

12 October 2013

2 days 05h:53m:59s

Welcome

- About World Day
- Latest news
- Get Involved
- Materials
- Voices for Hospices
- Share Your Story
- Events
- Messages of Support
- PR & Press
- Reports
- Partners



Achieving Universal Coverage of Palliative Care: Dispelling the myths

Reports 	Share your story 	Events 	Sign the Charter! 
--	--	---	--

ehospice
Palliative care news, views and inspiration from around the world



wpca World Hospice and Palliative Care Day is facilitated by the [Worldwide Palliative Care Alliance](#). The WPCA is a network of regional and national hospice and palliative care organisations from around the world.

Latest News

- World Day 2013 Promotional Materials Now Available!
- Sign the Prague Charter
- Logos for 2013 now available to download
- Registration for 2013 now open
- Theme for 2013 announced
- More news stories...

Latest Events

- World Hospice And Palliative Care Day 2013
- Free Medical Consultation
- World hospice&palliative care day supports also worldwide known violinist Václav Hudeček
- WORLD HOSPICE AND PALLIATIVE CARE DAY IN RWANDA
- Jordan Palliative Care Society celebrate world day of palliative care
- More events

  Join us on Twitter and Facebook

Qué es el Día Mundial de Cuidado Paliativo?

- Día unificado de acción para celebrar y apoyar el cuidado paliativo alrededor del mundo.
- Segundo Sábado de Octubre todos los años
- www.worldday.org

World Day Theme 2013

Logrando Cobertura
Universal en Cuidados
Paliativos:
Eliminando los mitos

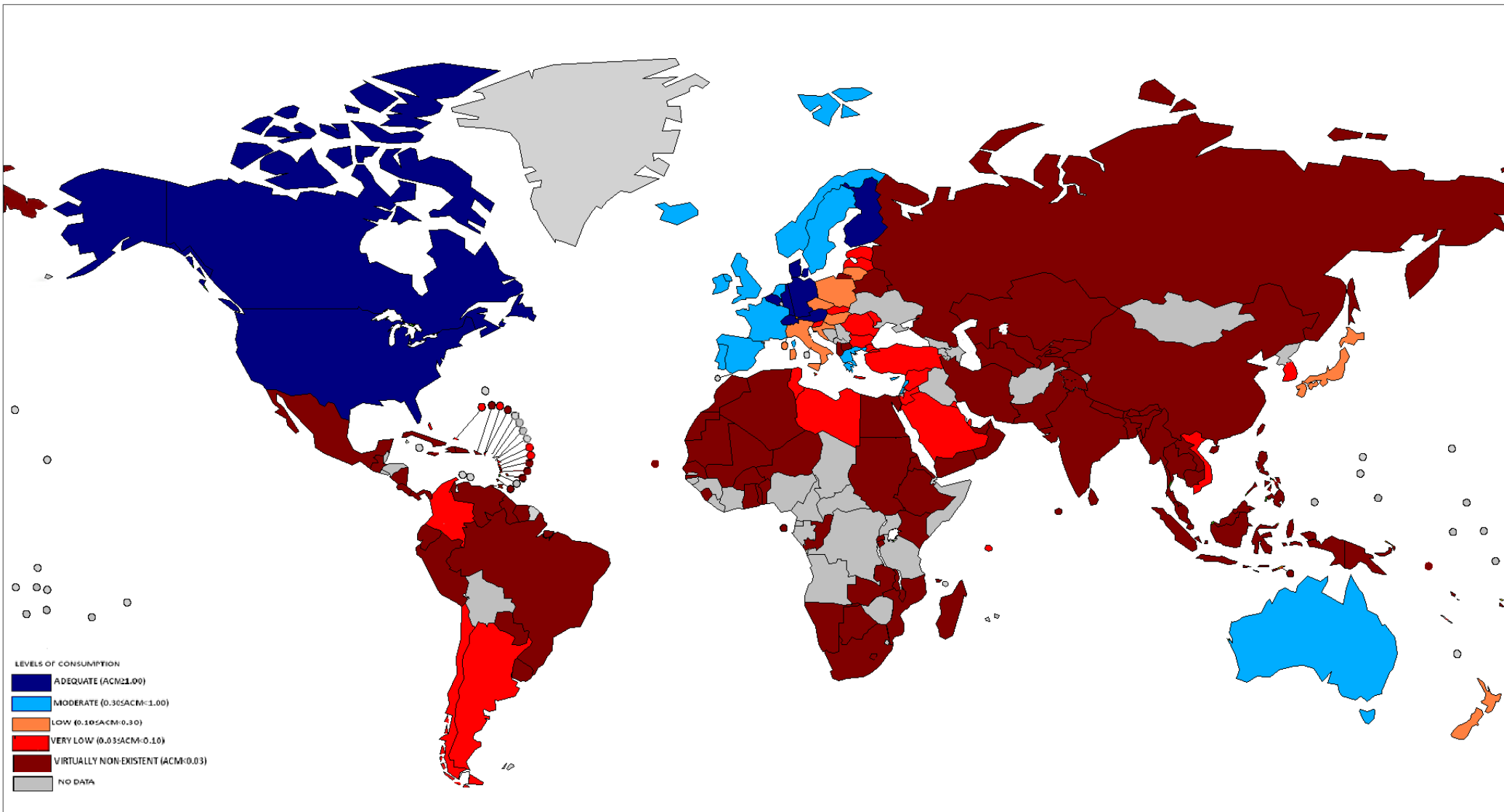


Access to pain relief – an essential human right

A report for World Hospice and Palliative Care Day 2007
Published by Help the Hospices for the Worldwide Palliative Care Alliance



ADEQUACY OF CONSUMPTION OF OPIOID ANALGESICS (2007)

