WHO/PSM/QSM/2008

Access to Controlled Medications Programme

Biennial Report
2006 - 2007

World Health Organization

Contents

1 Introduction

In 2005 both the World Health Assembly and the Economic and Social Council adopted resolutions calling on the World Health Organization (WHO) to be involved in the improvement of the access situation for opioid analgesics.[1] At about the same moment, the Dutch Minister of Health and the WHO agreed to the Partnership Programme 2005 - 2008. This programme included the secondment of staff from the ministry to WHO. The simultaneous agreement on the resolutions and a secondment under the partnership agreement led to the momentum to develop the Access to Controlled Medications Programme (ACMP) in WHO's unit *Quality and Safety: Medicines* (QSM), Department of Medicines Policy and Standards.

Although the resolutions called for improving access to opioid analgesics only, the programme aims at improving access to all controlled medicines listed on the WHO Model List of Essential Medicines, because it was considered that there is often also no, or no good access to many other controlled essential medicines. The lack of access does not only lead to millions of avoidable cases of patients with serious pain but also to several other serious public health problems, including preventable HIV infections and preventable maternal death. Also, it is considered that the activities that could lead to better availability of opioid analgesics are not essentially different from those that increase availability of all other controlled medicines and therefore it would hardly be additional work to make these medicines available also.

In this Biennial Report 2006-2007, you will find the development of, and activities undertaken by the ACMP until end of 2007, and we also give an indication of foreseen developments in the next biennium. Furthermore, there are references to the documents produced so far.

2 Some key facts about medical use and unavailability of controlled medicines

General

Opioids, morphine as well as methadone, are inexpensive medicines and listed on the WHO Model List of Essential Medicines. Access to medicines on this list is regarded a human right.

Access to controlled medicines is assumed to be close to non-existent or non-existent in over 150 countries (out of 193). Eighty-nine percent of the legally controlled medicines, including morphine and other opioids, are consumed in Europe and North-America, while in over 150 countries very little controlled medicines are available for medical use at all.

[1] Resolutions WHA 58.22 and ECOSOC 2005/25

Opioid analgesics

Strong opioid analgesics (or "pain killers") are the most appropriate treatment and often the only treatment for almost all cases of moderate to severe pain. Opioid analgesics are either derived from opium or synthesized. Examples are morphine, oxycodon, fentanyl, methadone and buprenorphine. Morphine is the most common opioid used in pain treatment. It should usually be administered in oral form at regular times and in a sufficient dose.

It is hard to estimate the number of patients suffering untreated moderate to severe pain accurately. Precise numbers are only available for cancer and HIV/AIDS: 4.3 million for cancer and 1.4 million for HIV/Aids annually. For emergencies, surgery and other pain causes, only rough estimates can be made from indirect data: between 8 to 40 million for emergencies and the same figure for surgery with a huge overlap (estimated to be 25%) and another 10 million from other pain causes. All together this means that we estimate, with a wide margin of uncertainty, that at least 30 million patients and a possible 86 million suffer untreated moderate to severe pain annually.

Dependence on opioids after medical treatment with opioids is rare. According to international standards, for a diagnosis of opioid dependence at least three out of the following symptoms need to have been present concurrently during the past year: a strong desire for opioids, difficulties for the patient to control his opioid consumption, neglect of his pleasures and interests when acquiring the opioids, use of the substance despite the knowledge that the use is harmful, tolerance and physical withdrawal. However, only physical withdrawal, a non-specific symptom, is common and therefore medical patients rarely meet the definition of dependence.

Substitution therapy

Dependence from opioids, usually from heroin is treated with substitution therapy. This is a therapy where the illicit heroin is replaced by oral therapy of an opioid of pharmaceutical quality. The hazards related to the unknown purity of illicit heroin and the use of needles that were previously used by other people are eliminated in this way. The administration of the medicines to the patients with dependence is often under supervision in order to prevent diversion. and also allows counselling of patients.

