



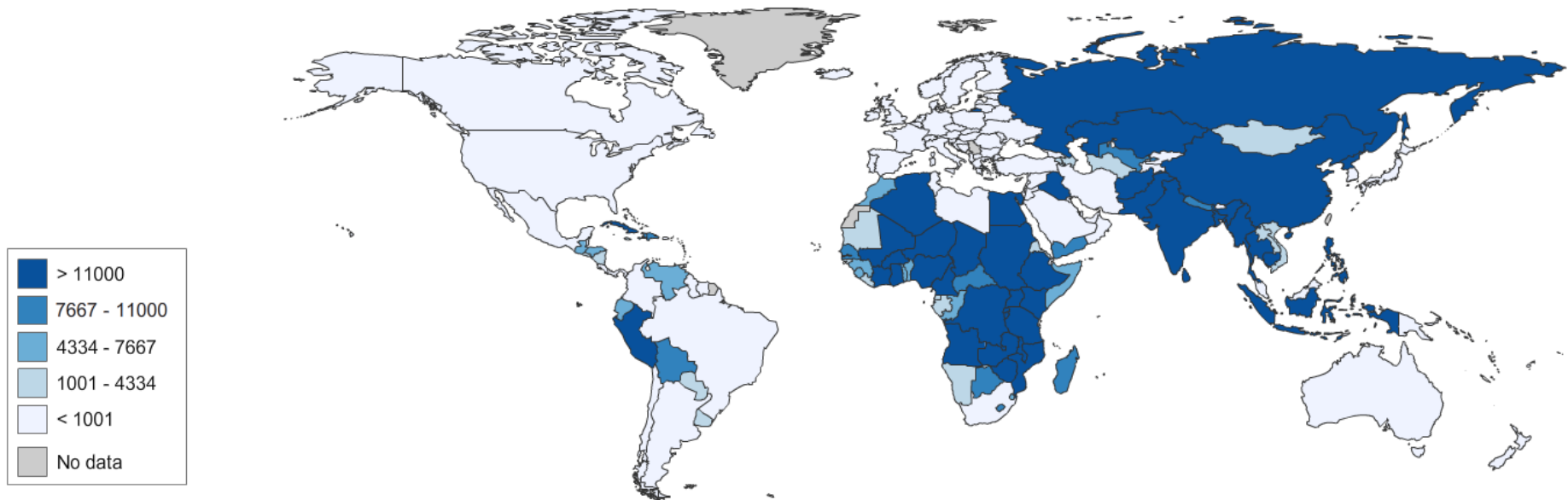
# TREAT THE PAIN

*A program of the American Cancer Society*

Meg O'Brien, Ph.D.

