

**Left behind in pain: extent and causes of global variations in access to morphine for medical use and actions to improve safe access**

## **Web Annex A**

WHO survey questionnaire

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# Assessing barriers, enablers and priority actions for improving access to morphine for medical use

## A survey of stakeholders



### WHAT THIS IS ABOUT

WHO would like to identify ways to improve access to morphine for medical use. WHO Secretariat is conducting this survey to:

- collect information about current situations on access to morphine and other strong opioids in countries for patients in need;
- identify main system barriers to and enablers for access to morphine from a health system perspective; and
- prioritize potential actions for improving access to morphine for medical use.

### HOW YOU CAN HELP

We would like to hear from you if you are (1) policy makers responsible for managing the provision of morphine and other strong opioids; (2) health service or care providers caring for people requiring pain relief or palliative care; and (3) representatives from international non-government organizations whose scope of work relates to access to morphine or strong opioids for medical use (e.g. supply). We would welcome your response to this survey by [closing date].

### ABOUT THE SURVEY

The survey takes around **30 minutes** to complete. It is divided into five sections:

- About you and your context
- Situation of access to morphine for medical use in your context
- Infrastructure to support rational use of morphine for medical purposes
- Barriers and enablers relating to access to morphine for medical use
- Priority of actions to improve access to morphine for medical use

Information collected in this survey will be analyzed and published in a WHO report and/or peer reviewed journal. All information will be stored in WHO internal secured server.

### SOMETHING YOU NEED TO KNOW

Your participation in this survey is entirely voluntary. You may choose not to answer any question.

[If you are unable to complete the survey in one attempt, simply close the browser using the "x" button on the top right corner of your screen; the survey will save your answers to the last completed page, and you can come back at any time later to finish it. However, you are only able to submit the completed survey once by pressing "done" on the last page.]

### YOUR PRIVACY

All information gathered will be treated in the strictest confidence. None of the questions enable individuals to be identified. In addition, we will only report aggregated summaries of the survey results to ensure that individual respondents or the organizations they represent cannot be identified.

### CONTACT

If you have any questions about this survey, please contact WHO secretariat at: [morphinestudy@who.int](mailto:morphinestudy@who.int)

## Section 1. About you and your context

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### 1.1 From whose viewpoint are you responding to this survey?

- |  |   |
|--|---|
| <input type="checkbox"/> Government authority or agency that exercises the function of a regulator or an administrator of public programmes, including state-owned enterprises | <input type="checkbox"/> Private enterprise                                     |
| <input type="checkbox"/> Non-Government organization, including civil society organization representing the interests of citizens independent from the government              | <input type="checkbox"/> Health service provider, such as hospitals and clinics |
|  | <input type="checkbox"/> Individual health care provider                        |
|  | <input type="checkbox"/> Other, please specify:                                 |

### 1.2 What are the main functions of your organization?

Please select one or multiple options as appropriate.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Regulatory agency  | <input type="checkbox"/> International non-governmental organization (e.g., UN & non-UN agencies serving humanitarian assistance and supply of medical goods) | <input type="checkbox"/> Clinical services specialized in pain management or palliative care                  |
| <input type="checkbox"/> Payer agency   | <input type="checkbox"/> International wholesalers or distributors  | <input type="checkbox"/> General inpatient services   |
| <input type="checkbox"/> Procurement agency                                       | <input type="checkbox"/> Organizations advocating for the interests of patients, families, or communities   | <input type="checkbox"/> General outpatient services  |
| <input type="checkbox"/> Law enforcement agency (e.g., Custom and border control) |   | <input type="checkbox"/> Pre-hospital emergency care services (e.g., ambulance transport)                     |
|   |   | <input type="checkbox"/> Community-based care (e.g., outreach, home-based care, care in long-term facilities) |
| <input type="checkbox"/> Other, please specify:                                   |   |   |

### 1.3 Where is your organization located?

Please click to select one option      Other or additional notes:

### 1.4 How would you best characterize the geographic coverage of the services your organization provides?

Please select only one option.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> International             | <input type="checkbox"/> Local in peri-urban area               | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> National                  | <input type="checkbox"/> Local in rural and hard-to-reach areas |   |
| <input type="checkbox"/> State or provincial       | <input type="checkbox"/> Humanitarian settings                  |   |
| <input type="checkbox"/> Local in major urban area |   |   |

### 1.5 If your organization is a health facility, please indicate the practice size as defined by the estimated number of patients receiving clinical services per year across the whole organization.

Please select only one option.

