

## **Guiding Questions for the focus areas of the IX Session of the Open-ended Working Group on Ageing: Long-term care and palliative care**

1) In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and services are covered?

1) Our country has subscribed to the Sustainable Development Goals (SDGs); SDG 3 aims to "enable everyone to live in good health and to promote the well-being of all at all ages". To achieve this goal, Burkina Faso has enshrined access to quality health services to all as one of the objectives of the 2016-2020 National Plan for Economic and Social Development (PNDES). This implies that national health development efforts are made. To this end, the Ministry of Health has drawn up a National Health Development Plan (PNDS) 2011-2020 which is its reference document and whose general objective is to reduce morbidity and mortality among populations through eight intermediate objectives. The health of older people is taken into account in Intermediate Objective No. 3 entitled "Strengthening the fight against communicable diseases and noncommunicable diseases" through its specific objective "to promote the health of specific groups"

As part of the implementation of the PNDS, the Ministry of Health through the Department of Family Health, undertook to set up a program for the health of the elderly (APS) to enable this component of the population to play its role in the socio-economic development of the country. For the implementation of this program, a 2016-2020 strategic plan has been developed. This plan is part of a dynamic of strengthening interventions for the elderly and aims as specific objectives to: strengthen the application of the texts in favor of the SPA; strengthen the coordination of APS interventions and the collaboration of stakeholders in this area; strengthen promotional, preventive, curative, adaptive and palliative care for the elderly; to make health services financially accessible to the elderly; strengthen the care of older people at different levels of the health system; to strengthen the quality of benefits for the SPA; strengthen methods of measurement, monitoring and research on the health of older people.

It must make it possible to better guide the interventions of the various actors and to mobilize the necessary resources for the health of the elderly in Burkina Faso. This plan also provides for the construction of geriatric units which will be annexed to public hospitals. Also, as part of the implementation of the National Economic and Social Development Plan (PNDES), it is planned the construction and equipment of two regional centers of geriatrics, one in Bobo-Dioulasso and the other in Ouagadougou.

At the institutional level, since 2007 there has been a directorate in charge of specific issues of protection of the elderly in the Ministry of Women, National Solidarity and the Family, a technical directorate in the Ministry of Health in charge of the health of the elderly, seniors and a National Seniors Council which is a framework for consultation of the elderly. In addition, several associations and other institutions work

for the well-being of the elderly through various actions including the SPA. It must make it possible to better guide the interventions of the various actors and to mobilize the necessary resources for the health of the elderly in Burkina Faso. This plan also provides for the construction of geriatric units which will be annexed to public hospitals. Also, as part of the implementation of the National Economic and Social Development Plan (PNDES), is it planned the construction and equipment of two regional centers of geriatrics, one in Bobo-Dioulasso and the other in Ouagadougou.

At the institutional level, since 2007 there has been a directorate in charge of specific issues of protection of the elderly in the Ministry of Women, National Solidarity and the Family, a technical directorate in the Ministry of Health in charge of the health of the elderly, seniors and a National Seniors Council which is a framework for consultation of the elderly. In addition, several associations and other institutions work for the well-being of the elderly through various actions including the SPA.

2) What are the specific challenges faced by older persons in accessing long-term care?

2) An analysis of the situation with a view to developing the 2016-2020 strategic plan for the health of the elderly has highlighted some priority problems that constitute barriers to access to care for the elderly. These deficiencies constitute the objectives pursued by this plan. These are among others:

- **The texts on the elderly are insufficient and poorly applied**

In Burkina Faso, legal and regulatory texts on the issues of older people in general and their health in particular, remain insufficient. Although there is political will through the ratification of international conventions, it is difficult to translate into concrete actions to improve the well-being of older people.

This situation is linked to the insufficiency in the application of the regulatory texts such as the interministerial decree of 1991 instituting the reduction of the tariffs of the services of health for the elderly, the insufficiency in the implementation of the international engagements, the lack of texts and laws in favor of the elderly, the lack of dissemination and the implementation of laws and laws relating to the elderly. The result is a lack of knowledge of the texts by the different actors (beneficiaries, service providers, partners, etc.).

- **The coordination of SPA interventions and the collaboration of stakeholders in this area are unsatisfactory**

Despite the fact that there is a coordination structure for SPA issues (DSF), there is a disparity in the interventions of the different actors. This is due to a lack of a framework for coordination and collaboration between the various actors and a lack of consideration of the activities of the elderly in the annual action plans of the health structures. This results in a lack of synergy of action between the different actors and a low capitalization of the interventions.

