Hospice Africa Ireland

Response to the Review of the White Paper on Irish Aid

Views of Hospice Africa Ireland

Introduction

Hospice Africa Ireland (HAI) is a support organisation for Hospice Africa Uganda (HAU). Core activities include fund-raising, awareness-raising about the activities of HAU and advocacy for palliative care access for those in developing countries.

Hospice Africa Uganda (HAU) is a Ugandan NGO, much supported by Irish Aid in the past whose aim is the provision of palliative care to patients with cancer and HIV/AIDS in Sub-Saharan Africa. It has always had 3 pillars to its work: clinical, education, and advocacy. It has expanded clinical services (now seeing over 3,000 patients/year), worked to integrate palliative care into HIV/AIDS care programmes, educating over 7000 of health care and allied professionals within Uganda and other sub-Saharan African countries, as well as building capacities of families and communities in palliative care through community volunteers. It has also carried out significant advocacy work in other sub-Saharan countries with governments, ministries of health and civil society organisations regarding the need for adequate pain relief and palliative care services.

HAU has served as a model of how palliative care can work in a resource-deprived setting. It worked in partnership with the Ugandan government to establish morphine availability for the country; to include palliative care in national health and HIV strategies; to allow nurse prescribing of morphine following completion of rigorous HAU training thereby increasing access to pain relief in areas with no doctors; and to create a "country team" to collaborate on palliative service provision. In 2011 HAU was designated an Institute of Palliative Medicine for Africa by the Ugandan state and Makerere University. In addition to its established short courses, it has developed a new modular degree programme in palliative care, one of the first of its kind in sub-Saharan Africa

HAI wishes to make a submission to the review of Irish Aid White paper regarding the "Key issues" question, specifically the "Are there other issues" question.

Key issues. Are there other issues?

There are two important issues which warrant the attention of Irish Aid policy makers in considering future priority areas:

- the growing problem of cancer in the developing world (the requirement for prevention, vaccination and screening programmes, as well as treatment programmes including adequate pain relief and palliative care programmes)
- the requirement for basic pain relief and palliative care programmes in the developing world, and the recognition that lack of access to pain relieving medicines constitutes a breach of human rights under existing international laws.

Latest WHO statistics confirm that of 7.9 million cancer deaths worldwide, 70% (5.5million) are now occurring in the developing world. A disproportionately high burden of cancers in developing world are related to infection, but a number of trends are also contributing to the rise of cancer in the developing world; population ageing, rapid unplanned urbanisation and the globalisation of unhealthy lifestyles (smoking, diet and physical inactivity). If no action is taken, cancer deaths in the developing world are predicted to double by 2030. Populations in countries with emerging economies will be increasingly exposed to the known risk factors associated with affluence, whereas those from poorer countries will continue to have high rates of infection, and limited or no access to treatment.

Only 5% of global cancer resources are spent in developing countries. International Atomic Energy Association confirms that 30 developing countries (15 of which are African) do not possess even a single radiotherapy machine. Many which do, have a single machine serving population of millions e.g. Uganda has a single machine serving approx. 30 million population. Many have limited or no oncology services. There are enormous deficits in response capacity-in the capacity for prevention, public education, screening and early detection, diagnosis and treatment. It is estimated that 70% of cancer patients in developing countries are diagnosed in advanced stages of illness, where treatment is no longer feasible. In some African countries, only 20% of patients survive certain cancers which are considered highly curable elsewhere in the world, e.g. cervical cancer.

In addition, there are enormous gaps in the availability of pain relief and palliative care. The World Health Organisation (WHO) estimates that each year 5.5 million terminal cancer patients and 1 million patients in the last phases of HIV/AIDS suffer without any pain treatment. 89% of the entire world consumption of morphine occurs in North America and Europe.

Sub-Saharan Africa has the lowest consumption of morphine/opioid pain relief worldwide, less than 1%, despite containing 68% (22.5 million) of the world's HIV positive population, and 70% of global HIV/AIDS deaths and continually increasing cancer deaths. Human Rights Watch reported in 2011 that 22 countries in the developing world, most in Africa, use **no** morphine/opioids whatsoever, while many others (13 in Africa) do not use enough to supply even 1% of those in their countries who are terminally ill with HIV/AIDs or cancer.

Therefore millions of patients with HIV and cancer continue to live and die terrible pain due to absence of palliative care and morphine/opioid availability throughout most of sub-Saharan Africa.

Recommendations of International Bodies including UN and WHO

These issues, of the need for adequate pain relief as a human right, and of the enormous deficits in cancer care and prevention in the developing world have been increasingly highlighted by WHO and UN and public health bodies in recent years.

