

## **Consensus statement for palliative care integration into health systems in Africa: “Palliative Care for Africa”**

On the occasion of the first African Ministers of Health session on palliative care at the APCA/HPCA African Palliative Care conference, 17<sup>th</sup> September 2013, Birchwood Conference Centre, Johannesburg, South Africa

### **Knowing that:**

- According to World Health Organization (WHO) and other sources, Africa, with 12% of the world’s population, carries **70% of the HIV burden** and sees 1.2 million of its citizens die every year. Almost 80% of the HIV infected people with TB live in Africa. Overall, the African region carries 24% of the global TB burden and has the highest rates of cases and deaths per capita. During 2011 there were 1.4 million TB deaths worldwide;
- According to the same sources, **more than 80% of all cancer** patients in Africa present too late for any curative treatment approaches;
- The WHO definition of palliative care focuses on reducing pain and suffering by implementing the required approaches, and the African Union (AU) Declaration on Non-communicable Diseases (NCDs) recognises the need for palliative care;
- Best practices in the provision of palliative care have been successfully demonstrated in several countries in Africa, including Kenya, Malawi, Rwanda, South Africa, Swaziland, Tanzania and Uganda; and
- Although the prevention of communicable and non-communicable diseases is under way in many African countries, suffering as a result of such diseases has not been eliminated;

### **And recalling**

The African Common Position on Controlled Substances and Access to Pain Management Drugs and other relevant declarations (see appendix I).

We acknowledge the progress in palliative care development as measured against the World Health Organisation’s pillars for integration of palliative care into country health systems (Policy, Education, Drug Availability and Implementation). However, we recognise

that there is still much work to be done to fully integrate palliative care into health systems in Africa to ensure access to quality palliative care for all Africans who need it.

**Therefore, we, the delegates at the first session of the African ministers of health on palliative care at the 2013 APCA/HPCA conference recommend and support the following six objectives:**

1. The **development of policy frameworks** that strengthen health systems, by the integration of palliative care into hospital and community home-based care health services in order to reduce the suffering of the African people with life-limiting illnesses such as HIV, cancer and other communicable and non-communicable diseases, who are living with pain and other burdensome symptoms.
2. The **integration** of palliative care services **into national health budgets** to ensure sustainable services.
3. The use of the already established global and regional frameworks provided by the African Union and WHO, **to ensure availability of, and access to, essential medicines** and technologies for the treatment of pain and other symptoms being experienced by so many in Africa, including children. This includes the procurement and distribution of morphine, to ensure greater availability and access of this main opioid for the management of moderate to severe pain.
4. The **integration of palliative care into the nursing, medical school** and other relevant training curricula and pre-service training programmes such as those for pharmacists, social workers, psychologists and the clergy. In addition, support shall be provided to candidates who desire to take up a career in palliative care. **In-service training and capacity building** on palliative care for health care providers is also critical.
5. The **sharing of palliative care best practices** in clinical care, effective models and education across the continent, to ensure peer-to- peer learning across borders. Such practices adopt holistic care approaches that **focus on the physical, psychosocial and spiritual aspects** of a person's being, by use of multidisciplinary teams to reduce the suffering of patients with life-limiting illnesses and their families. The provision of palliative care for particularly **vulnerable groups** such as neonates, children, adolescents, people with disabilities, and the elderly is essential.

6. The **development of partnerships** across the continent between **governments and other players in health**, to ensure the sustainability of palliative care responses across the continent as well as promote **quality improvement** approaches at all levels.

**This statement has been made and adopted today, 17<sup>th</sup> September 2013, in Johannesburg, South Africa.**

***Appendix I: The African Common Position on Controlled Substances and Access to Pain Management Drugs refers to the following resolutions and decisions:***

- World Health Organisation Resolution WHA60.16 of 2007 on the rational use of medicines;
- Commission on Narcotic Drugs Resolution 54/6 on promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse;
- the Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa, 2006;
- the decision on the Five (5)-Year Review of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa (Doc. EX.CL/592(XVII)[Assembly/AU/Dec.291(XV)]);
- the Continental Framework for Harmonization of Approaches among Member States and Integration of Policies on Human Rights and People Infected and Affected by HIV and AIDS in Africa, 2006
- the Africa Union Executive Council decision (Doc. EX.CL/628(XVIII)) taking note of the Report of the Fourth Session of the AU Conference of Ministers of Drug Control and Crime Prevention (CAMDCCP4), held in Addis Ababa, Ethiopia, from 28 September to 2 October 2010 endorsing the recommendation, in particular, that the control of precursor chemicals for the manufacturing of synthetic drugs should be pursued with urgency, as the trafficking of these chemicals has become an alarming challenge, of January 2011;
- the Single United Nations Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and the 1971 Convention on Psychotropic Substances whereby these Conventions establish a dual drug control obligation for Governments: to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes, while at the same time preventing the illicit production of, trafficking in and use of such drugs.