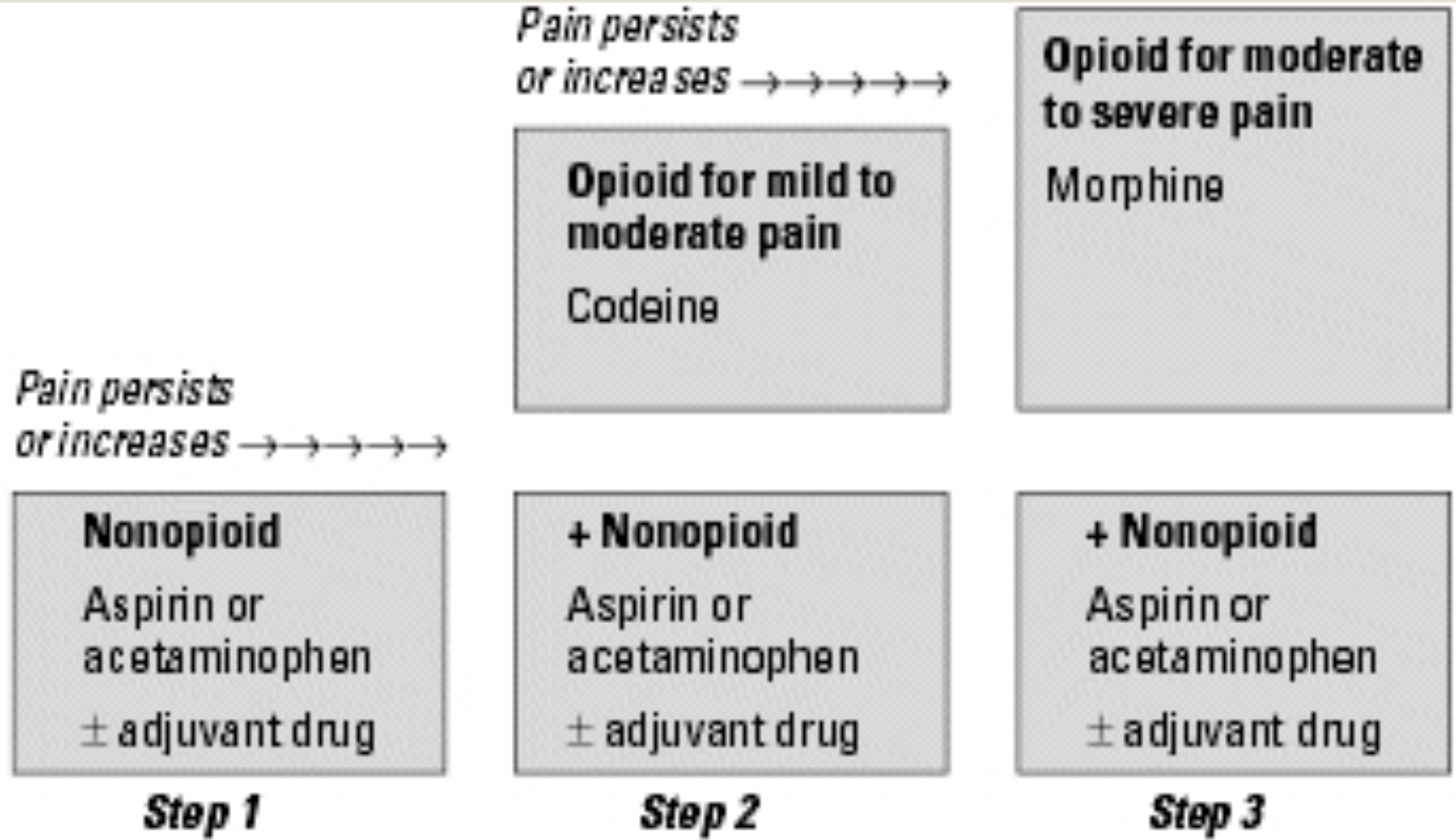


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization



© WHO 2009. All rights reserved



Source: WHO 1990.

Pacientes con Dolor

Causa	Número de pacientes no tratados
Cancer	5.5 millones
VIH/SIDA	1 millón
Emergencias	0.8 millones
Cirugía	8 - 40 millones (combina con emergencias)
Otras causas	10 millones (estimado)
Total (Estimado bajo)	30 millones
Total (Estimado alto)	86 millones

