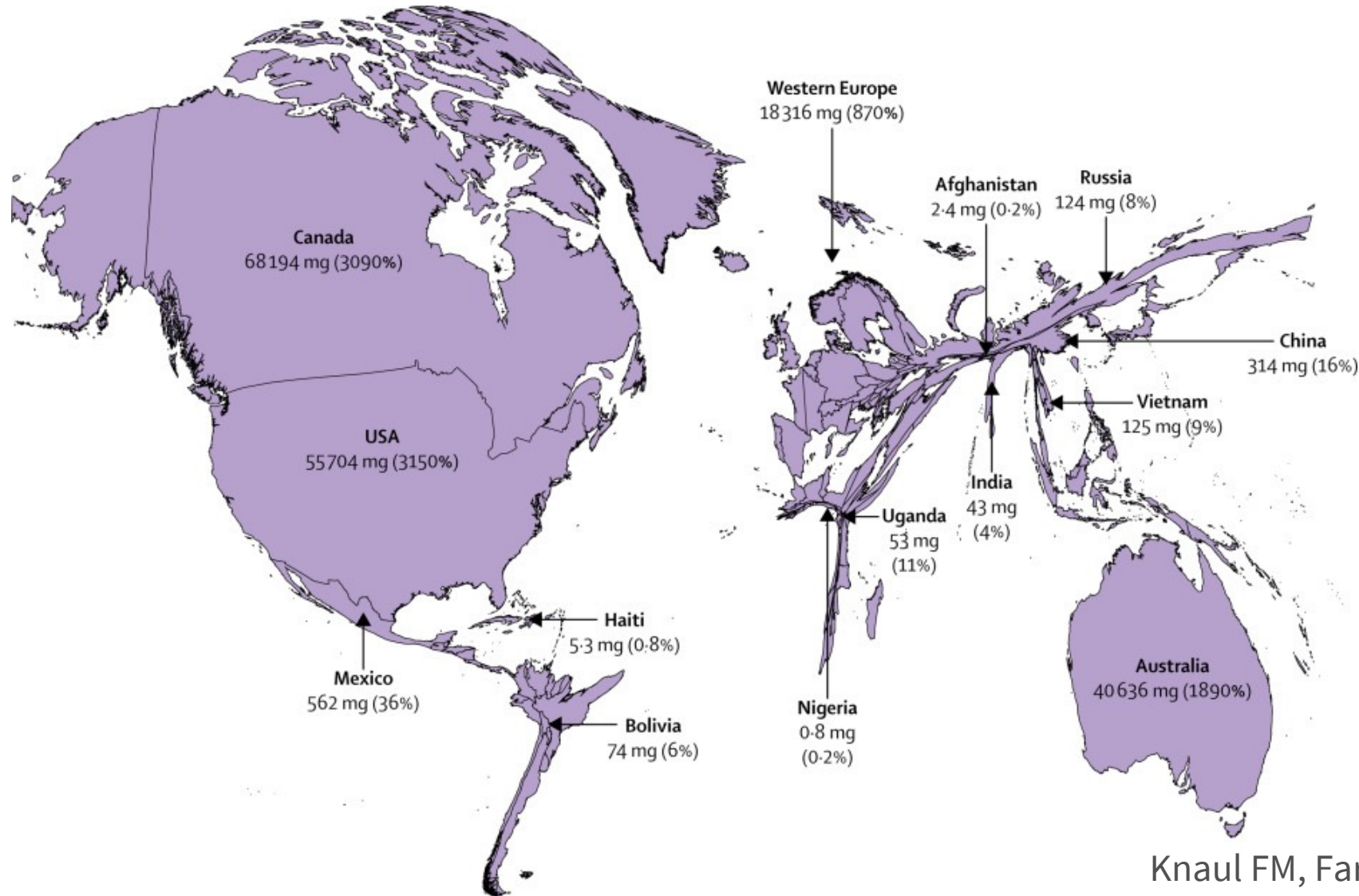
Ednin Hamzah

CEO, Hospis Malaysia

Chair, Asia Pacific Hospice Palliative Care Network



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



WHO SEARO MEETING 2020	BANGLA DESH	BHUTAN	INDONE SIA	INDIA	MALDIV ES	MYANM AR	NEPAL	SRI LANKA	THAILA ND	TIMOR LESTE
Morphine consumption mg/per (Walter Centre 2017)	0.12	0.2	0.2	0.15	0.2	0.2	0.75	1.1	1.9	N/A
PHC Strong Opioid	Never	Never	Never	Never	Occasion al	Never	Always	Never	Usually	Usually
PHC Weak Opioid	Never	Never	Usually	Always	Usually	Never	Always	Usually	Always	Always
PHC NSAID	Always	Always	Always	Always	Always	Usually	Always	Always	Always	Always
PHC Paracetamol	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
NLEM contains WHO LEM PC	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Duration of prescription	No limit	Mths	Weeks	Days	Mths	Weeks	No limit	Weeks	Weeks	Weeks
Prescribers	All Drs	All Drs	All Drs	All Drs	All Drs	Specialist s	All Drs	All Drs	All Drs	Specialist s
Global Atlas Gp	3a	1	3a	3a	1	3a	3a	3a	4a	1
Quality of Living and Dying 2021	70		59	52		44	64	16	36	

