



Consensus statement for strengthening palliative care as a component of comprehensive care throughout the life course in Africa – “The Kampala Declaration 2016”

On the occasion of the Second African Ministers of Health Session on Palliative Care at the 5th International African Palliative Care Conference, held on 16th August 2016, at Speke Resort, Munyonyo, in Kampala, Uganda:

Recognising that:

- In developing countries, ageing populations, rapid urbanisation, poverty and increasingly unhealthy lifestyles mean healthcare systems must cope with rising rates of chronic disease, while also addressing maternal, child and infant mortality, and communicable diseases,¹ as evidenced by the following:
 - There were an estimated 645,000 new cancer cases and nearly 456,000 cancer-related deaths in Africa in 2012, and cancer incidence rates on the continent are expected to grow by 100% over the next 20 years;² furthermore, the World Health Organization estimates that 80% of all cancer patients need palliative care;
 - The World Health Organization African Region (AFRO) has the highest global concentration of children in need of palliative care, both for malignant and non-malignant diseases,³ with HIV/AIDS representing 19% of children in need of palliative care in the region;

¹ *Quality of Death Index*, The Economist Intelligence Unit, 2015, p54.

² Figures from Globocan statistics. See http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx.

³ *Global Atlas for Palliative Care at the End of Life*, Worldwide Palliative Care Alliance, 2014, p 21.

- Sub-Saharan Africa accounts for nearly 70% of the HIV burden worldwide, with 1.2 million of its citizens dying every year;⁴
- According to UNAIDS, an estimated 25.5 million people are living with HIV in eastern, southern, western and central Africa, with 11.8 million accessing antiretroviral therapy;⁵
- Almost 74% of the global population of HIV-infected people with tuberculosis live in Africa. Overall, the African region carries 28% of the global TB burden, with the most severe burden relative to population, at 281 cases for every 100,000 people, nearly double the global average of 133;⁶
- Only about half of all the countries on the African continent have any hospice or palliative care activity; in the other half, there are no services;⁷
- Although the prevention of communicable and non-communicable diseases is under way in many African countries, suffering as a result of such diseases continues to be acute;
- The World Health Organization's definition of palliative care, focuses on implementing the required approaches that address the relief of physical, psychosocial and spiritual pain and suffering of patients and their families;
- The World Health Organization includes palliative care as an essential health service integrated into Universal Health Coverage, to ensure that all people receive the services they need without suffering financial hardship when paying for them;
- The percentage of WHO member states in the African region providing palliative care for patients with non-communicable diseases in primary care is only 20%, with only 9% providing home-based or community palliative care, and 40% providing funding for palliative care services through their respective Ministries of Health,⁸ and
- 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;

⁴ Global Health Observatory data, World Health Organization, 2014.

⁵ UNAIDS, 2015.

⁶ "Executive Summary", *Global Tuberculosis Report*. World Health Organization, 2015, p2.

⁷ *Global Atlas for Palliative Care at the End of Life*, Worldwide Palliative Care Alliance, 2014, pp36–37.

⁸ "Palliative care for noncommunicable diseases: a global snapshot for 2015", WHO fact sheet, 2015.

And recalling:

- The Consensus Statement for Palliative Care Integration into Health Systems in Africa, entitled *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, held on 17th September 2013 in Johannesburg, South Africa;
- The African Common Position on Controlled Substances and Access to Pain Management Drugs 2012 and other relevant declarations (see Appendix hereto); and
- The African Union Declaration on Non-Communicable Diseases, which recognises the need for palliative care;

(A) **Hereby acknowledge** the progress in palliative care development as measured against the World Health Organization's pillars for integration of palliative care into country health systems (policy, education, medicines availability, and implementation), **while recognising** that there is still much work to be done to fully integrate palliative care into health systems in Africa in order to ensure access to quality palliative care for all people in Africa who need it; and

(B) **Reaffirm our commitment** to implementing the World Health Assembly's Palliative Care Resolution WHA 67.19 of 2014, giving our attention to the nine recommendations to WHO member states hereby listed:

- (1) to develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;
- (2) to ensure adequate domestic funding and allocation of human resources, as appropriate, for palliative care initiatives, including development and implementation of palliative care policies, education and training, and quality improvement initiatives, and supporting the availability and appropriate use of essential medicines, including controlled medicines for symptom management;
- (3) to provide basic support, including through multisectoral partnerships, to families, community volunteers and other individuals acting as caregivers, under the supervision of trained professionals, as appropriate;
- (4) to aim to include palliative care as an integral component of the ongoing education and training offered to care providers, in accordance with their roles and responsibilities, according to the following principles:

- (a) basic training and continuing education on palliative care should be integrated as a routine element of all undergraduate medical and nursing professional education, and as part of in-service training of caregivers at the primary care level, including health care workers, caregivers addressing patients' spiritual needs and social workers;
 - (b) intermediate training should be offered to all health care workers who routinely work with patients with life-threatening illnesses, including those working in oncology, infectious diseases, paediatrics, geriatrics and internal medicine;
 - (c) specialist palliative care training should be available to prepare health care professionals who will manage integrated care for patients with more than routine symptom management needs;
- (5) to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to ensure adequate supply of essential medicines in palliative care, avoiding shortages;
 - (6) to review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance, I on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions;
 - (7) to update, as appropriate, national essential medicines lists in the light of the recent addition of sections on pain and palliative care medicines to the WHO Model List of Essential Medicines and the WHO Model List of Essential Medicines for Children;
 - (8) to foster partnerships between governments and civil society, including patients' organizations, to support, as appropriate, the provision of services for patients requiring palliative care;
 - (9) to implement and monitor palliative care actions included in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(C) We the African Ministers of Health and representatives of country delegations at the 2nd Session of the African Ministers of Health on Palliative Care **commit to:**

I. invest in essential technologies that contribute to quality palliative care services;

2. provide leadership at the highest level to ensure the implementation of the WHA 67.19 Resolution on “strengthening palliative care as a component of comprehensive care throughout the life course in Africa”.

This Consensus Statement has been made and adopted today, 16th August 2016, in Kampala, Uganda.

Appendix: This Consensus Statement refers to the following international and regional declarations as well as relevant reports:

- World Health Assembly Resolution WHA 67.19 on “Strengthening palliative care as a component of comprehensive care throughout the life course” (May 2014);
- United Nations General Assembly Resolution “Our joint commitment to effectively addressing and countering the world drug problem” A/RES/S-30/1 – “Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion” (April 2016);
- The Consensus statement for palliative care integration into health systems in Africa:, entitled *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, held on 17th September 2013 in Johannesburg, South Africa;
- The African Common Position on Controlled Substances and Access to Pain Management Drugs (2012);
- The African Union Declaration on Non-Communicable Diseases, which recognises the need for palliative care (April 2013);
- World Health Assembly Resolution WHA60.16 on the rational use of medicines (2007);
- 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 (September 2011);
- 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-Year Review of the Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa (document 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 (document 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 (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.