

APCA Atlas of Palliative Care in Africa

John Y. Rhee, Emmanuel Luyirika, Eve Namisango, Richard A. Powell,
Eduardo Garralda, Juan José Pons, Liliana de Lima, Carlos Centeno







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ics
Universidad
de Navarra
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Icahn School
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Mount
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for Global Health*





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1. Introduction







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The APCA Atlas of Palliative Care in Africa 2017 has been developed by a partnership of the following institutions: the African Palliative Care Association, the Arnhold Institute for Global Health at the Icahn School of Medicine at Mount Sinai, the International Association for Hospice and Palliative Care, and the ATLANTES Research Program at the Institute for Culture and Society at the University of Navarra.

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On behalf of the project team, we would like to express our gratitude to the organisations, institutions, associations, and professionals that have made this project possible through their generous time and talent.

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ABOUT THE AFRICAN PALLIATIVE CARE ASSOCIATION (APCA)

The African Palliative Care Association (APCA) is a pan-African organisation that was founded in 2003, with its secretariat based in Kampala, Uganda. The organisation currently has a membership of 1,010 individuals and 202 institutions from across Africa.

Since its inception, APCA's mission has been to reduce pain and suffering for people living with life-limiting illnesses (both communicable and non-communicable) across Africa. APCA's work aims to ensure that the patient and the family have access to proven holistic care that includes physical, psychosocial, and spiritual care.

This mandate is achieved through four main objectives, namely;

- I.** increasing knowledge and awareness about palliative care among policymakers, multidisciplinary health worker teams, teaching institutions, the media, and the general population;
- II.** strengthening health systems through the integration of palliative care into existing services, utilising the WHO building blocks of leadership/governance, service delivery, health workforce, health information systems, access to essential medicines, technologies, as well as financing;
- III.** strengthening the creation of research evidence for palliative care in Africa, and;
- IV.** ensuring the sustainability of palliative care services across the continent.

APCA works collaboratively with state and non-state actors at the local, regional and international level including: the World Health Organization, the African Union Commission, ministries of health, hospice and palliative care organisations, national palliative care associations, academic institutions, the media and the general public, among others. Since its establishment, APCA has supported palliative care interventions in more than 25 African countries, and reached more than 1 million patients in the last five years.

For more information on APCA's work and on palliative care developments in Africa, please visit www.africanpalliativecare.org.

ABOUT THE ATLANTES RESEARCH PROGRAM, INSTITUTE FOR CULTURE AND SOCIETY, AND THE UNIVERSITY OF NAVARRA (UNAV)

The Atlantes programme aims to disseminate the essential and highly human value of palliative care in the society and in the professionals. ATLANTES' wish is to improve the understanding towards patients with non-curable illnesses both in the medical field and in the society, from a dignity-based perspective, and including accompaniment and respect for the natural course of the disease, and to its emotional and spiritual dimensions.

We are a multi-disciplinary team based in Pamplona, within the Institute for Culture and Society (University of Navarra), in an attempt to combine several knowledge disciplines so as to enrich research with the diverse social sciences approaches. Besides, we count on a wide net of collaborators from different countries that contribute to a more comprehensive and international view.

We mainly work on four strategic lines: The intangible aspects of palliative care, the message of palliative care, education for the professionals and the public, and finally, the international development of palliative care discipline. The monitorisation of palliative care development across Europe is the main sub-project within this last and it is where it fits line these Atlas studies for diverse regions such as Eastern Mediterranean or Africa in the present study.

Further information on the ATLANTES programme at: <http://www.unav.edu/web/instituto-cultura-y-sociedad/proyecto-atlantes>

ATLANTES strives to improve the understanding of patients with non-curable illnesses, both in the medical field and in society, from a dignity-based perspective, including accompaniment and respect for the natural course of disease and its emotion and spiritual dimensions



ABOUT THE ARNHOLD INSTITUTE FOR GLOBAL HEALTH, ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

The Arnhold Institute for Global Health at the Icahn School of Medicine at Mount Sinai seeks to improve the health of people and the communities they live in, both in the United States and abroad. Its mission is to drive lasting global health impact at scale for the poor. Under the leadership of Prabhjot Singh, MD, PhD, the Arnhold Institute serves as a global arm of the Mount Sinai Health System. It leads research on the design of more equitable and effective care models that are disseminated through digital products, training systems and input on policy design. Broadening the understanding and purview of global health makes its hidden infrastructure visible so that new solutions can be developed, and impact can be scaled.

By recognising common problems faced by diverse communities globally, the Arnhold Institute creates new opportunities for learning and action. The Arnhold Institute designs, accelerates, and replicates health care models that put people first and drive meaningful impacts on health and wellbeing. By combining innovative thinking with intellectual rigor and data science, the Arnhold Institute is making maximum use of both human and technological resources.

Further information about the Arnhold Institute for Global Health at: <http://icahn.mssm.edu/research/arnhold>

ABOUT THE INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE (IAHPC)

The International Association for Hospice and Palliative Care (IAHPC) works with UN agencies, governments, associations, and individuals to increase access to essential medicines for palliative care, foster opportunities in palliative care education, research and training, and increase service provision around the globe. IAHPC works at the international, regional, and national levels to promote appropriate policies and regulations to ensure access to palliative care.

The Vision of IAHPC is for universal access to palliative care, integrated in a continuum of care with disease prevention and treatment.

The Mission of IAHPC is to improve the quality of life of adults and children with life-threatening conditions and their families. IAHPC works with governments, agencies and individuals, to improve knowledge and foster opportunities in education, research and training around the globe.

Further information on the IAHPC at: <http://hospicecare.com/home/>

The Mission of IAHPC is to improve the quality of life of adults and children with life-threatening conditions and their families. IAHPC works with governments, agencies and individuals, to improve knowledge and foster opportunities in education, research, and training around the globe



Preface

The African continent has witnessed significant developments in palliative care, both as a health care service and as an academic discipline. This is at a time when regional and global frameworks are being emphasised and adopted. Central to the advancement of pain and distress relieving services for African patients and caregivers, has been the development of both the 2014 World Health Assembly Resolution on “Strengthening palliative care as a component of comprehensive care throughout the life course” as well as “The African common position on controlled substances and access to pain management drugs” of 2012.

Despite these recent developments, tracking and documenting progress in Africa has remained a challenge due to the lack of regionally appropriate indicators that mirror the unique African health system landscape.

The last comprehensive review focusing on palliative care service development in Africa is 12 years old and the need for more recent mapping in the region is pressing. We bridge this critical knowledge gap through the publication of the **APCA Atlas of Palliative Care in Africa** and the launch of Africa-specific palliative care indicators, which can be used to measure palliative care development in the region.

These 19 context-specific palliative care indicators, which have been developed through a rigorous and widely consultative process, serve as a significant milestone for monitoring, evaluation, and the effective implementation of palliative care programmes.

I call upon partners, palliative care practitioners, and institutions to utilise this resource regularly. In doing so, the African Palliative Care Association acknowledges the vital role of governance and political will in the allocation of resources to strengthen palliative care services to patient and caregiving populations in the greatest of need.

It is my hope that this Atlas will serve as a clear roadmap for how “the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual” (WHO definition of palliative care, 2002) can become a tangible reality continent-wide.

Special thanks is extended to Professor Carlos Centeno and his team at the University of Navarra, John Rhee at the Icahn School of Medicine at Mount Sinai, Lilianna De Lima of the International Association for Hospice Palliative Care, as well as all the partners who have supported this effort.



Dr. Emmanuel Luyirika
Executive Director
African Palliative Care Association



Note from the Authors

The APCA Atlas of Palliative Care in Africa (APCA Atlas) was conceived in January 2016. We felt there is a lack of comprehensive, up-to-date information on palliative care development in Africa. Therefore, we decided on a context-specific African project, combining our previous expertise with the in-depth and rich knowledge of our African colleagues in the field. African palliative care professionals have shared with us the important issues in palliative care development in Africa and helped us develop the indicators used in this Atlas. The APCA Atlas adds to the growing body of regional atlas projects led by University of Navarra such as the EAPC Atlas of Palliative Care in Europe, the ALCP Atlas of Palliative Care in Latin America, and the Eastern Mediterranean Atlas of Palliative Care.

The APCA Atlas comes at a crucial time where palliative care is growing in African countries, but the growth has been unevenly distributed. Furthermore, this is the first report of its kind to comparatively analyse African countries' progress in palliative care, and there has been no document providing a comprehensive overview of the palliative care situation in Africa in the past decade. As in previous atlases, the current APCA Atlas covers countries that fall under the umbrella of the regional palliative care association, in this case, the African Palliative Care Association (APCA).

For the present publication, we wanted to improve on the methodology used in the EAPC and ALCP Atlases by initially studying and developing indicators specific to palliative care development in Africa. This consisted of a series of interviews with experts from seven different African countries followed by indicator extractions from those interviews and rating of those indicators by 16 African experts in palliative care. The indicators then went through a rigorous two-round Delphi consensus process with 14 international committee members who are experts in palliative care indicators. Finally, the indicators were ranked internally by the project team to arrive at the final set of 19 indicators used to build the current report.

We have also decided on a smaller set of more specific indicators than previous atlases in Europe and Latin America for greater ease in comparative analysis and obtaining only that information which is most pertinent to palliative care development in Africa.

The present APCA Atlas provides information on 89% (48/54) of countries on the continent and provides a cross-country comparison of the progress of palliative care in Africa. Information was provided by country key informants in each country, which consisted of leaders of national palliative care associations, members of the Ministry of Health, or experts within each country defined as either the leader of an important hospice or palliative care service or among the few persons working to further palliative care progress within the country.

Therefore, in the current APCA Atlas, we are working with “best estimates” provided by such experts. However, as information is scarce in many countries in Africa, and since methodology must be uniform across all countries included in the study, we believe obtaining information through experts to be the best way to obtain such data within the current constraints. Where available, we have cross-compared data provided by experts with the peer-reviewed literature through a review of palliative care development in Africa from 2005-2016. We have also checked the information with the African Palliative Care Association, as the regional representative body for palliative care on the continent as well as other atlases, such as the Eastern Mediterranean Atlas of Palliative Care, where some African countries were also included.

Following this APCA Atlas, we will continue to work on secondary analyses of the data we have collected for publication in a series of scientific papers and reports. We will focus on disseminating this information to key experts in African countries so that it may be used for advocacy efforts in working with governments and Ministries of Health.

We truly thank all of those who volunteered their time for the project. We thank the key informants, country experts, and international committee members for all of their assistance in making this APCA Atlas a reality as well as their tireless work in building up palliative care in their respective countries.



Abstract

BACKGROUND

Since Wright & Clark's book on palliative care in Africa in 2006, there has not been a comprehensive overview describing the state of palliative care development in African countries.

AIMS

To describe the current state of palliative care (PC) development in Africa according to the WHO's Public Health Strategy for integrating PC: policies, availability and access to medicines, education, and service provision.

METHODS

Qualitative interviews were conducted with 16 Country Experts (March-August 2016). From those interviews, 367 indicators were derived, 130 after exclusion criteria and content analysis were performed. The Country Experts rated the indicators for validity & feasibility, a 14-member international committee of experts participated in a two-round modified UCLA-RAND Delphi consensus, and the co-authors (November-December 2016) ranked the indicators. The final 19 indicators were further defined and sent to 66 Key Country Informants from 51 African countries (January-March 2017).

The indicators underwent a two-round modified UCLA-RAND Delphi consensus with an international committee of experts on indicators, comprised of 14 members

RESULTS

Surveys were received from 89% (48/54) of African countries. Uganda, South Africa, and Kenya have the highest number of specialised hospice and PC services (71% of identified PC services); 19% (9/48) have no identified hospice and PC services. 22% (12/48) indicated having stand-alone PC policies, and 42% (20/48) reported having a dedicated person for PC in the Ministry. Zambia, Uganda, South Africa, Kenya, Ghana, and Egypt reported some official form of physician accreditation. Opioid consumption per capita was low (75% countries had <1 mg consumption/capita/year) compared to the global average (43mg/capita/year), with highest consumption in Mauritius, South Africa, Namibia, and Morocco. 54% (26/48) reported having a national PC association.

CONCLUSIONS

This study shows that there is limited PC development in Africa, but there is also a significant improvement in the number of countries with hospice and PC services, compared to previous reports. Improvements in advocacy were identified, with more than half of countries reporting a national PC association. Governments need to take the steps to improve education, increase the number of services, and ensure safe access to opioids.



Value of the Book

WHAT IS IT ALREADY KNOWN ABOUT PALLIATIVE CARE DEVELOPMENT IN THE AFRICAN REGION?

The last comprehensive overview of palliative care development focusing on Africa was written in 2006 in the form of a textbook by Wright & Clark, “Hospice and palliative care in Africa: a review of developments and challenges”. Since then, our team has undertaken a review, explained in greater detail in the Methodology section of the APCA Atlas, in order to provide an updated comprehensive overview of the developments in palliative care in the peer-reviewed literature in Africa over the subsequent years since the publication of the textbook.

From 2006 to 2017, what is known about palliative care development in Africa is mostly from global comparative studies on palliative care development such as the global atlas of palliative care and the Economist Intelligence Unit’s Quality of Death Index as well as global comparative studies on opioids. From the initial global atlas to its 2013 update, palliative care has grown in Africa, with 15 African countries having moved to higher levels. However, the global atlas lacks detailed information on palliative care development at the country level, providing categorizations of countries into various levels of development, and the Economist Intelligence Unit’s most recent 2015 Index had information on only 13 countries in Africa.

WHAT IS THIS BOOK ADDING?

The current APCA Atlas provides the most up-to-date information of palliative care development in nearly all countries in Africa, using indicators derived, rated, and chosen by in-country African experts followed by a thorough Delphi consensus process with a panel of international experts on palliative care indicators. Therefore, the current APCA Atlas also provides an up-to-date base of indicators specific to the African context, chosen by African experts.

The Atlas offers a panoramic view utilising the World Health Organization’s (WHO) palliative care public health strategy dimensions and palliative care professional activity (vitality) through a combination of methods including data collection from national experts in the field and peer-reviewed literature, ensuring data quality. These results provide the most comprehensive and reliable information on palliative care development, to date.

IMPLICATIONS FOR THEORY, PRACTICE, AND POLICY

Information from the APCA Atlas can be used to inform policies and practice for countries in Africa. The comparative information allows for in-country advocates to work with governments and/or Ministries of Health to further advance palliative care in their respective countries. Progress can only be measured if the current state of development is known. The APCA Atlas provides this information so that progress can be gauged and measured and accountability for health systems provided to support continued development of palliative care.

Furthermore, the set of indicators provides evidence-based measures for governments and national palliative care associations in Africa to use in order to measure progress in palliative care in their respective countries.

Lastly, the APCA Atlas allows for transparency, allowing palliative care experts from different countries to identify experts in other countries with whom best-case practices can be exchanged and shared. The APCA Atlas has contributed a network of contacts throughout Africa, to allow for future collaboration in continuing to build-up palliative care throughout the continent.

The APCA Atlas provides the most up-to-date information of palliative care development in nearly all countries in Africa, using indicators derived, rated, and chosen by in-country African experts followed by a thorough Delphi consensus process with a panel of international experts on palliative care indicators



Aims and Objectives

The goal of this comparative study is to provide an updated and reliable descriptive analysis on the development of palliative care in African countries.

Through this research, we hope to encourage discussion on the current progress of palliative care development and its impact on the delivery of care, and therefore, in the long run, improve care at the end of life and for those suffering with life-limiting illnesses. We also hope that the current APCA Atlas will provide important data and information for those working within or with Ministries of Health to continue improving palliative care provision within their respective countries.

The objectives of the project are:

- 1.** To measure and compare the development of palliative care in countries in Africa and to explore the existing progress of hospice and palliative care development in countries in Africa.
- 2.** To develop a database of valuable indicators that will be openly available, capable of measuring palliative care development in the APCA African Region for use in future research and discern areas of additional need (resources and research).
- 3.** To provide comparative data for open access on palliative care development of each African country to facilitate discussion and measure progress.
- 4.** To create a network of palliative care professionals across Africa, promote access to information, and improve communication and cooperation.
- 5.** To promote the development of palliative care across the African continent.

Through this research, we hope to encourage discussion on the current progress of palliative care development, its impact on the delivery of care, and improvement of care at the end of life and for those suffering with life-limiting illnesses

Methods

DEFINITION OF “PALLIATIVE CARE DEVELOPMENT”

The current report focuses on palliative care development in Africa.

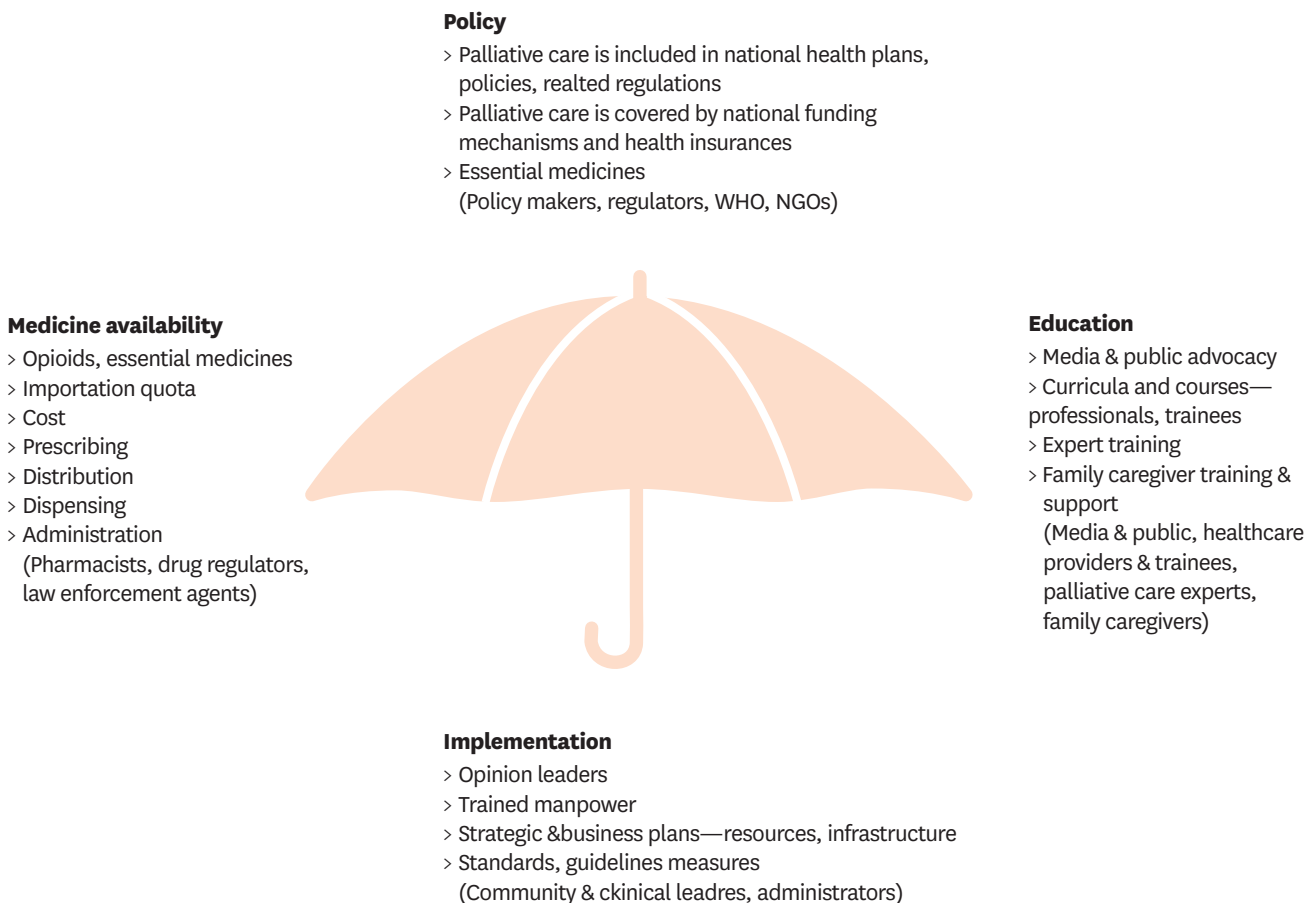
Development, in this context, refers to the processes, structures, policies, and resources that support the delivery of palliative care.