In spite of the existence of a SPA coordination structure (DSF), we note: • The promotion of the SPA is unsatisfactory. Promotional activities for the elderly are poorly developed. This is related to the absence of a PIC, the lack of a preventive care mechanism for all older people with weak capacity of the associations and the lack of collaboration and coordination of IEC activities. life, health, nutrition, ageism, senescence diseases etc.), for the elderly. There is also a lack of communication media, recreation centers across the country, the failure of all senior citizens to pay annual medical check-ups and the fact that it does not cover the necessary additional examinations and certain medications. of specialties. This leads to low attendance at health facilities, inappropriate drug use, aging with disabilities, high morbidity and mortality.

• **The promotion of the SPA is unsatisfactory** Promotional activities for the elderly are poorly developed. This is related to the absence of a PIC, the lack of a preventive care mechanism for all older people with weak capacity of the associations and the lack of collaboration and coordination of IEC activities. life, health, nutrition, ageism, senescence diseases etc.), for the elderly. There is also a lack of communication media, recreation centers across the country, the failure of all senior citizens to pay annual medical check-ups and the fact that it does not cover the necessary additional examinations and certain medications. of specialties. This leads to low attendance at health facilities, inappropriate drug use, aging with disabilities, high morbidity and mortality. a disparity in the interventions of the different actors. This is due to a lack of a framework for coordination and collaboration between the various actors and a lack of consideration of the activities of the elderly in the annual action plans of the health structures. This results in a lack of synergy of action between the different actors and a low capitalization of the interventions.

• **Health services are not very affordable for the elderly** Seniors have limited access to modern health care and use street medications. This situation is due to the high cost of benefits and private insurance and administrative burdens in case of care needs, the lack of free healthcare, the lack of a specific budget line, the low interest of TFP for the elderly, the insufficiency of the application of the decree reducing the tariff of the medical acts for the pensioners, the not taking into account of the elderly non pensioners. This results in late recourse to health services, aging with disabilities, high morbidity and mortality.

• **The provision of quality care and services for the elderly is insufficient** The specific care needs of the elderly are not covered. The main causes are the inadequacy of the strategy of continuous training of staff in PPS, the lack of skills and the number of providers, the absence of specialists in geriatrics, the non-updating of initial training modules, the lack of a geriatric unit in public and private hospitals. In addition one can quote the insufficiency of coordination of care and integration of the care of; elderly people in nutritional care, continuity of care for the elderly, protocols, standards and procedures for the care of the elderly and the organization of

health services for the elderly. In addition, the lack of appropriate infrastructure, drugs, consumables, equipment and lack of specialization in SPA do not improve this situation.

All of this is associated with low attendance at health facilities, inappropriate use of drugs, aging with disabilities, high morbidity and mortality.

• **Health statistics and research on SPA are insufficient**

SPA sanitary statistics are not available and research is underdeveloped. This situation is linked to the fact that the data on the SPA are not sufficiently taken into account in the National Health Information Service (disaggregation, indicators). There is also a lack of funding for APS research and poor dissemination of existing research findings on older adults. This leads to difficulties in planning interventions for the SPA, a lack of tools for decision-making and difficulties in mobilizing the TFPs around the issue of the elderly.

3) What measures have been taken/are necessary to ensure high-quality and sustainable long-term care systems for older persons, including for example:

- Sufficient availability, accessibility and affordability of services on a non-discriminatory basis?
- High quality of services provided?
- Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support?
- Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint) in long-term care?
- Sustainable financing of long-term care and support services?
- Redress and remedy in case of abuse and violations?

3) • Steps have been taken by our country to ensure quality and sustainable long-term care systems for the elderly. These measures include:

• **Law No. 024-2016 / AN on protecting and promoting the rights of older persons and its implementing decrees**

• **Act on Charging of Acts and Hospitalization.**

It aims to reduce the cost of care and hospitalization for the elderly

• **The National Plan for Economic and Social Development (PNDES) 2016-2020**

PNDES 2016-2020, national policy document envisages in its implementation:

- improving the access of people with disabilities to social services such as health, education, vocational training and transport;

-the development of access walkways dedicated to people with reduced mobility, in public spaces and buildings;

-the improvement of elderly people's access to health services specific to their needs; and the creation of two geriatric centers in Ouagadougou and Bobo-Dioulasso to take

care of the health of the elderly.

• **National Social Protection Policy**

It was adopted by the government in 2012 and covering the 2013-2022 periods. It aims to help households and individuals better manage risks and reduce their vulnerability and poverty by providing them with better access to social services and employment. Its priority actions for the elderly are: monetary transfers to deflated and retired workers; access to sleep vulnerable to health services; the establishment of a supplementary pension system.

• **The medical examination of pensioners of CARFO and CNSS**

In order to improve the access of vulnerable beds to the health system, it is planned over the 2015-2017 period to organize the medical visit of pensioners of CARFO and CNSS.