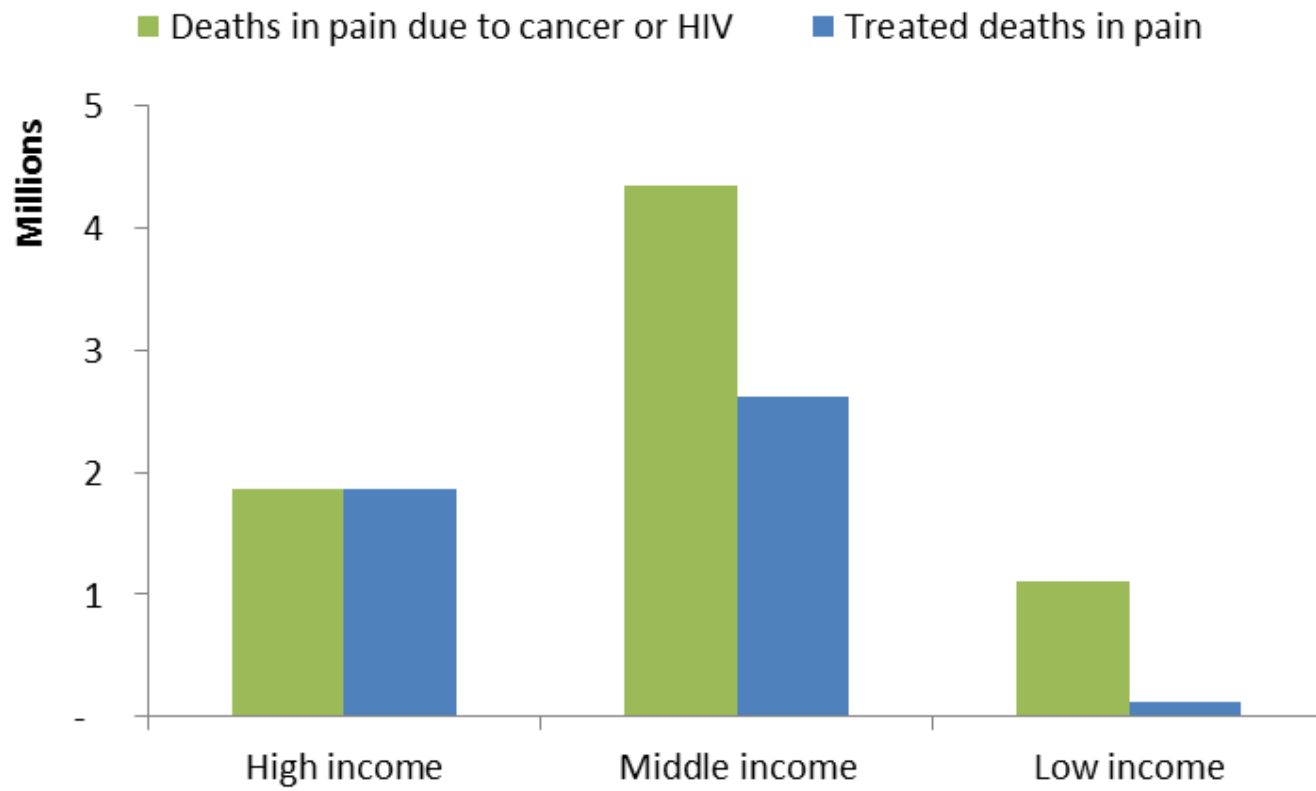
October 2013

# Data: Untreated deaths in pain in 2011

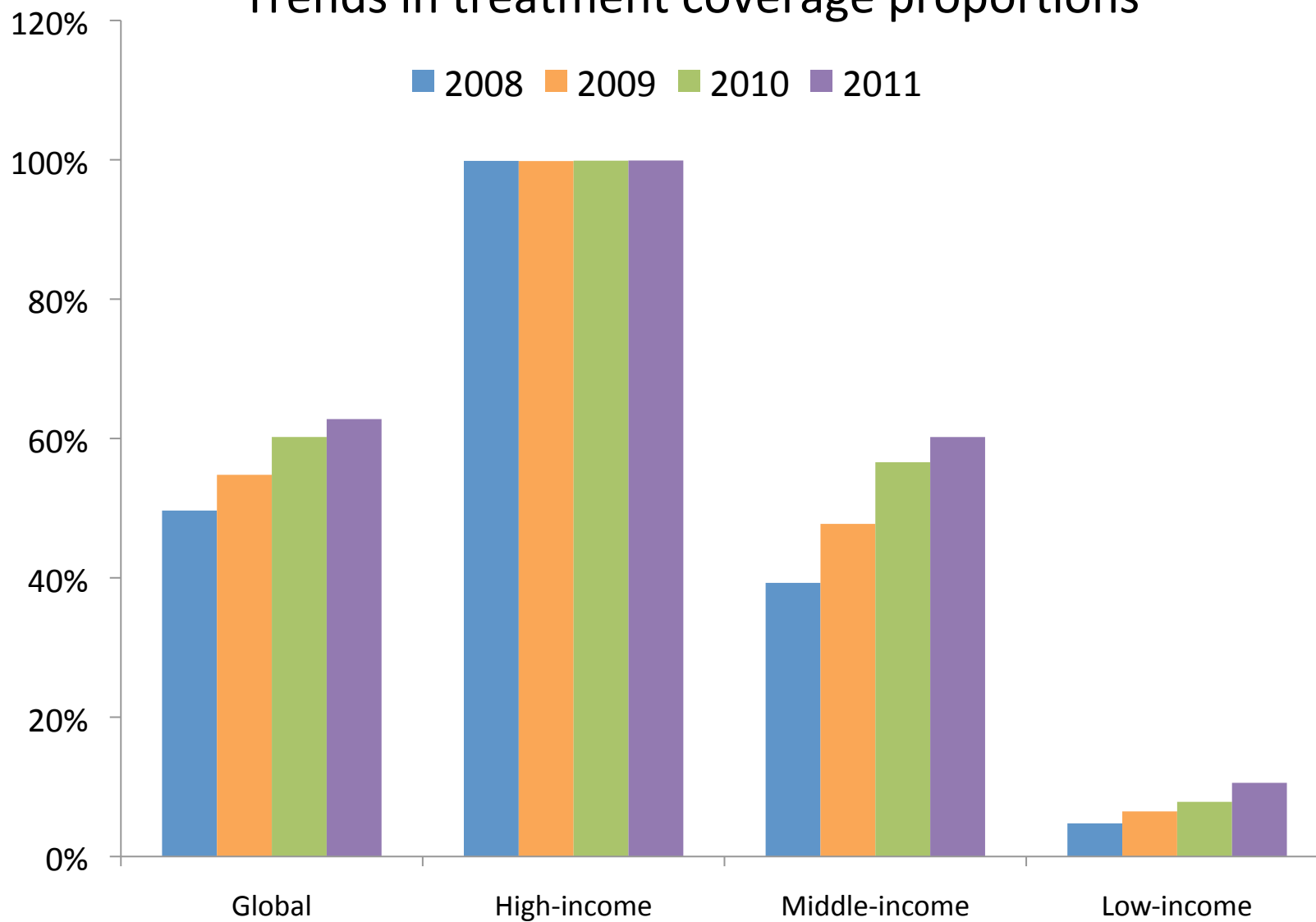


## Basic facts

- Globally, 7.3 million people die of HIV or cancer with moderate to severe pain each year
- 2.7 million of these deaths in pain were untreated in 2011
- More than 99% of untreated deaths in pain are in low or middle-income countries
- Low and middle-income countries are home to 70% of cancer deaths and 99% of HIV deaths, but consume just 7% of the world's opioids



## Trends in treatment coverage proportions



# Overview

## Goal

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Universal access to essential pain medicines by 2020

## Strategy

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Develop high-profile projects in countries with large unmet need; prompt change in neighboring countries and adoption by other organizations

## Objectives

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**1. Strengthen government leadership**

by providing staff and technical assistance to health ministries

**2. Reduce cost and improve availability of medicines**

by negotiating with suppliers and providing technical assistance to buyers

**3. Improve clinical and regulatory policies and practice**

by advocating on international, national, and facility levels

**4. Improve skills and motivation of individual clinicians**

by improving access to information and to other clinicians interested in pain treatment