- |  |  |
|--|--|
| <input type="checkbox"/> Not applicable because my organization does not provide clinical service. | <input type="checkbox"/> 101 patients to 500 patients per year |
| <input type="checkbox"/> Less than 50 patients per year  | <input type="checkbox"/> 501 to 1,000 patients per year        |
| <input type="checkbox"/> 51 to 100 patients per year   | <input type="checkbox"/> 1,001 to 5,000 patients per year      |
|  | <input type="checkbox"/> More than 5,000 patients              |

## Section 2. Situations on access to morphine for medical use in your context

### 2.1 To the best of your knowledge, in 100 people needing morphine or other strong opioids for the management of severe pain or palliative care, which of the following are regularly available\* in your context^?

\* For this survey, "regularly available" means in the last 6 months, the medicine is available in quantity sufficient to meet the expected demand of patients with medical needs according to accepted clinical guidelines

^ As described in Section 1 of this survey

i. Morphine in immediate release formulations (e.g., liquid, tablets, capsules, injections, suppositories)		people
ii. Morphine in extended-release formulations (e.g., tablets, capsules, granules, injectable liposomal suspension)		people
iii. Other strong opioids in equivalent dose to morphine (e.g. hydrocodone, oxycodone, methadone, hydromorphone, buprenorphine, fentanyl) in immediate-release formulations		people
iv. Other strong opioids in equivalent dose to morphine (e.g. hydrocodone, oxycodone, methadone, hydromorphone, buprenorphine, fentanyl) in extended-release formulations		people
v. Other opioids of lower potency than morphine (e.g. codeine and tramadol, tapentadol) in immediate-release formulations		people
vi. Opioids of lower potency than morphine (e.g. codeine and tramadol, tapentadol) in extended-release formulations		people
<b>TOTAL</b>	<b>100</b>	<b>people</b>

### 2.2 For the ten most used morphine products\* in your context as described in Section 1, please indicate their most common supply source(s) and unit procurement price^ from the source(s).

\* Morphine in all salt forms (e.g., sulfate, HCl, tartrate)

^ Prices should exclude rebates, discounts, or bonus stocks where applicable

	Form	Strength	Nr units per pack	Source of supply	Currency	Price per pack from the source
i.	Please select			Select	Select	
ii.	Please select			Select	Select	
iii.	Please select			Select	Select	
iv.	Please select			Select	Select	
v.	Please select			Select	Select	
vi.	Please select			Select	Select	
vii.	Please select			Select	Select	
viii.	Please select			Select	Select	
ix.	Please select			Select	Select	
x.	Please select			Select	Select	

**2.3 In relation to the supply of morphine and other strong opioids, please indicate the function permitted for the following stakeholders under the current legal requirements.**

		Import	Distribute or carry to patient	Prescribe	Dispense	Additional notes
i.	Pharmaceutical wholesalers	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
ii.	Public procurement agencies (e.g. central medical stores)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
iii.	Health facilities providing tertiary care	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
iv.	Health facilities providing secondary care	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
v.	Health facilities providing primary care	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
vi.	Pharmacies	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
vii.	Medical doctors (Specialty)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
viii.	Medical doctors (General)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
ix.	Nurses (Specialty)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
x.	Nurses (General)	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
xi.	Pharmacists	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
xii.	Community health workers	Choose an item.	Choose an item.	Choose an item.	Choose an item.	
xiii.	Trained or supervised family members	Choose an item.	Choose an item.	Choose an item.	Choose an item.	

**2.4 To the best of your knowledge, in 100 people needing morphine or other opioids for medical use in your context<sup>^</sup>, how many would meet the following descriptions?**

<sup>^</sup> As described in Section 1 of this survey

i. Receiving morphine according accepted clinical guidelines and practice*		people
ii. Receiving morphine but insufficient according to accepted clinical guidelines and practice*		people
iii. Receiving other strong opioids in equivalent dose to morphine (e.g. hydrocodone, oxycodone, methadone, hydromorphone, buprenorphine, fentanyl)		people
iv. Receiving opioids of lower potency than morphine (e.g. codeine and tramadol, tapentadol)		people
v. Not receiving morphine or other strong opioids despite in need for medical use		people
<b>Total</b>	<b>100</b>	<b>people</b>

\*e.g. WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents; WHO Guidelines on the management of chronic pain in children

## 2.5 To the best of your knowledge, with the current pricing or reimbursement arrangements in your context<sup>^</sup>, in 100 people needing morphine or other strong opioids for medical use how many would meet the following descriptions?