Palliative care development was organised according to the World Health Organization (WHO) public health strategy for palliative care, which includes service provision and implementation, policies, education, and medicine availability (see WHO framework below). In addition, we provide information on a fifth dimension, palliative care vitality, which reflects the level of professional activity within the country.

WHO FRAMEWORK

In order to effectively develop and integrate palliative care into a society with existing health care systems, the WHO launched a Public Health Model. This model includes advice and guidelines to governments for implementing national palliative care based on four components: 1) appropriate policies, 2) adequate drug availability, 3) education of health care workers and the public, and 4) implementation of palliative care services at all levels of society. This process is always applied within the cultural context, disease demographics, socioeconomics and the health care system of the country.

Figure 1. Detailed WHO Public Health Model for Palliative Care Integration (modified, by Stjernswärd, 2007).





Methods

GROUP OF RESEARCHERS

The project team consists of seven members from different countries and backgrounds, bringing a wide-range of experiences.

Table 1. Background and experiences of project team members for the current study on development of palliative care in Africa.

RESEARCHER	COUNTRY	BACKGROUND	AFFILIATION(S) AND TITLE(S)
John Yohan Rhee	United States of America	Global and Public Health, Epidemiology	<ul style="list-style-type: none"> > Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai > Academic Collaborator, ATLANTES Research Program, Institute for Culture and Society (ICS), University of Navarra
Emmanuel Luyirika	Uganda	Family Medicine, HIV Medicine, Palliative Medicine	<ul style="list-style-type: none"> > Executive Director, African Palliative Care Association
Eve Namisango	Uganda	Economics, Epidemiology, Research, Biostatistics	<ul style="list-style-type: none"> > Research Manager, African Palliative Care Association
Richard A. Powell	Kenya	International Palliative Care Research	<ul style="list-style-type: none"> > Former Director of Learning and Research, African Palliative Care Association > Co-Director, MWAPO Health Development Group, Nairobi, Kenya
Eduardo Garralda	Spain	Palliative Care Development Research, History	<ul style="list-style-type: none"> > Research Assistant, ATLANTES Research Program, Institute for Culture and Society, University of Navarra
Juan José Pons	Spain	Geography, Cartography	<ul style="list-style-type: none"> > Adjunct Professor, Department of Geography, University of Navarra
Liliana de Lima	United States of America	Clinical Psychology, Healthcare Administration, Pain and Policy	<ul style="list-style-type: none"> > Executive Director, International Association for Hospice and Palliative Care
Carlos Centeno	Spain	Palliative Medicine, Oncology	<ul style="list-style-type: none"> > Palliative Medicine Attending Physician, Clínica Universidad de Navarra > Professor of Palliative Medicine, School of Medicine, University of Navarra > Principal Investigator, ATLANTES Research Program, Institute for Culture and Society, University of Navarra



IDENTIFICATION OF “COUNTRY EXPERTS”, “INTERNATIONAL COMMITTEE OF EXPERTS”, AND “KEY INFORMANTS”

There were multiple levels of participation in the current project.

“Country Experts” refer to the 16 persons with whom initial interviews were conducted in order to derive the initial broad set of indicators. 88% (14/16) of the Country Experts rated the indicators on a scale from one to four for feasibility and validity. Country Experts were chosen from seven different African countries based on geographical location, languages spoken, and level of palliative care development. Country Experts were chosen by the Executive Director and Research Manager of the African Palliative Care Association as important advocates in palliative care development within their respective countries.

The experts were chosen according to their backgrounds using the following characteristics: 1) leader or representative of the national palliative care association or similar organisation, 2) member from the noncommunicable diseases section or division of the Ministry of Health, 3) leader of a large and/or pioneering palliative care service in the country, 4) early pioneer and advocate of palliative care in the country, and 5) an oncologist or palliative medicine provider at the national cancer institute or similar institute.

Country Experts were chosen from seven different African countries based on geographical location, language spoken, and level of palliative care development

The “International Committee” refers to the 14 persons that took part in the two-round modified UCLA/RAND Delphi consensus to narrow down the indicators that scored greater than or equal to three for feasibility and validity by the Country Experts. The International Committee members were recommended by the project team based on the following qualifications: 1) published previously or expertise in palliative care development indicators, 2) published previously or expertise in palliative care development in Africa, and/or 3) member of board, executive committee, or leader of a global or regional palliative care association or international health organisation working in palliative care.

“Key Informants” refer to the 66 persons that reported on the data for each of the indicators for their respective countries. Key Informants were identified in 51 of the 54 African countries of which informants from 48 countries replied to the survey (four are referred to as CONFIDENTIAL in the collaborators page according to their request). Three countries had no Key Country Informants due to the fact that palliative care services and/or activity was not yet available in the country or were at such an initial stage that no experts were able to be identified. The Key Informants were chosen based on the following qualifications: 1) leader of national palliative care association, where available, 2) Ministry of Health representative or WHO representative for the region or country, 3) leader of only or major palliative care service in the country, 4) one of the first drivers of palliative care activity in the country, 5) attendant at the African Palliative Care Association Congress in Uganda in 2017, 6) healthcare worker at major cancer or pain unit in the country, or 7) researcher who published or wrote reports and/or publications on palliative care or oncology in the country. Key Informants were nominated by the Executive Director and Research Manager of the African Palliative Care Association or by the Executive Director of the International Association for Hospice and Palliative Care. Key Informants were also nominated by Sylvie Dive, a palliative care nurse in charge of education for Francophone African countries at the Institute for Hospice and Palliative Care Africa in Uganda. For countries where there were no contacts, the project team searched websites for contacts from the WHO, Ministry of Health, or those that had written reports or published in the field of palliative care.

Key Informants were identified in 51 of the 54 African countries; of which informants from 48 countries replied to the survey



Methods

DEVELOPMENT AND EVALUATION OF INDICATORS

Five in-depth interviews were initially conducted with five Country Experts from four African countries. Interviews were semi-structured asking for general palliative care development in the country and using the WHO palliative care public health framework as a guide. Interviews were recorded, transcribed, and analysed by two co-authors for any indicators directly mentioned from the conversations.

Country Experts rating: From an initial 178 indicators, 75 were excluded due to the fact they were duplicates, not country-level, and unable to be obtained by experts. The remaining 103 indicators were given to 16 Country Experts for rating on a scale from one to four for feasibility and validity in the African setting, of which 14 Country Experts replied and rated the indicators. Those indicators that were rated greater than or equal to three for both feasibility and validity in Africa were sent automatically to the Delphi consensus process.

Additional 11 open-ended interviews: To ensure that saturation of indicators had been reached, an additional 11 open-ended interviews were conducted with the remaining subset of 11 Country Experts from the 16 Country Experts. Transcriptions were likewise analysed by two co-authors and an additional 27 unique indicators were sent to the two-round modified UCLA/RAND Delphi consensus, resulting in a total of 58 indicators that proceeded to the first round of the Delphi.

Two-round modified UCLA/RAND Delphi consensus:

- > 1st Round) The 14-member International Committee was then asked to rate the 58 indicators on a scale from one to nine for importance in Africa. 29 indicators reached agreement and were rated as important and proceeded directly to the next stage for ranking.
- > 2nd Round) The remaining 29 indicators plus an additional four indicators suggested from comments from the International Committee were sent back for a second round of Delphi from which nine additional indicators reached agreement and were rated as important, resulting in a total of 38 indicators that proceeded to the final ranking stage.

Project team ranking: The internal Project Team, the co-authors on this project, then ranked the 38 indicators for importance in Africa within each WHO public health strategy dimension and palliative care vitality. The top five ranked indicators were given points, the highest ranked indicator receiving a score of five, followed by four for the next highest, with the sixth to the last ranked indicator receiving scores of zero. Then, the indicators in each WHO public health strategy dimension that scored in the top 50% were compiled, resulting in a final 19 indicators.

Compilation and definition of indicators: The final 19 indicators were then compared with existing indicators, where available, such as the World Health Organisation's (WHO) global observatory of indicators and the Latin American Association of Palliative Care's development of regional indicators. Each of the indicators were carefully defined using existing indicators, where available. (See Figure 1 for the flowchart on the process of deriving the indicators)

NETWORK OF KEY INFORMANTS

All Key Informants were invited and informed via email following the APCA Conference held in Kampala. At each stage of the project mentioned above, all of the Key Informants were kept updated throughout the whole process through email.

SURVEY DESIGN AND FLOWCHART OF RESPONSES

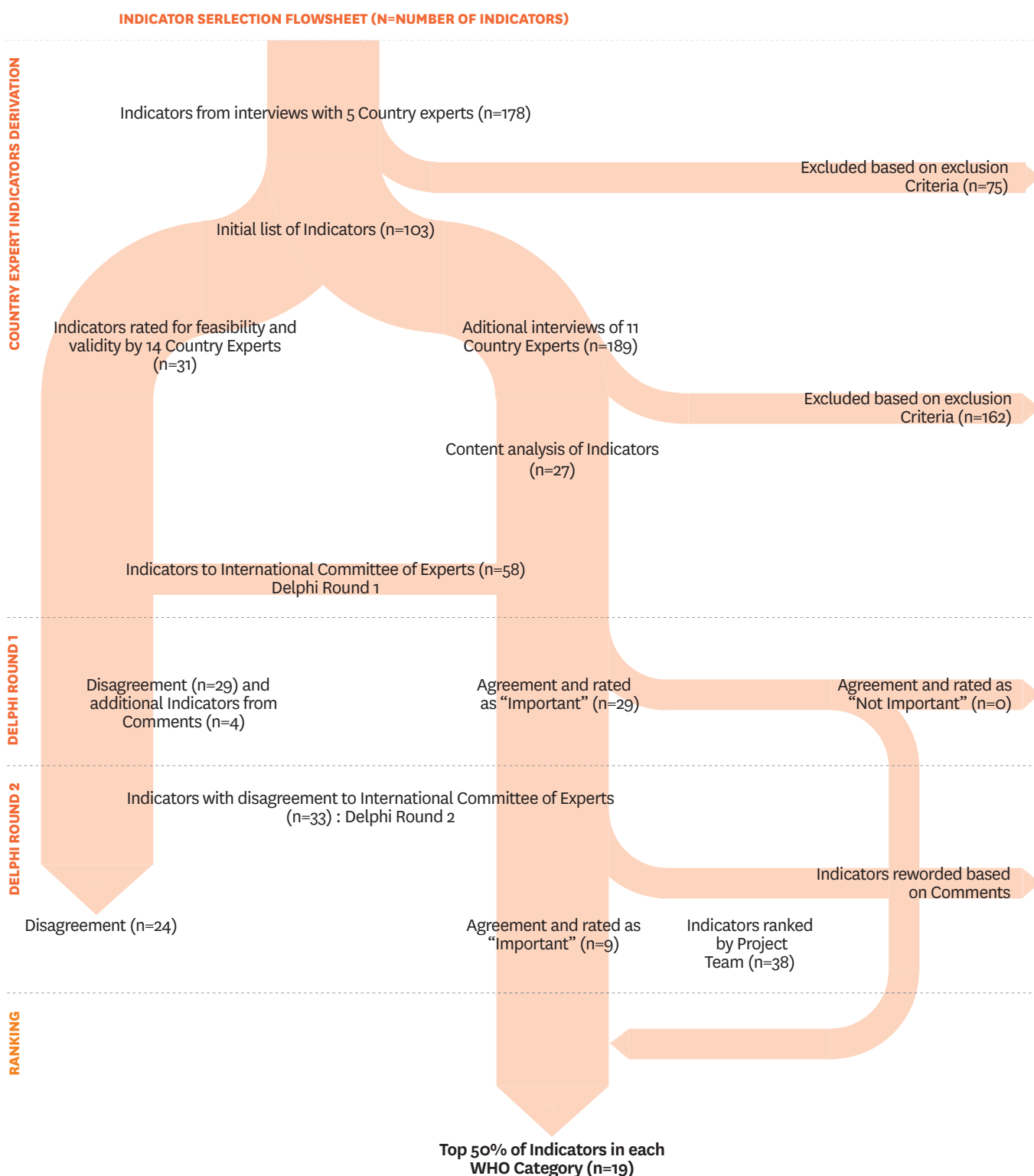
The 19 compiled and defined indicators were then translated into French, Spanish, and Portuguese by one of the co-authors (EG) and reviewed by native speakers at the Institute for Culture and Society. All surveys were then sent out to Key Country Informants for each of the 51 countries where we were able to identify an expert using Survey Monkey, accompanied by a consent approved by three Institutional Review Boards: the Icahn School of Medicine at Mount Sinai (IRB-16-00242), the University of Navarra (2016.054), and Mildmay Uganda Ethics Review Board (RECREP 0505-2016). 69 key informants from 48 countries responded to the survey.

Socioeconomic data for each country as well as data on opioid consumption were obtained from other sources to ensure uniformity of responses. Socioeconomic data was obtained from the World Bank database and the United Nations Human Development Index data. Opioids consumption data were gathered from the Pain and Policy Studies Group at the University of Wisconsin.

The internal Project Team, the co-authors on this project, then ranked the 38 indicators for importance in Africa within each WHO public health strategy dimension and palliative care vitality



Figure 2. Indicators process flowchart.





Methods

DATA ANALYSIS

Once the data was returned, each data point was reviewed by the Principal Investigator and one additional member of the project team. The data was clarified and reworded based on the following:

1. Where there were discrepancies between data for two Key Informants from the same country, the data was confirmed using the following method
 - a. Comparing with the comments for any clarifications from both
 - b. Comparing with the Review data and data from other Atlases where countries matched
 - c. Cross-checking with a member of the African Palliative Care Association
 - d. Giving priority in answers to a member of the national association or Ministry of Health when the other respondent was from a single hospital or hospice
 - e. Returning back to the Key Informants for clarification on unrecyclable data points
2. Where there was only one Key Informant from a country, the same process was used.
3. All country reports were sent back to the original informants for final review with the request of responding only if they had corrections. Of the 67 informants, 15 (22%) informants requested slight amendments.

All country reports were sent back to the original informants for final review with the request of responding only if they had corrections. Of the 67 informants, 15 (22%) informants requested slight amendments

REVIEW

A review of the literature was conducted with the assistance of three medical students from the School of Medicine at the University of Navarra who conducted the review as their final thesis projects.

The purpose of the review was to supplement the current Atlas by providing additional information available in the literature on palliative care development in Africa. The most important milestones found in the review for each African country were extracted, reworded, and placed in the “Milestones” section of each Country Report. The review, therefore, helped provide historical context for the current Atlas. In addition, the review served as a validation reference for the data provided by the Key Informants. Where there were discrepancies in data from two separate Key Informants, the review was utilized to cross-check the data, where applicable.

The review was conducted in a systematic manner using three search engines and using at least two investigators to rate articles for inclusion and quality. In addition to the search of the peer-reviewed literature, the Key Informants were asked to send any additional relevant articles for their respective countries.



THE CARTOGRAPHY

The cartography has been developed by Professor Juan José Pons in the Geography Unit (Department of History, History of Art and Geography) of the University of Navarra. The software used for map construction is the ArcGIS platform (ESRI), Program ArcMap, Version 10.3.

The digital covers of the “World Countries” and “World Cities” were obtained from the ‘ArcGIS Online’ web. In both cases, information was updated in 2015 and the WGS 1984 geographic coordinates system was used.

The scale is 1:50,000,000 for the full-page maps and 1:100,000,000 for the smaller maps. The individual maps in the country reports are of various scales (between 1:15,000,000 and 1:40,000,000), depending on the size of the country and its boundaries.

The types of maps utilized for thematic representation are: choropleth maps (for “relative data”), symbol maps (for absolute data or to highlight the presence or absence of determined values), and bar cartodiagrams. In terms of stylistic representation, “ranges” of constant colours have been adopted and used throughout this publication: “yellow to green” for choropleths and “orange to red” for symbols and cartodiagrams; this was done to enhance the overall homogeneity and coherence of the cartographic version.

The socioeconomic and health data used in the country reports have been collected mainly from the “World Bank” databases” and the United Nations reports with the criteria of finding the most accurate, updated, and reliable data for the maximum number of countries on the African continent.

LIMITATIONS AND CONSTRAINTS

This is the first Atlas of palliative care in Africa. Though we worked hard to improve on the methodology of previous atlases from different regions, there were still some limitations and constraints in building the current APCA Atlas.

Information was not available for all 54 countries that fall under the umbrella of the African Palliative Care Association. The current Atlas was able to obtain information from 48/54 (89%) of African countries. Due to the fact that palliative care development is still in its initial stages in many countries, we were unable to identify country informants in certain countries, and we were unable to obtain responses from second informants in others.