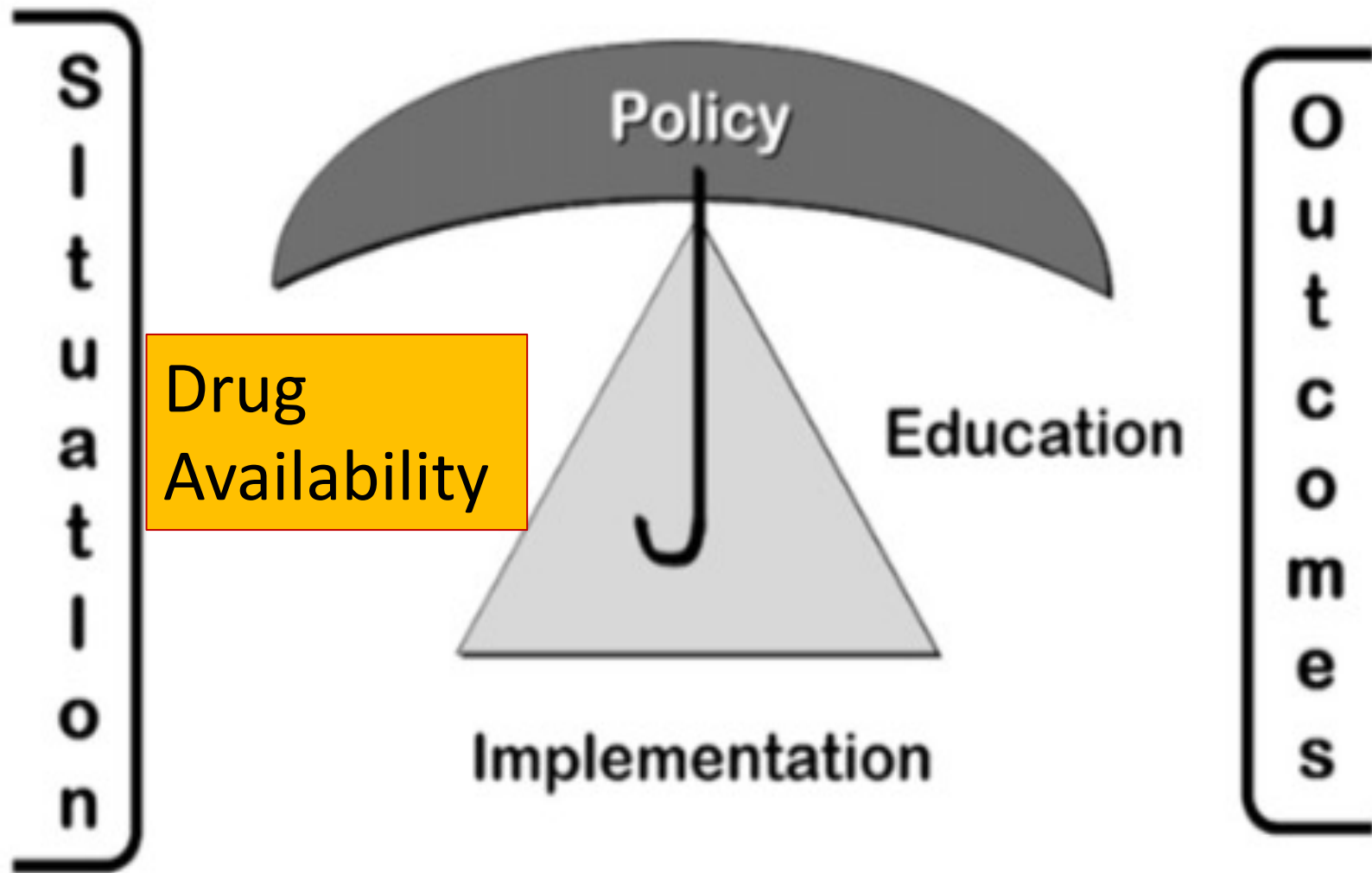


Fig. 1. WHO Public Health Model.



# Issues surrounding access to Essential medicines on palliative care services

- Inability for healthcare workers to provide effective symptom control
- Authority to prescribe opioids
- Disparity in availability in hospital and community for various reasons
- Significant challenges to patients in community leading to difficult decisions that impact suffering

# Learning lessons in Asia

- The lack of essential medicines is an important factor in the provision of palliative care but other factors need to be considered
- Important to show that palliative care works
- Cultivate local champions in clinical and advocacy skills
- Conversations need to take place beyond the palliative care community eg government, academia and medical community etc
- Provide support through education and training over a period of time to achieve tangible outcomes eg provision of services

# Lien Collaborative project – APHN

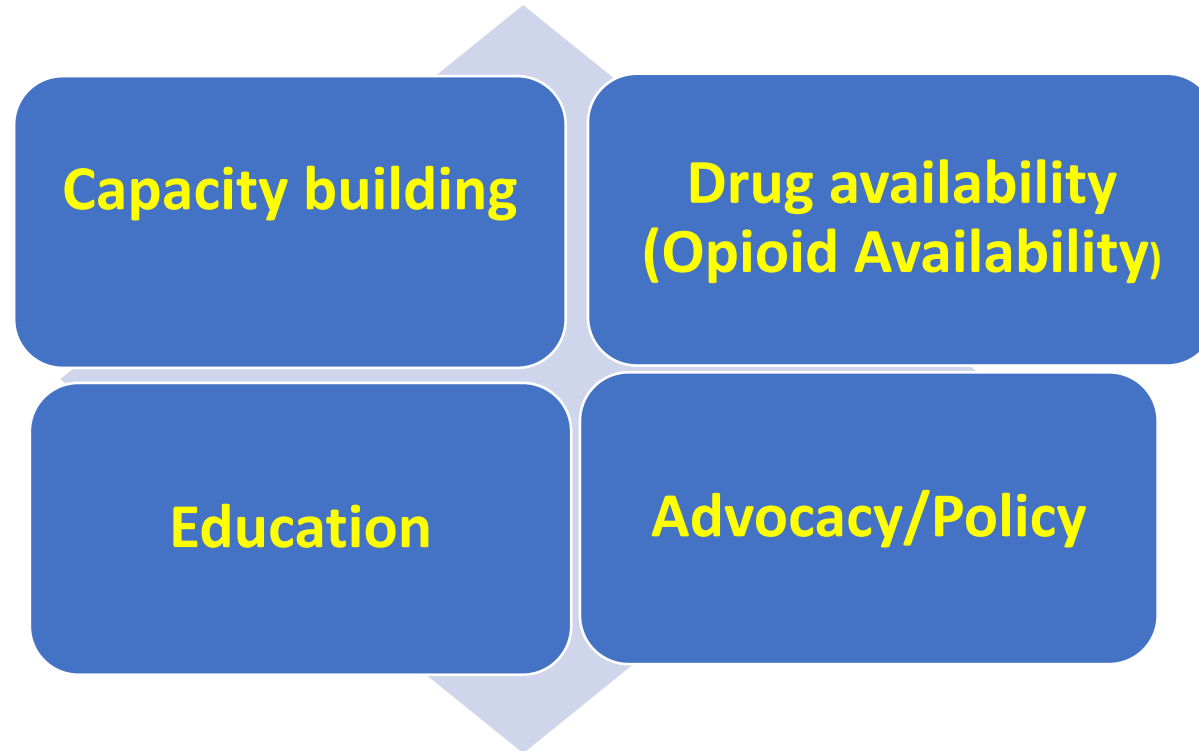
Lien Collaborative for Palliative Care	Myanmar	Sri Lanka	Bangladesh
Period of Training	2013-2017	2014-2017	2013-2018
No of trainees	28	111	50
No of Institutions	12	50	18
PC services started / expanded	4	12	8
Morphine availability	Morphine introduced	Increased supply and duration for prescription	Oral morphine now produced by 3 companies
Education	PC introduced to undergrad medical and nursing curriculum	New Graduate Diploma in PC	PC a Medical Specialty