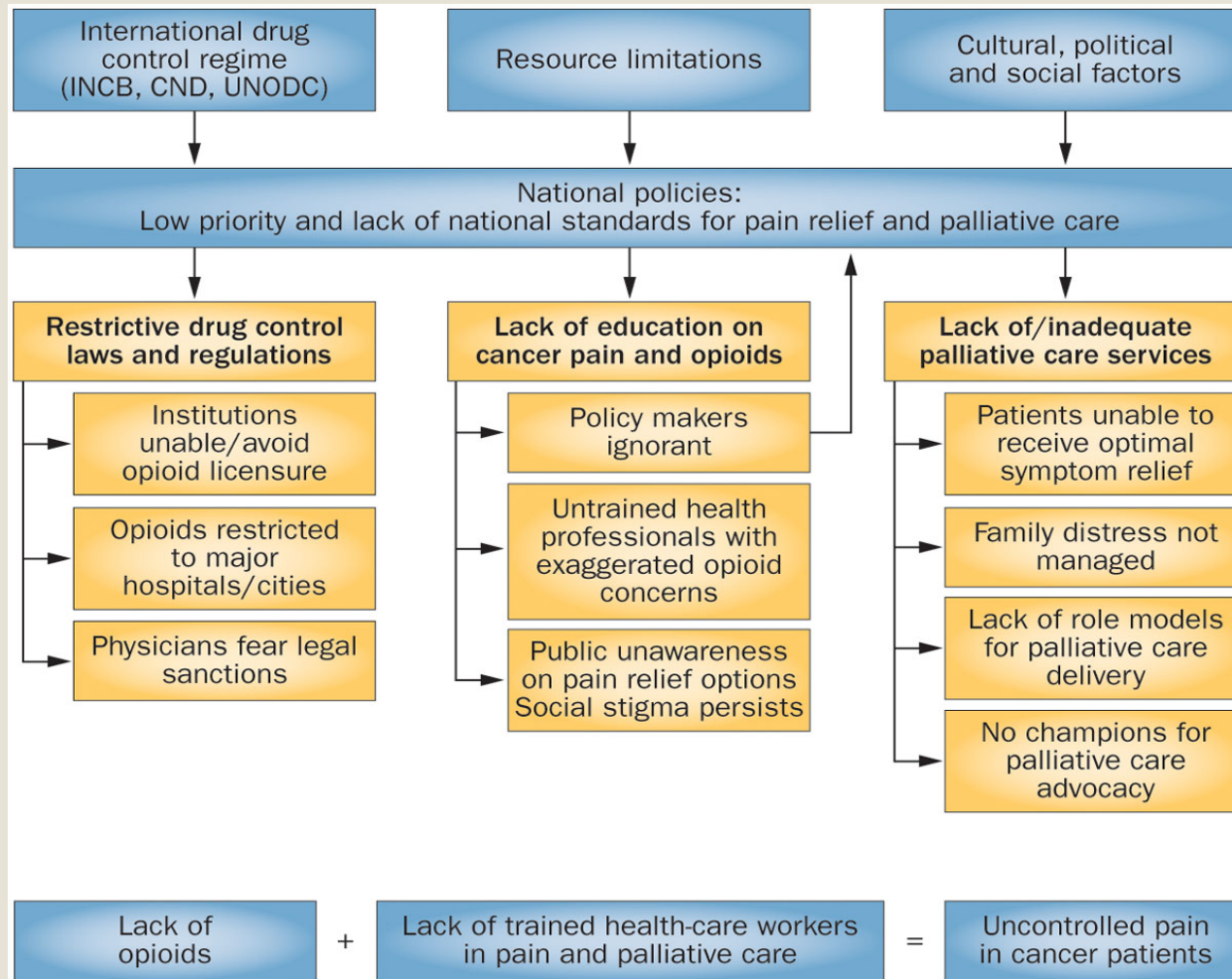
La mayoría es tratable



**Organización
Mundial de la Salud**

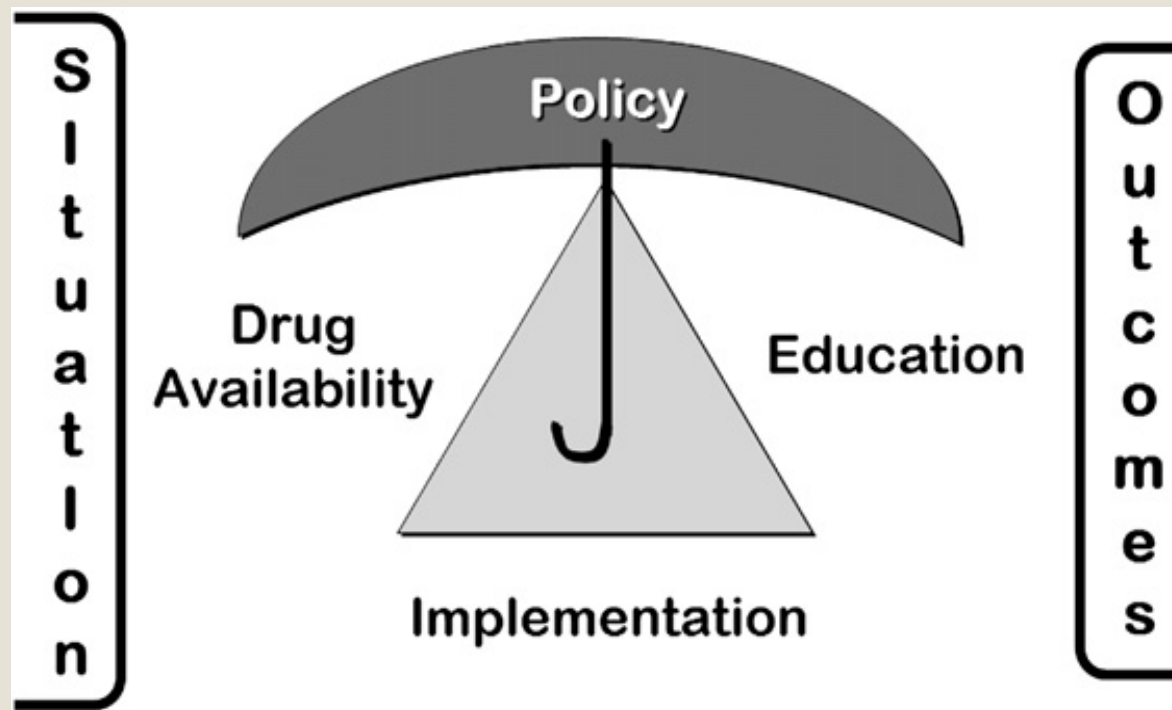


Modelo Conceptual de barreras internacionales y nacionales que limitan el acceso al tratamiento del dolor



Dalal, S. & Bruera, E. (2013) Access to opioid analgesics and pain relief for patients with cancer *Nat. Rev. Clin. Oncol.* 2012

Modelo Cuidados Paliativos en Salud Pública - OMS



Stjernsward, et al. JPSM, 33(5); 2007.

Mejorando el acceso al
tratamiento del dolor y al
cuidado paliativo en el
mundo:

El rol de IAHPC



Organismos
multilaterales, gobiernos
y sociedad civil:

Proyectos y áreas de
colaboración



Organización Mundial de la Salud

Programa de Acceso a Medicamentos Controlados

- Guías de Tratamiento de Dolor:
 - Pediátrico
 - Agudo
 - Crónico
- Lista Modelo de Medicamentos Esenciales en Cuidado Paliativo (2013)
- Opioid Price Watch (2013)



WHO Model List of Essential Medicines

18th list
(April 2013)

Status of this document

This is a reprint of the text on the WHO Medicines web site

<http://www.who.int/medicines/publications/essentialmedicines/en/index.html>

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 [a]	Oral liquid: 200 mg/5 ml. Tablet: 200 mg; 400 mg; 600 mg. [a] 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 [c]	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 [c]; 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 Model List

18th edition

docusate sodium	Capsule: 100 mg. Oral liquid: 50 mg/5 ml.
fluoxetine [a]	Solid oral dosage form: 20 mg (as hydrochloride). [a] >8 years.
haloperidol	Injection: 5 mg in 1-ml ampoule. Oral liquid: 2 mg/ml. Solid oral dosage form: 0.5 mg; 2mg; 5 mg.
hyoscine butylbromide	Injection: 20 mg/ml.
hyoscine hydrobromide [c]	Injection: 400 micrograms/ml; 600 micrograms/ml. Transdermal patches: 1 mg/72 hours.
lactulose [c]	Oral liquid: 3.1-3.7 g/5 ml.
loperamide	Solid oral dosage form: 2 mg.
metoclopramide	Injection: 5 mg (hydrochloride)/ml in 2-ml ampoule. Oral liquid: 5 mg/5 ml. Solid oral dosage form: 10 mg (hydrochloride)
midazolam	Injection: 1 mg/ml; 5 mg/ml. Oral liquid: 2 mg/ml [c] . Solid oral dosage form: 7.5 mg; 15 mg.
ondansetron [c] [a]	Injection: 2-mg base/ml in 2-ml ampoule (as hydrochloride). Oral liquid: 4 mg base/5 ml. Solid oral dosage form: Eq 4 mg base; Eq 8 mg base. [a] >1 month.
senna	Oral liquid: 7.5 mg/5 ml.
3. ANTIALLERGICS AND MEDICINES USED IN ANAPHYLAXIS	
dexamethasone	Injection: 4 mg/ml in 1-ml ampoule (as disodium phosphate salt).
epinephrine (adrenaline)	Injection: 1 mg (as hydrochloride or hydrogen tartrate) in 1-ml ampoule.
hydrocortisone	Powder for injection: 100 mg (as sodium succinate) in vial.