The current Atlas gathers information from experts working in palliative care within each country. Though the numbers were cross-checked, where available, with the peer-reviewed literature as well as experts in the African Palliative Care Association, due to the fact that, for the majority of countries only one informant was available, some data points may be over- or under-estimates. The discrepancies may have been most exaggerated for number of palliative care services, as experts were asked to provide estimates for the majority of the indicators under the WHO dimension of services. In order to try to ensure quality of data, we have taken multiple steps to “sense check” the data, including careful reading of explanatory comments accompanying the data, revision with experts from APCA, cross-checking with the peer-reviewed literature from the review, and, when necessary, going back to the Country Key Informants for clarification (sense checking process outlined in more detail above in the sub-section “Data Cleaning”).

Lastly, though a rigorous process was utilised in choosing the indicators used in this project, due to the diversity across the continent, some of the indicators may not reflect realities in certain countries. For example, one Key Informant highlighted the important fact that in francophone African countries, focusing on availability of immediate-release oral morphine may not best reflect their realities because of different types of opioids available in their respective countries. Such comments will be taken into account in further secondary analysis of the information.

In summary, though there are limitations to using Country Key Informants, since information is still very scarce in Africa, we felt that this was the best methodology to use for the current context. In order to try and strengthen the quality of data, we have implemented different cross-checks to provide the best information available.

ACKNOWLEDGEMENTS

We would like to acknowledge the following people for their contributions:

- Dr. R. Sean Morrison at the Hertzberg Palliative Care Institute, Icahn School of Medicine at Mount Sinai, for his mentorship and guidance.
- Patricia Batanda and Fatia Kiyange, from APCA, for their support in compiling the key informants.
- Santiago Blanco, Carlos Torrado and Ibone Ayala, students of the Faculty of Medicine of the University of Navarra, for conducting the search and extraction for the review as their final degree theses.
- Estefanía Berjón, from the ICS, University of Navarra, for her continuous and fruitful logistic support.
- Ernest Thera and Carmo Teixeira, from the ICS, University of Navarra, for their translations into French and Portuguese, respectively.
- Martha H. Maurer, from the Pain and Policy Studies Group (<http://www.painpolicy.wisc.edu/>), a WHO collaborating Centre at the University of Wisconsin, who kindly provided the latest available data on opioid consumption for the African Region.

ABBREVIATIONS

Below is a list of abbreviations used in the Country Information section of the current APCA Atlas.

APCA	<i>African Palliative Care Association</i>
ME	<i>Morphine Equivalence</i>
MOH	<i>Ministry of Health</i>
N/A	<i>Not Applicable</i>
NCD	<i>Noncommunicable Diseases</i>
PC	<i>Palliative Care</i>
WHO	<i>World Health Organisation</i>





2. Thematic maps





Map 1: Geopolitical Map

The Atlas focuses on the development of palliative care in a group of countries included under the African Palliative Care Association (APCA). This includes 54 countries, representing approximately a 15% of the world's population.

The African continent has a total surface area of 30 272 922 km². The continent is divided into 54 countries according to the African Union, with the exception of Morocco, and another five non-officially recognised territories, and 23 dependent territories.

In the present study, a total of 48/54 of the countries (89%) agreed to participate and have responded, each with at least one expert in palliative care. Nearly half of these countries had at least one of their official languages as English, and the other half of the countries had French, Portuguese, and/or Spanish as the official language used in the government. This was considered for research purposes, and all communications between the team and the Key Informants were done through the language which was most comfortable for each Key Informant.

All African countries except for Chad, Cape Verde, Djibouti, Guinea-Bissau, Seychelles, and Somalia responded the questionnaire.



**PARTICIPATING COUNTRIES
IN THE APCA ATLAS**

- Participating
- Non participating

AO Angola	ER Eritrea	MA Morocco	SL Sierra Leone
BF Burkina Faso	ET Ethiopia	MG Madagascar	SN Senegal
BI Burundi	GA Gabon	ML Mali	SS South Sudan
BJ Benin	GH Ghana	MR Mauritania	ST Sao Tome and Principe
BW Botswana	GM Gambia	MU Mauritius	SZ Swaziland
CD D. R. of the Congo	GN Guinea	MW Malawi	TG Togo
CF Central African Republic	GQ Equatorial Guinea	MZ Mozambique	TN Tunisia
CG Congo	KE Kenya	NA Namibia	TZ U. R. of Tanzania
CI Côte d'Ivoire	KM Comoros	NE Niger	UG Uganda
CM Cameroon	LR Liberia	NG Nigeria	ZA South Africa
DZ Algeria	LS Lesotho	RW Rwanda	ZM Zambia
EG Egypt	LY Libya	SD Sudan	ZW Zimbabwe

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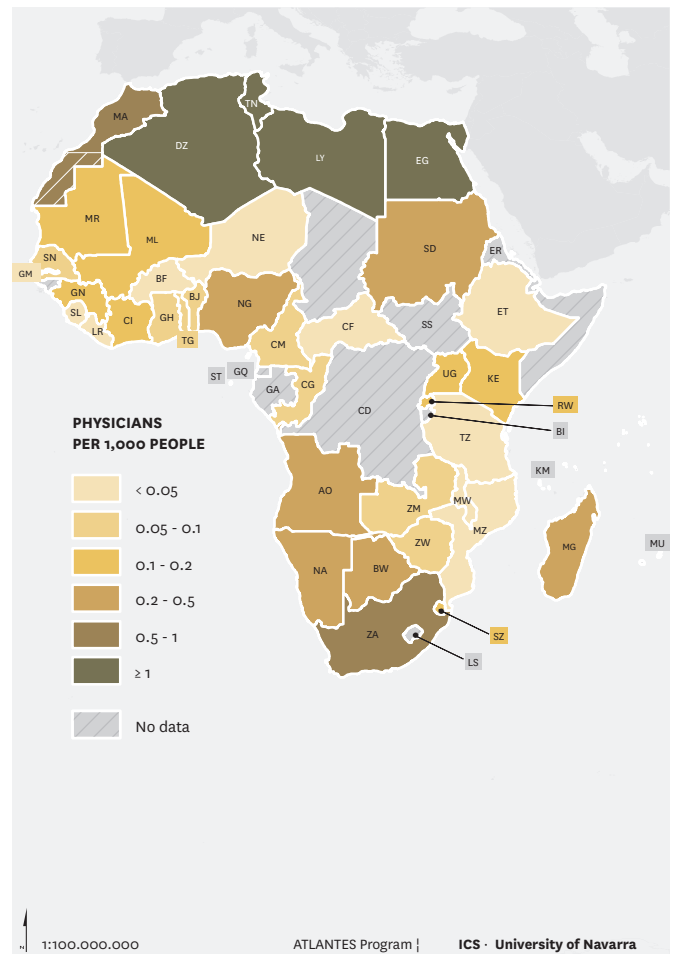
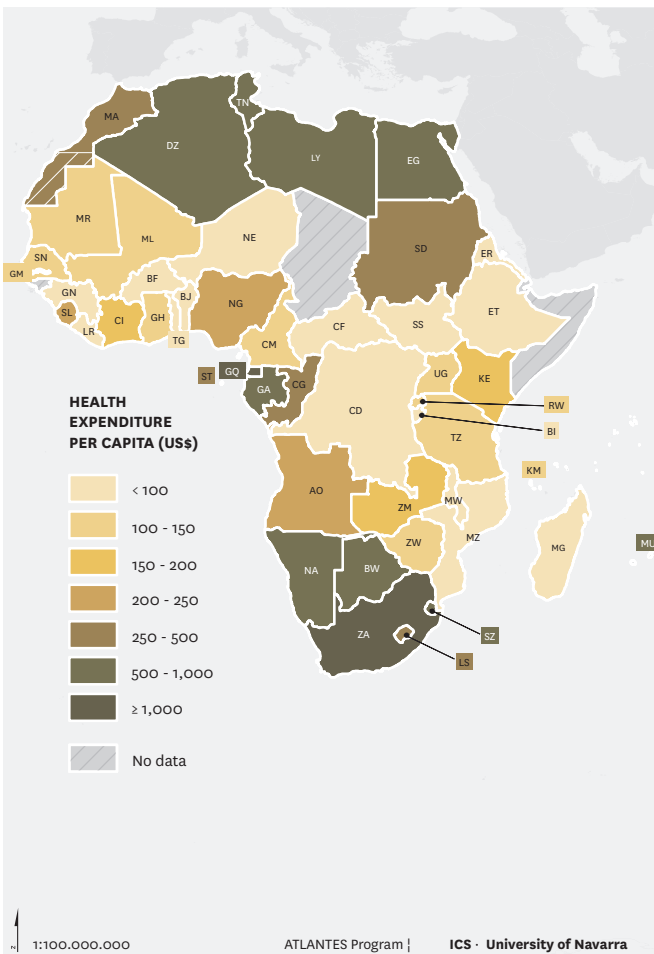
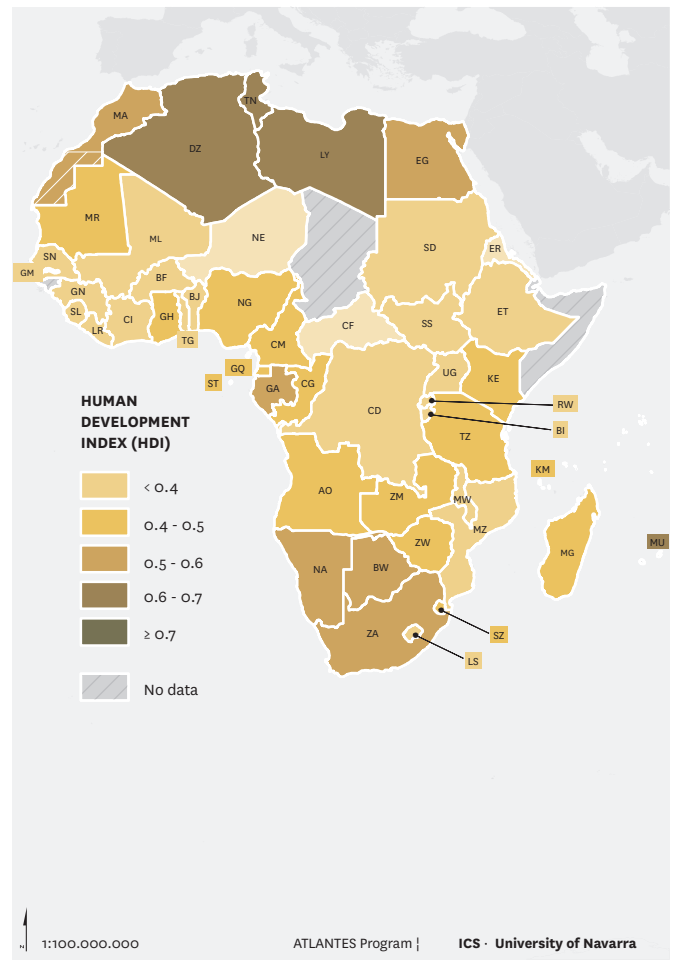
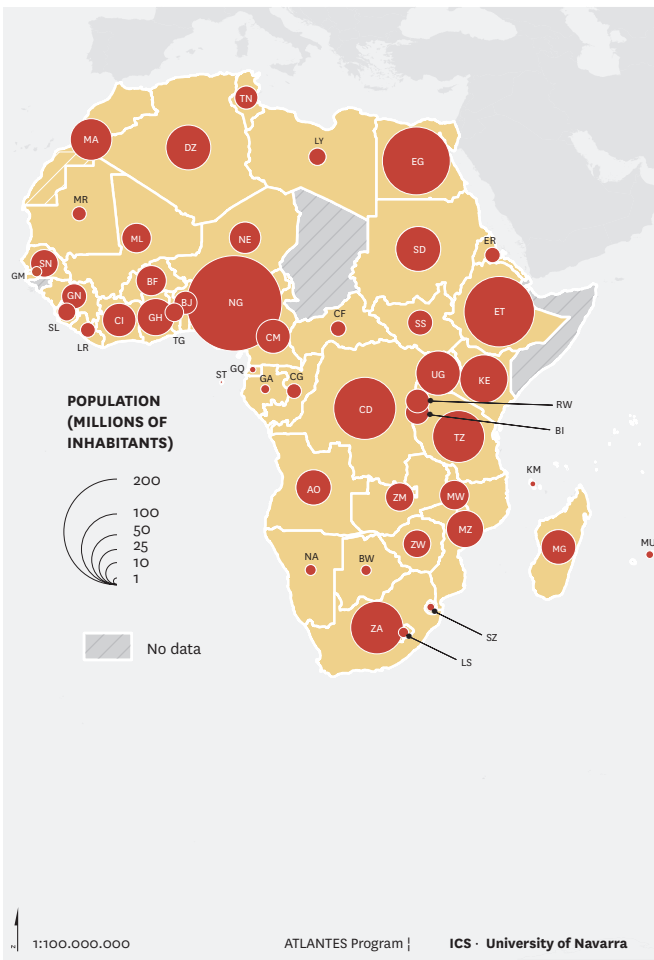


Map 2. Socioeconomic Context

Socioeconomic data is provided for those countries participating in the study (48/54), and for which population density data, total population, surface, Gross Domestic Product (GDP) per

capita, Health expenditure both total of the GDP and that per capita, number of physicians, the Human Development Index (HDI) score and ranking position; are offered.

COUNTRY	POPULATION DENSITY People per Sq. Km of Land Area	POPULATION, TOTAL	SURFACE AREA Sq. km	GDP PER CAPITA Current US\$ 2015	HEALTH EXPENDITURE TOTAL % of GDP	HEALTH EXPENDITURE PER CAPITA PPP Constant, 2011 International \$	PHYSICIANS Per 1,000 people	HDI	HDI RANK
Algeria	16.66	39,666,519	2,381,740	4206	7.21	932.108	1.21	0.736	83
Angola	20.07	25,021,974	1,246,700	4,101.50	3.31	239.01	0.20	0.53	149
Benin	96.49	10,879,829	114,760	762.10	4.59	85.61	0.06	0.48	166
Botswana	3.99	2,262,485	581,730	6,360.10	5.41	870.84	0.34	0.70	106
Burkina Faso	66.18	18,105,570	274,220	589.80	4.96	82.31	0.05	0.40	183
Burundi	435.32	11,178,921	27,830	277.10	7.54	58.02		0.4	184
Cameroon	49.38	23,344,179	475,440	1,217.30	4.10	121.92	0.08	0.51	153
Central African Rep.	7.87	4,900,274	622,980	323.20	4.20	24.96	0.05	0.35	187
Comoros	423.68	788,474	1,861	717.40	6.75	100.82		0.50	159
Côte d'Ivoire	71.39	22,701,556	322,460	1,399.00	5.72	187.02	0.14	0.46	172
Dem. Rep. of Congo	34.08	77,266,814	2,344,860	456.10	4.33	32.28		0.43	176
Egypt	91.93	91,508,084	1,001,450	3,614.70	5.64	594.11	2.83	0.69	108
Equatorial Guinea	30.13	845,060	28,050	14,439.60	3.80	1163.42		0.59	138
Eritrea	51.76	4,789,568	117,600	544.50 (2011)	3.34	51.04		0.39	186
Ethiopia	99.39	99,390,750	1,104,300	619.20	4.88	72.96	0.02	0.44	174
Gabon	6.70	1,725,292	267,670	8,266.40	3.44	599.26		0.68	110
Gambia	196.70	1,990,924	11,300	471.50	7.30	118.40	0.00	0.44	175
Ghana	120.46	27,409,893	238,540	1,369.70	3.56	145.37	0.10	0.58	140
Guinea	51.31	12,608,590	245,860	531.30	5.64	68.46	0.10	0.41	182
Somalia	17.19	10,787,104	637,660	549.30			0.04		
Kenya	80.91	46,050,302	580,370	1,376.70	5.72	168.98	0.18	0.55	145
Lesotho	70.32	2,135,022	30,360	1,067	10.62	276.04		0.50	161
Liberia	46.75	4,503,438	111,370	455.90	10.04	98.29	0.01	0.43	177
Libya	3.60	6,278,438	1,759,540	5,517.80 (2011)	5.00	806	1.90	0.72	94
Madagascar	41.7	24,235,390	587,295	401.80	3.00	43.70	0.20	0.51	154
Malawi	182.60	1,7215,232	118,480	372	11.38	93.48	0.02	0.46	173
Mali	14.40	17,599,694	1,240,190	819.60	6.90	108.10	0.10	0.42	179
Mauritania	3.95	4,067,564	1,030,700	1,371 (2014)	3.77	148.11	0.13	0.51	156
Mauritius	621.97	1,262,605	2,040	9,252.10	4.81	896.16		0.78	63
Mozambique	35.58	27977,863	799,380	529.20	6.98	79.32	0.04	0.42	180
Morocco	77.03	34,377,511	446,550	2,878.20	5.91	446.64	0.62	0.63	126
Namibia	2.99	2,458,830	824,290	4,673.60	8.93	869.30	0.37	0.63	126
Nigeria	200.05	182,201,962	923,770	2,640.30	3.67	216.87	0.40	0.51	152
Niger	15.71	19,899,120	1,267,000	359	5.82	53.53	0.02	0.35	188
Republic of Congo	13.53	4,620,330	342,000	1,851.20	5.15	322.63	0.10	0.59	136
Rwanda	470.60	11,609,666	26,340	697	7.50	125.10	0.10	0.48	163
São Tomé e Príncipe	198.28	190,344	960	1,669.10	8.35	299.73		0.56	143
Senegal	78.58	15,129,273	196,710	899.60	4.66	106.94	0.06	0.47	170
Sierra Leone	89.40	6,453,184	72,300	653.10	11.09	223.74	0.02	0.41	181
South Africa	45.35	54,956,920	1,219,090	5,724	8.80	1148.37	0.78	0.67	116
South Sudan		12,339,812	644,330	730.60	2.74	72.82		0.47	169
Sudan	22.13	40,234,882	1,879,357	2,414.70	8.43	281.64	0.28	0.48	167
Swaziland	74.82	1,286,970	17,360	3,200.10	9.25	586.82	0.17	0.53	150
Tanzania	60.36	53,470,420	947,300	879	5.58	137.49	0.01	0.52	151
Togo	134.30	7,304,578	56,790	559.60	5.25	76.25	0.05	0.48	162
Tunisia	72.44	11,107,800	163,610	3,872.50	7.00	785.32	1.22	0.72	96
Uganda	194.66	39,032,383	241,550	705.30	7.22	132.59	0.12	0.48	163
Zambia	21.81	16,211,767	752,610	1,304.90	4.99	194.68	0.07	0.59	139
Zimbabwe	40.33	15,602,751	390,760	924.10	6.44	114.61	0.07	0.50	155