In a joint statement, the UN Special Rapporteur on the Right to Health and the Special Rapporteur on Torture, after reviewing the inadequacies of pain management and palliative care around the world, stated that: **"The failure to ensure access to controlled medicines for the relief of pain and suffering threatens fundamental rights to health and to protection against cruel inhuman and degrading treatment. International human rights law requires that governments must provide essential medicines which include, among others, opioid analgesics as part of their minimum core obligations under the right to health. Lack of access to essential medicines, including for pain relief, is a global human rights issue and must be addressed forcefully."**

In February 2011, a joint letter was sent from Director-General of UN, Chair of UN development group, and President of International Narcotics Control Board (INCB) to country resident coordinators of the UN, reminding them of the March 2010 UN Commission on Narcotic Drugs resolution 53/4 "promoting adequate availability of internationally controlled licit drugs for medical purposes" which called for governments "to identify the impediments in their countries to the access and adequate use of opioid analgesics for the treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes, in accordance with pertinent recommendations of the World Health Organization".

In their letter they highlighted that globally *"only about 5-10% of patients suffering from moderate and severe pain from cancer, end stage HIV/AIDS and many other causes may be receiving adequate treatment. Africa accounts for less than one per cent of global morphine*

consumption". They urged resident coordinators to *"raise this issue when discussing health and development with government counterparts, the donor community and NGOs...in order to ensure tangible progress is made in achieving the principal objective of the international drug control treaties"*

A UN General Assembly summit in September 2011 was dedicated to the issue of the rise in non-communicable diseases (especially cardiovascular, cancer, respiratory and diabetes) worldwide, particularly in developing countries. Its political declaration acknowledged the scale of the problem and outlined challenges to tackling it, such as the inadequacy of resourcing and a lack of political commitment to date.

It noted "with concern that the rapidly growing magnitude of non-communicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries bear a disproportionate burden", and that "the growing double burden of disease, including in Africa, caused by the rapidly rising incidence of non-communicable diseases, which are projected to become the most common causes of death by 2030"

There was a recognition that non-communicable disease is causing nearly two thirds of all deaths globally and rising; that the majority of these deaths occur in low-middle income countries, not among the affluent as previously thought; that non-communicable disease is hindering achievement of millennium development goals; that the common risk factors – tobacco use, unhealthy diet, excessive alcohol consumption and lack of physical activity – must be addressed; that greater priority should be given to early detection, screening and diagnosis; and that access to cheap, effective drugs and vaccines, and to palliative care, must be increased.

The declaration recommended among many measures to *"increase and prioritize budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection, and treatment of non-communicable diseases, and the related care and support including palliative care";* and to "explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms". Many of the measures proposed had previously been included in the WHO Global Strategy for the Prevention and Control of Non-communicable Diseases. The WHO has been tasked to develop indicators for Non-communicable Diseases and targets, with proposed targets to be approved at 2013 World Health Assembly. Access to opioids, especially morphine should be one of the indicators and also one of those targets.

WHO produced a previous series of guidelines : "Cancer control: knowledge into action" in response to the World Health Assembly resolution on cancer prevention and control May 2005, which calls on Member States to intensify action against cancer by developing and reinforcing cancer control programmes. The guidelines cover 5 modules: planning; prevention; early detection; diagnosis and treatment and palliative care.

The WHO palliative care modules sets out practical guidelines for states on the setting up and implementation of palliative care services to address the need for comprehensive palliative care availability. Hospice Africa Uganda serves as a model of how such practical measures can be implemented successfully and can deliver a high quality affordable palliative care service in a sub-Saharan African setting.

Conclusion

In conclusion, HAI requests consideration by Irish Aid of these 2 interconnected issues when discussing future priority areas:

- the continued and projected rise in cancer deaths in the developing world with its huge deficits in response capacity (and the requirement for prevention, screening and treatment), and
- the requirement for adequate pain relief and palliative care in the developing world as a basic human right.

Numerous policy and guideline documents including those described above set out some of the practical measures required to address these problems.

References

Joint United Nations Programme on HIV/AIDS. " Global Report: UNAIDS Report on the Global AIDS Epidemic 2010". UNAIDS 2010

Beaulieu N, Bloom D, Bloom R, Stein R. "Breakaway: The global burden of cancer - challenges and opportunities". The Economist Intelligence Unit, 2009.

Human Rights Watch. "Global State of Pain Treatment: Access to Palliative Care as a Human Right". May 2011

World Health Organisation. "Briefing Note: Access to Controlled Medicines Program". WHO, February 2009

International Narcotics Control Board. "Report of the International Narcotic Control Board for 2007". E/INCB/2007/1. INCB 2008.

UN Human Rights Council. Statement by Paul Hunt, Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health. A/HRC/7/11 UN, 2009

Special rapporteurs on the question of torture and the right of everyone to the highest attainable standard of physical and mental health. Letter to Mr. D. Best, Vice-Chairperson of the Commission on Narcotic Drugs, December 10, 2008. Accessed online at http://www.ihra.net/Assets/1384/1/SpecialRapporteursLettertoCND012009.pdf.

http://www.painpolicy.wisc.edu/internat/INCB-WHO-UNDPletteronopioids_Feb2011.pdf

UN Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. September 16 2011 A/66/L.1

WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

Cancer Control: knowledge into Action. Palliative Care. WHO guide for effective programmes. 1 Jan 2007