



World Health  
Organization

4 February 2011

Dear Resident Coordinators,

As Resident Coordinator of the UN system at the country level, you are called upon, from time to time, to support the work as well as raise the concerns of UN bodies and organizations. In this connection, we would like to recall the joint letters dated 24 August 2001 and 24 February 2005, signed by Mr. Mark Malloch Brown, Chair of the United National Development Group and Prof. Hamid Ghodse, President of the International Narcotics Control Board (INCB), which contained a number of issues raised by the INCB, particularly with regard to the availability of opioids for the treatment of pain in developing countries.

As you are aware, the principal objective of the international drug control treaties is to limit the use of controlled substances to medical and scientific purposes. In particular, the Single Convention on Narcotic Drugs of 1961 and previous international conventions stressed that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes. Guided by a similar principle, States recognized in the Convention on Psychotropic Substances of 1971 that the availability of psychotropic substances for medical and scientific purposes should not be unduly restricted.

The Board has recurrently highlighted the under-consumption of and the lack of medicaments for the treatment of severe pain in many developing countries and psychotropic substances for mental disorders. Countries with a high incidence of cancer and AIDS, for example, are directly affected as essential medicines for the treatment of severe pain associated with such conditions are often not available. Today, the situation has not changed significantly. There continue to be shortfalls in the availability of such medicines in many countries, where opioids, like all drugs intended for medical use, do not necessarily reach those who need them most. Globally, only *about 5-10 per cent* of patients suffering from *moderate* and severe pain *from cancer, end stage HIV/AIDS and many other causes* may be receiving adequate treatment. While opioids consumption worldwide continues to rise, disparities among countries have remained the same or increased. Africa accounts for less than one per cent of global morphine consumption.

A similar situation exists for other medicines controlled or regulated under the international drug control conventions. They include medicines for such conditions as opioid dependence, epilepsy, psychiatric disorders and birth complications. WHO estimates that access to treatment of dependence could result in the prevention of up to 130,000 new HIV infections from needle sharing outside sub-Saharan Africa annually. Each year half a million women die during childbirth, about 120,000 of them from post-partum bleeding. Many of these lives could have been saved if medicines to stop the bleeding were available. In many countries access to treatment for epilepsy and psychiatric disorders is difficult, although the extent of the problem is not exactly known.

In an effort to improve the situation, the Commission on Narcotic Drugs (CND) adopted, at its fifty-third session in March 2010, resolution 53/4 entitled "Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse". Both INCB and WHO have responsibility under the international drug control conventions and are collaborating to assist Governments in ensuring appropriate use and adequate availability of medicaments for the treatment of severe pain and mental disorders.

In view of the important leadership role you play as Resident Coordinator, and in order to ensure that tangible progress is made in achieving the principal objective of the international drug control treaties, we urge you to give due regard to this important issue when establishing your future priorities in programmes for supporting the development of the health sector. We also urge you to raise this issue when discussing health and development in the UN Country Team, with your Government counterparts, the donor community and non-governmental organizations.

We look forward to your cooperation and support, as the Resident Coordinator of the UN system at the country level, in this area where our mutual expertise in development work and the international drug conventions can make a difference.

Yours sincerely,



Hamid Ghodse  
President  
International Narcotics Control  
Board



Margaret Chan  
Director-General  
World Health Organization



Helen Clark  
Chair  
United Nations Development  
Group