Map 3. Palliative Care Hospices or Services

INDICATOR

Number of hospices or palliative care services in the country (estimate)

DEFINITION

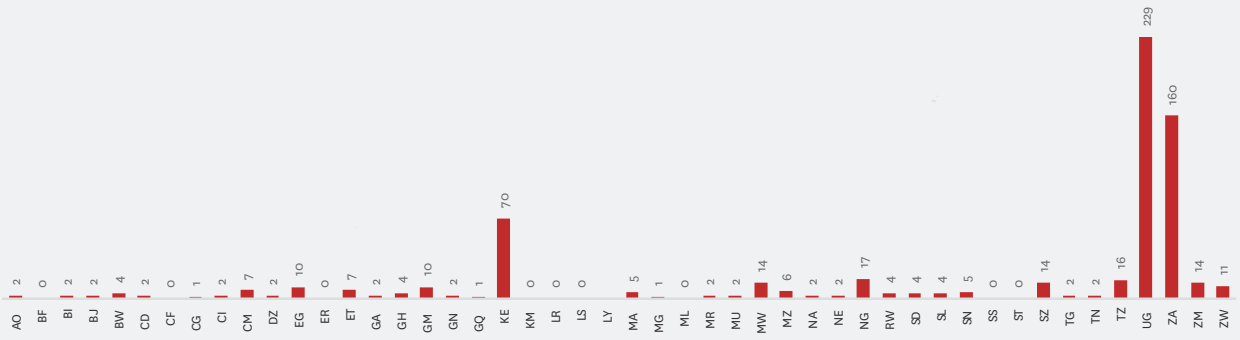
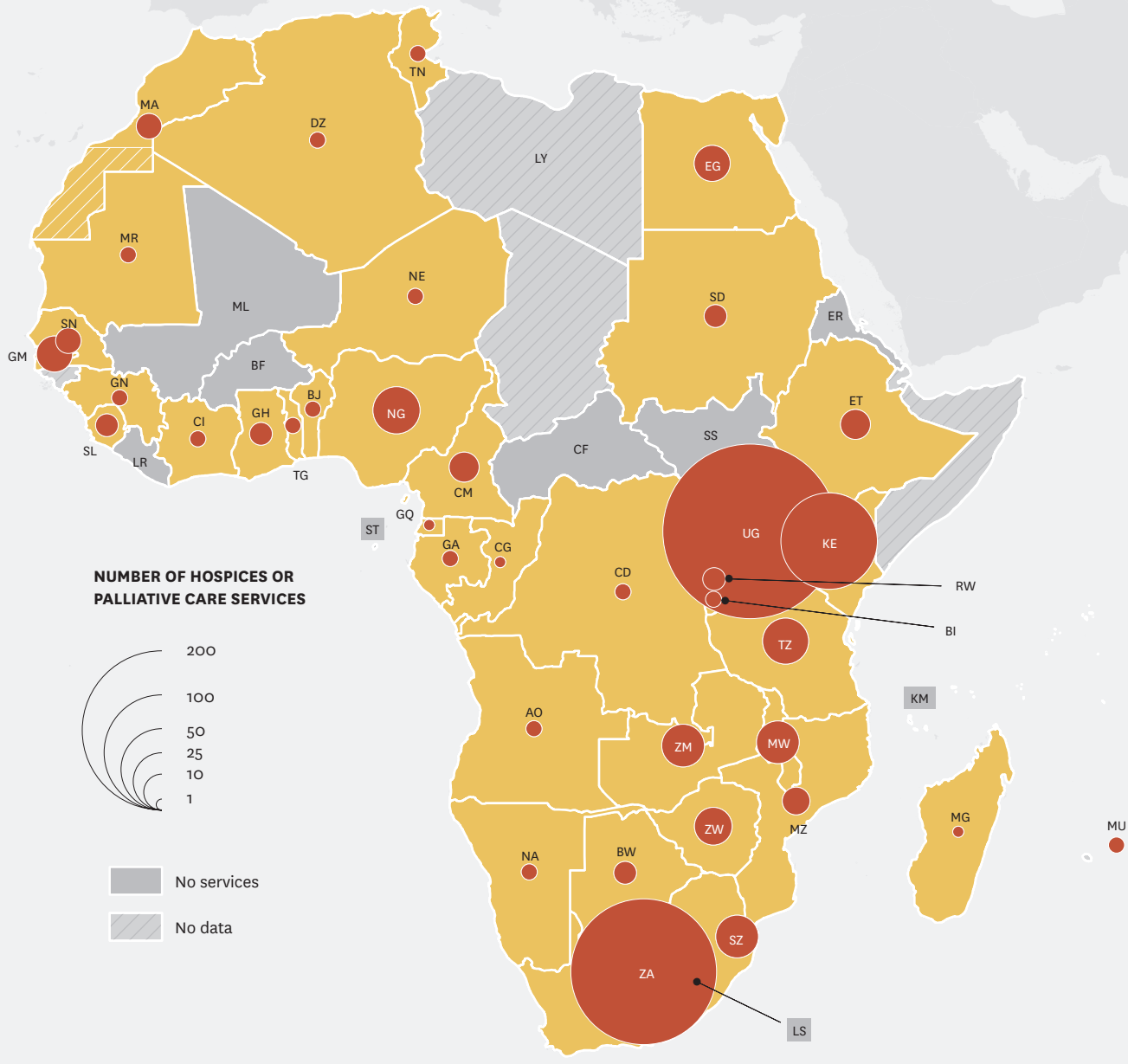
Hospices or palliative care services refers to the total number of palliative care services in the country, including, but not limited to, free standing hospices, hospices that are a part of public or NGO hospitals, any kind of other hospices or home care teams, support teams in hospitals, palliative care units, inpatient units in hospices, paediatric palliative care hospices and services, etc. Of note, there may be additional organisations providing palliative care in the country, but here, we have included those whose primary mission is to provide palliative care services. Additional organisations providing services, where relevant, have been indicated in the “Comments from Key Informants” section within each Country Information section.

In this indicator, one organisation may have more than one local branch; we consider each branch as a separate service when the community of the local branch has local ownership, local proactivity, and local focal point of the service. For example, in the case of Hospice Africa Uganda, there are branches that offer services in Kampala, Hoima, and Mbarara under the larger organization of Hospice Africa Uganda, and we would consider these to be three separate palliative care services, which are sometimes referred to as “satellites” of the “primary” or mother organization.

COUNTRY	HOSPICES OR PC SERVICES	COUNTRY	HOSPICES OR PC SERVICES
Uganda	229	Sierra Leone	4
South Africa	160	Sudan	4
Kenya	70	Dem. Rep. of Congo	4
Nigeria	17	Algeria	2
Tanzania	16	Angola	2
Malawi	14	Benin	2
Swaziland	14	Burundi	2
Zambia	14	Côte d’Ivoire	2
Zimbabwe	11	Gabon	2
Egypt	10	Guinea	2
Gambia, The	10	Mauritania	2
Cameroon	7	Mauritius	2
Ethiopia	7	Namibia	2
Mozambique	6	Niger	2
Morocco	5	Togo	2
Senegal	5	Tunisia	2
Botswana	4	Republic of Congo	1
Ghana	4	Equatorial Guinea	1
Rwanda	4	Madagascar	1

Information is missing from Libya.

There were no reported services in the following countries: Burkina Faso, Central African Republic, Comoros, Eritrea, Lesotho, Liberia, Mali, São Tomé e Príncipe, and South Sudan.



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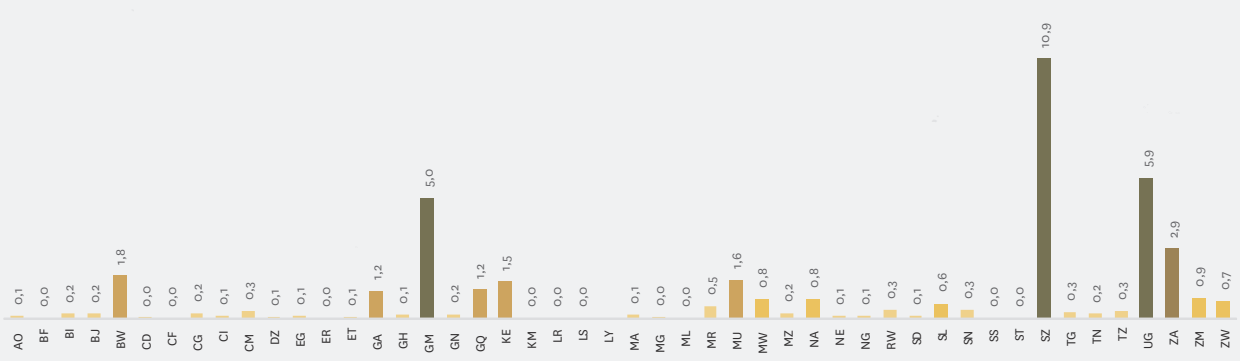
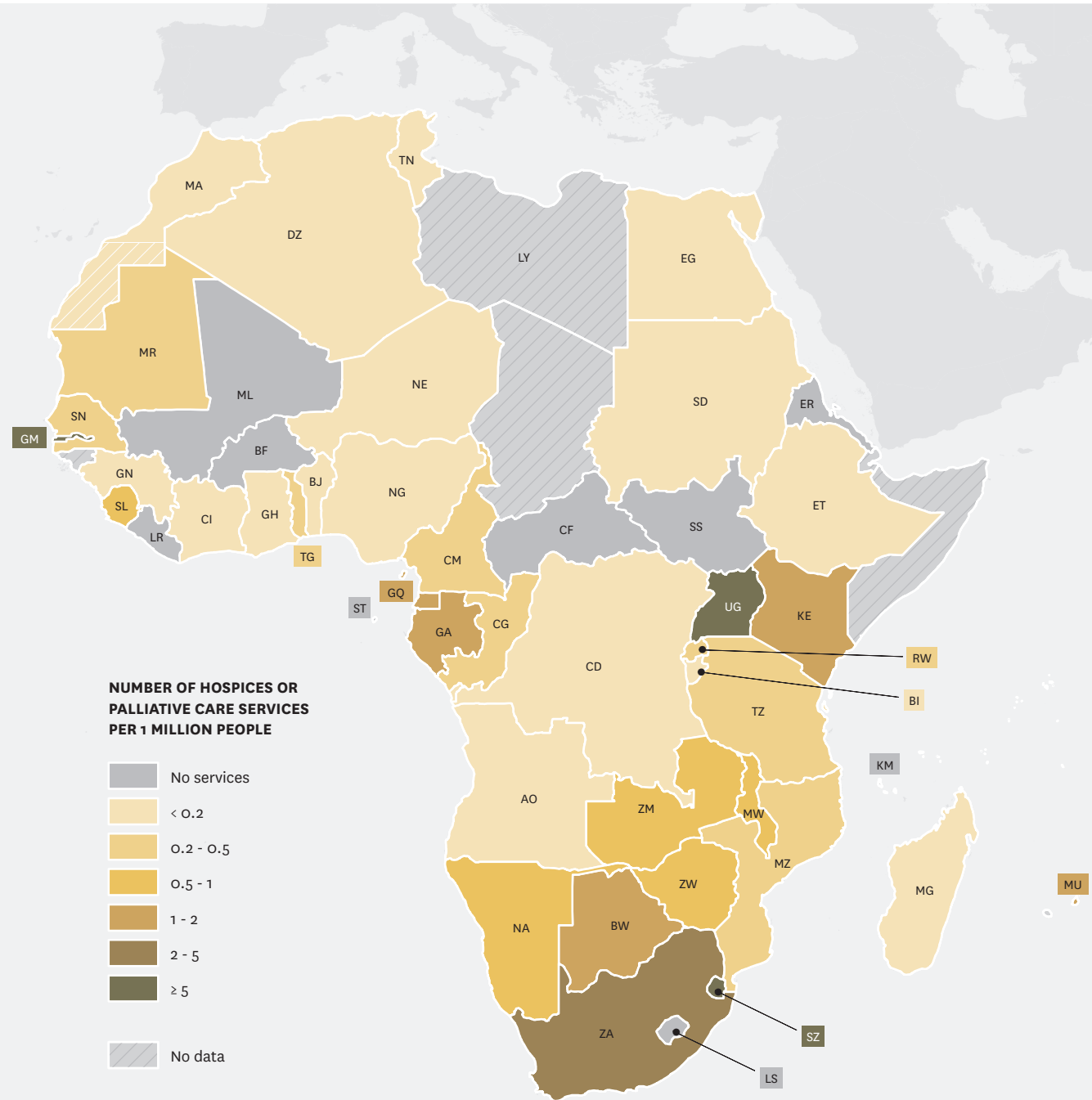
Map 4. Palliative Care Services per Population

The following table shows the density of palliative care services per million inhabitants, according to population data from the World Bank.

COUNTRY	HOSPICE OR PC SERVICES/ MILLION INHAB.	COUNTRY	HOSPICE OR PC SERVICES/ MILLION INHAB.
Swaziland	10.88	Togo	0.27
Uganda	5.87	Republic of Congo	0.22
Gambia, The	5.02	Mozambique	0.21
South Africa	2.91	Benin	0.18
Botswana	1.77	Burundi	0.18
Mauritius	1.58	Tunisia	0.18
Kenya	1.52	Guinea	0.16
Equatorial Guinea	1.18	Ghana	0.15
Gabon	1.16	Morocco	0.15
Zambia	0.86	Egypt	0.11
Malawi	0.81	Niger	0.1
Namibia	0.81	Sudan	0.1
Zimbabwe	0.71	Côte d'Ivoire	0.09
Sierra Leone	0.62	Nigeria	0.09
Mauritania	0.49	Angola	0.08
Rwanda	0.34	Ethiopia	0.07
Senegal	0.33	Algeria	0.05
Cameroon	0.3	Dem. Rep. of Congo	0.05
Tanzania	0.3	Madagascar	0.04

Information is missing from Libya.

There were no reported services in the following countries: Burkina Faso, Central African Republic, Comoros, Eritrea, Lesotho, Liberia, Mali, São Tomé e Príncipe, and South Sudan.



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Map 5. Paediatric Hospices or Palliative Care Services

INDICATOR

Number of hospices or palliative care services in the country with palliative care programs specific to paediatrics (estimate)

DEFINITION

Hospices or palliative care services with palliative care programs specific to paediatrics refers to the total number of palliative care services in the country with programs specific to paediatrics, including, but not limited to, free standing hospices, hospices that are a part of public or NGO hospitals, any kind of other hospices or home care teams, support teams in hospitals, PC units, inpatient units in hospices, etc.

In the case of Africa, many organizations may provide both adult and paediatric services. A service can be included here if they have a person or team dedicated to paediatrics on the team and a service whose main mission is to provide paediatric palliative care services.

In this indicator, one organisation may have more than one local branch that offer programs specific to paediatrics; we consider each branch as a separate service when the community of the local branch has local ownership, local proactivity, and local focal point of the service. For example, in the case of Hospice Africa Uganda, there are branches that offer services in Kampala, Hoima, and Mbarara under the larger organization of Hospice Africa Uganda, and we would consider these to be three separate palliative care services if each service offers a program specific to paediatrics, each service is sometimes referred to as “satellites” of the “primary” or mother organization (Clark et al., 2007)

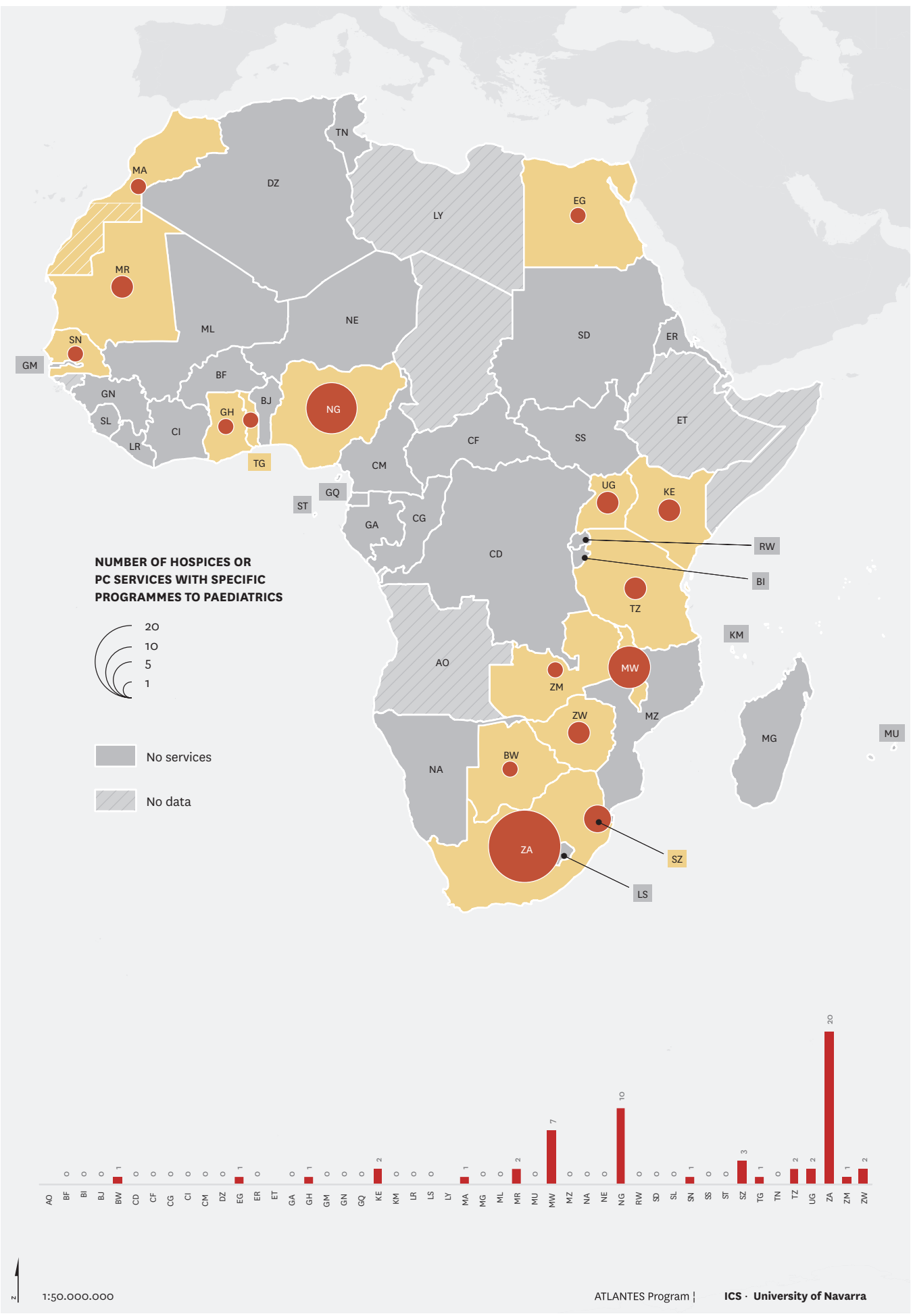
“We’ve definitely taken palliative care from a lot earlier, from diagnosis, and then, because of the impact that HIV has had on our country, we have a much bigger focus on children and on families (...)Look, in South Africa in 2004, we were one of the first hospices to start antiretrovirals... it has been extraordinary that we’ve got very few children who are now born, HIV positive and are really managed well. But our children are now teenagers and are sick. And coping with teenagers and HIV is really a new challenge”

Extract from an interview with Country Expert (Confidential)
from South Africa

COUNTRY	PAEDIATRIC HOSPICES OR PC SERVICES	COUNTRY	PAEDIATRIC HOSPICES OR PC SERVICES
South Africa	20	Uganda	2
Nigeria	10	Zimbabwe	2
Malawi	7	Botswana	1
Zambia	4	Egypt	1
Swaziland	3	Ghana	1
Kenya	2	Morocco	1
Mauritania	2	Senegal	1
Tanzania	2	Togo	1

Information is missing from Angola, Ethiopia, and Libya.