Resoluciones Comisión de Drogas Narcóticas

- Resolution 53/4 (2010)
- Resolution 54/6 (2011)
- Resolution 54/9 (2011)





Commission on Narcotic Drugs

Fifty-fourth session

Vienna, 21-25 March 2011

Agenda item 4 (c)

**Implementation of the international drug control treaties:
international cooperation to ensure the availability of
narcotic drugs and psychotropic substances for medical
and scientific purposes while preventing their diversion****Argentina, Australia, Colombia, Mexico, Peru and Philippines: revised draft
resolution****Promoting adequate availability of internationally controlled
narcotic drugs and psychotropic substances for medical and
scientific purposes while preventing their diversion and abuse***The Commission on Narcotic Drugs,*

Recalling its resolution 53/4, aimed at promoting adequate availability of internationally controlled drugs for medical and scientific purposes while preventing their diversion and abuse, in line with the Single Convention on Narcotic Drugs of 1953 as amended by the 1972 Protocol¹ and the Convention on Psychotropic Substances of 1971,²

Acknowledging the special report of the International Narcotics Control Board entitled *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*³ and the World Health Organization document "Narcotic and psychotropic drugs: achieving balance in national opioids control policy—guidelines for assessment",⁴

Noting with appreciation the efforts of non-governmental organizations and civil society in continuing to highlight the importance of the issue of adequate

¹ United Nations, *Treaty Series*, vol. 976, No. 14152.

² *Ibid.*, vol. 1019, No. 14956.

³ United Nations publication, Sales No. E.11.XI.7.

⁴ WHO/EDM/QSM/2000.4.



Eliminado barreras legales y regulatorias :

Garantizando el equilibrio en las políticas nacionales sobre sustancias fiscalizadas.

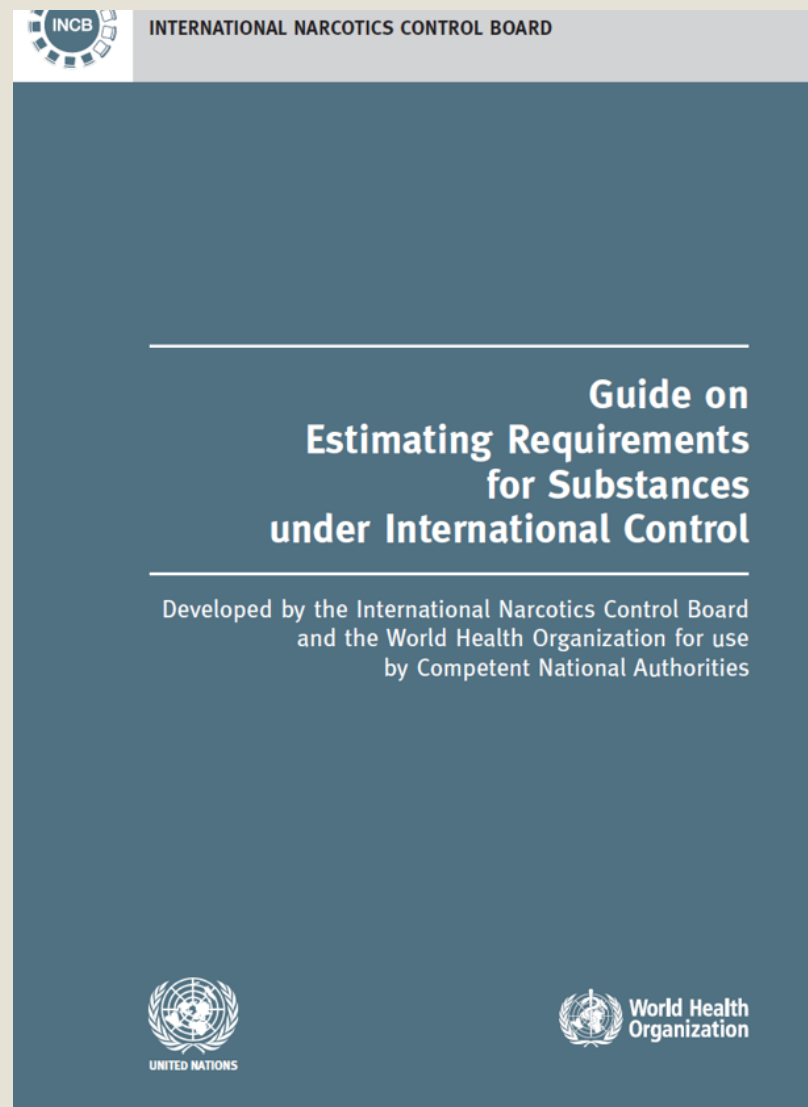
Orientacion para la disponibilidad y accesibilidad de los medicamentos fiscalizados.



Eliminando barreras en la provision

Guia OMS - JIFE

Guía para estimar las necesidades de sustancias sometidas a fiscalización internacional





Opioid Price Watch Project

Two sets of data are displayed in this flash map. The first shows the availability, affordability and accessibility of a 30-day treatment of oral solid morphine. A red dot indicates no availability of oral solid morphine. By clicking on the dot, a second set of data appears, with the cost of treatment the other opioids and morphine formulations included in this project. You can drag or zoom in the map.

The displayed prices are the lowest price of locally available formulations at retail level or hospital pharmacies. The prices displayed are prices of opioids for use outside of the hospital (not for in-patients).