Annually, 420,000 new HIV infections are due to injecting drug use. Several studies show that between 55% and 85% of these cases could be prevented by providing adequate substitution therapy. As a result between 231,000 and 357,000 new HIV cases would be preventable annually. However, only a very small minority of those eligible for substitution therapy are currently in treatment.

Additional to that, substitution therapy prevents about 95% of heroin over-dosage mortality and reduces petty crime and public nuisance. In this way, one dollar investment in substitution treatment programmes returns five dollars to society.

Other medicines

Out of the half a million women that die annually giving birth, 125,000 die from post-partal haemorrhage. It is estimated that 60%, 75,000, would be prevented if oxytocics are

available. These could be oxytocin (drug of choice), but also ergometrine, which is a controlled medicine.

Other controlled medicines listed on the WHO Model List of Essential Medicines belong to the classes of anxiolytics and hypnotics (benzodiazepines) and anti-epileptics (Phenobarbital and benzodiazepines). The extent of their availability is unknown, but there are indications that availability is problematic in some countries.

3 2006-2007: Developing the Access to Controlled Medications Programme

Over the years 2006 and 2007, WHO worked on the plans for the Access to Controlled Medications Programme (ACMP). As a first step the reasons for the impaired access were analysed. The barriers for access are many and range from the international and country level to the bedside level and all these barriers need to be taken away. In a way, this outcome is also reflected in the Programme's name which speaks of "medications" and is considered to include the administering of the medicines.

The Framework to the Access to Controlled Medications Programme was developed, describing the background and extent of the problem and the activities that the programme should develop. It also describes the character of the barriers for access and provides many literature references.

The Framework was developed by WHO's unit *Quality and Safety: Medicines* in collaboration with the WHO Collaborating Centre for Policy and Communications in Cancer Care, Pain & Policies Study Group, Paul P Carbone Comprehensive Cancer Center, University of Wisconsin School of Medicine and Public Health, Madison, WI, United States of America, the Secretariat of the International Narcotics Control Board (INCB), representatives of other involved WHO units (Management of Substance Abuse and the Cancer Control Programme). The resulting version was discussed with a wide range of stakeholders. Two meetings were organized in Geneva at the end of September 2006. A number of NGOs representing health care professionals, potential donors and those who would benefit from this programme were invited. Also invited were representatives from a large number of the WHO Departments involved and all WHO Regional Offices. The meetings were successful and contributed to a mutual understanding between WHO and the participating stakeholders. One important outcome was that potential donors asked for a “business plan” for the programme describing in detail what is needed and how resource will be used.

By early 2007, the Framework had been discussed twice with the INCB - the Board itself, this time - and a final version was developed. The INCB decided to support the improved access to opioid analgesics. This led to a split of the Framework into two parts, only one of them being supported by the INCB. Its support does not include access to essential medicines such as opioids for substitution therapy, the availability of ergometrine and ephedrine medications in obstetrics, and controlled medications for psychiatric and neurological disorders.

It was agreed with the INCB that the final text would be presented jointly to the World Health Assembly (May 2007) and the Commission on Narcotic Drugs (March 2007). Both meetings accepted the document without further comment.

Parallel to the development of the Framework, a study on the most appropriate way of housing the funds for the Programme was performed by Dr Mehdi Ali. His report provided technical guidance for further discussions with the WHO units involved .

As requested by the stakeholder conference, a "business plan" called the *Action Plan to the Access to Controlled Medications Programme, Phase I (2008 - 2013)* was developed by Mr Bangani Ngeleza on commission from Quality and Safety: Medicines. The Action Plan describes the first six years of the programme in more detail than the Framework does: its activities, their time schedule and the resources required for them. The Programme has a planned budget of slightly over $55m (13% Programme Support Cost inclusive) for this period (initially smaller, but increasing over the years). However, the number of staff in QSM dedicated to the ACMP is planned to remain relatively limited (six staff members[2]), but instead it is planned that other departments related to the ACMP's activities will also be responsible for certain activities (11.2% of the planned budget) and that regional and country activities wherever possible are operated under the responsibility of the Regional Offices and WRs. (50.4% of the budget). Furthermore, it is planned that 69.7 % will be used for improving access to opioid analgesics, 30.1% for substitution therapy and 0.2 % for other controlled medicines. Moreover, it is foreseeable that to operate such a large programme many activities will be outsourced to NGOs working in the area.