There were no reported services in the following countries: Algeria, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Comoros, Republic of Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Gabon, Gambia, Guinea, Lesotho, Liberia, Madagascar, Mali, Mauritius, Mozambique, Namibia, Niger, Rwanda, São Tomé e Príncipe, Sierra Leone, South Sudan, Sudan, and Tunisia.



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Map 6. Home-based Palliative Care Services in Hospices

INDICATOR

Number of home-based palliative care services offered by hospices (estimate)

DEFINITION

A home-based palliative care service is when patients stay in their own homes and are cared for by their families, and the hospice team visits patients at home to provide medical care, nursing advice and psychosocial support.

(World Health Organization, Planning and Implementing Palliative Care Services, 2016)

Home-based palliative care provides care to people with chronic, life-limiting health problems such as cancer, advanced cardiac, renal and respiratory diseases, HIV/AIDS and chronic neurological disorders, in the home in which the patient lives. It is best delivered by a multidisciplinary team trained in palliative care, including doctors, nurses, community health workers and volunteers.

(World Health Organization, Planning and Implementing Palliative Care Services, 2016)

Here, we are asking specifically for the number of home-based services offered specifically by hospices.

In this study, one umbrella hospice organisation may provide more than one community- or home-care service. For example, in the case of Hospice Africa Uganda, there are branches that offer home care services in Kampala, Hoima, and Mbarara under the larger organization of Hospice Africa Uganda, and we would consider these to be three separate home care services, which are sometimes referred to as “satellites” of the “primary” or mother organization. (Clark et al, 2007)

COUNTRY	HOME-BASED SERVICES OFFERED BY HOSPICES	COUNTRY	HOME-BASED SERVICES OFFERED BY HOSPICES
South Africa	109	Egypt	2
Tanzania	26	Ethiopia	2
Zimbabwe	25	Ghana	2
Uganda	13	Malawi	2
Kenya	12	Togo	2
Nigeria	10	Tunisia	2
Côte d'Ivoire	7	Burundi	1
Rwanda	6	Cameroon	1
Morocco	5	Republic of Congo	1
Sierra Leone	4	Guinea	1
Dem. Rep. of Congo	4	Mauritania	1
Botswana	3	Namibia	1
Algeria	2	Senegal	1
Benin	2	Swaziland	1

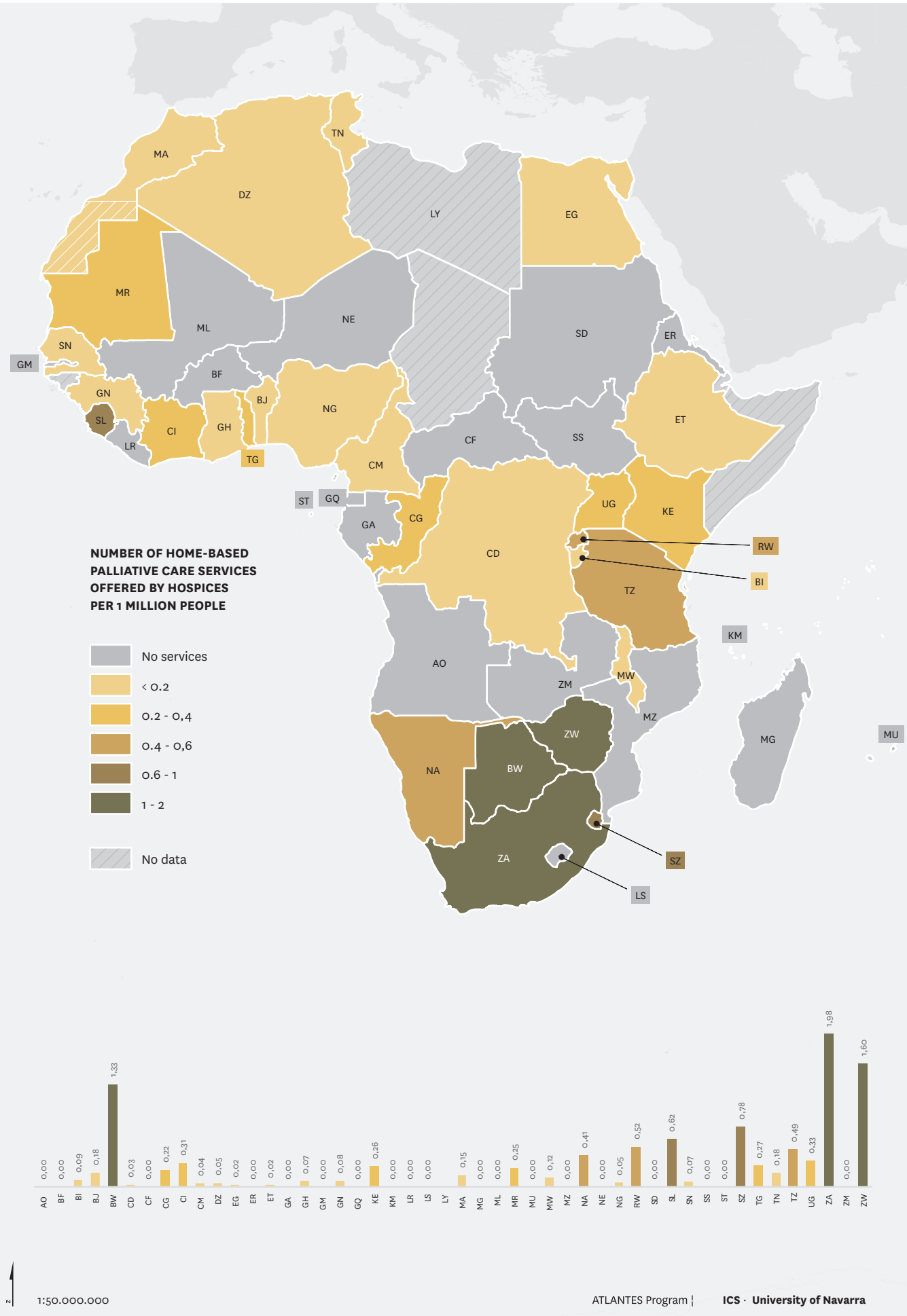
Information not available for Angola, Libya, and São Tomé e Príncipe.

There were no reported services in the following countries: Burkina Faso, Central African Republic, Comoros, Equatorial Guinea, Eritrea, Gabon, Gambia, Lesotho, Liberia, Madagascar, Mali, Mauritius, Mozambique, Niger, South Sudan, Sudan, Zambia.

Hospice Africa Uganda provides home care throughout multiple regions in Uganda. The hospice has teams that go out daily to see patients in their homes. Teams are made up of a nurse, lay counsellor or social worker, driver, and usually accompanied by a volunteer. Depending on the complexity of the case, a medical doctor may accompany the visit or a separate home visit may be scheduled specifically for psychosocial counselling by the social worker or lay counsellor. Hospice Africa Uganda is a model in Africa for home-based care provided by a hospice.



Hospice Africa Uganda.



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Map 7. Patients Cared for by Palliative Care Services

INDICATOR

Number of palliative care patients cared for (in the last year)

DEFINITION

Please give your best estimate of the total number of patients in the country who have received palliative care in the last year.

SUGGESTION FOR CALCULATION

Think of the number of patients cared for in the past year in the care of palliative care services or hospices that you are most familiar with. You can then estimate the total number of palliative care services or hospices there are in your country. With both of those numbers, you can make an estimation of the total number of patients served by palliative care services or hospices in the past year.

FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: Number of palliative care patients cared for per 100,000 inhabitants. However, please give the TOTAL number of patients in the country, NOT per 100,000 inhabitants.

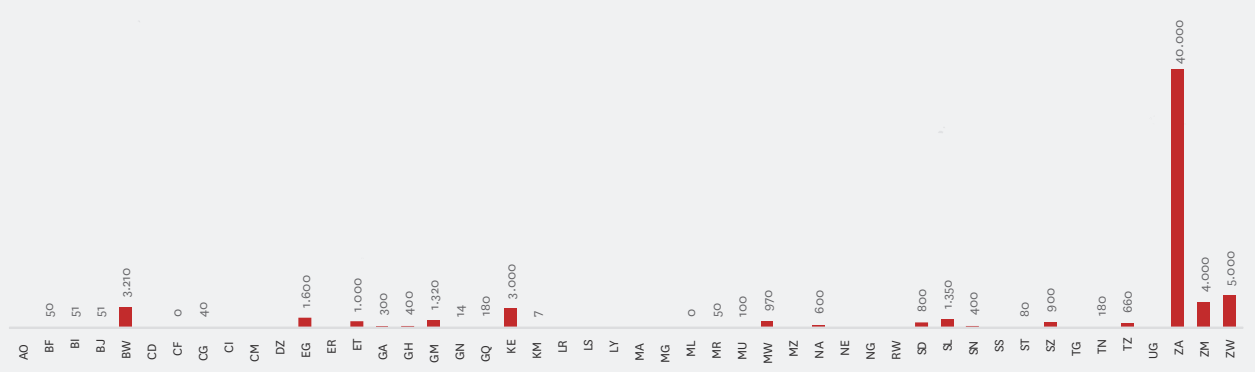
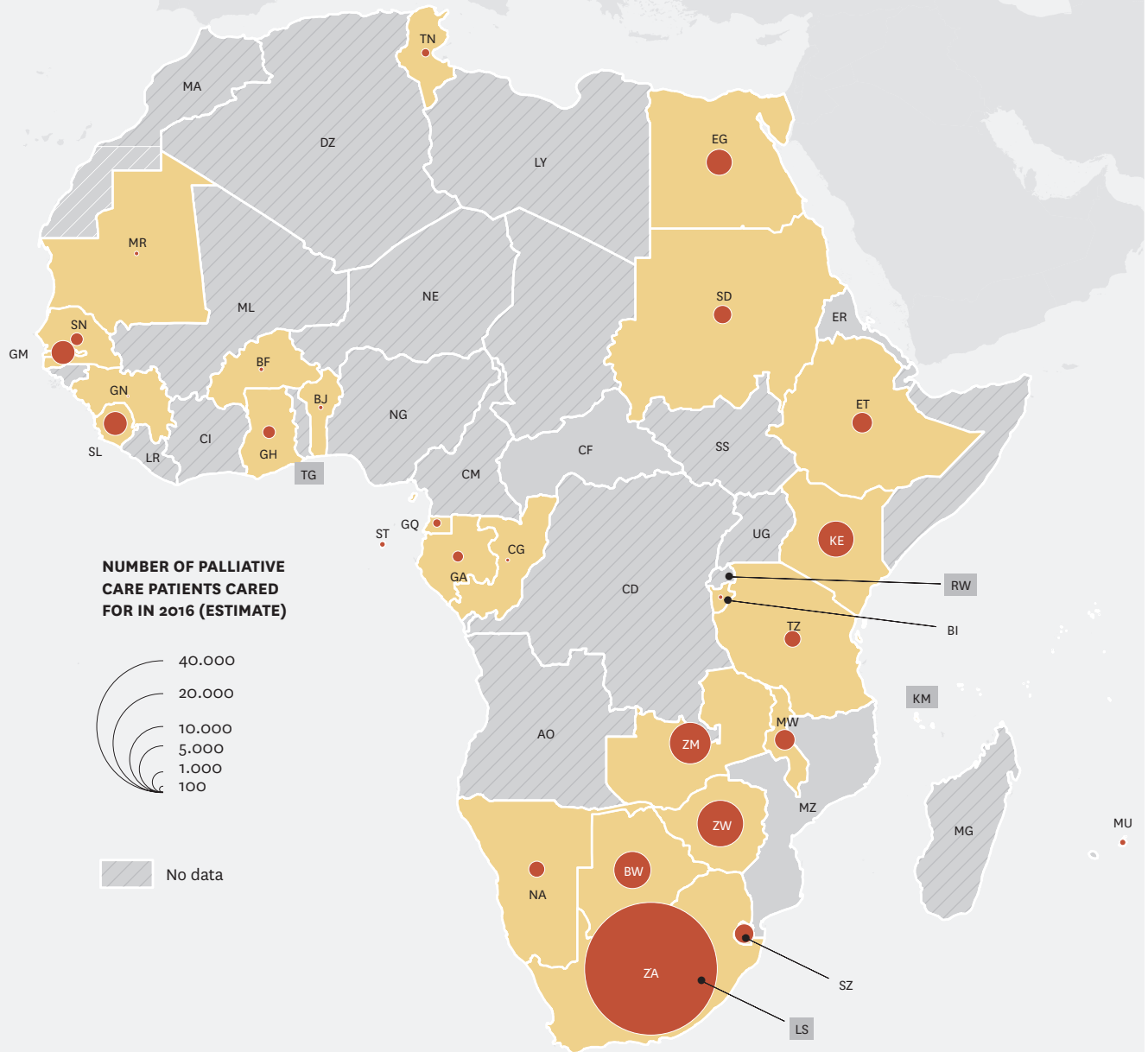
We will do the calculation ourselves afterwards.

(WHO Planning and Implementing Palliative Care Services, 2016; <http://apps.who.int/iris/bitstream/10665/250584/1/9789241565417-eng.pdf?ua=1>)

COUNTRY	NUMBER OF PATIENTS CARED FOR	COUNTRY	NUMBER OF PATIENTS CARED FOR
South Africa	40,000	Ghana	400
Zimbabwe	5,000	Senegal	400
Zambia	4,000	Gabon	300
Botswana	3,210	Equatorial Guinea	180
Kenya	3,000	Tunisia	180
Egypt	1,600	Mauritius	100
Sierra Leone	1,350	São Tomé e Príncipe	80
Gambia, The	1,320	Republic of Congo	60
Ethiopia	1,000	Benin	51
Malawi	970	Burundi	51
Swaziland	900	Burkina Faso	50
Sudan	800	Mauritania	50
Tanzania	660	Guinea	14
Namibia	600	Comoros	7

Information not available for Algeria, Angola, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Lesotho, Liberia, Libya, Madagascar, Morocco, Mozambique, Niger, Nigeria, Rwanda, South Sudan, Togo, and Uganda.

There were no reported patients cared for by palliative care in the following countries: Central African Republic, Mali.



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Map 8. Hospitals with an Inpatient Palliative Care Unit

INDICATOR

Number of hospitals (public and private) with inpatient palliative care units (estimate)

DEFINITION

The total number of hospitals, both publicly and privately owned, that have inpatient palliative care units.

If one larger mother organization owns two hospitals, each with its own inpatient palliative care unit, we would consider this to be two separate inpatient palliative care units in two separate hospitals.