<sup>^</sup> As described in Section 1 of this survey

### Morphine

i. Can afford morphine because of public insurance (partial or full coverage)	<input type="text"/>	people
ii. Can afford morphine because of private insurance (partial or full coverage)	<input type="text"/>	people
iii. Can afford morphine despite not having any insurance coverage	<input type="text"/>	people
iv. Face financial hardship because of significant out-of-pocket costs associated with morphine	<input type="text"/>	people
v. Unable to pay and not using morphine	<input type="text"/>	people
<b>Total</b>	<b>100</b>	<b>people</b>

### Other strong opioids

i. Can afford other strong opioids because of public insurance (partial or full coverage)	<input type="text"/>	people
ii. Can afford other strong opioids because of private insurance (partial or full coverage)	<input type="text"/>	people
iii. Can afford other strong opioids despite not having insurance coverage	<input type="text"/>	people
iv. Face financial hardship because of significant out-of-pocket costs associated with other strong opioids	<input type="text"/>	people
v. Unable to pay and not using strong opioids	<input type="text"/>	people
<b>Total</b>	<b>100</b>	<b>people</b>

## Section 3. Infrastructure to support medical use of morphine and other opioids

### 3.1 Which of the following resources are available to support medical use of morphine or other strong opioids for medical use in your context<sup>^</sup>?

<sup>^</sup> As described in Section 1 of this survey

- ☐ None
- ☐ Formulary listing of essential medicines includes products containing morphine
- ☐ Medicines to support the safe use of morphine for medical use, such as naloxone, anti-nauseant products, and laxatives
- ☐ Equipment for safe storage of morphine and other opioids (e.g., security safes or safety boxes)
- ☐ Equipment for safe disposal of devices for injection (e.g., safety boxes for disposal)
- ☐ Print or online clinical resources to guide the medical use of products containing morphine and other opioids (e.g. clinical guidelines, information pamphlets)
- ☐ Print or online resources to guide the prevention of misuse or dependence on products containing morphine and other opioids (e.g. guidelines, information pamphlets)
- ☐ Predictable, stable, and adequate funding to support procurement of morphine for medical use
- ☐ Predictable, stable, and adequate funding to support clinical services associated with appropriate medical use of morphine
- ☐ Information technology infrastructure to support data management and demand forecasting
- ☐ I don't know

### 3.2 Which of the following **governance structures** are available to support medical use of morphine and other strong opioids in your context^?

^ As described in Section 1 of this survey

- ☐ None
- ☐ Multidisciplinary body (e.g. regulatory, clinical, social care, consumer representative) to coordinate government policies on use of controlled substances
- ☐ Medicines/therapeutics committees in districts and hospitals to oversee access and rational use of opioids
- ☐ Clinical supervision, formal audit, and feedback on access and rational use of opioids
- ☐ Regulations or policies for facilitating medical use and prevent misuse of opioids
- ☐ Policy to avoid perverse financial incentives to avoid injudicious use of morphine for mild pain or chronic non-severe pain
- ☐ I don't know

### 3.3 Which of the following **capacity building activities** are available to support the medical use of morphine and other strong opioids in your context^?

^ As described in Section 1 of this survey

- ☐ None
- ☐ Inclusion of training on appropriate medical use of opioids (e.g. WHO Analgesic Ladder) in undergraduate curricula for doctors
- ☐ Inclusion of training on appropriate medical use of opioids (e.g. WHO Analgesic Ladder) in undergraduate curricula for nurses
- ☐ Inclusion of training on appropriate medical use of opioids (e.g. WHO Analgesic Ladder) in undergraduate curricula for pharmacists
- ☐ Specialty or subspecialty training on palliative care or pain management for doctors
- ☐ Specialty or subspecialty training on palliative care or pain management for nurses
- ☐ Continuing in-service medical education as a licensure credit (e.g. CPD points) for doctors
- ☐ Continuing in-service medical education as a licensure credit (e.g. CPD points) for nurses
- ☐ Continuing in-service medical education as a licensure credit (e.g. CPD points) for pharmacists
- ☐ Patient and caregiver education about morphine (or opioids generally) for medical use
- ☐ Public education about morphine (or opioids generally) for medical use for medical use
- ☐ I don't know

## Section 4. Barriers to access morphine for medical use

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### 4.1 In your context^, what **legislative or policy factors** are affecting patients having timely access to morphine and strong opioids when in need for medical use?

