

How Can We Make Pain Relief Accessible and Equitable for Children with Cancer Across the World?

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Background and Aims

Global inequities in access to morphine remain a tragic reality. Barriers to adequate pain relief for children, adolescents and young adults with cancer include regulatory and legal barriers, attitude and knowledge barriers, and economic and procurement impediments.

More than **21 million children** need access to palliative care globally, including pain relief, yet **only 5-10% have access**, and **more than 98%** of them reside in developing regions.



A deep understanding of the barriers to pain relief is needed, to inform policy change and advocacy. In this pilot, we surveyed an international group of workshop participants regarding access to essential medicines for managing children's pain in palliative care, as a preliminary phase before engaging in a large-scale international survey of providers caring for children with pain.

Methods

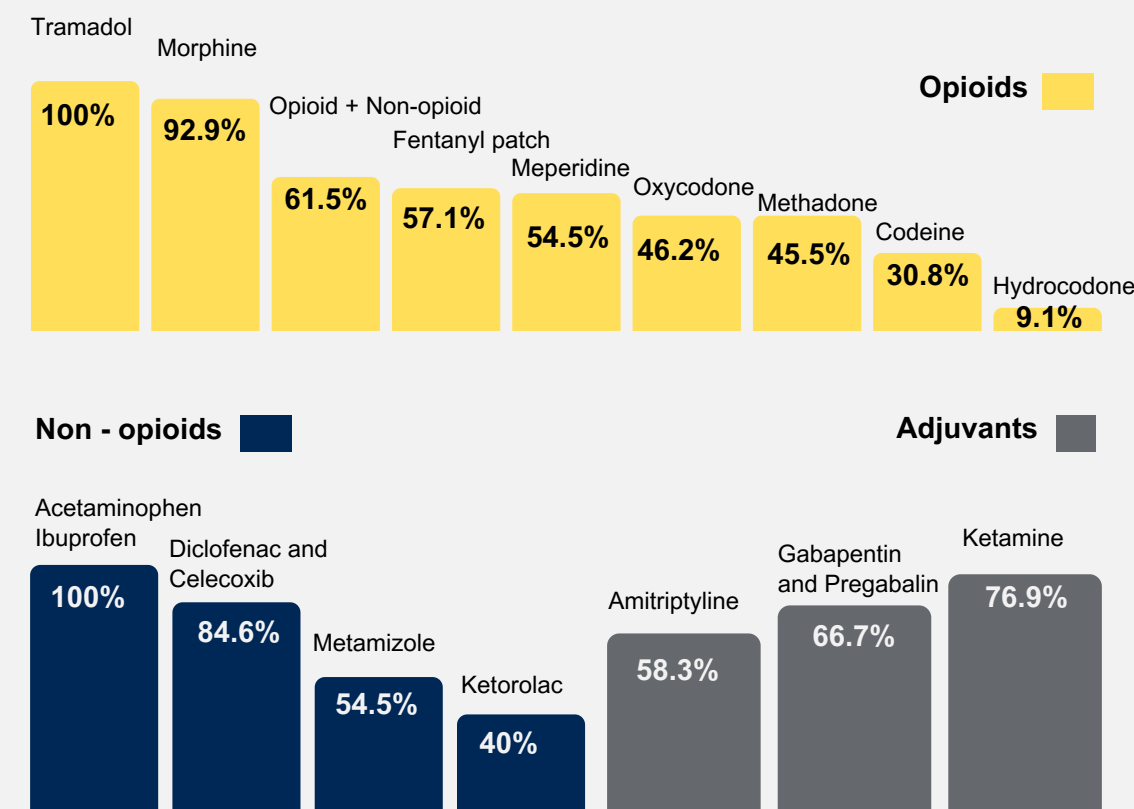
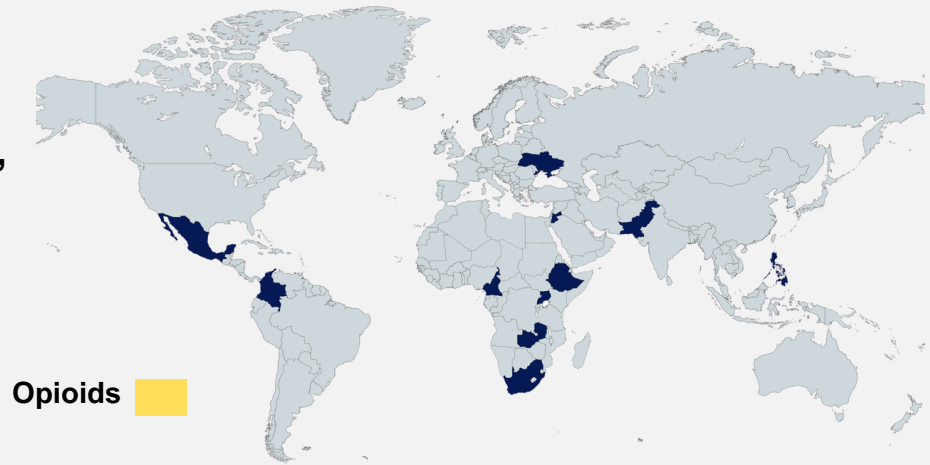
During the St. Jude Children's Research Hospital Global Alliance Convening in December 2023, workshop participants were surveyed about their access to specific pain relief medications and perceived barriers. They responded yes/no regarding access to various opioids, non-opioids, and adjuvants. They also ranked the relevance of barriers, including lack of access to opioids, lack of pediatric formulations, stock outs, national laws, institutional regulations, high cost, and misconceptions by healthcare providers, parents, and the community.

Conclusions

1. Access to basic non-opioid analgesics (acetaminophen and ibuprofen) and tramadol is universal. However, in pediatric oncology, acetaminophen and ibuprofen use may be restricted due to concerns about masking fever and bleeding, and tramadol's effectiveness is limited due to its weak opioid properties.
2. Pediatric formulations are often hard to obtain, and educating pharmacists on local morphine solution preparation may improve availability. Policy changes and advocacy are necessary to improve opioid access for pediatric cancer, as restrictive national laws pose significant barriers.
3. Misconceptions about opioids among healthcare providers and families/communities also hinder adequate pain relief, highlighting the need for education. Access to pain relief is particularly limited in low- and middle-income countries, especially for vulnerable pediatric populations. Understanding these barriers is crucial for informing effective policy change and advocacy.

Results

Participants (n=14) represented 11 countries: **Cameroon, Colombia, Ethiopia, Jordan, Mexico, Pakistan, Philippines, South Africa, Ukraine, Uganda, Zambia**, from all 5 WHO regions.



The most relevant, frequent barriers were:

1. lack of access to opioids (including pediatric formulations),
2. national laws (including licensing restrictions),
3. parental, community, and healthcare providers misconceptions (educational needs).