# APHN – AIIMS, Cancer Treatment Centre ( CTC ) PC project ( 2016 – present )



- Identify champions (a team) in hospitals
- Provide adequate training and mentoring
- Integrate into the existing system
- Improve accessibility to morphine
- Empower trainers

# Four Objectives



# Outcomes

- From 2016 – 2020, 3 cohorts were recruited.
- 23 institutions completed training
- 73 health care professionals trained

<b>Number of institutions</b> 23	<b>Before</b>	<b>After</b>
Number of outpatients departments	12	23
Morphine availability in institutions	14	23
Morphine consumption per month in mgs	413,408	917,638
Training activities	0	20

# Conclusion

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- Having limited access to essential medicines and especially opioids makes it very challenging to provide effective palliative care
- However, measures could be taken to educate the various stakeholders that better provision could make a difference
- Each country however has its own unique challenges and resources, so the intervention to improve palliative care needs to be tailored accordingly.
- In advocacy, include the patient's narrative



Wafa Abdul Kadir  
Cancer of ovary  
Patient of Hospis Malaysia

I hope that people in less urban areas like me, who have just got to understand the word palliative,





# Clinical Pharmacists: Involve The Gatekeeper

Ebtesam Ahmed, PharmD, MS

Clinical Professor

St. John's University, College of Pharmacy & Health  
Sciences

International Association for Hospice and Palliative Care,  
Board of Directors Member



# Background

Access to essential medicines is included as part of the right to health, itself a fundamental human right

About 5.5 billion people still have limited or no access to medicines, such as codeine or morphine, leaving 75 % of the world population without access to proper pain relief treatment.

Shortages in qualified pharmacy staff exacerbate these problems in poorer countries.

Compounding this challenge, there is also inequity in relation to medication quality and cost

# Barriers to Access to Controlled Medicine

Medication unaffordability and unavailability

Lack of training and knowledge of healthcare providers in pain management and palliative care