For the coordination within WHO headquarters, there is a Steering group with membership from the Departments of Medicines Policy and Standards (PSM/QSM), HIV, Mental Health and Substance Abuse (MSD/MSB), Essential Health Technologies (EHT/CPR) and Chronic Diseases and Health Promotion (CHP/CPM). The Steering group met on four occasions in 2006/2007.

4 Donations

Grants were received from:

- the Dutch government (Ministry of Health, Welfare and Sport) through its Partnership Programme with WHO: secondment of a staff member
- the Fondación de Lima Boehmer, Cali, Colombia: publication of the Spanish version of the 34th Report of the Expert Committee on Drug Dependence.
- the French government (Mission interdépartementale pour la lutte contre la drogue et la toxicomanie, MILDT): to be spent with emphasis on activities in francophone countries from 2008 on.

[2] Plus one staff member for substance evaluation, who will be part of the same team.

- the Japanese government (Ministry of Health, Labour and Social Welfare): Assessment of psychoactive substances and promotion of rational access to and use of psychoactive medicines.
- the United States Cancer Pain Relief Committee: participation in activities to improve access to controlled medicines and organization of stakeholder meetings.

The Romanian government (National Anti-Drug Agency) offered meeting facilities.

5 Activities

Although resources were limited in the period to which this reports refers (financially, but even more in terms of staffing), activities were taken up as far as possible.
Some of these activities were aimed at laying the foundations for future activities of the ACMP, others related to advocacy for the programme and for improving the situation with regard to opioids.

Application for Morphine SR on EML

Although oral morphine is the gold standard for the treatment of moderate to severe pain, according to the WHO Guidelines on Cancer Pain Relief and Cancer Pain Relief in Children, and also according to a recent Cochrane review, the WHO Model List of Essential Medicines listed only morphine oral solution. This medicine has a short duration of action (4 hours) and therefore it needs to be administered 6 times daily. It needs to be compounded locally, as it is not available commercially. Therefore it is likely that patients do not always receive timely treatment. Morphine slow release preparations are available as preparations that need to be administered only two or three times daily. It was considered that the addition of slow release morphine to the WHO Model List of Essential Medicines could improve pain management for many pain patients.

The programme contracted several consultants for the preparation of an application to the Model List and for the collection of the evidence. Related to this, Dr Carlo A. Perucci, Azienda Sanitaria Locale Roma E, Dipartimento di Epidemiologia, Rome, Italy was contracted and prepared GRADE evidence summaries for morphine, hydromorphone, oxycodone, methadone, levorphanol and pethidine based on Cochrane systematic reviews, for the use of these medicines in the context of palliative care. An application for inclusion of morphine (as sulfate) 10, 30 and 60 mg modified release tablets was submitted by the Cochrane Pain Palliative and Supportive Care Group, with support from the International Association for Hospice and Palliative Care. The WHO Expert Committee on the Selection and Use of Essential Medicines discussed the application in its meeting from 17-23 March 2007 and decided to add these preparations to the list.

Development of Pain Guidelines

For improving access to opioid analgesics at the country level, it is of utmost importance that WHO provides clear guidance on the circumstances in which these medicines are the

medicine of choice. It should be clear both for policy makers and politicians and for health-care professionals, that morphine and other opioid analgesics belong to the current standard of medical practice.

However, perhaps because of the way WHO is organized, hardly any department felt responsible for pain in the past. Until now, the only treatment guidelines on pain are the WHO Guidelines on *Cancer Pain Relief* and *Cancer Pain Relief in Children* both dating back from over a decade. More recently the interim guidelines for first-level facility health workers *Palliative Care: Symptom Management and End-of-Life Care* was published and to a certain extent they all contain guidance for pain management, especially with an eye to end-stage HIV related pain.

