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HARVARD GLOBAL EQUITY INITIATIVE – LANCET COMMISSION ON GLOBAL ACCESS TO PAIN CONTROL AND PALLIATIVE CARE (GAPCPC)

September 22-23, 2014

The Lancet
Lewis Conference Room, 8th Floor
360 Park Avenue South
New York, NY 110010

AGENDA

OBJECTIVES OF THE MEETING

- Convene the Commission uniting, on the one hand, specialists in pain control and palliative care and, on the other, experts in global health and health systems.
- Identify opportunities for incorporating pain control and palliative care within health reforms to strengthen health systems and achieve effective universal health coverage.
 - Propose health systems strategies that harness national and global platforms.
- Define “success” for this Commission.
 - Identify key knowledge gaps, as well as challenges and opportunities for action at the global, regional, and national levels.
 - Identify the gaps that can be filled by the Commission
 - Agree on working groups and case studies.
 - Determine key instruments and materials – focusing on knowledge goods – to be produced by the Commission.
- Develop a preliminary list of enabling actions for policy-oriented research and evidence-based policy-making.
- Begin to define key recommendations of the Commission report at the global, regional and national levels.
- Identify the scope and methods for consultation with other constituencies in order to implement Commission recommendations.
- Draft a work plan for the upcoming 18-24 months.



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Statement of purpose of the Commission (Draft 0):

The lack of global access to pain control and palliative care throughout the life cycle constitutes a global crisis and action to close this divide between rich and poor is a moral, health and ethical imperative. Global and national health systems solutions exist that can close this divide; lack of financial resources is not the limiting factor. Yet, efforts to achieve Universal Health Coverage – a now widely accepted goal of health systems – have largely ignored the need for pain control and palliative care. The issue has seldom if at all been considered through a health system lens applying a diagonal approach that considers chronicity of illness and works across diseases. By coupling evidence-based advocacy with advocacy-inspired evidence we can identify and implement policies and programs that would end the tragedy of health and travesty of justice of permitting poor patients to suffer unnecessary pain, while simultaneously helping all people to avoid unnecessary suffering during and at end of life.

SEPTEMBER 22, 2014

Session 1: introduction to health systems and results of recent Lancet Commissions

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6:00-7:30 Welcome, agenda review and objectives (5')

- Felicia Knaul

Why we are here – Video (5')

Review of previous Lancet commissions and health system frameworks (75')

- Julio Frenk
 - Health systems and human resources (Health Professionals for a New Century) (20')
- Rifat Atun
 - Health systems: Maximizing Positive Synergies (20')
- Dean Jamison
 - Global Health 2035 (A world converging within a generation)....pain and palliative care (20')

Walk to Sarabeth's Restaurant

381 Park Ave S, New York, NY 10016



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Session 2: Getting to know each other and defining goals

7:30-9:30 Working dinner

- **Conversation: “Do’s and Don’ts of Lancet Commissions”**
 - Interview-style with Julio Frenk, Rifat Atun and Dean Jamison (20’)
- **Personal introductions and expectations for the Commission (50’)**
 - Question to each dinner guest, following a brief personal introduction and sharing individual “why we are here”:
 - Imagine we are together two years from today and the Commission is coming to a close having completed its work.....
 - Share 3-5 points that summarize what you would consider “success” in terms of what the Commission would have achieved?
- **Remarks by Paul Famer “Closing the Global Pain Divide” (30’)**

SEPTEMBER 23, 2014

Lancet Office, Lewis Conference Room, 8th Floor, 360 Park Avenue South

8:00-8:30

Breakfast and mingling

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Why we are here – Short videos

Session 3: Introduction to the Commission and to The Lancet

8:30-8:40

Overview of the Commission and summary of Sept. 22

- Felicia Knaul

8:40-9:00

Introduction to Lancet Commissions and expectations for the report

- Richard Horton



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Session 4: Framework and overview of global knowledge base

9:00-9:20

Integrating pain and palliative care into UHC: A framework

- Felicia Knaul

9:20-9:40

Overview of current knowledge base: Global perspectives and background on PCPC

- Advances and challenges – Kathleen Foley
- A focus on LMICs – M. R. Rajagopal

Session 5: Gaps in knowledge base, contributions of the Commission to fill gaps, key messages

9:40-10:30

Discussion

- Identify and prioritize key gaps in the existing knowledge base

10:30-10:45

BREAK

10:45-11:30

Discussion

- Identify the research questions and knowledge innovations that can be answered by the Commission to fill in the gaps
 - Example: Measurement
 - Dean Jamison and Rafael Lozano
 - Propose and define list of working groups and core research topics for the Commission

11:30-12:30

Key Messages, Recommendations and Enabling actions:

- Present and discuss Key Messages
- Review input received from Commissioners via email

12:30-1:00

LUNCH



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Session 6: Harnessing platforms, sharing and implementing knowledge and tools

1:00-2:15

Consultation with broader constituencies and implementation of recommendations

- Role of Scientific Advisory Committee and Policy Implementation Group
 - Felicia Knaul
- IAHPC partnership
 - Eric Krakauer
- Human rights perspective and WHO resolution
 - Diederik Lohman
- UHC and NCDs
 - Sania Nishtar

2:15-2:30

BREAK

Session 7: Gathering data and applying frameworks

2:30-4:00

Case Studies

A. Country case studies and regional perspectives (45')

- Example: Mexico – Felicia Knaul
 - Comments (5' each proposing country cases and key issues):
 - India/Asia – M.R. Rajagopal
 - Vietnam/Asia – Eric Krakauer
 - Uganda-Kenya/Africa – Faith Mwangi-Powell
 - Lebanon/MENA – Huda Abu-Saad Huijjer
 - Serbia/Eastern Europe – Snezana Bosnjak
 - Canada/High-income – Gary Rodin

B. Integration of PCPC into the care continuum - Tracer diseases/illnesses

- Examples/issues to discuss:
 - Metastatic breast cancer
 - Cervical cancer
 - HIV/AIDS
 - Diseases that include chronic pain - CVD
 - Chronic illness – MDR TB, MSD

C. High-risk groups

- Examples to consider:
 - Children
 - Complex emergencies
 - Family care-givers