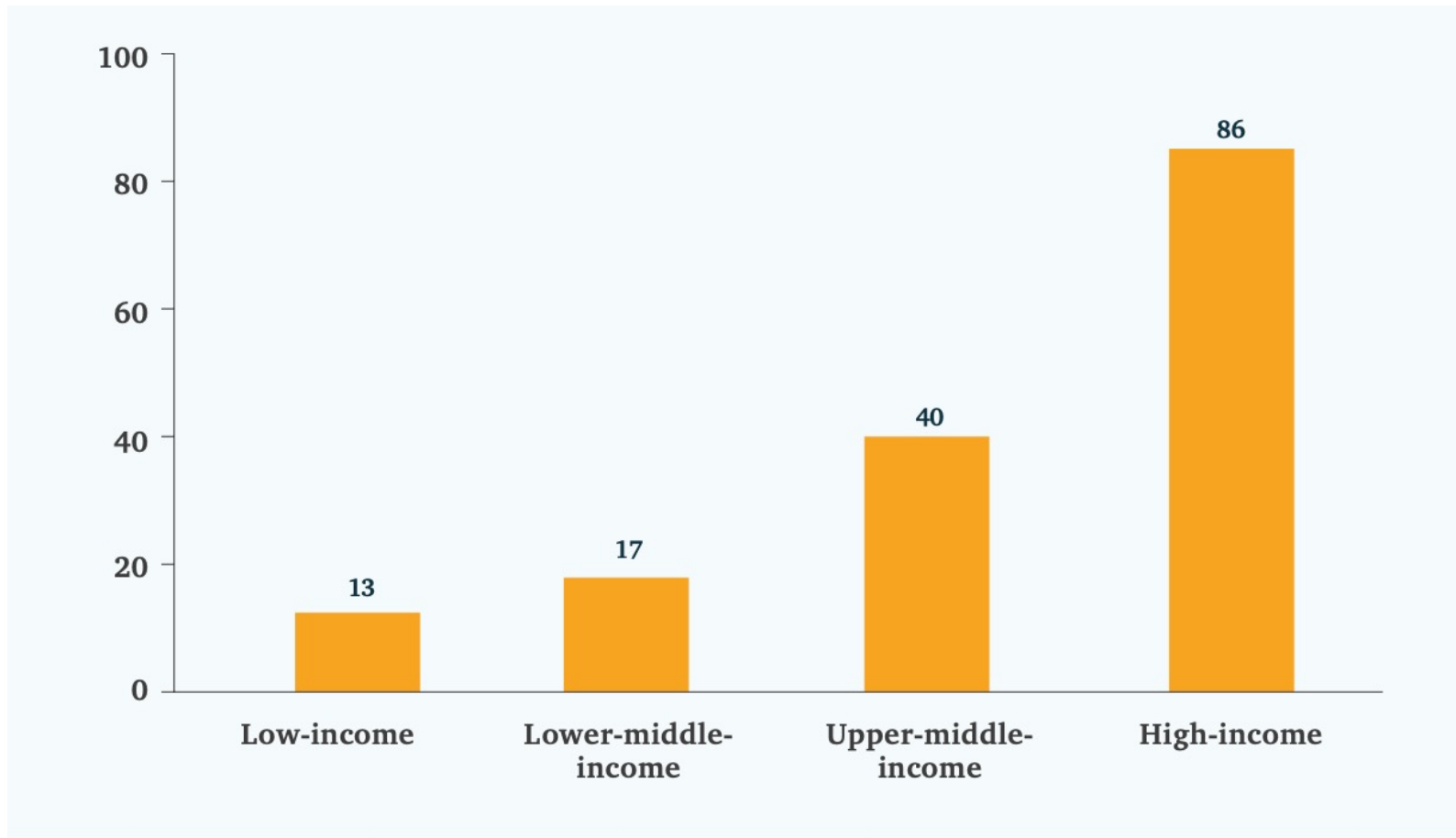
Cultural

Inadequate procurement, stockouts and inflated prices that reflect marketing and supply chain costs

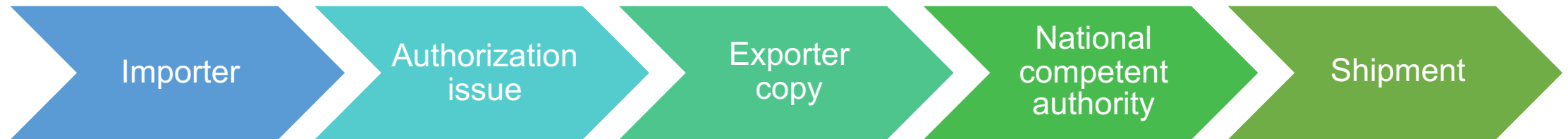
Regulations

Prohibition/Restrictions on exports and imports

# Percentage of Member States reporting general availability of oral morphine (available in >50% of pharmacies) in public primary care facilities



# Importing a Controlled Medicine



# Cost of Opioid Medications

- Basic oral morphine in powder or tablet form is not protected by any patent
- Lower interest of pharmaceutical companies to register oral morphine
- The cost of morphine is much higher in many countries due to a variety of factors that drive up the price

# Clinical Pharmacists

- The clinical pharmacy has spread out drastically in terms of its professional services throughout the past few years.
- The clinical pharmacist becomes a crucial element of healthcare team
- Clinical pharmacists are licensed practitioners with advanced education and training.

# Clinical Pharmacists Responsibilities



Participate in  
ward rounds



Conduct  
medication  
review



Contribute for  
clinical  
research



Ensure  
availability and  
storage



Provide  
Education



# Clinical Pharmacist Job Settings

Drug regulatory  
authorities

Community

Ambulatory care

Hospital

Academia

Medication  
distribution center

Homecare and  
hospice pharmacy

# International Narcotics Control Board

- Pharmacists should be trained in the rational dispensing of controlled substances.
  - If they are not trained appropriately, health-care professionals may be reluctant to use controlled substances.
  - Educating patients also contributes to rational use by dispelling misconceptions about the abuse potential of controlled substances, as well as about problems associated with non-medical use.

# Pharmacists Challenges

- Workforce capacity is a considerable barrier
- Numbers of trained pharmacists
  - A survey study of 89 countries and territories highlighted substantial variation, with poorer countries having the greatest shortages in trained pharmacists.
- Data suggests that a lack of trained pharmacy personnel is linked with subsequent shortages of essential medicines
- Pharmacy workforce shortages are particularly a problem in the humanitarian arena, as well as within nongovernmental organizations (NGOs).

# Benefit in involving the GATEKEEPER

- The potential for pharmacists to influence
  - equitable access
  - understanding of the supply chain
- Pharmacists are key in furthering WHO's strategic areas of:
  - ensuring quality, safety, and efficacy of health products
  - improving equitable access

## Examples of Training Pharmacists Globally

Advocacy Succeeds in Improving Morphine Supply and Changing Pharmacists' Attitudes in Malawi

Engaging Pharmacists on strategic Advocacy for Palliative Care and Access to Controlled Medicine in Kyrgyzstan and Ukraine

Regional Workshop in Latin America "Access to Controlled Drugs for Medical Purposes"

Palliative care and pain management symposium for pharmacists in Guatemala

Integration of palliative care and pain management education within pharmacy curriculum at MIU in Egypt



# Oath Of A Pharmacist

- "I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:
- I will consider the welfare of humanity and relief of suffering my primary concerns.
- I will promote inclusion, embrace diversity, and advocate for justice to advance health equity.
- I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients.
- I will respect and protect all personal and health information entrusted to me.
- I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness.
- I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.
- I will embrace and advocate changes that improve patient care.
- I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.
- I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

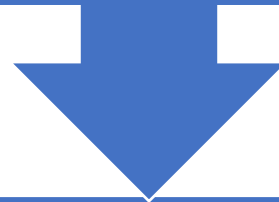
# Advocacy Efforts

- Education at all levels
- Request help from professional societies
- Request meeting with drug regulators
- Raise interest on the part of pharmaceutical companies to register oral morphine
- Media campaign examples of good practice
- Hold the MOH accountable
- Research