So, guidelines for the treatment of non-malignant and acute pain are lacking and those for malignant pain are suboptimal. Therefore the development of normative guidelines covering all types of pain is considered essential and urgent for the ACMP. Together they should cover the treatment of all types of pain: acute vs. chronic, malignant and non-malignant both in adults and children. However, there are many options as to how to make these guidelines. Because it is as important that the specialists in the field feel that the approach is useful, Professor Neeta was contracted for a Delphi study on WHO Normative guidelines on pain management. This study showed that pain specialists would most support four different guidelines: one on acute pain, one on non-malignant pain and two on malignant pain (a paediatric one, and one on adult pain).

As a first step towards the development of pain guidelines, Dr Bee Wee of the WHO Collaborating Center on Palliative Care, Oxford, United Kingdom was contracted for drafting documents defining the scope of the guidelines, i.e. the questions that need to be answered by the guidelines.

Assistance for the development of the Guidelines has been offered by the EAPC Taskforce (for paediatric malignant pain guidelines), the International Association for the Study of Pain (for non-malignant pain guidelines) and the ECPRC Taskforce (for malignant pain in adults). We are exploring how these taskforces can contribute to the development of WHO Pain guidelines and this process is still ongoing.

The departments involved formed a Steering Group for Pain Guidelines Development consisting of Dr Cecilia Sepulveda (Cancer Control Programme), Dr Lulu Muhe (Child and Adolescent Health), Dr Meena Cherian (Clinical Procedures), Dr Tarun Dua (Management of Mental and Brain Disorders) and Dr Willem Scholten (Quality and Safety: Medicines). The Steering Group will meet for the first time in 2008. Furthermore, we are endeavoring to create a post for a medical officer who could work for at least 60% of his time on the development of pain guidelines.

Development of the functional design of an opioid consumption database

During the summer months of 2007, Ms Megan Sheahan from the University of Wisconsin, Madison, WI, United States was an intern with the ACMP. Among other things she developed a functional design for an interactive web-based database that could provide information at any level of aggregation, show trends and allow comparison between substances and regions. The International Observatory for End of Life Care (IOELC) at University of Lancaster, Lancaster, United Kingdom is interested in developing the database further. The database is included as one of the elements of the

ATOME consortium (see elsewhere) and a funding request to the European Commission was made.

Applications of controlled substances in medicine

A report was developed by Ms Susanne Gelders, entitled *Current issues on the availability and use of opioid analgesics, palliative care and selected controlled medications*. The report provides a background to the applications of controlled medicines and will serve as a resource for the programme. Furthermore, a simple method was developed in the report to simulate country needs for opioid analgesics. For this purpose it contains calculations of the morphine needs for about forty countries. Simultaneously Ms Gelders, as the first author, developed a manuscript for publication in a major medical journal (still to be determined which).

6 Presentations, workshop participation, publications and publicity

Presentations and workshop participation

On many occasions the problem of impaired access to controlled medications was presented to various audiences. Annex 1 provides an overview of these. Furthermore the ACMP took part in many workshops. They are presented in Annex 2.

Publications in scientific journals

An editorial on Access to pain management and human rights entitled *The World Health Organization Paves the Way for Action to Free People from the Shackles of Pain* was published in the medical journal of Anaesthesia & Analgesia by Dr Willem Scholten, Dr Helena Nygren and Dr Howard Zucker (See list of publications, Annex 3).

New York Times pain series

Mr Donald G. McNeil Jr, wrote an important series of articles on access to pain medication for the New York Times. The articles were published in September 2007 with the last one on the occasion of World Hospice and Palliative Care Day on 6 October 2007. WHO was also asked for input by the author and provided contacts in various countries.