# The MORPHINE framework



**M**indset | **O**rganize | **R**egulations | **P**rocurement | **H**ealthworker | **I**nitiation | **N**ationalization | **E**mpowerment

Ensure that policy makers understand the issues and are prepared to take a lead role

Consult stakeholders to map process and barriers to access

Ensure that they are up-to-date or identify needed changes

Establish budget for drug purchase, storage, and distribution. Estimate quantities, identify suppliers, secure product registrations, develop tenders, place and pay for orders, and receive and distribute to regional medical stores

Organize awareness-raising activities, in-service training, and continuing medical education; develop reference materials and guidelines

Establish pain treatment by trained clinicians, usually at large clinical centers or specialized clinical units

Integrate into service delivery at regional and district hospitals and ensure adequate geographical coverage to make pain relief accessible to all who need it

Create a sustainable stakeholder base



National Agency for Food and Drug Administration and Control (NAFDAC), with input from Federal Ministry of Health (FMOH), submits annual estimate to International Narcotics Control Board (INCB)



INCB approves morphine quantity



MOH Pharmacy Dept places order with international supplier and NAFDAC approves importation



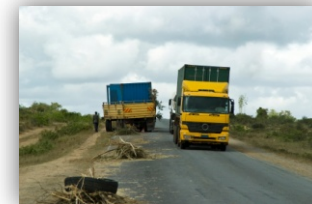
Drugs received by Central Medical Stores in Lagos



Registered pharmacist, on behalf of a health facility, gets approval from state MOH



Registered pharmacist, on behalf of a health facility, gets approval from Central Medical Stores Lagos