It aims to reduce the cost of care and hospitalization for the elderly

• **National Support and Assistance Fund for the Elderly (PNPS)**

This involves making a cash transfer to deflated and retired partners, for the 2015-2017 period, in order to provide financial support each year to CARFO and to finance microprojects each year for the benefit of workers deflated and retired.

• **National Social Protection Policy**

It was adopted by the government in 2012 and covering the 2013-2022 periods. It aims to help households and individuals better manage risks and reduce their vulnerability and poverty by providing them with better access to social services and employment. Its priority actions for the elderly are: monetary transfers to deflated and retired workers; access to sleep vulnerable to health services; the establishment of a supplementary pension system.

• **National Quality Assurance Program**

The need to develop a national quality assurance program stems from the findings and analysis of the health services situation in Burkina Faso. Indeed, during the analysis of the situation, it was found that in Burkina Faso, health services provision is considered to be of poor quality. The National Health Development Plan also devotes an important component to quality assurance. The general objectives of this program are to improve the quality of health services through the development of a national quality assurance program.

To achieve its general objective, eight complementary objectives have been set for quality in its various components and according to the different actors. It is :

-Stimulate the commitment to the quality of the different actors at different levels of the system

-Develop at all levels specific structures of PNDS support of quality assurance

-Develop the skills of health personnel

-Rationalize the work of health workers

-Give support in diagnosis and treatment to health workers as part of their care services

-Provide a quality drug dispensation at the country level

-Deploy quality care support activities

- To ensure the participation of the populations in the promotion of the quality of the

care.

• **National strategic framework for the fight against HIV / AIDS and STIs in the period 2016-2020.**

IT plans to reduce new infections, improve access and quality of treatment care and support services for those infected and affected, as well as governance and strategic information management for an effective national response HIV. In addition to this, there is free ARVs, free screening and some follow-up exams (CD4 and viral load).

- 4) What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?
- 5) In your country/region, how is palliative care defined in legal and policy frameworks?
- 6) What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?
- 7) To what extent is palliative care available to all older persons on a non-discriminatory basis?
- 8) How is palliative care provided, in relation to long-term care as described above and other support services for older persons?
- 9) Are there good practices available in terms of long-term care and palliative care? What are lessons learned from human rights perspectives?

**Guiding Questions for the focus areas of the IX Session of the Open-ended Working Group on Ageing: Autonomy and independence**

- 1) In your country/region, how is the right to autonomy and independence of older persons defined in legal and policy frameworks?

On the legal and political level:

- The existence of Law 024 / AN of October 17, 2016 on the protection and promotion of the rights of the elderly.
- The existence of the implementing decrees of the law being adopted

- 2) What other rights are essential for the enjoyment of the right to autonomy and independence by older persons, or affected by the non-enjoyment of this right?

The right to health;

- the right to decent housing;
- The right to dignity

- 3) What are the key issues and challenges facing older persons in your country/region regarding autonomy and independence? What studies and data are available?

The main problems and challenges are:

- The weak application and the ignorance of texts in favor of the elderly by the different actors
- social, political, economic, institutional and environmental changes, which affect the significant care of the elderly;

the main challenges are:

- The effective implementation of the Universal Health Insurance
- The realization of two geriatric centers in Ouaga and Bobo
- The training of geriatricians and gerontologists in perspective

- 4) What steps have been taken to ensure older persons' enjoyment of their right to autonomy and independence?

Measures taken to ensure the enjoyment of the elderly's right to independence and independence include:

- the creation of a senior health directorate within the Ministry of Health
- the creation of a Directorate of the Directorate for the Protection of the Elderly in the Ministry of Women, National Solidarity and the Family

These two structures are responsible for leading the sectoral policies of the state.

Measures taken to ensure the enjoyment of the elderly's right to independence and independence include:

- the creation of a senior health directorate within the Ministry of Health
- the creation of a Directorate of the Directorate for the Protection of the Elderly in the Ministry of Women, National Solidarity and the Family

These two structures are responsible for leading the sectoral policies of the state.

- 5) What mechanisms are necessary, or already in place, for older persons to seek redress for the denial of autonomy and independence?

Law 024 provides in Articles 42 to 47 criminal provisions for the denial of autonomy and independence of the elderly

In addition, it would be necessary to

- The creation of a legal support body for the elderly and the appointment of judges for the elderly

- Law 024 provides in Articles 42 to 47 criminal provisions for the denial of autonomy and independence of the elderly

In addition, it would be necessary to

- The creation of a legal support body for the elderly and the appointment of judges for the elderly

6) What are the responsibilities of other, non-State, actors in respecting and protecting the right to autonomy and independence of older persons?

The responsibilities of other actors should be reflected in:

- The support of the State in its policy of protection and promotion of the rights of the elderly;

- Respect for the texts in favor of the elderly