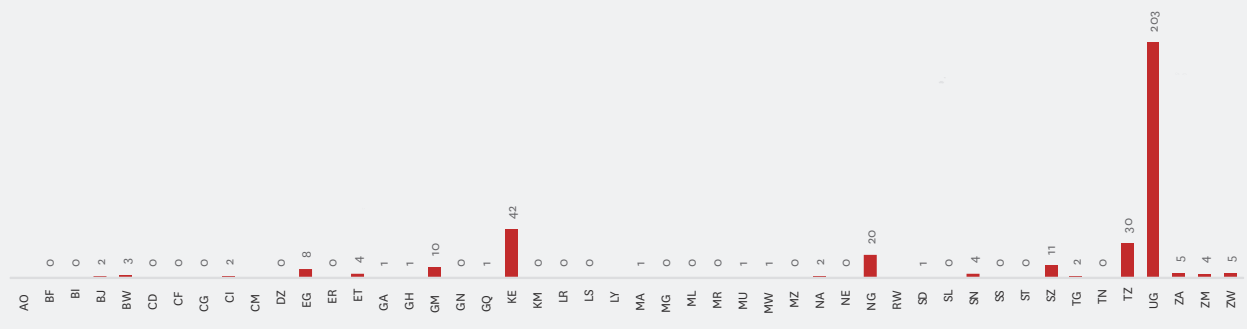
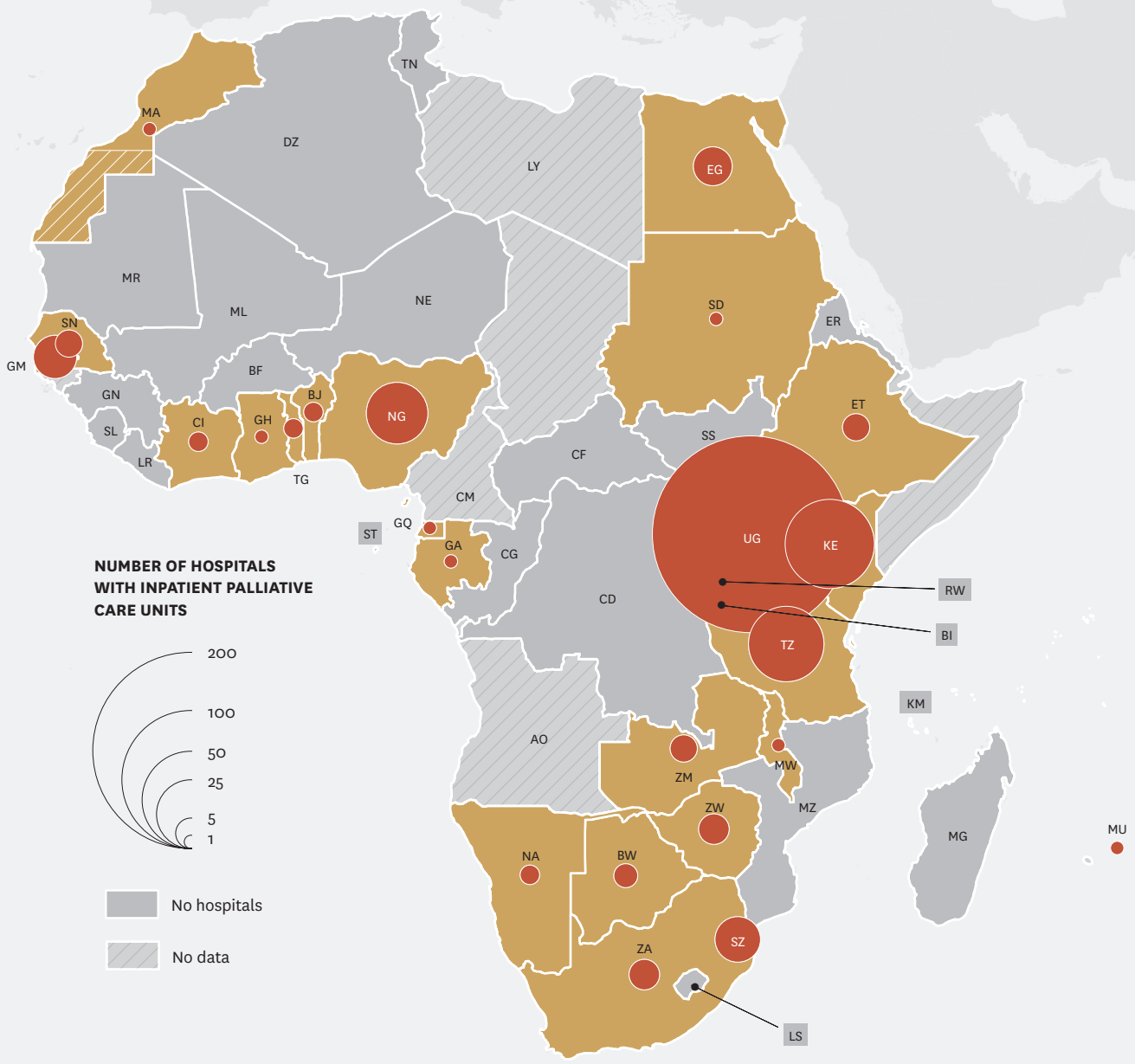
Of note, private hospitals include both private not-for-profit and private-for-profit hospitals.

COUNTRY	TOTAL NUMBER OF HOSPITALS	NUMBER WITH INPATIENT PC UNITS	PROPORTION ON THE TOTAL %
Swaziland	11	11	100
Gambia, The	12	10	83
Uganda	1000	203	20
Kenya	300	42	14
Senegal	39	4	10
Tanzania	300	30	10
Morocco	10	1	10
Botswana	40	3	8
Togo	28	2	7
Gabon	18	1	6
Mauritius	20	1	5
Namibia	45	2	4
Equatorial Guinea	23	1	4
Zimbabwe	131	5	4
Benin	70	2	3
Sudan	50	1	2
Malawi	83	1	1
Zambia	84	1	1
Ethiopia	350	4	1
South Africa	650	5	1
Egypt	1610	8	0
Nigeria	5000	20	0
Côte d'Ivoire	4000	2	0
Ghana	2434	1	0
Rwanda	N/A	48	N/A

Information not available for Angola, Cameroon, and Libya.

There were no reported hospitals in the following countries: Central African Republic, Comoros, and São Tomé e Príncipe.

None of the following countries had a PC unit in hospitals: Algeria, Burkina Faso, Burundi, Republic of Congo, Democratic Republic of Congo, Eritrea, Guinea, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mozambique, Niger, Sierra Leone, South Sudan, Tunisia.



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Map 9. National Palliative Care Plans or Programmes

INDICATOR

Existence of a current national palliative care plan/programme: 1) Stand-alone national palliative care plan/programme, 2) National cancer plan/programme with a section for palliative care, 3) National HIV plan/programme with a section for palliative care

DEFINITION

Existence of a national palliative care plan or programme as a result of policy/actions defined with the objective of implementing and/or improving care of palliative care patients currently in place.

The national plan/program should:

- > Have national scope
- > Be designed to integrate palliative care in health care services
- > Have a budget assigned
- > Have a responsible person assigned

STAND-ALONE

A stand-alone national plan or program is defined as a specific palliative care plan or program separate from a palliative care component within a broader program, such as prevention and control of non-communicable diseases, a national cancer control, or HIV program. (Palliative Care Indicators, ALCP, 2013)

CANCER

A national cancer plan or programme is defined as a specific palliative care plan or program or a palliative care component within a broader program for prevention and control of cancer or a national cancer control programme. (Palliative Care Indicators, ALCP, 2013)

HIV

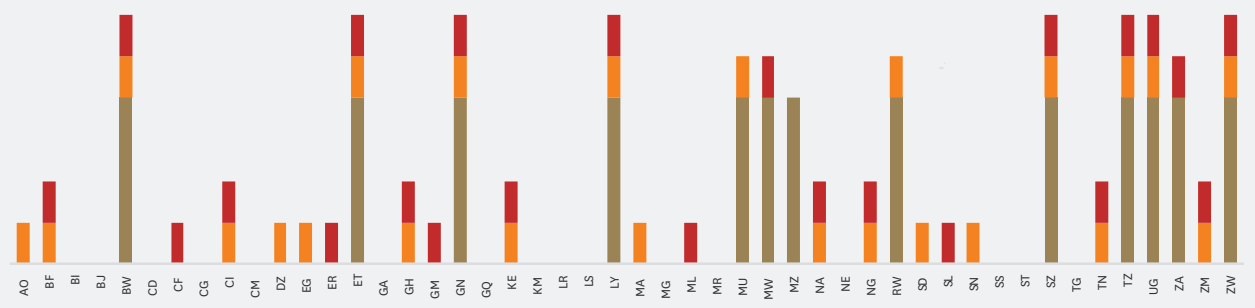
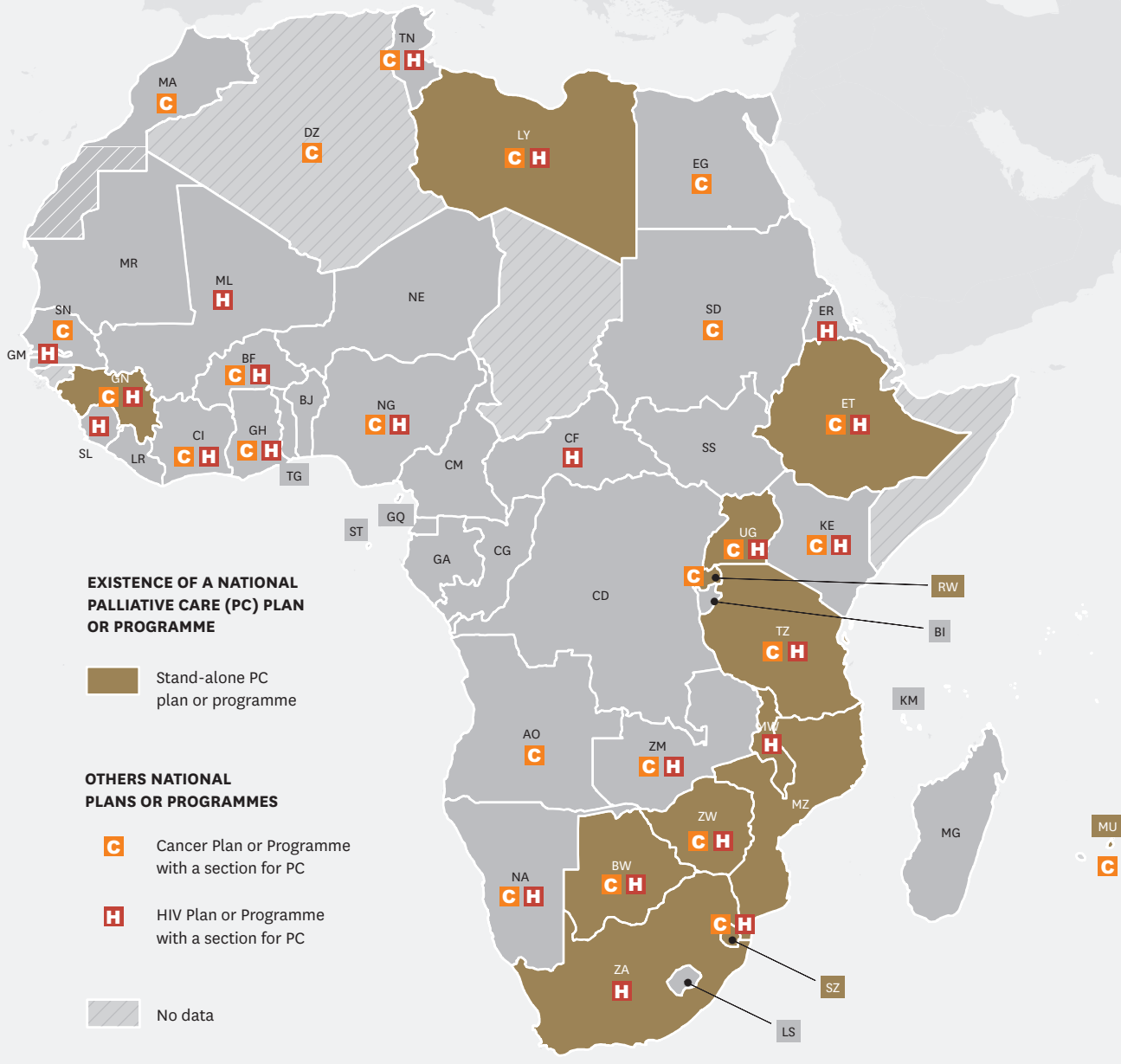
A national HIV plan or programme is defined as a specific palliative care plan or program or a palliative care component within a broader program for prevention and control of HIV or a national HIV control programme. (Palliative Care Indicators, ALCP, 2013)

FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: Existence of a current national palliative care plan/programme (WHO Planning and Implementing Palliative Care Services, 2016; <http://apps.who.int/iris/bitstream/10665/250584/1/9789241565417-eng.pdf?ua=1>)

SUMMARY

Twelve of responding African countries indicated having stand-alone palliative care policies. The first stand-alone palliative care policy was in Rwanda. Since then, Botswana, Ethiopia, Guinea, Libya, Malawi, Mozambique, Rwanda, South Africa, Swaziland, Tanzania, and Zimbabwe have implemented stand-alone palliative care policies, though implementation varies greatly by country. Twenty-four of responding countries indicated having palliative care in the national cancer plan/programme, and twenty-three countries indicating having it in the national HIV plan/programme.



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Map 10. Other Policy Indicators

1A / INDICATOR

Existence of current national palliative care clinical guidelines

1B / DEFINITION OF PALLIATIVE CARE GUIDELINES

National palliative care clinical guidelines promote standardized clinical palliative care management and standardize palliative care training as well as provide a framework for clinical management. (HPCA, 2012: <http://www.hpca.co.za/item/hpca-clinical-guidelines-2012.html>)

2A / INDICATOR

Presence of a person/desk/unit/branch/department in the Ministry of Health (MOH) or equivalent with responsibility for palliative care

2B / DEFINITION OF PERSON OR DESK

Existence of a current designated person, desk, unit, branch, or department within the Ministry of Health or equivalent government agency with responsibility for palliative care. A responsible person, desk, unit, branch, or department should be assigned in the government to oversee palliative care activities, development, and/or growth in the country with an accompanying budget (Palliative Care Indicators, ALCP, 2013)

2C / FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: Is there a unit/branch/department in the MOH or equivalent with responsibility for NCDs and their risk factors? However, we have adjusted the wording to include components that we felt were important from our Country Experts and International Committee of Experts who commented on all of the indicators. (WHO NCD CCS 2015; <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1>)

3A / INDICATOR

Presence of funding for palliative care activities/functions in the national health budget by the Ministry of Health or equivalent government agency

3B / DEFINITION OF FUNDING

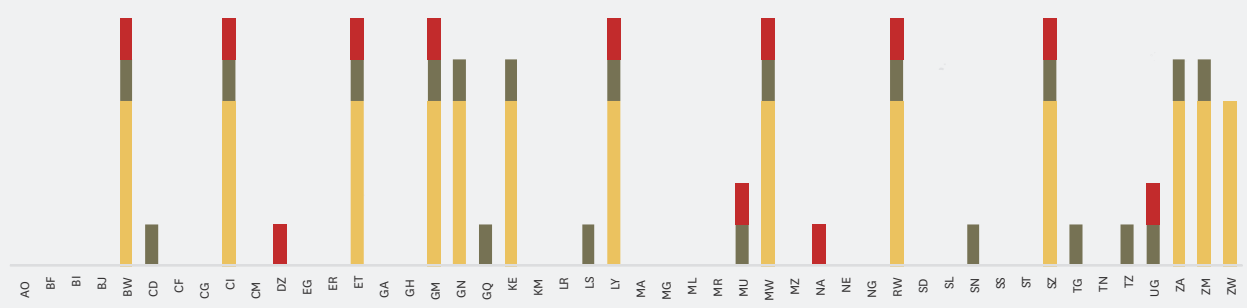
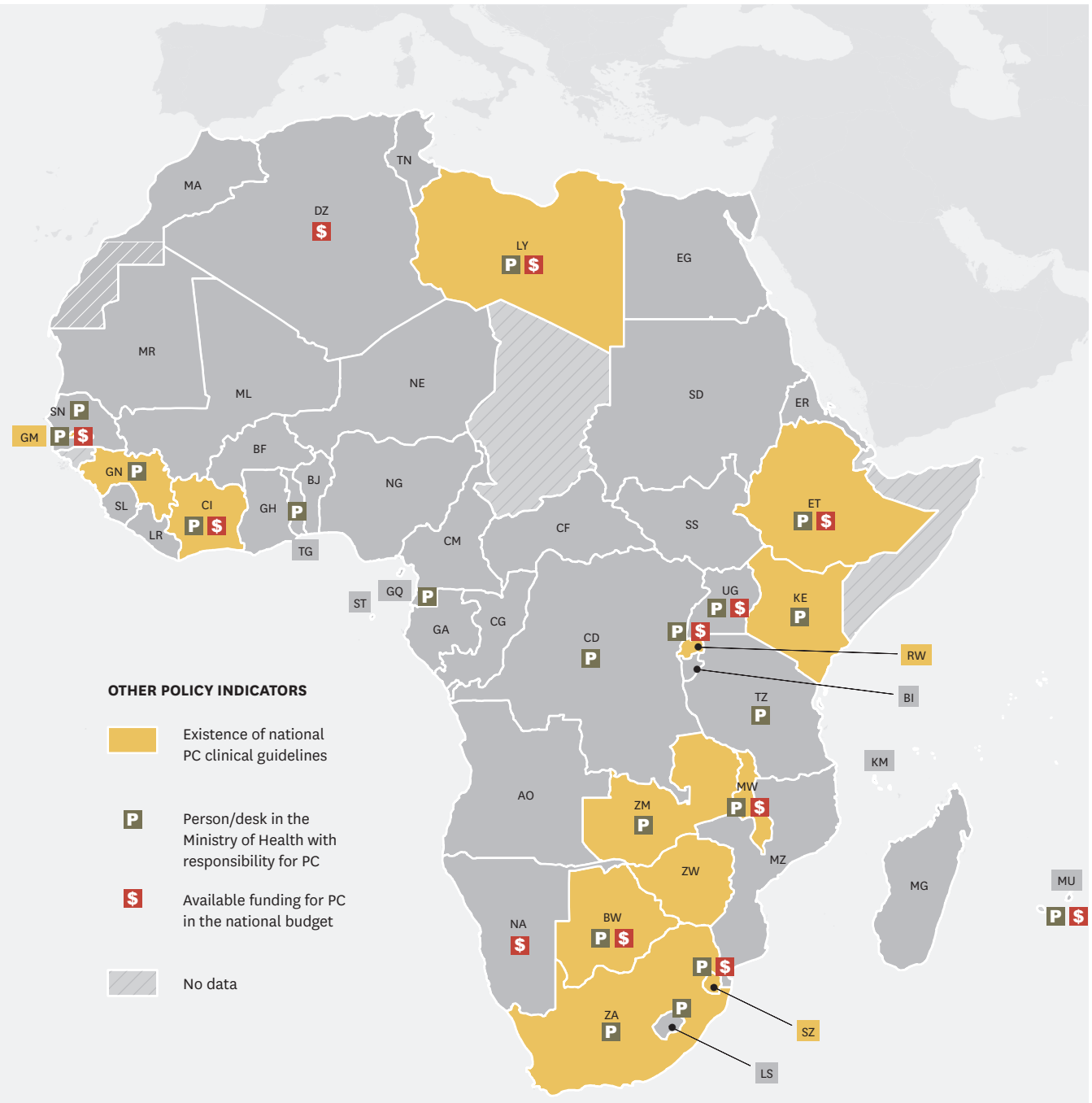
Ministry of Health or equivalent government agency has reserved some type of funding in the national health budget for activities and/or function for palliative care in the budget for this current year. (WHO 2015; http://apps.who.int/iris/bitstream/10665/206513/1/WHO_NMH_NVI_16.4_eng.pdf)

3C / FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: Is there funding for the following NCD and risk factor activities/functions (palliative care)? However, we have adjusted the wording to include components that we felt were important from our Country Experts and International Committee of Experts who commented on all of the indicators. (WHO NCD CCS 2015; <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1>)

SUMMARY

Only thirteen of responding countries indicating having national palliative care clinical guidelines. Those that did have clinical guidelines sometimes did not have national endorsement and/or were created and maintained instead by the national palliative care association. Of importance, twenty countries reported having a person or desk in the Ministry of Health responsible for palliative care, indicating that there is growing interest in the government on palliative care. Though twelve countries indicated having funding, the vast majority indicated that funding was very minimal. Of note was Uganda and Kenya, where the country does pay for morphine for patients throughout the country, and in Kenya, someone from the Ministry of Health sits in the national palliative care association offices to help in coordination of palliative care efforts in the country.