The publications drew a lot of attention to the problem, and were considered to be very helpful as awareness is the first step necessary for improvement of the situation. The articles by Donald McNeill are:

10 September 2007, Drugs Banned, Many of World's Poor Suffer in Pain[3],

10 September 2007, Japanese Slowly Shedding Their Misgivings About the Use of Painkilling Drugs[4]

[3] http://www.nytimes.com/2007/09/10/health/10pain.html

[4] http://www.nytimes.com/2007/09/10/health/10painside.html

11 September 2007, In India, a Quest to Ease the Pain of the Dying[5]
9 October 2007, Painkillers in Short Supply in Poor Countries[6]

TV channels

After the New York Times' publications, other media followed. Reuters TV produced a news item with a view on access to pain medication in Africa, BBC Radio 4 had an interview with Dr Willem Scholten on the issue to be broadcast at a future date.

WHO co-sponsored the development of a script for a TV Documentary by Rockhopper TV, to be broadcast on BBC World in late spring/early summer 2008 in the Survivors Guide series with a global audience of 286 million. The UK Department for International Development is the main sponsor. WHO and DfID were highly involved by Rockhopper in the filming and WHO itself was pleased to be able to make many contacts for filming. The filming will be in Uganda and Kyrgyzstan. The many contacts of DfID and WHO in these countries reacted very positively and will be very helpful in finding the right people to interview and in organizing local logistics, especially the African Palliative Care Association and the WHO Country Office in Kyrgyzstan which note particular mention.

Website

The WHO website on controlled medicines[7] was updated twice and now includes the major issues related to access to controlled medicines. Also many documents can be downloaded from the website and there are links to related departments and others.

Special Release of Cancer Pain Release

On the occasion of the 20th anniversary of the WHO three-step analgesic ladder, the WHO Collaborating Centre for Policy and Communications in Cancer Care published a special issue - Volume 19, No 1 (2006) - of its journal *Cancer Pain Release* commissioned by WHO in English French, Spanish and Russian. (Additionally, The Collaborating Centre added a Japanese version.)

Achieving Balance in National Opioids Control Policy

The Collaborating Centre for Policy and Communications in Cancer Care also translated the WHO Guidelines *Achieving Balance in National Opioids Control Policy* into Arabic, Chinese and Portuguese commissioned by WHO and had them published on its website. Furthermore, WHO provided the Collaborating Center with translations in Hindi, Swahili, Indonesian and Tagalog for inclusion on its website. The guidelines are available today in 22 languages!

[5] http://www.nytimes.com/2007/09/11/health/11pain.html
[6] http://www.nytimes.com/glogin?URI=http://www.nytimes.com/2007/10/09/health/09pain.html
[7] http://www.who.int/medicines/areas/quality_safety/sub_Int_control/en/index.html

On-line country information

Furthermore, commissioned by WHO, the Collaborating Centre developed and enhanced the international component of its website in several ways, including an access page providing a context on why opioid drug control laws and working with governments are necessary parts of palliative care, a page devoted to each of the six WHO regions, with a drop-down menu on each of those pages containing all the Member States within each region and an individual page for each Member State, with information on drug control and medical opioid consumption.

7 Staffing

Staff working on the issue of the Access to Controlled Medications Programme at the World Health Organizations Headquarters during the years 2006 and 2007:
Ms Marina Appiah, Secretary (from September 2007)
Willem Scholten PharmD, MPA, Technical Officer
Ms Caroline Scudamore, Secretary (until August 2007)
Ms Megan Sheahan, intern (May - July 2007)

8 The ACMP in the biennium 2008-2009

The ACMP developed its Action Plan for Phase I (2008-2013) during 2007. The Action Plan became an ambitious plan: the donors indicated that such a plan should mention the level and amount of activities and resources that could make a reasonable contribution to an improvement of the situation. Of course, with the current problems of access to controlled medicines, this is quite a high level.

Fundraising

Therefore, one focus will now be on financing the programme. Contacts will be made with more potential sponsors including the WHO Member States, to enable the Access to Controlled Medications Programme to do what should be done. Fortunately, some resources have already been made available.

