

Alleviating the access abyss in internationally controlled essential medicines

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Thank you Chair, esteemed delegates, ladies and gentlemen. I am a palliative care physician and anesthesiologist, and a member of the Lancet Commission on Palliative Care and Pain Relief. I have worked in, and trained physicians in Uganda, the Gambia and India.

I am here today to tell you about the severe health related suffering experience by more than 61 million people in the world's countries, as a result of lack of access to internationally controlled essential medicines, and how it can be relieved. Severe health related suffering results when illness or trauma is not relieved by medical interventions, and when it compromises physical, social or emotional functioning. This kind of preventable suffering creates enormous economic and developmental burdens to individuals, communities, and government.

More than 83 percent of people experiencing severe health related suffering live in low and middle-income countries with unbalanced drug control systems that make opioids such as oral morphine unavailable, inaccessible, unaffordable [1]. In countries with *balanced* systems, on the other hand, access to these medicines ensures their appropriate use in palliative care, surgery, and primary care, and prevents diversion and misuse.

The good news is that the Lancet Commission has developed an **essential package of palliative care** that all countries can make available to treat health related pain and suffering in their countries. At the center of the essential package is immediate release, oral and injectable morphine, a medicine that has been on the WHO Model List for many decades. The essential package includes other medicines and medical devices for symptom relief, and human resources from physicians to community health workers and volunteers.

It is not expensive. Per capita cost estimates for three countries run from between 27 US\$ in Vietnam and 122 US\$ in Mexico for the medicines in the essential package, and between 119 US\$ and 796 US\$ per capita for the whole package. This represents less than 1% of current health expenditures in Vietnam and Mexico, and only 3.4% of the Ruanda health budget.

The Lancet Commission Report provides clear recommendations for governmental and nongovernmental stakeholders, covering stewardship, building public awareness, monitoring and evaluation, universal health coverage, training and capacity building. Most importantly for CND, it supports the recommendations of Chapter Two of the UNGASS Outcome Document, which directs UN member states to improve access to internationally controlled essential medicines. AND, It supports Target 3.8 of the 2030 Agenda for Sustainable Development, which calls for Universal Health Coverage (UHC) and access to essential services and medicines.

Member states can implement it with guidance from WHO, INCB, UNODC, and civil society organisations such as IAHP. We do not expect you to implement it on your own, but can rely on our national and regional palliative care organisations to support you as you operationalize your commitment to move forward to relieve severe health related suffering in your countries, implement the UNGASS Outcome Document, and achieve the Sustainable Development Goals.

1. Knaul, F.M., P.E. Farmer, E.L. Krakauer, L. De Lima, A. Bhadelia, X. Jiang Kwete, H. Arreola-Ornelas, O. Gomez-Dantes, N.M. Rodriguez, G.A.O. Alleyne, S.R. Connor, D.J. Hunter, D. Lohman, L. Radbruch, M. Del Rocio Saenz Madrigal, R. Atun, K.M.

Foley, J. Frenk, D.T. Jamison, M.R. Rajagopal, C. Lancet Commission on Palliative, and G. Pain Relief Study, *Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report*. Lancet, 2017.