

June, 2018

An Evidence-Based Policy Brief

INCREASING PUBLIC & POLITICAL AWARENESS OF THE NEED FOR PALLIATIVE AND GERIATRIC CARE IN BURKINA FASO

Executive Summary

Problem statement

Most people in Burkina live in rural areas, have no health insurance, and are diagnosed with life limiting illnesses too late for effective curative care. In 2013, 80% of the 6215 cancer patients and more than half of the 5700 patients living with HIV/AIDS, died in pain. Palliative and geriatric care services are needed. National law provides for elder care, but not palliative care. The Health Ministry has no palliative care policy. The draft Universal Coverage Package does not include palliative care, and the government has done nothing to make this essential service available. This policy brief suggests several ways to make services available. In Burkina Faso, taking into account the population of almost 20 million, at least 68366 persons are in need of palliative care services. In 2016, Burkina imported 2.242 kg of morphine according to United Nations Office on Drugs and Crime. According to Lancet 2017, each palliative care service implementation will cost three dollars per capita either about 205098 dollars for Burkina Faso. About morphine, Burkina Faso need to import at least 27 kg per capita per year to cover analgesics needs.

Key messages

The problem:

The majority of the population lives in rural areas, has no health insurance, and when they contract a serious illness, are diagnosed too late for effective curative care. In 2013, 80% of the 6215 cancer patients, and more than half of the 5700 patients living with HIV/AIDS, died in pain. Palliative and geriatric care services are desperately needed. A national law mandates elder care but not palliative care. The Health Ministry has no palliative care policy. The draft Universal Coverage Package does not include palliative care, and the government has done nothing to make this essential service available. Priority health policies are reducing maternal child mortality and controlling HIV/AIDS. Almost $\frac{3}{4}$ of the population of 19.6 million inhabitants lives in rural areas with few clinics. Rural

Who is this policy brief for?

Policymakers, their support staff, and other stakeholders with an interest in the problem addressed by this policy brief

Why was this policy brief prepared?

To **inform deliberations** about health policies and programmes by **summarising the best available evidence** about the problem and viable solutions

What is an evidence-based policy brief?

Evidence-based policy briefs bring together **global research evidence** (from systematic reviews*) and **local evidence** to inform deliberations about health policies and programmes

***Systematic Review:** A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from this research

Full Report

The evidence summarised in this Executive Summary is described in more detail in the [Full Report](#)

patients who present with advanced disease, consulting only when curative care is no longer an option, are always sent home without palliative care. At home they suffer from pain and other symptoms and usually die with severe suffering. In Burkina Faso, there are not national data on cancer and other progressive non-malignant diseases. There are several formula to estimate palliative care needs like template for country needs (WHO,2004), and the formula of Professor Anne Merrimar founder of Hospice Uganda. This formula which use population number et HIV prevalence seem better for Burkina where data missed. $Cancer\ cases = Population/100 \times 0.3 + HIV\ cases = population/100 \times P\ (prévalence)\ \%/20$. The population of Burkina is 20 107 509 according to Central Intelligence Agency (CIA, June 2018). By using this formula at least 68 366 persons needs palliatives cares services in Burkina. According to the Lancet study, each palliative care implementation will cost three dollars per capita either about 205 098 dollars. Then Burkina need to import at least 27 kg of morphine per capita per year. In 2016, Burkina imported 2.242 kg of morphine according to United Nations Office on Drugs and Crime. Pain drugs are insufficiency available in our country towards the needs.

Policy options:

Option 1. Raise public and government awareness of the burden of untreated suffering

Implementation strategy: Initiate a campaign to raise public awareness about the need for palliative care in Burkina Faso, and patients' constitutional rights.

Option 2: Table laws protecting the right to palliative care as part of primary healthcare under universal health coverage.

Implementation strategy: Create a Presidential Level Task Force to include the social care, health, finance, communications, and education ministries, as well as the National Assembly and representatives of community organisations, to work together to cost and approve and national palliative care policy. Include a law on palliative care access for older persons in the public health code (similar to Law n ° 024-2016).

Option 3: Include palliative and elder care in the national health system and Universal Health Coverage (UHC) packages.

Implementation strategy: The Ministry of Social Action is still considering the draft law on Elder Care which has been passed. There is still time to define and stipulate the provision of palliative care as a right endorsed by the African Union, as well as General Comment 14 of the International Covenant on Economic, Social and Cultural Rights, ratified by BF in 1999.

The problem:

Low-income BF patients who living in rural areas and suffer from life limiting illnesses usually consult traditional healers before presenting too late in the course of their disease at hospitals and clinics. The nurses they see refer out to district hospitals in emergencies. BF has no comprehensive health policies that include prevention, rehabilitation and end of life care. WHA Resolution 67.19 recognised palliative care as an essential component of primary care. Although the constitution of Burkina Faso guarantees the right to health care, and affirms the right of every human being to dignity and equality, the country lacks a palliative care policy.

Size of the problem In Burkina Faso the proportion of older persons rose from 319 496 persons in 1985¹ to 475 812 in 2016. In 2010, there were 956.2 deaths per

100 000 persons from noncommunicable diseases and 100/100,000 from cancer (only 10%) that seem low while more cases were not diagnosis. In 2014, noncommunicable diseases accounted for 32% of all deaths.