WHO formed with nine other organizations the *Access To Opioid Medicines in Europe (ATOME) Consortium* in 2007 and a plan was developed to address unavailability of opioids in 12 European countries, mainly in eastern and southern Europe. An application under the EU's 7th Framework Programme was submitted and it is expected that the European Commission will take its decision in February 2008. If the decision is positive, it will mean that resources will become available to all consortium participants for the type of activities as described in the Action Plan.

The Romanian National Anti-drug Agency offered meeting facilities for the programme.

Currently, the most urgent needs are the funding of the development of WHO Pain treatment guidelines and of activities at the country level.

Activities

The instruments for the ACMP need to be put in place now and their development is urgent. These instruments are

- WHO pain guidelines that together cover all types of pain
- An updated version of the guidelines *Achieving Balance in National Opioids Control Policy.* An update of the latter should cover access to all controlled medicines listed as essential medicines and it should have a public-health based approach, rather than the current criminal law approach.
- An easily accessible and flexible monitoring tool to monitor developments in opioid consumption in the countries and the regions. If the funds for the ATOME consortium will be granted, the International Observatory for End of Life Care (IOELC) at the University of Lancaster, UK will build the web-based interactive International Opioid Consumption Database.

The Framework and the Action Plan put priority on countries where activities were already started by others in the past. The philosophy behind this is that it is better to finish the work there first and have a "return on investment", rather than going everywhere with superficial activities that do not lead to results. If the message of change is not implemented it will be forgotten within a few years and the programme would have to start from scratch again. Therefore, comprehensive plans at the country level touching all barriers for access will be developed for those countries with priority.

But even with that, the ACMP cannot go to all prioritized countries immediately. When taking such decisions other factors that will be given particular consideration are: low and middle income countries, governments of countries and territories where medical infrastructure would allow wider access to controlled medicines, countries and territories where controls are or can be applied successfully to prevent diversion and governments that have demonstrated the political will to make controlled medications more available., In practice, first of all it will be important to use opportunities at the moment that they arise.

Current priority countries are:

- Uganda and Romania, two countries that made considerable progress in improving access to controlled medicines over the past decade;
- the countries that participated in workshops organized by the African Palliative Care Association (APCA) in 2006 and 2007;
- India (building forth on the activities by the WHO Collaborating Centre for Policy and Communications in Cancer Care);
- the countries that had a fellow in the International Pain Policy Fellowship (2006) and
- the eastern and southern European countries that are included in the plans for the ATOME Consortium.

A list of priority countries can be found in Annex 4.

9 Acknowledgements

The ACMP is grateful to those governments and organizations that made donations to WHO for its work on improving access to controlled medicines, as already mentioned in Chapter 4.

Furthermore, the ACMP is grateful to Ms Megan Sheahan for the work she did during her internship and to the WHO Collaborating Centre for Policy and Communications in Cancer Care, Pain & Policies Study Group, Paul P Carbone Comprehensive Cancer Center, University of Wisconsin School of Medicine and Public Health, Madison, WI, United States.

Finally, but not the least important, there are all those others who participated in our work and allowed us to participate in their work. They motivated us in many ways and were indispensable for bringing the programme forward.

Annex 1

Conference Sessions and Presentations

2- 5 April 2006	**12th International Conference of Drug Regulatory Authorities**, Seoul, Republic of Korea. Organized in commission of the World Health Organization by the International Association for Hospice and Palliative Care (IAHPC). Seminar *Access to Treatment for Severe Pain: What Can Regulators Do?* Session chair: Mr. David E. Joranson, Director, Pain and Policy Studies Group, University of Wisconsin, Madison, WI, USA. Speakers: - Mr. David E. Joranson, *Access to Essential Pain Medicines: A Surmountable Challenge* - Dr. Jack G.M. Jagwe, Senior Adviser, Policy, Drugs and Advocacy, Hospice Africa, Uganda: *Working with Government to Import and Safely Distribute Oral Morphine in Uganda* Dr. Robert Ancuceanu, Chief of European Integration Service, - National Medicines Agency, Romania. *Removing Barriers to the Medical Use of Opioid Analgesics in Romania* - Dr. Alan Irs, Estonia, *Monitoring the Use of Opioid Analgesics: Basis for Interventions*
15 June 2006	**Temple School of Pharmacy**, Philadelphia, PA, United States. Presentation by Dr Willem Scholten: *Controlled medications: Restoring the Balance between Medical Accessibility and Abuse Prevention*.
17 June 2006	**NIDA International Forum**, Scottsdale, AZ, United States. Presentation by Dr Willem Scholten: *International Drug Control Issues and Implications.*
20 September 2006	**UK Forum for Palliative Care Worldwide, Annual Meeting**, London, United Kingdom. Presentation by Dr Willem Scholten: *WHO's Access to Controlled Medications Programme.*
16 October 2006	**Meeting with representatives from pharmaceutical companies and government institutions** organized for WHO by Pinney Associates Inc., Hotel l'Enfant Plaza, Washington