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Map 11. Palliative Care Education

1A / INDICATOR

Proportion of medical schools which include palliative care education in undergraduate curricula (obligatory/optional/total)
 Proportion of nursing schools which include palliative care education in undergraduate curricula (obligatory/optional/total)

1B / DEFINITION OF OBLIGATORY AND OPTIONAL

Obligatory

An obligatory component means that a component of palliative medicine is included as mandatory or compulsory teaching for all medical or nursing students in order to graduate. The course may be

1. an independent subject or course with the name “palliative” included in the title OR
2. sharing of the course with other components and with a reference in the title (for example oncology and palliative medicine)
3. sharing of the course with other components where a significant number of hours of palliative medicine is included in different courses as a component or as part of the longitudinal study for that course

Optional

An optional component means that a component of palliative medicine is included as electives or optional teaching but are not required for all medical or nursing students and are not required to graduate. The course may be

1. an independent subject or course with the name “palliative” included in the title OR
2. sharing of the course with other components and with a reference in the title (for example oncology and palliative medicine)
3. sharing of the course with other components where a significant number of hours of palliative medicine is included in different courses as a component or as part of the longitudinal study for that course

For the purpose of this project, undergraduate education is defined as course or specific module within a course, which includes the basic aspects of palliative care. Basic aspects of palliative care include:

- > The identification, evaluation and treatment of the most frequent symptoms
- > The physical, psychological and social aspects of care
- > Communication issues with the patient, relatives and caregivers. (Palliative Care Indicators, ALCP, 2013)

1C / FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: Proportion of medical or nursing schools which include palliative care education in undergraduate curricula (i.e. ratio of medical or nursing schools with palliative care at undergraduate level to total medical or nursing schools)

(WHO Planning and Implementing Palliative Care Services, 2016; <http://apps.who.int/iris/bitstream/10665/250584/1/9789241565417-eng.pdf?ua=1>)

2A / INDICATOR FOR THE AVAILABILITY OF A PALLIATIVE CARE SPECIALISATION FOR DOCTORS

Existence of specialized palliative care educational programmes for physicians, accredited by the national responsible authority, with specialized palliative care education defined as specialty, sub-specialty, master, or diploma, as defined by the respective competent authority

2B / DEFINITION OF SPECIALISATION

Official recognition of palliative medicine as a specialty, sub-specialty, master, diploma, or equivalent by a professional or governmental body such as, but not limited to, the Public Service Commission, Health Service Commission, professional councils, or other equivalent associations and/or organisations within the country.

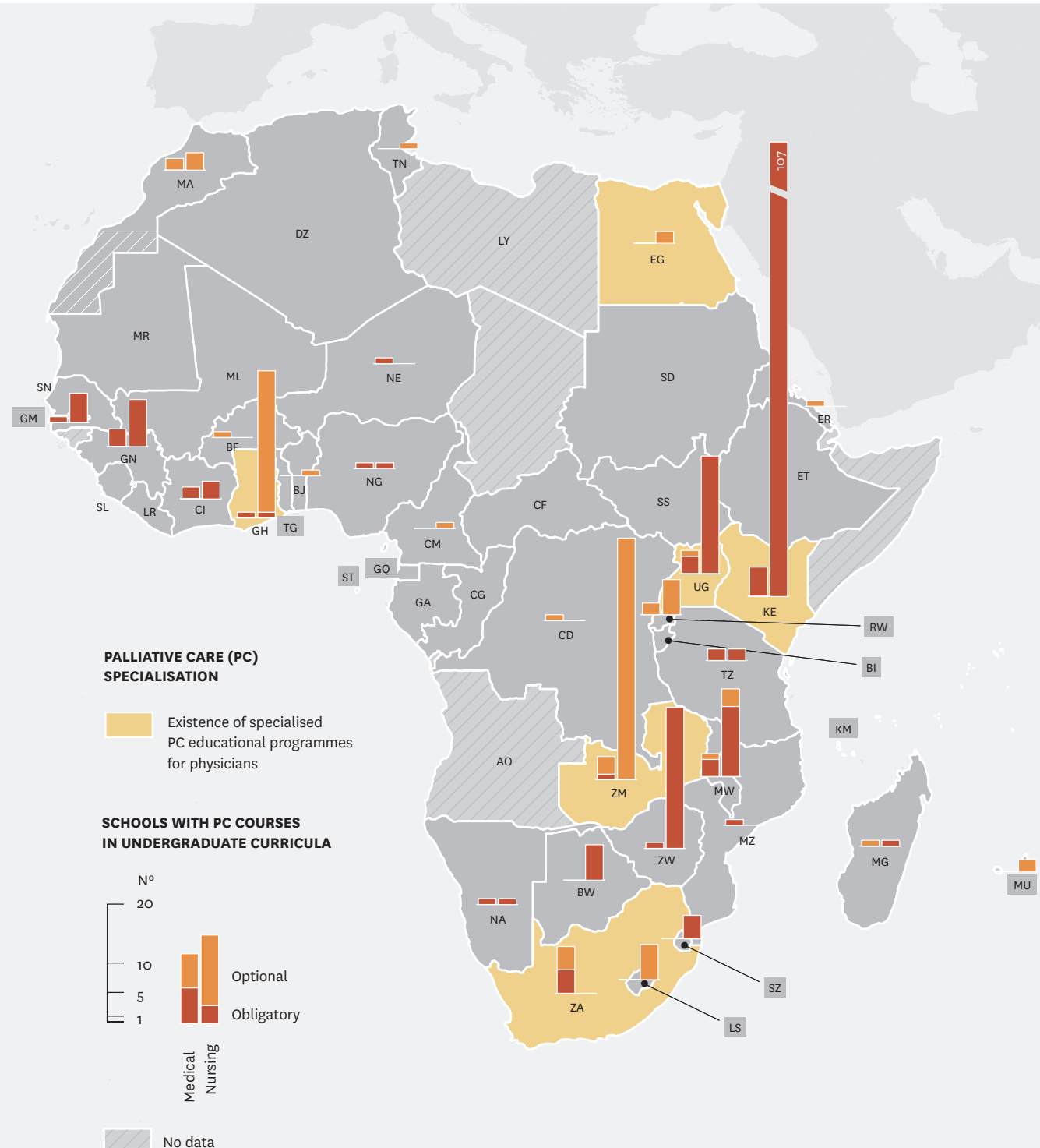
2C / FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: Number of specialized palliative care educational programmes for physicians, accredited by the national responsible authority (absolute number), with specialized palliative care education defined as specialty, sub-specialty, master, or diploma, as defined by the respective competent authority

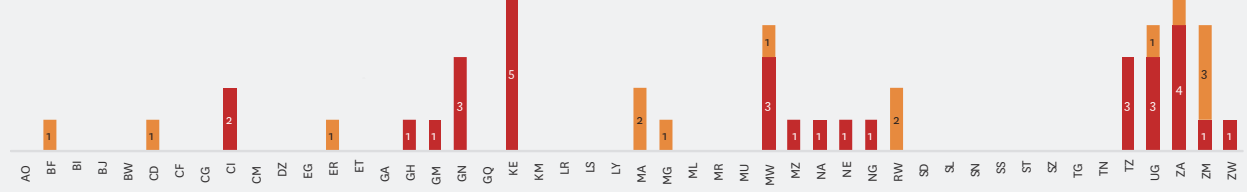
(WHO Planning and Implementing Palliative Care Services, 2016; <http://apps.who.int/iris/bitstream/10665/250584/1/9789241565417-eng.pdf?ua=1>)

SUMMARY

There is a great need for increased educational opportunities for palliative care in Africa. Six African countries, including Egypt, Ghana, Kenya, South Africa, Uganda, and Zambia indicated some form of official recognition of palliative medicine by an official body within the country. Egypt offers a post-graduate diploma in Supportive & Palliative Care, Ghana offers a Palliative Medicine Fellowship for physicians trained in Family Medicine, Kenya offers a higher diploma in conjunction with Oxford Brookes University, South Africa offers a Master in Palliative Care at the University of Cape Town, Uganda offers a Diploma as well as a Degree in palliative care through the Institute for Hospice and Palliative Care Africa and Makerere University, and Zambia offers a Continuous Professional Development Certificate Program in palliative care.



Medical Schools





Map 12. Medicines

1A / INDICATOR

General availability of immediate-release oral morphine (liquid or tablet) in the public health sector

1B / DEFINITION OF AVAILABILITY OF MORPHINE

Indicates whether or not the country has immediate-release oral morphine (liquid or tablet) generally available in primary health care facilities in the public health sector

(Global Health Observatory indicator views, WHO, 2016; <http://apps.who.int/gho/data/node.imr>)

We understand that some facilities may use immediate-release oral morphine for surgical use and not specifically for palliative care pain management. However, we are still interested in whether immediate-release oral morphine (liquid or tablet) is generally available in primary health care facilities in the public health sector.

1C / FOR YOUR INFORMATION

Wording for this indicator was derived from the WHO: General availability of oral morphine in the public health sector

(WHO Global Health Observatory, 2016; <http://apps.who.int/gho/data/node.home>)

2A / INDICATOR

Opioid consumption —in morphine equivalence (ME) excluding methadone— per capita as reported to the INCB (year).

2B / DEFINITION OF OPIOID CONSUMPTION

Data on opioid consumption is obtained from the latest available reported consumption to the International Narcotics Control Board (INCB), based on data provided by the Pain and Policy Studies Group (PPSG), University of Wisconsin. Twenty-three countries reported consumption to the INCB for 2015. For those countries (25) which did not submit 2015 consumption reports to the INCB, the latest consumption data available were used [ranging from 1980 (Liberia) to 2014 (several)]. These data represent the amounts of opioids distributed legally in a country for medical and scientific purposes to those healthcare institutions and programs that are licensed to dispense to patients, such as hospitals, nursing homes, pharmacies, hospices and palliative care programs. Consumption does not refer to the amounts dispensed to, or used by, patients, but rather to amounts distributed to the retail level. The opioid consumption data are displayed in milligrams per capita (or per person), which is calculated by first converting the raw consumption data we receive from INCB from kilograms to milligrams and then dividing by the population of the country for a particular year. United Nations population data is used. This provides a population-based statistic that allows for comparisons between countries.

(<http://www.painpolicy.wisc.edu/opioid-consumption-data>)

In the Country Reports section, the data for median opioid consumption in Africa is calculated solely from the data available in 2015. The latest figure on consumption for certain countries may not be from 2015, but we felt that this was the best way to do comparisons and draw conclusions from the data.

3A / INDICATOR

The laws and regulations allow different health professionals to prescribe and do not restrict prescription to specialist physicians

3B / DEFINITION OF LAWS AND REGULATIONS

Special authority/license may include prescriptions limited to certain medical specialties or sub-specialties (eg. Oncologist) or specific opioid-prescribing licenses that allow opioids to be prescribed only with special permits or authorization or only in emergency situations. If no such restrictions exist, then a primary care provider, such as a family doctor, can prescribe always prescribe opioids without any of the restrictions above.

(Cleary J, et al., 2013)

4A / INDICATOR

Nurses with special training in palliative medicine prescribe morphine in the country with or without a national nurse-prescriber policy in place

4B / DEFINITION OF NURSE PRESCRIBING

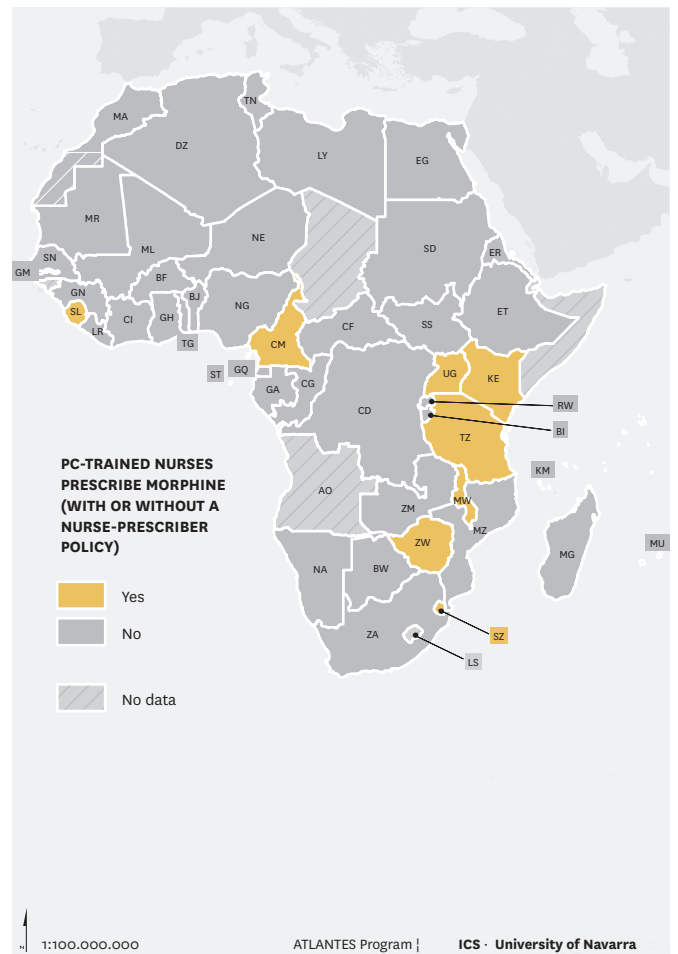
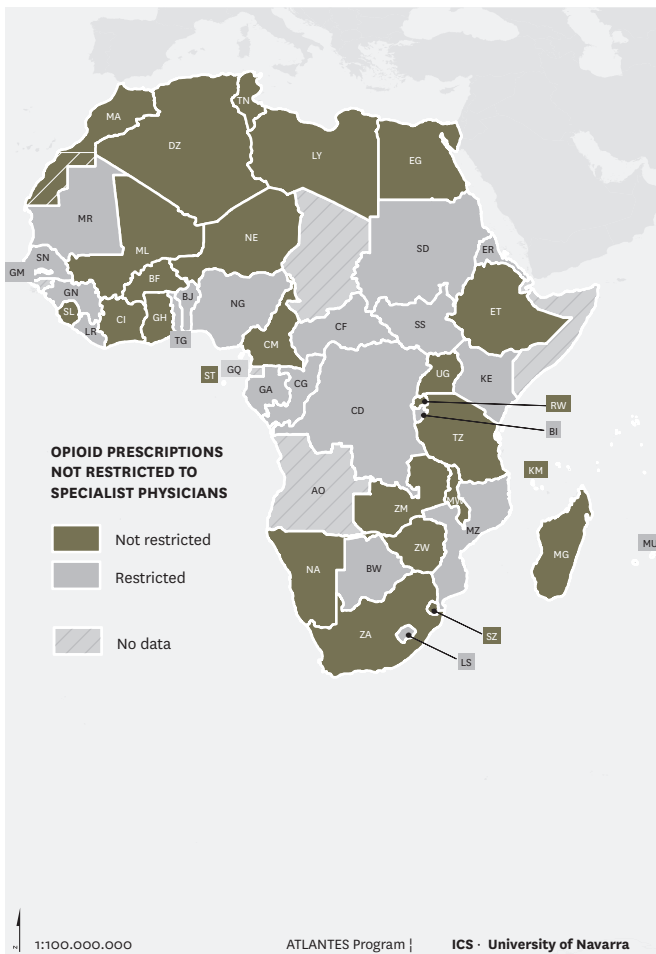
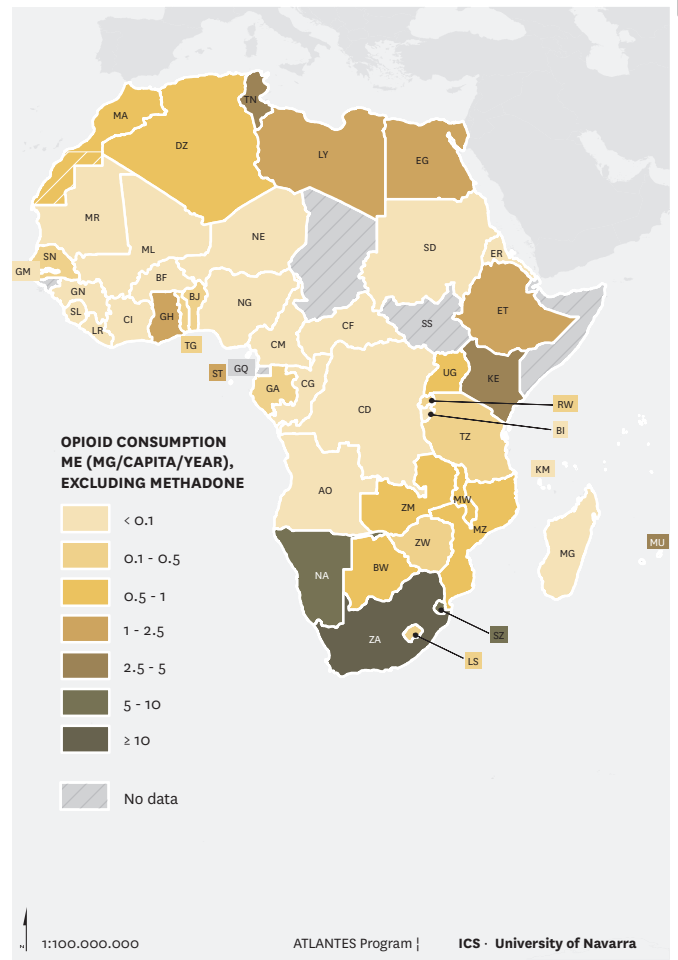
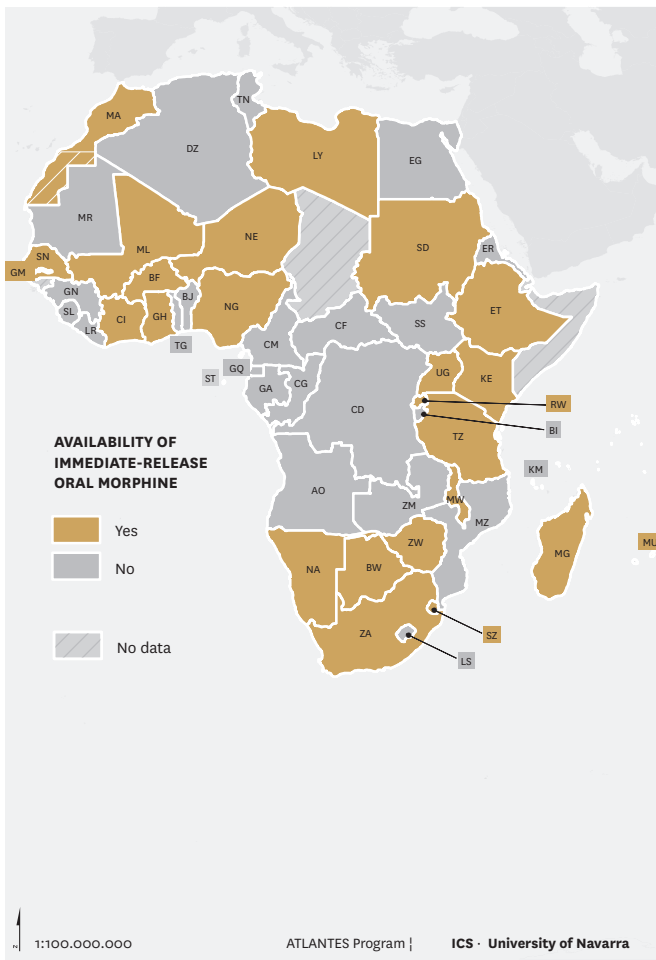
Nurses prescribe morphine in the country whether there is or there is no a specific national policy allowing nurses with special training in palliative medicine to prescribe opioids in the country.