Registered pharmacist picks up drugs at Central Medical Stores Lagos

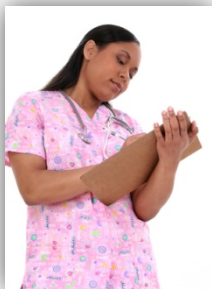


Powder is reconstituted into solution

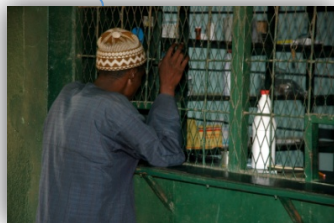


Patient reports pain

Clinician asks about pain



Clinician writes prescription



Patient fills prescription



Patient receives monitoring and follow-up

# What does it take to get morphine in Nigeria?

Nigeria:  
3 kg

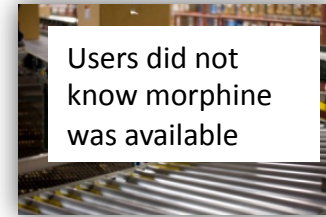
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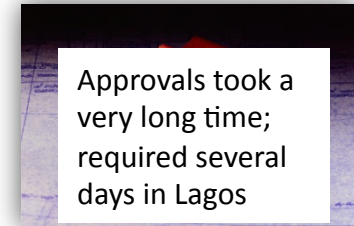
INCB approves morphine quantity

MOH is not ordering; last order expired before use

MOH Pharmacy Dept places order with international supplier and NAFDAC approves importation



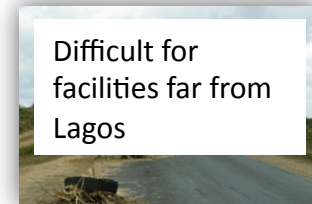
Users did not know morphine was available  
Drugs received by Central Medical Stores in Lagos



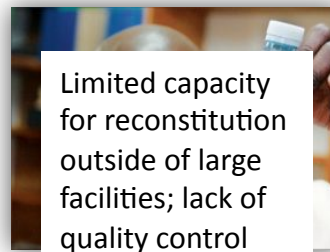
Approvals took a very long time; required several days in Lagos  
Registered pharmacist, on behalf of a health facility, gets approval from state MOH



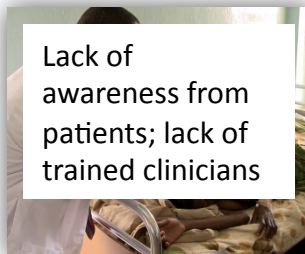
Registered pharmacist, on behalf of a health facility, gets approval from Central Medical Stores Lagos



Difficult for facilities far from Lagos  
Registered pharmacist picks up drugs at Central Medical Stores Lagos

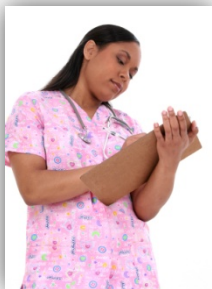


Limited capacity for reconstitution outside of large facilities; lack of quality control  
Powder is reconstituted into solution



Clinician asks about pain

Lack of awareness from patients; lack of trained clinicians  
Patient reports pain



Clinician writes prescription



Patients pay for drugs

Patient fills prescription  
Patient receives monitoring and follow-up



Why isn't it working?





## Drug forecast and stock monitoring

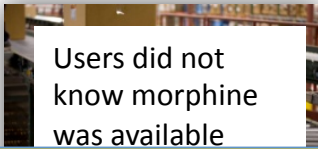
National Agency for Food and Drug Administration and Control (NAFDAC), with input from Federal Ministry of Health (FMOH), submits annual estimate to International Narcotics Control Board (INCB)

INCB approves morphine quantity

## Supplier identification and negotiation

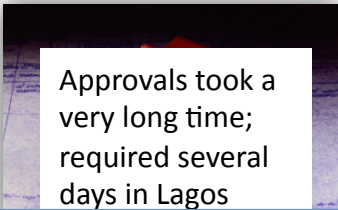
MOH Pharmacy Dept places order with international supplier and transportation