^ As described in Section 1 of this survey

- ☐ None
- ☐ Legislations or policies overly focused on preventing non-medical use
- ☐ Prescribing and dispensing restrictions (e.g., requirements for permits and license approval are more than necessary)
- ☐ Administrative requirements (e.g., Maximum import quantity, prescription validity, quantity or dosage restriction, special prescription forms, record keeping)
- ☐ I don't know
- ☐ Other, please specify:



**4.2 What **service-related factors** are hindering access to morphine and other strong opioids for medical use in your context^?**

<sup>^</sup> As described in Section 1 of this survey

- ☐ None
- ☐ Morphine is not regularly available in health facilities
- ☐ Other strong opioids are not regularly available in health facilities
- ☐ Patients or caregivers lack awareness of the availability of treatment
- ☐ Long distance or poor transportation for patients to travel to health facilities where morphine is available
- ☐ Health workers lack awareness of the availability of treatment (e.g., non-referral)
- ☐ Health workers lack the skill set to provide morphine or strong opioids for medical use
- ☐ Difficulties in prescribing due to administrative requirements (e.g. appropriate forms)
- ☐ Price and costs of morphine are higher than the patients could afford
- ☐ Morphine is only available for use for patients with specific medical conditions (e.g. cancer) but not other medically indicated conditions (e.g. severe pain from other non-cancer causes)
- ☐ I don't know
- ☐ Other

**4.3 Have the following **attitudes and perceptions** reduced access to morphine and other strong opioids for medical use in your context^?**

<sup>^</sup> As described in Section 1 of this survey

- ☐ None
- ☐ Patients or caregivers are fearful of risks of dependence (substance use disorder)
- ☐ Patients and caregivers are concerned about the side effects, such as constipation, drowsiness, and nausea
- ☐ Patients and caregivers are concerned about potential overdose
- ☐ Patients and caregivers associate morphine use only at the end of life
- ☐ Patients and caregivers have little trust in health workers for the need and safe use of morphine
- ☐ Patients and caregivers prefer other therapeutic options
- ☐ Service providers are concerned about patients being addicted
- ☐ Service providers are concerned about side effects, such as constipation, drowsiness, and nausea
- ☐ Service providers are concerned about potential overdose
- ☐ Service providers prefer other therapeutic options
- ☐ I don't know

**4.4 Please briefly described **other important barriers** to morphine and other strong opioids for medical use in your context^ not already surveyed above.**

<sup>^</sup> As described in Section 1 of this survey

## Section 6. Priority of actions

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### 6.1 Please rank the following potential actions to improve access to morphine for medical use, in order of priority. 1 being the highest priority in your context<sup>^</sup>.

<sup>^</sup> As described in Section 1 of this survey

- |                 |  |
|-----------------|--|
| Choose an item. | Access - Develop small-scale or state-wide programmes on improving access to morphine for medical use  |
| Choose an item. | Access - Establish and implement a package with essential service and products to facilitate rational use of morphine                                      |
| Choose an item. | Access - Establish regional or local production for morphine for medical use, particularly immediate-release products                                      |
| Choose an item. | Access - Establish hub-and-spoke distribution network for morphine for medical use   |
| Choose an item. | Access - Establish affordable pricing for morphine for medical use   |
| Choose an item. | Access - Avoid costly formulations or products of morphine or other strong opioids   |
| Choose an item. | Access - Expansion of access to health conditions other than cancer and HIV and for children   |
| Choose an item. | Awareness - Public education or awareness-building campaigns   |
| Choose an item. | Awareness - Health workers' awareness on availability  |
| Choose an item. | Awareness - Health workers' awareness on patient needs   |
| Choose an item. | Governance - Establish interdisciplinary, interinstitutional, multistakeholder committees to provide overall governance in conjunction with the Government |
| Choose an item. | Governance - scale-up of palliative care initiatives with a view to integrating into government-led implementation   |
| Choose an item. | Governance - Design or change in policy and legislation  |
| Choose an item. | Governance - Implement regulatory guidelines that include the safe management of opioid analgesics   |
| Choose an item. | Resourcing - Integrate financing for morphine into all existing national insurance and social security programme   |
| Choose an item. | Resourcing - Establishing fund specific for children living in low-income countries who need opioids for the relief of pain and palliative care            |
| Choose an item. | Resourcing – availability of morphine in formulations suitable for use by children (e.g. liquid)   |
| Choose an item. | Resourcing - Allocate public or publicly mandated resources to cover the Essential Package   |
| Choose an item. | Resourcing - Policies and additional investment must be in place to ensure safe supply chains  |
| Choose an item. | Skill set - training skilled human resources with expertise in pain management   |
| Choose an item. | Skill set - implement and apply pain treatment and management guidelines   |

## Section 7. Thank you and contact details

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Thank you for your completing this survey. The secretariat would like to be in touch with you in case we need clarifications regarding your response and share the survey results. We would appreciate if you could share your contact details with us. We will treat this information with the strictest confidence.

<b>Name</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Position</b>	<input type="text"/>
<b>Email address</b>	<input type="text"/>