# Take Away Message

Pharmacist is critical member of treatment team and patient's "Circle of Care"



Training and involving pharmacists can:

Increase awareness  
among  
patients/caregivers

Increase public  
awareness

Increase awareness  
among regulators

Increase awareness  
among educators



Questions



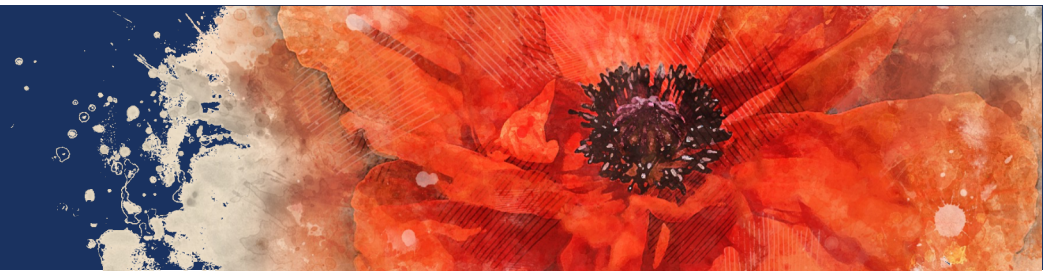
# DISPARITIES IN ACCESS TO OPIOIDS AND POTENTIAL SOLUTIONS

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CONSULTANT IN ONCOLOGY AND PALLIATIVE MEDICINE

PRESIDENT ELECT – CARIBBEAN PALLIATIVE CARE ASSOCIATION

BOARD MEMBER - IAHP



# OBJECTIVES

- Brief introduction to the disparities in opioid access in the Region
- An initiative that worked in Jamaica
- Two potential solutions to help move Member States towards concrete action

# OBJECTIVES

- Introduction
- Barriers to Access & Availability
- Legislation & Regulatory Framework
- Conclusion

# JAMAICA FACTS AND FIGURES



- Area – 10,991 sq. km with mountainous terrain
- Population - 2,804,332
- Language – English, Jamaican (patois)
- Religion – Christianity
- Ethnic groups – Black 91%, Mixed 6%, Other 3%
- Capital – Kingston
- Fourteen parishes
- Four health regions, 24 public sector hospitals, one University hospital





- In June 2008, two representatives from Jamaica, Dr. Dingle Spence, Hope Institute, and Mrs. Verna Edwards, Chief Dangerous Drugs Inspector, MOH, were awarded an International Pain Policy Fellowship by the Pain & Policy Studies Group, University of Wisconsin. The first meeting was held 16 – 20 June, 2008.
- Principal focus of the IPPF was to improve the availability and accessibility of opioids in Jamaica.

# BARRIERS TO ACCESS & AVAILABILITY OF OPIOIDS

## BARRIERS

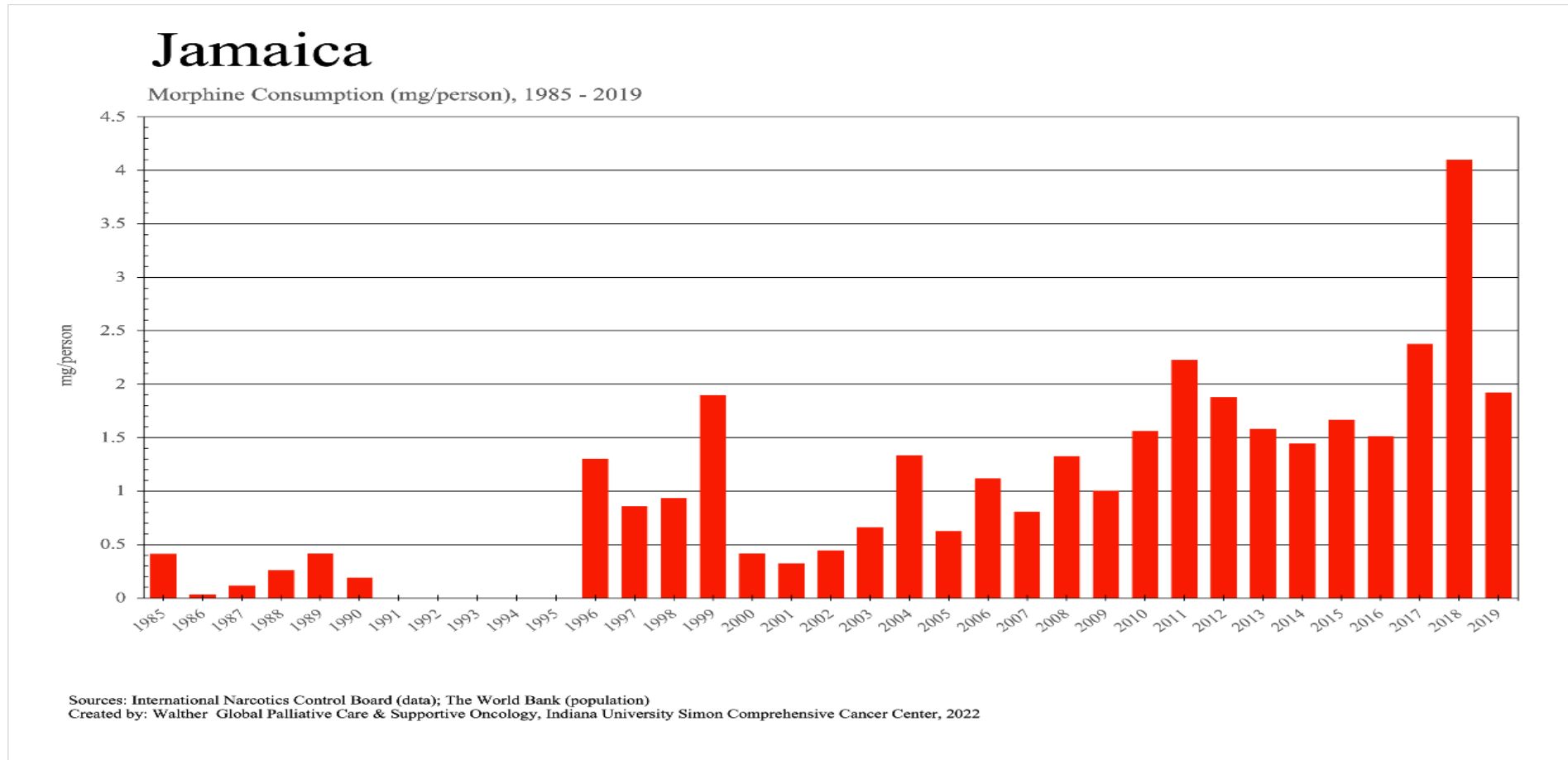
- Availability of Stocks
- Appropriate use of opioids for the management of cancer pain
- Cultural misperceptions about the use of opioids
- Use of opioids related to dying
- Training of health care providers