DC, United States.
Presentation by Dr Willem Scholten: *WHO's Access to Controlled Medications Programme.*

17 October 2006 — **Temple School of Pharmacy**, Philadelphia, PA, United States. Lecture, for 2nd year students by Dr Willem Scholten: *Pain Control and Drug Control.*

17 October 2006 — **Georgetown School of Law**, Washington DC, United States. Lecture by Dr Willem Scholten for students in International Law: *International Drug Law and Access to Medications*.

26-28 March 2007 — **Drug Information Association, 19th Euro Meeting**, Vienna, Austria. Session *Access to Controlled Medicines: Impact for Millions*.

Session chair:
Dr Willem Scholten.
Speakers:
- Dr Chris Chapleo, Reckitt Benckiser plc., UK, *Opioid Agonist Treatment of Opioid Dependence: Beyond Reach…..WHY?*
- Dr Frank Laschewski, Grünenthal Chemie GmbH, Aachen, Germany: *The Right to be Free of Pain: a Fata Morgana?*
- Dr Angela Pantea, National Anti-drug Agency, Romania: *Access to Controlled Medicines: Romania's success.*

7-9 June 2007 — **10th Congress of the European Association for Palliative Care**
Budapest, Hungary.
Presentation by Dr Willem Scholten: *Access to Controlled Medications: Impact for Millions.*

17 - 21 June 2007 — **Drug Information Association, 43rd Annual Meeting**, Atlanta, GA, United States. Session *Access to Controlled Medications: impact for millions*

Session chair:
Dr Willem Scholten
Speakers:
- Dr Frank Laschewski, Grünenthal Chemie GmbH, Aache, Germany: *The Right to be Free of Pain: a Fata Morgana?*
- Dr Timothy Baxter, Reckitt Benckiser plc.: *Opioid Agonist Treatment of Opioid Dependence: Beyond Reach… But Why?*
- Dr Willem Scholten, *Controlled Medications: Success*

Stories and Challenges for WHO and its Member States.

24-25 September 2007	**2nd Meeting of the Global Initiative for Emergency and Essential Surgical Care (GIEESC)**, Dar-es-Salaam, Tanzania. Presentation prepared by Dr Willem Scholten and presented by Professor Olaitan Soyonnwe, Dept of Anesthesia, University College Hospital, Ibadan, Nigeria: *Access to Controlled Medications: Impact for Millions.*
1- 3 November 2007	**SIOP2007, Conference of the International Society for Paediatric Oncology,** Mumbai, India. Presentation *Access to Controlled Medications: Impact for Millions.*
28 November- 1 December 2007	**XXX Congreso Centro Americano y Del Caribe de Farmacia**, Panama City, Panama. Key note presentation by Dr Willem Scholten at the plenary opening of the conference, *Access to controlled medications: impact for millions.*
20 - 23 December 2007	**59th Indian Pharmaceutical Congress**, Varanasi, UP, India. Presentation by Dr Willem Scholten, *Access To Opioid Medicines: A Challenge Benefiting Millions Of Indians*.

