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?

The Zimbabwe National Palliative Care Policy (2014), which is in line with the World Health Organisation's palliative care policy, explains palliative care as an approach that improves the quality of life of patients and families facing the problem of life-threatening illness. It is done through prevention and relief of suffering by means of early identification and impeccable assessment as well as treatment of pain and other problems such as physical, psycho-social, and spiritual. Palliative care is relevant during the entire course of an illness and is seen to be vital to prevention, case-finding, testing, and adherence as well as care, support, and end of life care.

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

Older persons face several challenges in accessing long-term care such as:
- Lack of knowledge of the existence of palliative care facilities
- Lack of social support from families and communities so that they can access palliative care services
- Financial constraints since most palliative care service providers are private institutions which charge for their services
- Limited mobility hence challenges in accessing the palliative care institutions

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

The following measures have been put in place:
- Policies such as the National Palliative Care Policy (2014) have been put in place.
- The Ministry of Health and Child Care has developed strategies such as the Cancer Strategy 2013-2017, National Health Strategy of Zimbabwe 2016-2020 and the Healthy Ageing Strategy which is being developed.
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?

The applicable rights are:
- Rights of elderly persons to be provided with facilities, food and social care for those who are in need as provided in Section 21 (2)(b) of the Constitution
- The right to access social organisations aimed at improving the quality of life of elderly persons as provided in Section 21(2) (d).
- The rights to receive reasonable care and assistance from their families and the State, to receive health care and medical assistance from the State as well as to receive financial support by way of social security and welfare (Section 82 of Constitution)
- For older persons with disabilities Section 22 of the Constitution provides for consideration of their specific requirements by the State so that these are prioritised in development plans as well development of programmes for the welfare of persons with physical or mental disabilities.
- Right to shelter (Section 28 of the Constitution)
- Access to recreational facilities
- Access to health services (Section 29 of Constitution)
- Right to Social Welfare (Section 30 of Constitution)
- Right to life (Section 48 of Constitution)
- Right to human dignity (Section 51 of Constitution)
- Freedom from torture or cruel, inhuman or degrading treatment or punishment
- Equality and non-discrimination (Section 56 of the Constitution)
- Right to privacy (Section 56 of the Constitution)
- Freedom of assembly and association (Section 58 of Constitution)
- Freedom of conscience (thought, opinion, religion and belief) Section 60 of Constitution
- Access to information (Section 62 of Constitution)
- Political rights (right to vote) Section 67 of Constitution
- Property rights (right to pension) Section 71 of Constitution
- Freedom from arbitrary eviction (Section 74 of Constitution)
- Right to health care (Section 76 of the Constitution)
- Right to food and water (Section 77 of the Constitution)

5) In your country/region, how is palliative care defined in legal and policy frameworks?

The National Palliative Care Policy of 2014 defines palliative care as an approach that improves the quality of life of patients and families facing the problem of life-threatening illness. It is done through prevention and relief of suffering by means of early identification and impeccable assessment as well as treatment of pain and other problems such as physical, psycho-social, and spiritual. Palliative care is relevant during the entire course of an illness and is seen to be vital to prevention, case-finding, testing, and adherence as well as care, support, and end of life care.
6) **What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?**

End of life care is for people who are considered to be in the last year of life, but this timeframe can be difficult to predict. It aims to help people live as well as possible and to die with dignity. It also refers to treatment during this time and can include additional support, such as help with legal matters.

No studies are available on end of life care but the general concerns are:

- Limited specialist care in Zimbabwe
- Limited bereavement support services for relatives of terminally ill older persons
- Inadequate funding and resources for palliative care from the state

7) **To what extent is palliative care available to all older persons on a non-discriminatory basis?**

Section 56 of the Constitution prohibits discrimination on the following grounds: race, colour, tribe, place of birth, ethnic or social origin, language, class, religious belief, political affiliation, opinion, custom, culture, sex, gender, marital status, age, pregnancy, disability, economic or social status, or whether they were born in or out of wedlock:

Both state and privately run institutions employ needs-based selection of beneficiaries of palliative care without discrimination on any of the grounds stated above.

8) **How is palliative care provided, in relation to long-term care as described above and other support services for older persons?**

Palliative care service providers provides palliative care services to patients and families facing the problem of life-threatening illness as per the World Health Organisation (WHO) model. The patients are referred to the service providers by clinics, hospitals, doctors, or community structures. The patients can be in residential care institutions or in the care of their families but getting medical and psychosocial care from palliative care service providers on a regular basis.

9) **Are there good practices available in terms of long-term care and palliative care? What are lessons learned from human rights perspectives?**

Mainstreaming of human rights into palliative care frameworks, policies and strategies such as the Cancer Strategy so that people in palliative care are treated humanely, with dignity, respect for their privacy and other fundamental freedoms such as freedom from torture or cruel, inhuman or degrading treatment or punishment as well as equality and non-discrimination.