

The MORPHINE framework



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

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



A program of the American Cancer Society

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- 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 at www.TreatThePain.org/country_reports.html)

- 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