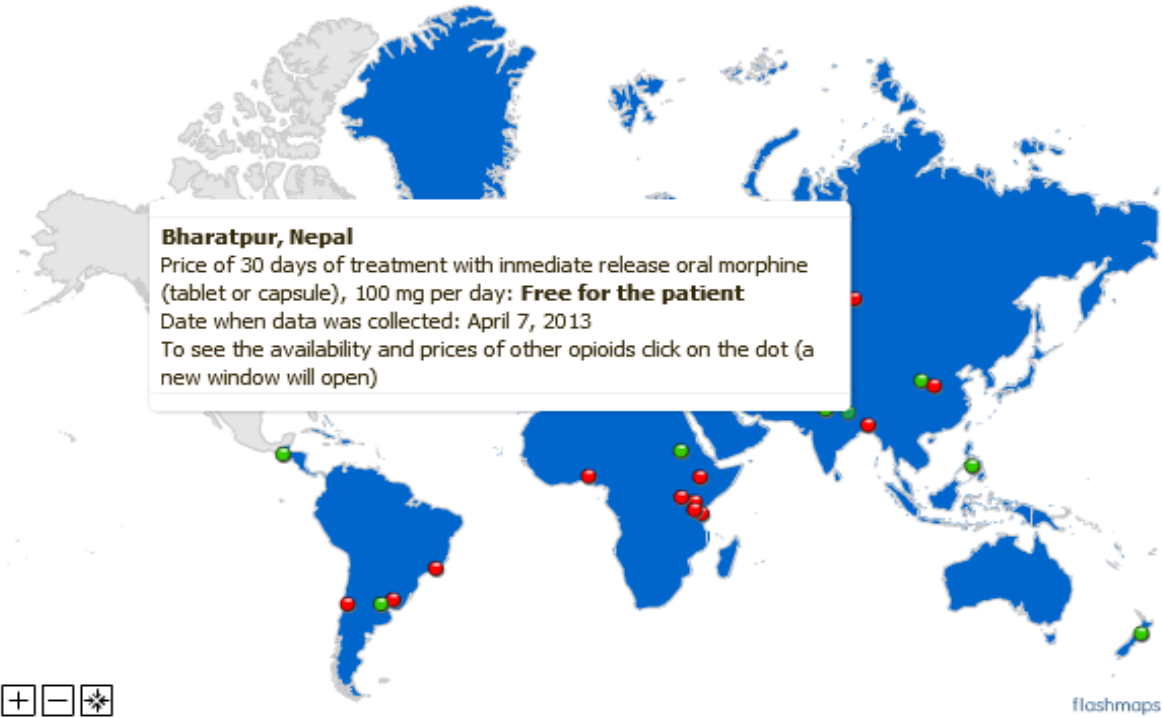
To read the corresponding definitions, [click here](#).
To read/see the sources of information, tools and disclaimer, [click here](#).
If you wish to participate in this project, [click here](#).



Opioid Price Watch Project

Two sets of data are displayed in this flash map. The first shows the availability, affordability and accessibility of a 30-day treatment of oral solid morphine. A red dot indicates no availability of oral solid morphine. By clicking on the dot, a second set of data appears, with the cost of treatment the other opioids and morphine formulations included in this project. You can drag or zoom in the map.

The displayed prices are the lowest price of locally available formulations at retail level or hospital pharmacies. The prices displayed are prices of opioids for use outside of the hospital (not for in-patients).



To read the corresponding definitions, [click here](#).
To read/see the sources of information, tools and disclaimer, [click here](#).
If you wish to participate in this project, [click here](#).



[× Close](#)

Opioid Price Watch Project

Bharatpur, Nepal

30-day treatment with the following: (1) the WHO assigned DDDs for fentanyl, hydromorphone, morphine and oxycodone, and (2) the equianalgesic dose for methadone:

	Smallest reported dosage	Price paid by patients
Fentanyl (transdermal patches)	N/A	
Hydromorphone injectable (ampoule)	N/A	
Hydromorphone oral immediate release (tablet, capsule)	N/A	
Hydromorphone oral prolonged release (tablet, capsule)	N/A	
Hydromorphone oral (solution)	N/A	
Methadone oral solid (tablet, capsule)	N/A	
Methadone oral (solution)	N/A	
Morphine injectable (ampoule)	15 mg / mL	Free for the patient
Morphine oral immediate release (tablet, capsule)	10 mg	Free for the patient
Morphine oral prolonged release (tablet, capsule)	10 mg	Free for the patient
Morphine oral (solution)	2 mg / mL	Free for the patient
Oxycodone oral immediate release (tablet, capsule)	N/A	
Oxycodone oral sustained release (tablet, capsule)	N/A	

N/A: not available.

Reported prices are from: Licensed retail pharmacy.

Information provided by: Ranabhat, Mina Kumari - April 7, 2013



[× Close](#)

Opioid Price Watch Project

Guatemala, Guatemala

30-day treatment with the following: (1) the WHO assigned DDDs for fentanyl, hydromorphone, morphine and oxycodone, and (2) the equianalgesic dose for methadone:

	Smallest reported dosage	Price paid by patients
Fentanyl (transdermal patches)	25 mcg	USD\$ 27.08
Hydromorphone injectable (ampoule)	N/A	
Hydromorphone oral immediate release (tablet, capsule)	N/A	
Hydromorphone oral prolonged release (tablet, capsule)	N/A	
Hydromorphone oral (solution)	N/A	
Methadone oral solid (tablet, capsule)	5 mg	USD\$ 75.24
Methadone oral (solution)	N/A	
Morphine injectable (ampoule)	10 mg / mL	USD\$ 248.28
Morphine oral immediate release (tablet, capsule)	30 mg	USD\$ 62.70
Morphine oral prolonged release (tablet, capsule)	30 mg	USD\$ 50.16
Morphine oral (solution)	5 mg / mL	USD\$ 68.97
Oxycodone oral immediate release (tablet, capsule)	5 mg	USD\$ 282.13
Oxycodone oral sustained release (tablet, capsule)	10 mg	USD\$ 423.20

N/A: not available.

Information provided by: Duarte, Eva - October 17, 2012

Talleres disponibilidad opioides

En asocio con:

- Organización Mundial de la Salud (OMS)
- Junta Internacional de Fiscalización de Estupefacientes (JIFE)
- Ministerios de Salud



Objetivo Principal

- Mejorar la disponibilidad y el acceso al uso médico de los opioides para los pacientes que los requieren.