Annex 2

Workshop participation

30 April - 2 May 2006	**OSI/IAHPC Essential Medicines in Palliative Care Meeting**, Salzburg, Austria.
27 - 29 June 2006	**Advocacy Workshop for Palliative Care in Africa: A Focus on Essential Pain Medication Accessibility**, African Palliative Care Association, Entebbe, Uganda.
23 - 27 October 2006	**International Pain Policy Fellowship (IPPF 2006)**, Pain & Policies Study Group, Paul P Carbone Comprehensive Cancer Center, University of Wisconsin School of Medicine and Public Health, WHO Collaborating Centre for Policy and Communications in Cancer Care, Madison, WI, United States.
9 - 11 May 2007	**Advocacy Workshop for Palliative Care in Africa: A Focus on Essential Pain Medication Accessibility in Western Africa**, African Palliative Care Association, Accra, Ghana.
11 - 12 September 2007	**Technical Advisory Committee, International Palliative care Initiative**, Open Society Institute, New York, NY, United States.

Annex 3

List of Publications

Anonymous: *WHO Briefing note, Access to Controlled Medications Programme, Improving access to medications controlled under international drug conventions*, March 2006

Accessible at:
http://www.who.int/entity/medicines/areas/quality_safety/access_to_controlled_medications_brnote_english.pdf (English version)
http://www.who.int/entity/medicines/areas/quality_safety/access_to_controlled_medications_brnote_french.pdf (French version)
http://www.who.int/entity/medicines/areas/quality_safety/access_to_controlled_medications_brnote_german.pdf (German version)

Anonymous: *Framework, Access to Controlled Medications Programme*, WHO, Geneva, February 2007, WHO/PSM/QSM/2007.2.

Accessible at:
http://www.who.int/entity/medicines/areas/quality_safety/Framework_ACMP_withcover.pdf

Cancer Pain Release Vol 19, No 1, 2006

Accessible at: http://www.whocancerpain.wisc.edu/contents/19_1/index.html (English version)
http://www.whocancerpain.wisc.edu/contents/19_1/french/index.html (French version)
http://www.whocancerpain.wisc.edu/contents/19_1/spanish/index.html (Spanish version)
http://www.whocancerpain.wisc.edu/contents/19_1/russian/ladder_russian.pdf (Russion version)
http://www.whocancerpain.wisc.edu/contents/19_1/japanese/ladder_japanese.pdf (Japanese version)

Croonen H: Wim Scholten bij WHO gefocust op pijnbestrijding; “Meer opioiden voor kinderen en ouderen”, (interview), Pharm Weekbl 27 April 2007, 14-17.

Kumar N, *WHO Normative Guidelines on Pain Management, Report of a Delphi Study to determine the need for guidelines and to identify the number and topics of guidelines that should be developed by WHO*, WHO ,Geneva, June 2007.

Accessible at:
http://www.who.int/entity/medicines/areas/quality_safety/delphi_study_pain_guidelines.pdf

Scholten W: Foreword, in: *Access to pain relief - an essential human right, A report for World Hospice and Palliative Care Day 2007*. Help the Hospices/Worldwide Palliative Care Alliance, London, September 2007, page v, ISBN: 978-1-871978-67-4.

Accessible at: http://www.worldday.org/documents/access_to_pain_relief.pdf.

Scholten W, Nygren-Krug H, Zucker HA: *The World Health Organization Paves the Way for Action to Free People from the Shackles of Pain*, Anesthesia & Analgesia, 105, 1 (July 2007) 1-4.
Accessible at: http://www.anesthesia-analgesia.org/cgi/content/full/105/1/1

Annex 4

ACMP Priority Countries

Argentina
Bulgaria
Cameroon
Colombia
Cote d'Ivoire
Cyprus
Estonia
Ethiopia
Gambia
Ghana
Greece
Hungary
India
Kenya
Latvia
Lithuania
Malawi
Moldova
Nigeria
Panama
Poland
Romania
Rwanda
Serbia
Sierra Leone
Slovakia
Slovenia
Uganda
United Republic of Tanzania
Viet Nam
Zambia