MOH is not ordering; last order expired before use



Users did not know morphine was available

## Communication of availability

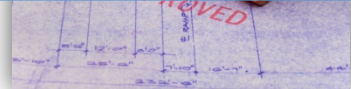


Approvals took a very long time; required several days in Lagos

## Streamline approvals

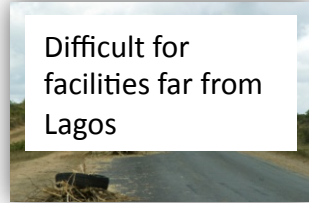
a health facility, gets approval from state MOH

## Track and monitor stocks



## Improve distribution

a health facility, gets approval from Central Medical Stores Lagos



Registered pharmacist picks up drugs at Central Medical Stores Lagos

# What can we do?

## Integrate pain treatment into HIV and cancer care

Clinician asks about pain

## Collaborate with NGOs to improve awareness

Lack of awareness from

Limited capacity for reconstitution outside of large facilities; lack of quality control

Powder is reconstituted into solution

Patient reports pain

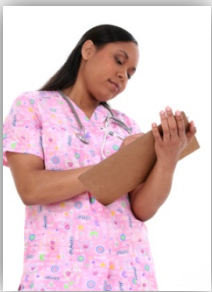


Patient receives monitoring and follow-up



Patients pay for drugs

Patient fills prescription



Clinician writes prescription

Process step	Challenges	Solutions
1. National Agency for Food and Drug Administration and Control (NAFDAC), with input from Federal Ministry of Health (FMOH), submits annual estimate to International Narcotics Control Board (INCB)	<ul style="list-style-type: none"> <li>Annual estimates of demand are far below need and approved quantities are not procured</li> </ul>	<ul style="list-style-type: none"> <li>Create credible forecasts of need and demand</li> <li>Monitor stocks to update forecasts and prevent stock-outs and overstocks</li> </ul>
2. INCB approves morphine quantity	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>None needed</li> </ul>
3. MOH Pharmacy Dept places order with international supplier and NAFDAC approves importation	<ul style="list-style-type: none"> <li>No order has been placed in &gt;1 year</li> <li>Lack of registered suppliers for drugs</li> <li>High price of morphine powder</li> </ul>	<ul style="list-style-type: none"> <li>Place an immediate emergency order for morphine powder</li> <li>Identify potential suppliers and negotiate more favorable terms for FMOH for long-term procurement</li> </ul>
4. Drugs received by Central Medical Stores in Lagos	<ul style="list-style-type: none"> <li>End users, such as pharmacists and hospital administrators, have not been aware that morphine powder was in stock</li> </ul>	<ul style="list-style-type: none"> <li>Create a system to communicate availability to end users and respond to questions or problems</li> </ul>
5. Registered pharmacist, on behalf of a health facility, gets approval from state MOH	<ul style="list-style-type: none"> <li>Approvals take a long time</li> </ul>	<ul style="list-style-type: none"> <li>Streamline the approvals process by creating pre-approvals of facility-level quotas</li> </ul>
6. Registered pharmacist, on behalf of a health facility, gets approval from Central Medical Stores Lagos	<ul style="list-style-type: none"> <li>Transportation and lodging costs are high, particularly for end users far from Lagos</li> </ul>	<ul style="list-style-type: none"> <li>Reduce time spent in Lagos by streamlining approvals</li> </ul>
7. Registered pharmacist picks up drugs at Central Medical Stores Lagos	<ul style="list-style-type: none"> <li>Transportation and lodging costs are high, particularly for end users far from Lagos</li> </ul>	<ul style="list-style-type: none"> <li>Reduce time spent in Lagos by streamlining approvals</li> </ul>
8. Powder is reconstituted into solution	<ul style="list-style-type: none"> <li>Limited capacity for reconstitution outside of large facilities</li> <li>Quality control is limited</li> </ul>	<ul style="list-style-type: none"> <li>Implement quality assurance and quality control program in cooperation with reconstituting centers</li> <li>Refurbish national production facility to centralize reconstitution</li> </ul>
9. Clinician asks about pain	<ul style="list-style-type: none"> <li>Lack of awareness about pain and evidence-based treatment</li> </ul>	<ul style="list-style-type: none"> <li>Improve clinical training by integrating pain relief into in-service and continuing medical education</li> </ul>
10. Patient reports pain	<ul style="list-style-type: none"> <li>Lack of awareness and fear that palliative care means giving up treatment</li> </ul>	<ul style="list-style-type: none"> <li>Work with non-governmental organizations and civil society groups to sensitize patients</li> </ul>
11. Clinician writes prescription	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>None needed</li> </ul>
12. Patient fills prescription	<ul style="list-style-type: none"> <li>Morphine may be too costly for patients</li> </ul>	<ul style="list-style-type: none"> <li>Pass on lower prices from suppliers to patients</li> </ul>
13. Patient receives monitoring and follow-up	<ul style="list-style-type: none"> <li>Limited community health resources</li> </ul>	<ul style="list-style-type: none"> <li>Integrate effective pain relief into HIV and cancer treatment programs</li> </ul>