Colombia, 2007





Colombia

	Regulación 4651 2005	Regulación 01478 2006
Numero máximo de días autorizados para la prescripción	10 días	30 días



Peru

Previsiones en la Ley	Actual	Cambios propuestos
Vigencia de la receta	48 horas	10 días
Numero máximo de dias autorizados para la prescripción	10 días	30 días

Decreto Ley 22095 Feb 21, 1978







Instituto de Cancerología y Hospital "Dr. Bernardo del Valle S."

6a. Ave. 6-58, Zona 11 • 01011 Guatemala, C. A.
PBX: 2417-2100 • DIRECCION: Telefax: 2471-3136



Guatemala, 19 de Enero de 2012

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

*Morfán Cap.
LOTE 8783*

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

CHEMINTER

MORFAN CAPSULAS

Sulfato de Morfina, 30 mg
Administración: Oral
Manténgase en lugar
fresco y seco (15 a 30°C)
Guatemala Reg. No. PP-46,705

30 CÁPSULAS

MORFAN

Sulfato de Morfina, 30 mg



ATLAS DE CUIDADOS PALIATIVOS EN LATINOAMÉRICA



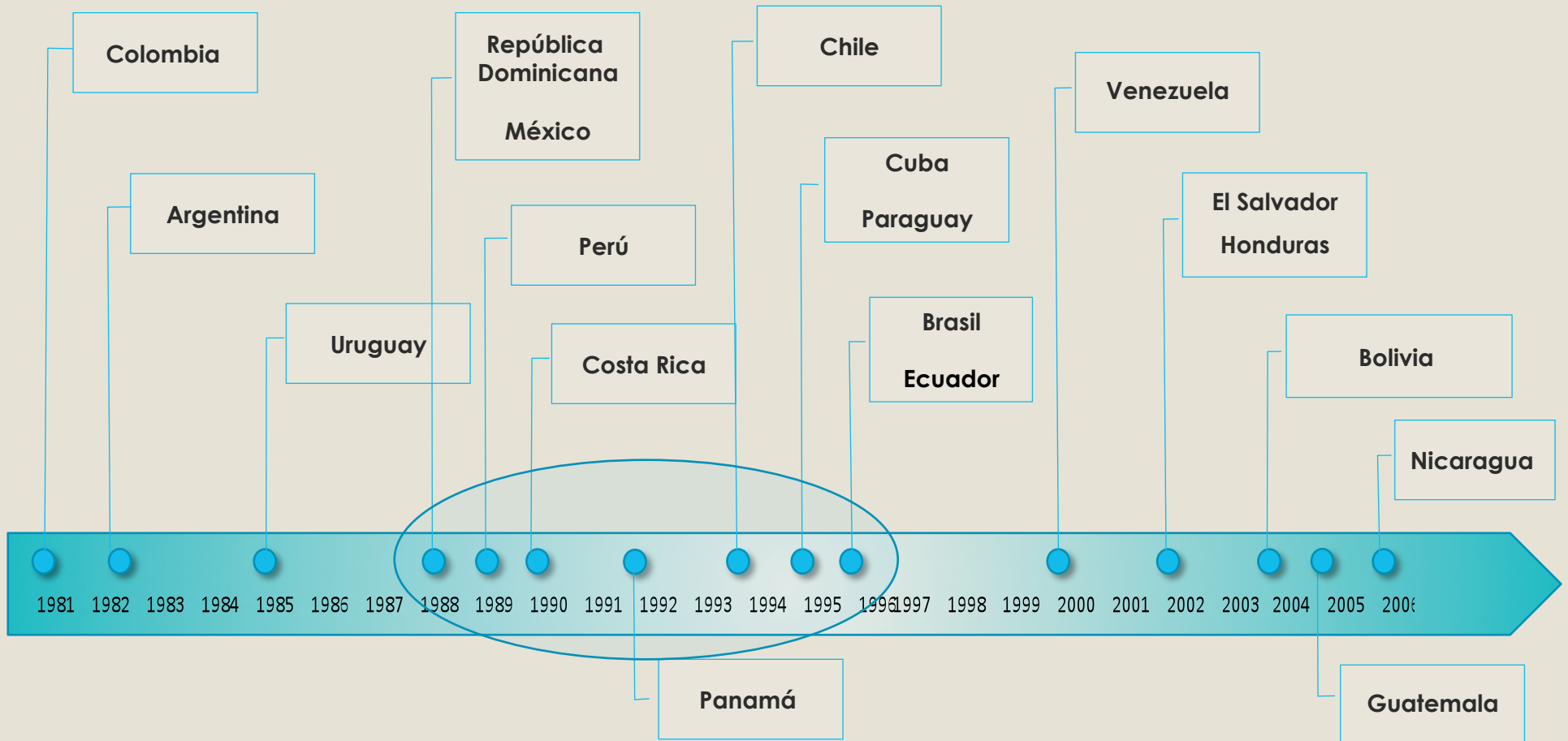
ics
Universidad
de Navarra



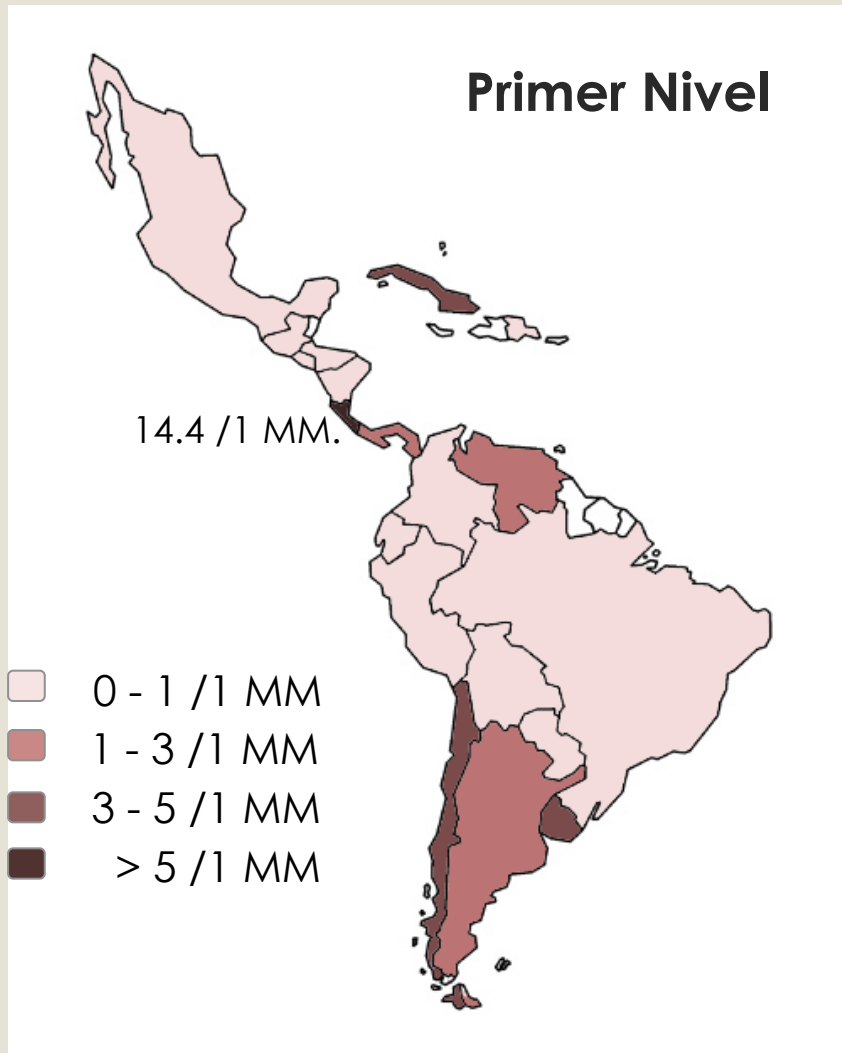
19 países



Dónde comenzaron los CP?



Servicios de CP

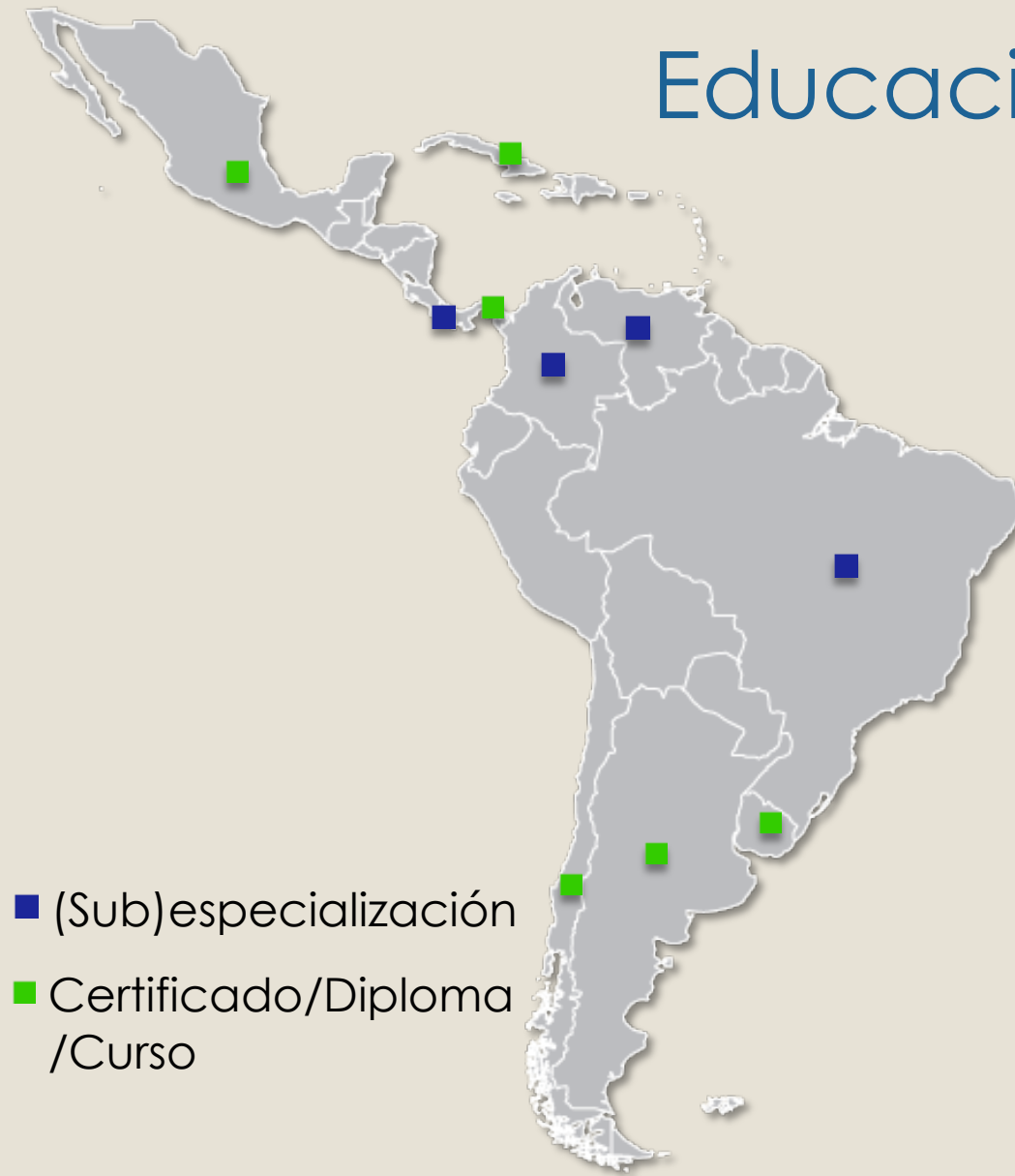


Promedio: 0.78 servicios /1 MM



Promedio: 0.77 servicios /1 MM

Educación- Postgrado



Brasil
Colombia (1998)
Costa Rica
Venezuela

Argentina
Chile
Cuba
México
Panamá
Uruguay

■ (Sub)especialización
■ Certificado/Diploma
/Curso

Educación - Pregrado

País	Facultades de Medicina Cátedra de CP
Cuba	100%
Uruguay	100%
Costa Rica	29%
Ecuador	25%
Guatemala	25%
Panamá	25%
Chile	22%
Venezuela	17%
Paraguay	14%
Argentina	13%
República Dominicana	10%
México	9%
Colombia	5%
Brasil	1%

Asociación nacional de CP



Argentina

Brasil (2)

Chile

Colombia

Costa Rica (2)

Ecuador

El Salvador

Guatemala

México (3)