## LIST OF OPIOIDS

- Codeine
- Morphine
- Fentanyl
- Pethidine
- Oxycodone



# CONSUMPTION OF MORPHINE



# LEGISLATION & REGULATORY FRAMEWORK

## LAWS AND REGULATIONS

The Ministry of Health & Wellness, Standards & Regulation Division is responsible for regulating the importation, storage and distribution of control substances including opioids through:

- Food & Drugs Act & Regulations
- Dangerous Drugs Acts & Regulations
- Pharmacy Act & Regulations
- Custody & Administration Handbook for storage and handling of opioids

## REGULATORY FRAMEWORK

- Authorization of doctors & pharmacists
- Authorization of pharmacies and medical facilities
- Approval of import /local permits
- Locked double cupboards
- Registers for recording all receipts and issues of stock
- Prescriptions (no repeats, fill on originals only & duration 14 days)
- Quarterly, biannual and annual reports
- Submission of annual estimates

# CONCLUSION

- Improve the knowledge and awareness of, and use of opioids to relieve pain and suffering of our people in Jamaica and the wider Caribbean.
- Strengthening of the legislations and health systems to improve access and availability of opioids.
- Development of a regional pain management policy

# THANK YOU!

*“Somewhere along the way, we must learn that there is nothing greater than to do something for others.”*