# Progress highlights

## Nigeria

- Government has procured and is distributing **21kg** of morphine
- Price for patients has decreased by **80-90%**
- A second procurement of **16kg** of morphine is underway

## Uganda

- Initial government contract completed: **47kg** of morphine distributed over two years; contract renewed
- Facilitated a product donation of **85kg** to supply for the next two years
- Brokered a product donation of **50kg** of bronopol preservative used in oral morphine solution that will be stored in Uganda and made freely available to countries starting up morphine production in the region

## Kenya

- Sponsored a government delegation to Uganda to learn from their progress
- Trained 25 pharmacists and pharmacy technicians
- Supporting government procurement of **22kg** of morphine

## India

- Initial results from the first cancer center implementing the Pain-Free Hospital Initiative, Malabar Cancer Centre in Thalassery, show a **65% decrease** in average pain scores among inpatients after just three months.

### Person-days of treatment

**311,000**

**237,000**

**696,000**

**1,259,000**

**326,000**

**Total:  
>2.8 M days**



# The MORPHINE framework



## Mindset | Organize | Regulations | Procurement | Healthworker | Initiation | Nationalization | Empowerment

Ensure that policy makers understand the map process and barriers issues and are prepared to take a lead role

Consult stakeholders to access

Ensure that they are up-to-date or identify needed changes

Establish budget for drug purchase, storage, and distribution. Estimate quantities, identify suppliers, secure product registrations, develop tenders, place and pay for orders, and receive and distribute to regional medical stores

Organize awareness-raising activities, in-service training, and continuing medical education; develop reference materials and Guidelines

Establish pain treatment by trained clinicians, usually at large clinical centers or specialized clinical units

Integrate into service delivery at regional and district hospitals and ensure adequate geographical coverage to make pain relief accessible to all who need it

Create a sustainable stakeholder base

- Start with a clear, concise statement of the situation—including numbers of patients, consumption of pain relief drugs, and unmet need—and communicate with all relevant government divisions

- Make clear that morphine is on the WHO list of essential drugs, and note if it is on the equivalent national list (country factsheets with this information are available from the Global Access to Pain Relief Initiative website)

- Useful for identification of interventions that have the best chance of improving access

- Can be time-consuming, so start early to update regulations as needed
- International Narcotics Control Board is expected to produce new model law recommendations, and the African Palliative Care Association has produced regulation guidelines

- Establishment of supply is a necessary, but not sufficient, condition for any other interventions to work
- Many national procurement departments struggle with unresponsive suppliers and little experience with non-standard drugs
- Distribution of drugs to health facilities can be challenging, especially for sites that are a great distance from central medical stores

- Poor capacity and breakdowns of communication can hamper stock tracking, order fulfillment, and timely reordering

- Very important, but expensive, difficult, and time-consuming

- Integration with existing programs and structures is advisable when possible

- Scope for innovation

- Early initiators become champions for change in clinical practice

- Early programs offer opportunities to generate local data for potential effects and to refine systems and approaches

- Multiyear step that requires substantial effort and investment

- Standalone systems seldom last and integration into existing training, procurement, data management systems, and clinical guidelines is crucial for widespread effectiveness

- Nurture national palliative care associations, health ministry staff, patient advocacy groups, and clinical experts to continue to develop and support high-quality, evidence-based pain treatment

- Support for these groups must be consistent, preferably through government funding mechanisms

- Access is not achieved until this step is realized