Factors underlying the problem

- Lack of public understanding about the need for, and benefits of, palliative care for older persons;
- No palliative care law or policy;
- Citizens' lack of knowledge about their rights
- Policy prioritisation of maternal child health, and HIV/AIDS prevention and control;
- Weak health system;
- Cultural bias to consult traditional healers before seeking medical diagnosis;

Three policy options

1: Raise public awareness about the burden of serious health related suffering and the importance of integrating palliative care into the national health system.

2: Propose, draft and ratify laws protecting the right to palliative care as part of primary healthcare under universal health coverage.

3: Include palliative and elder care in the national health system and Universal Health Coverage (UHC) packages

Implementation Strategies

Option 1

The Ministry of Health, in collaboration with Medicine faculty can publish a research finding for policymakers and engage a public relations firm to wage an awareness raising campaign about the benefits of palliative care. Educational institutions and medical associations can share data. The government can propose and run an accelerated information campaign through social media, traditional media, integrated health information systems, and cross ministerial data sharing.

Option 2

Inform the National Assembly of the 13 palliative care recommendations approved by the Pontifical Academy for Life (PALI-LIFE project 2018), and the results of the burden of palliative condition found by our study. Invite the President of National Assembly, the President of the National Order of Physician, and Ministry of Health, as guests of honor for the policy dialogue during June 2018.

Implementation strategies for option 3

- Send a report of our study to all potential partners (Ministry of Health, Ministry of Social Affairs, and Ministry of Public Works).
- Recommend that stakeholders share data, information and evidence with other sectors (ie Ministries of Health and Public Service share data).
- Ask the Ministry of Health to invite all the above-mentioned sectors to participate in the annual General States of the Hospitals.

Options	Barriers to implementation	Strategies for addressing implementation barriers
Communication and sensitization.	<p>Authorization of the authorities</p> <ul style="list-style-type: none"> - In Burkina Faso, communication and health information is regulated. - The Ministry of Health is responsible for promoting health related issues. - The Ministry of Health only authorizes legally recognized associations as potential partners. 	<p>Use of a legal association</p> <ul style="list-style-type: none"> - As President of Hospice Burkina, I will be able to organize this political dialogue under the banner of this association - Use of the results of the investigation, the authorization of investigation signed by the Secretary General of the Ministry
Legal definition of palliative care	<p>Challenge of legislative process</p> <ul style="list-style-type: none"> - The constitution is the bedrock of national legislation. A review process for its revision is underway. Our work was done after the drafting and amendment of section 32 of this constitution. - Stipulating palliative as a right could have a great effect - Burkina Faso is part of the ECOWAS area and must comply with the training curricula. This constitutes an obstacle to the implementation of palliative care in Burkina Faso because of the obligation to harmonize clinical practices. - Burkina's code of medical ethics is therefore harmonized with that of ECOWAS, which makes it difficult to revise the code. - Lack of application decree of the law protecting older people and Health universal coverage 	<p>Legislation by Burkina National Assembly and ECOWAS area</p> <ul style="list-style-type: none"> - Given the impossibility of amending the constitution, the National Assembly can propose a law, recognize rights to palliative care. - The law protecting older persons' rights is already adopted and palliative care could be added. - To address harmonization issue an advocacy with the Ministry of Health of ECOWAS countries can be done to include palliative and geriatric care in each country - Advocate for a signature a decree which allow elderly law application
Multisectoral dialogue framework on setting	<p>Inadequate communication</p> <ul style="list-style-type: none"> - Lack of dialogue between stakeholders - Lack of collaboration between the Ministry of Health and The Ministry of Social Services, which in charge of older persons. 	<p>Creation of Policy Brief service and collaboration promotion</p> <ul style="list-style-type: none"> - Implement an Evidence-based information service in each Ministry - Use the national Health Assembly to share data, law and policies related palliative care - Create a palliative care service in the Ministry of Health

- Suggest that the Director of each of these programs implements palliative care programs for those who need them.
- Inform the Director of Universal Health Insurance about the lack of palliative care in the universal health coverage basket and
- Recommend that he collaborate with Ministry of Public Service to include palliative care.

Implementation considerations

Identify stakeholders : staff at the Ministries of Health, Public Works, Social Affairs, National Assembly, Faculties of Medecine, professional associations dealing with chronic disease or geriatric health issues, religious leaders, representatives of WHO in Burkina Faso. A representation of the specialist in palliative care services, families, health care providers will be involved in the dialogue process. Strategies proposed in our study will be developed in order to identify barriers and solutions for their implementation.

Table 1. Implementation considerations

Next steps

The goal of our study was to produce evidence–based data on the needs and problem of elderly and palliative care in Burkina Faso.

- These findings have been shared with the Ministry of Health, Ministry of Public Work, and Ministry of Social Affairs.
- We have showed it to the Department of Family Health of the Ministry of Health, who is supporting this stakeholder dialogue.
- The Non-Communicable Malaria Control Directorate has also contributed to the results of the study and is ready to implement the recommendations of the dialogue.

We are waiting for the official response of the Secretary General of the Ministry of Health to plan the dialogue. There is a financial difficulty in organizing this dialogue. A request for funding has been sent to the association and we are waiting for the answer.

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References

¹ Institut national de la statistique et de la demographie; la population du Burkina Faso de 1997 à 2006. 2009