-Martin Luther King





# PATIENT TESTIMONIAL

MS. TAUSSENT YVONNE LAWRENCE





THE HOPE INSTITUTE

# The Caribbean Region

Total population 44M

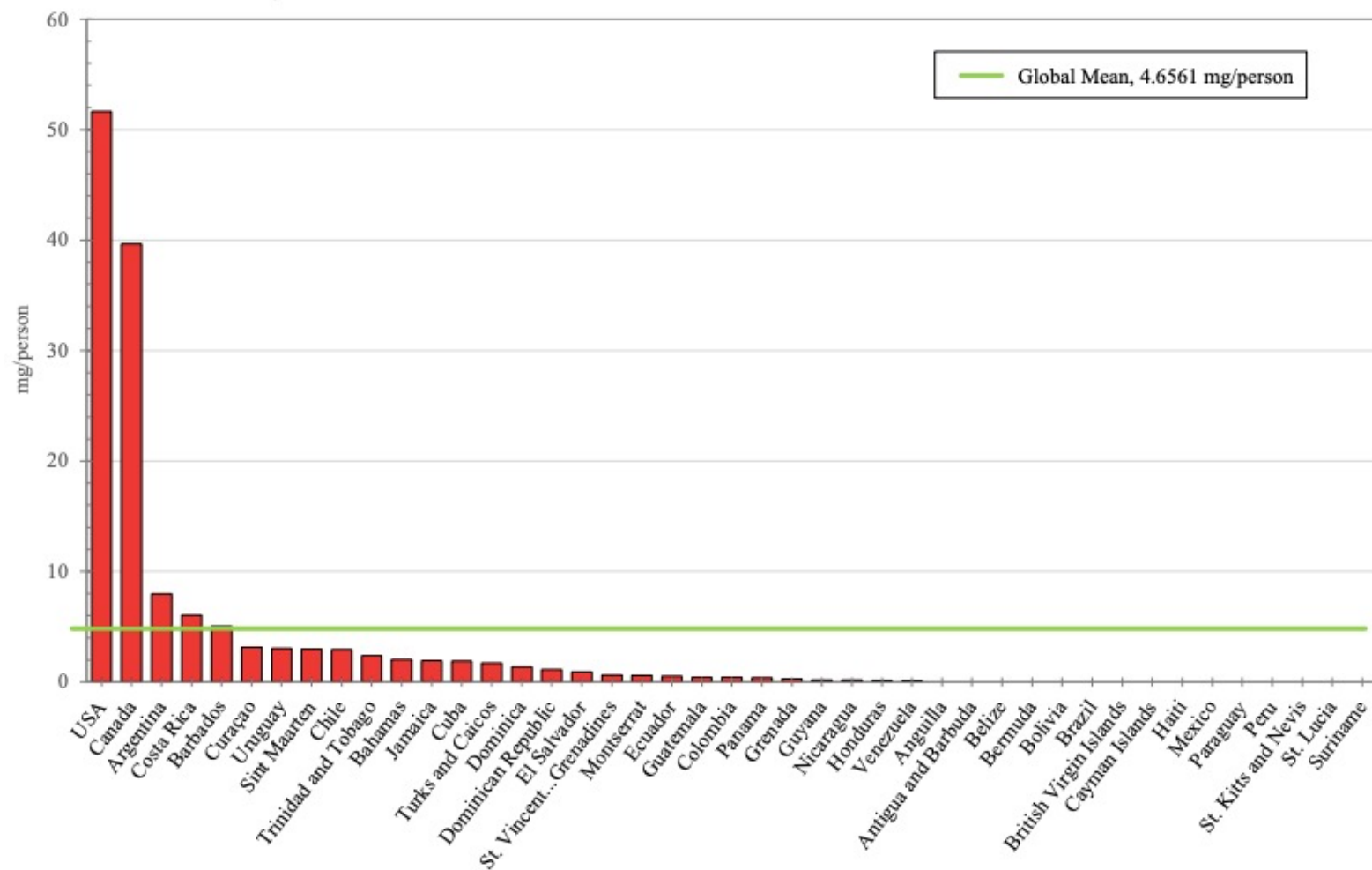
English-speaking 6M



MEMBERS OF CARICOM	
Antigua and Barbuda	Saint Lucia
Bahamas	Saint Kitts and Nevis
Barbados	Saint Vincent and the Grenadines
Belize	Surinam
Dominica	Trinidad and Tobago
Grenada	Anguilla
Guyana	Bermuda
Haiti	British Virgin Islands
Jamaica	Cayman Islands
Montserrat	Turks and Caicos Islands

# 2019 Morphine Consumption (mg/person)

AMRO/PAHO Region

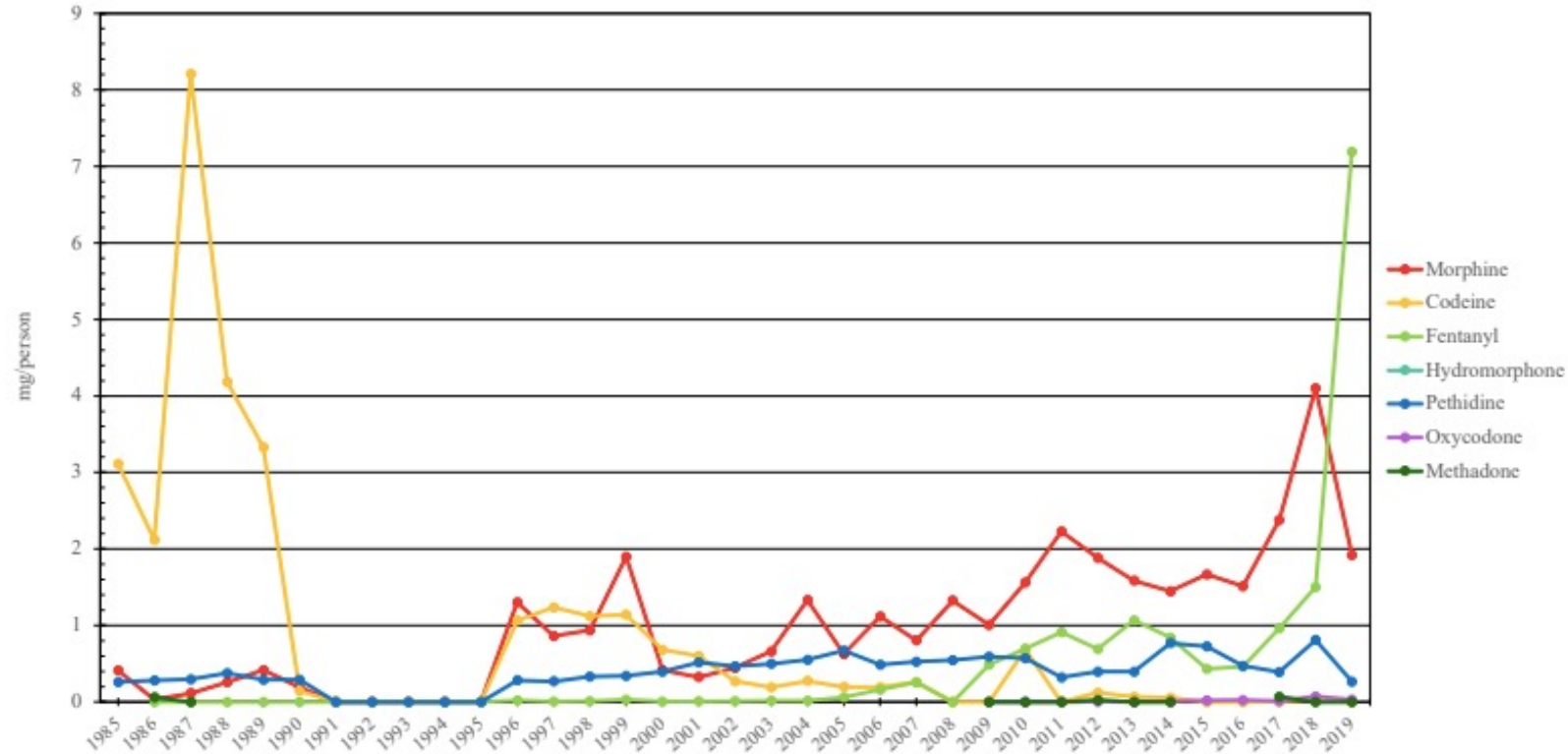




# ESSENTIAL CONTROLLED MEDICINES CONSUMPTION

## Jamaica

Essential Controlled Medicines Consumption in Morphine Equivalence (mg/person), 1985 - 2019



## EDUCATION

- Intensive campaign – island-wide involving → Physicians/Nurses/Pharmacists/Policy-makers

## MEDICINE AVAILABILITY

- Identification of source for cheaper bulk morphine powder (2010).
- Identification of a source of IR morphine tablets by a private distributor for the private sector (June 2011).
- Identification of a source of IR morphine tablets for the public sector (April 2012)



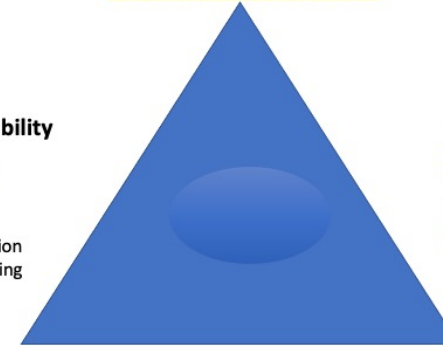
The WHO Public Health Strategy for Palliative Care