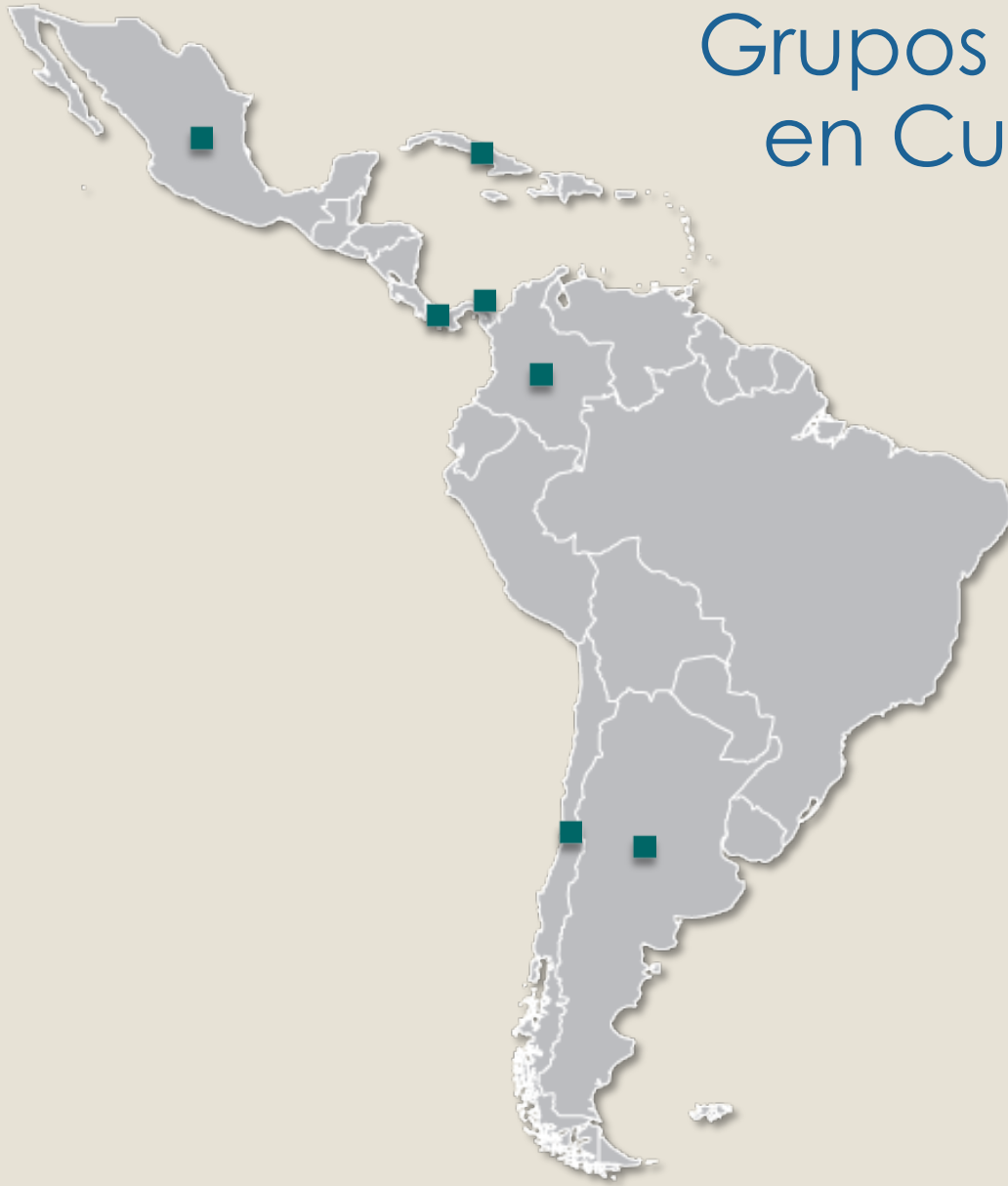
Paraguay

Perú

Uruguay

Venezuela

Grupos de investigación en Cuidados Paliativos



Argentina
Chile
Colombia
Costa Rica
Cuba
México
Panamá

México - Apunte histórico

- 1989 – Instituto de Cancerología (Programa de CP)
- 1990 – Programa de atención domiciliar y consulta externa INCAN
- 1992 – Hospital Dr. Juan I. Menchaca: primera Unidad de Cuidados Paliativos (1992).
- 1992 — Plan de trabajo (Monterrey) sobre Cuidados Paliativos
- 1993 – Unidad de Oncología Interdisciplinaria
- 2002 – Primer hospice: Hospice Cristina en Guadalajara

México – Atlas de la ALCP

Nivel de Atención Sociosanitaria	Servicios de Cuidados Paliativos			Recursos de Cuidados Paliativos	
Primer nivel	<i>Servicios exclusivos en primer nivel</i> Residencia tipo hospicio 9(a) Atención domiciliaria 47(b) Centro comunitario 16(c)	<i>Servicios/Equipos multi-nivel</i> 2(f)		<i>Centros de día</i> 1(h)	<i>Voluntarios tipo hospicio</i> 13(i)
Segundo nivel (Atención de media y larga estancia)	<i>Servicios/Unidades exclusivos en hospitales de segundo nivel</i> 28(d)		<i>Servicios/Equipos de apoyo hospitalario</i> 0(g)		
Tercer nivel (Hospital general o especializado)	<i>Servicios/Unidades exclusivos en hospitales de tercer nivel</i> 10(e)				

Asociaciones

- Asociación Mexicana de Cuidados Paliativos (AMECUP) creada en 2000 actualmente inactiva
- Asociación Mexicana de Cuidados Paliativos y Algiólogos AC (AMECPA) creada en 2011
- Colegio Mexicano de Cuidados Paliativos con Sede en Jalisco AC creado en 2012

Fortalezas

- Ley de Cuidados Paliativos
- Paliativistas con conocimientos especializados y actualizados.
- Creatividad para trabajar a pesar de los pocos recursos disponibles.
- Interés de hospitales y de los equipos multidisciplinarios
- Programas educativos - pregrado y postgrado

Reporte Completo México:

Asociación Latinoamericana de
Cuidados Paliativos (ALCP)

Atlas de Latinoamérica

www.cuidadospaliativos.org

Gracias!

Liliana De Lima, MHA

ldelima@iahpc.com

www.hospicecare.com