Policy  
 Palliative Care as part of National Cancer Control Plans & NCD Health Plans  
 WHO Guidelines on Cancer Control  
 WHA67.19 2014 Resolution  
 UNGASS 2016 Outcome measures  
 National Palliative Care Guidelines



Medicine Availability  
 Opioids  
 Essential Medicines  
 Importation quota  
 Costs  
 Prescribing Distribution  
 Pharmacy & Dispensing  
 Administration



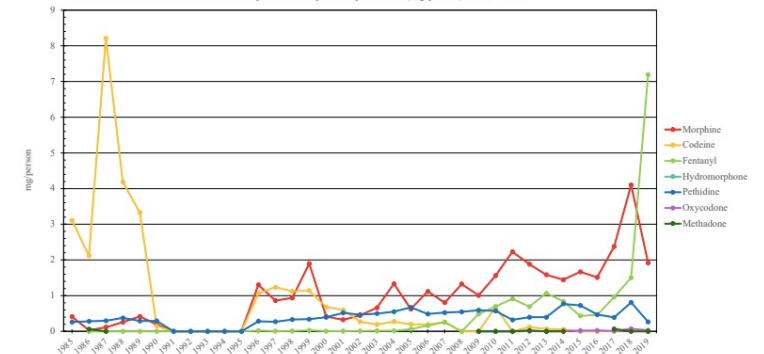
Implementation

Education  
 Media and public advocacy  
 Healthcare professionals  
 Certified career pathway  
 Family & caregiver training  
 Policy makers



## Jamaica

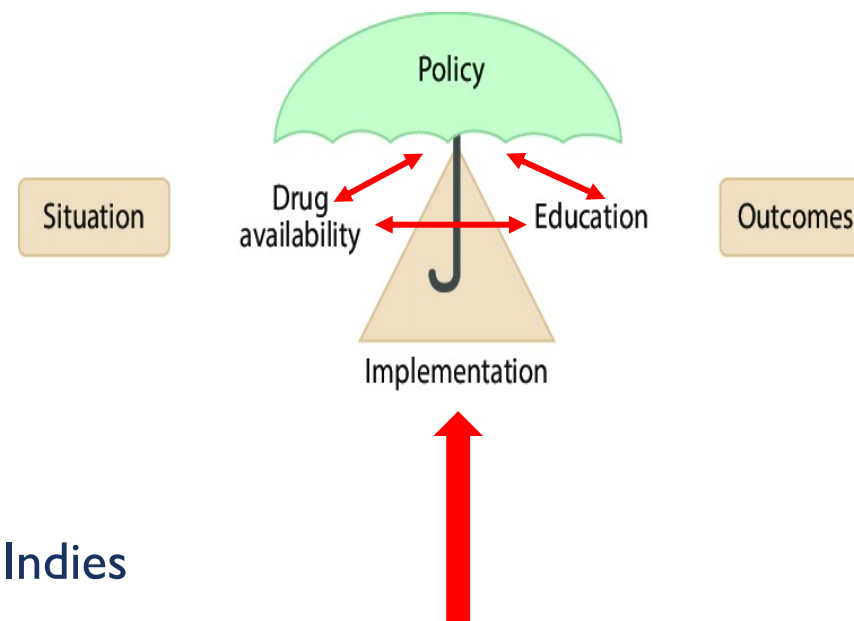
Essential Controlled Medicines Consumption in Morphine Equivalence (mg/person), 1985 - 2019



Sources: International Narcotics Control Board (data); The World Bank (population)  
 Created by: Walther Global Palliative Care & Supportive Oncology, Indiana University Simon Comprehensive Cancer Center, 2022

# WHAT CAN WE DO AS A REGION TO ENABLE CHANGE?

- Bidirectionality of policy, medicine, education
- So how do we implement?
- Regional collaboration is possible through
  - CARICOM
  - CARPHA
  - CARIPALCA
  - Regional academic institution – University of the West Indies



# POTENTIAL SOLUTIONS

- I. Developing a Pain Policy Fellowship equivalent for the Caribbean
  - Recalling the difficulties facing small island developing nations – likely to need an individual approach to each
  - Virtual and in person meetings help to formulate action plans
  - Bringing key individuals together to enable real change on the ground as we have done in Jamaica

# POTENTIAL SOLUTIONS

## 2. Creating access to the Pan American Health Organization's Strategic Fund



### Strategic Fund Medicine List<sup>1</sup>

Updated June 30 2021

International Nonproprietary Name (INN)	Strength	Presentation	Indication(s)	Ref
<b>ANALGESIC MEDICINES</b>				
<b>Opioid analgesics</b>				
Codeine	15mg; 30mg (phosphate)	Tablet	Analgesic	
Morphine	10mg/ml (sulfate or hydrochloride) in 1ml ampoule	Injection	Analgesic; Anaesthetic; Pre-operative and short procedures	
Morphine	10mg/5ml (sulfate or hydrochloride)	Oral Solution	Analgesic; Palliative care	
Morphine	10mg; 30mg; 60mg (sulfate)	Tablet (prolonged release)	Analgesic; Palliative care	

The Strategic Fund differentiates itself from other procurement mechanisms by delivering on five key areas:



Critically, each of the areas is underpinned by the core value of solidarity across countries in the Region of the Americas.

# CARIBBEAN REGION PALLIATIVE CARE CONFERENCE JAMAICA APRIL 2015



With attendees from Jamaica, Cayman, Barbados, Grenada, Trinidad & Tobago, PAHO, IAHPIC, PPSG, St. Christopher's Hospice UK, Mt. Sinai Hospital Toronto – an idea was born