One example of a specific national policy allowing nurses with special training in palliative medicine to prescribe opioids is the nurse prescribing policy in Uganda allowing nurses to prescribe opioids and other palliative care medications.

(Jagwe J& Merriman A, 2007; Uganda: Delivering Analgesia in Rural Africa: Opioid Availability and Nurse Prescribing)

SUMMARY

In general, average opioid consumption in across the continent is very low, averaging around 1 mg/capita/year. Mauritius, South Africa, Namibia, and Tanzania have the highest opioid consumption. Palliative care trained nurses prescribe opioids in about nine countries through Task Shifting Policies or, as in the case of Uganda, through a policy allowing for trained nurses to prescribe, though in a few countries, there is no official law for nurse prescribing. Morphine was available in the public sector for about half of the reporting countries (24/48), and laws and regulations limited opioid prescriptions to specialist or certain types of physicians in half of the reporting countries (24/48).





Map 13. Palliative Care Professional Activity (Vitality)

1A / INDICATOR

Existence of a national association or national association equivalent for palliative care

1B / DEFINITION OF ASSOCIATION

Existence of a national association for palliative care or a national association equivalent for palliative care. For example, in Rwanda, the Rwanda Biomedical Centre has a National Coordinator for Palliative Care that functions as a national association equivalent for palliative care.

2A / INDICATOR

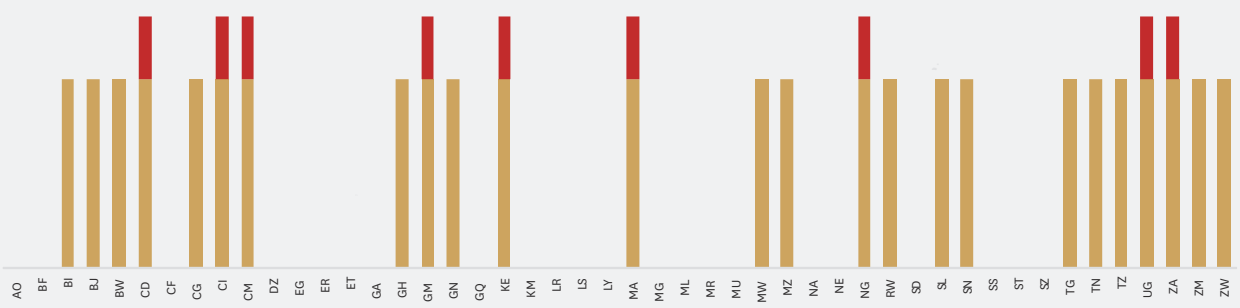
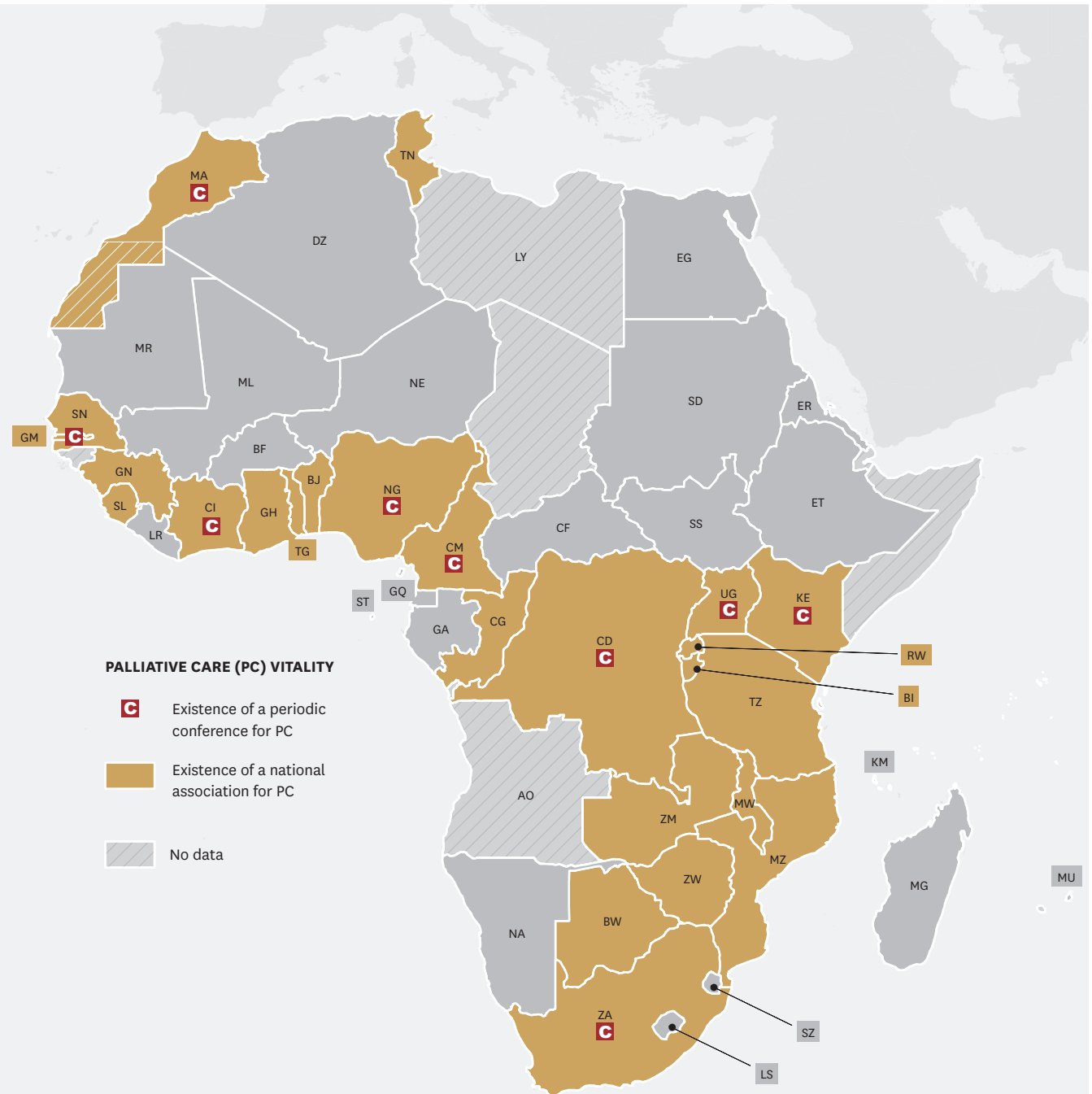
Existence of a periodic national conference for palliative care in the country

2B / DEFINITION OF CONFERENCE

Existence of a periodic national conference for palliative care in the country. Periodic indicates every certain number of years, with at least one conference having taken place in the past.

SUMMARY

Twenty-six of reporting countries reported having a national association for palliative care. However, funding continues to be a challenge in terms of having an active association, and some countries indicated that though the association exists, due to lack of funding, there have not been much or any activity by the national association. Ten countries indicated having a periodic conference for palliative care, though some countries, like Algeria, does not have a separate conference for palliative care, but rather, has palliative care included as a section in conferences on pain. Here, South Africa, Uganda, Nigeria, Cameroon, and Kenya stand out for having periodic national conferences specifically for palliative care, run or organized by the national palliative care association.



1:50.000.000



CARE + NUTRITION + SUPPORT
GOOD END OF LIFE

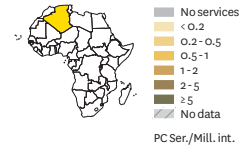


3. Country Information





Algeria



39,666,519
Population 2015

2,381,740
Surface area
(km²)

16.65
Population density, 2015

US\$4,206
Gross Domestic
Product per capita, 2015

1.21
Physicians
per 1000 inh., 2010

US\$932.10
Health expenditure
per capita, 2015

7.21
Health
expenditure total
(% of Gross), 2014

0.74
Human Development
Index, 2015

83
Human Development
Index Ranking, 2015

MILESTONES

2013

> Algeria had six of the seven essential opioids available. (Cleary J, et al., 2013)

REFERENCES

Cleary J, Powell RA, Munene G, Mwangi-Powell FN, Luyirika E, Kiyange F, Merriman A, Scholten W, Radbruch L, Torode J, Cherny NI. Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa: a report from the Global Opioid Policy Initiative (GOPI). *Annals of Oncology*. 2013; 24 Suppl11:xi14-23.

COMMENTS FROM KEY INFORMANTS

Services

> There is no structure of PC in Algeria. PC is provided in non-PC-specific services.

Policies

> N/A.

Education

> N/A.

Medicines

> Immediate-release morphine and oxycodone are being registered.
> There is available prolonged-release morphine and transdermal fentanyl only. Opioid prescriptions are strictly restricted to doctors.

Vitality

> There are periodic conferences carried out by the Algerian Society of Medical Oncology and the Algerian Society for the Assessment and Treatment of Pain.

NATIONAL ASSOCIATION OR INSTITUTION

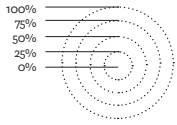
None.

KEY INFORMANTS

Benmoussa Dalila, Centre Pierre et Marie Curie Alger.



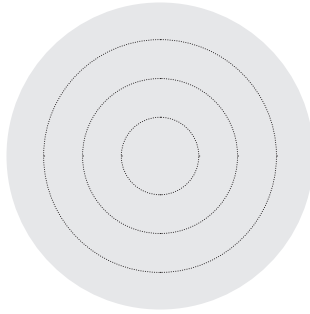
Algeria



SERVICES



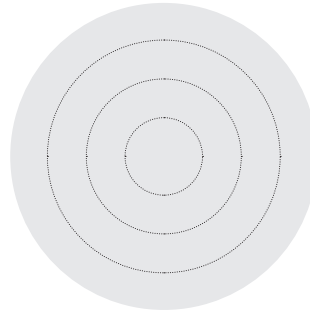
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



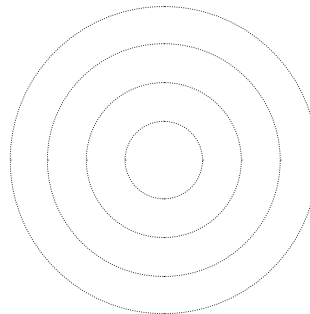
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/40)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
N/A

POLICIES

Stand-alone national PC plan/programme

N/A

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

N/A

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

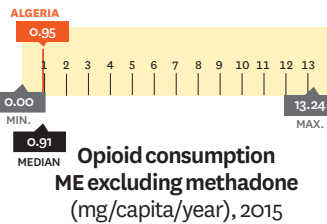
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

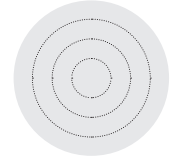
Existence of a periodic national conference for PC

YES NO

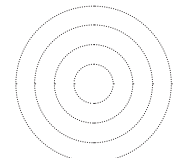
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/6)



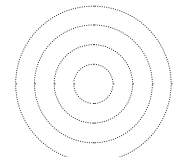
Medical schools which include PC education as optional
N/A



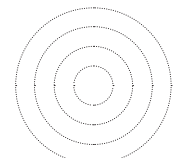
Certification for PC physicians



Number of nursing schools



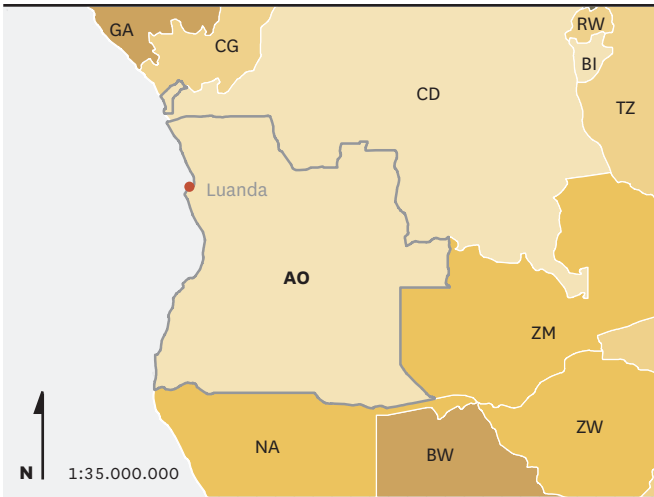
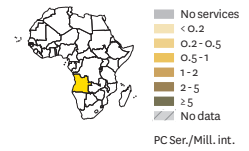
Nursing schools which include PC education as mandatory
N/A



Nursing schools which include PC education as optional
N/A



Angola



25,021,974
Population 2015

1,246,700
Surface area
(km²)

20.07
Population density, 2015

US\$4,101.50
Gross Domestic
Product per capita, 2015

0.20
Physicians
per 1000 inh., 2010

US\$239.01
Health expenditure
per capita, 2015

3.31
Health
expenditure total
(% of Gross), 2014

0.53
Human Development
Index, 2015

149
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> PC was initiated at the Angola Cancer Control Institute and the Américo Boavida Hospital.

Policies

> N/A.

Education

> N/A.

Medicines

> N/A.

Vitality

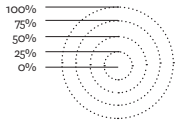
> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

None.

KEY INFORMANTS

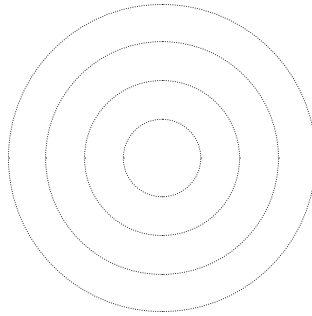
Joseth Rita de Sousa, DNSP - Ministério da Saúde de Angola.



SERVICES



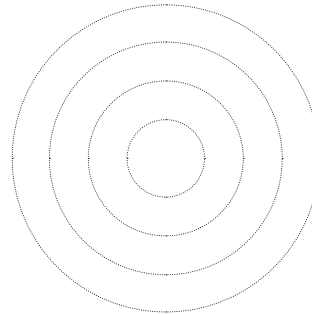
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
N/A



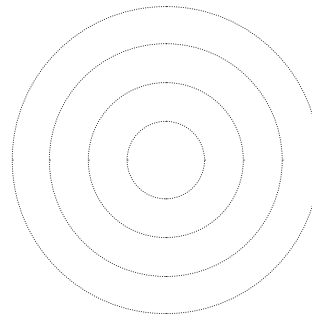
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
N/A



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
N/A

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility N/A

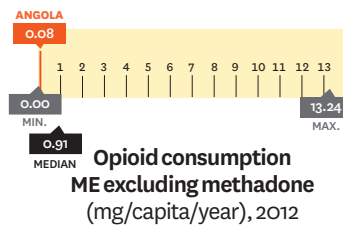
Funding for PC in the National Health budget N/A

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine N/A

Trained nurses can prescribe morphine N/A



VITALITY

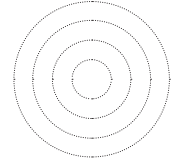
Existence of a national association or equivalent for PC N/A

Existence of a periodic national conference for PC N/A

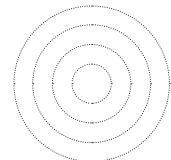
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
N/A

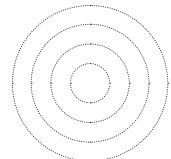


Medical schools which include PC education as optional
25% (1/4)

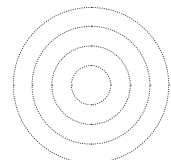
Certification for PC physicians
N/A



Number of nursing schools



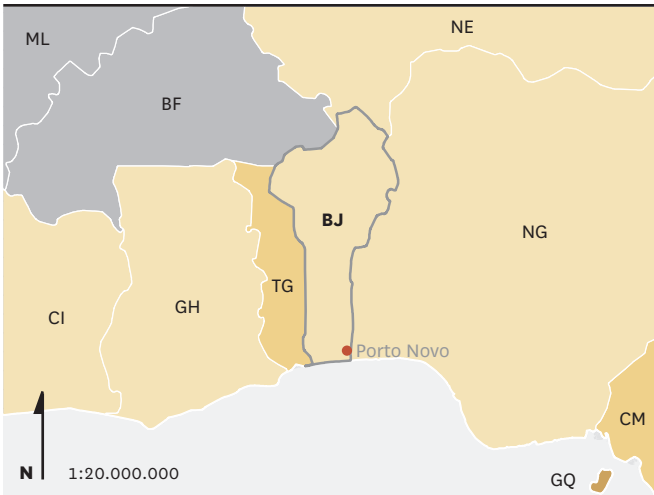
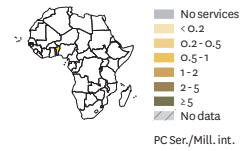
Nursing schools which include PC education as mandatory
N/A



Nursing schools which include PC education as optional
N/A



Benin



10,879,829
Population 2015

114,760
Surface area
(km²)

96.49
Population density, 2015

US\$762.10
Gross Domestic
Product per capita, 2015

0.06
Physicians
per 1000 inh., 2010

US\$85.61
Health expenditure
per capita, 2015

4.59
Health
expenditure total
(% of Gross), 2014

0.48
Human Development
Index, 2015

166
Human Development
Index Ranking, 2015

MILESTONES

2015

> The Benin Association of PC is established. (Anthelme AK, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> Benin has two units that depend on the medical service; one unit at the CNHU-HKM of Cotonou and the other at the Comè Zone Hospital. Both teams offer home-based services for home-bound patients.

Policies

> Cancer management and HIV care programmes exist but do not include a section dedicated to PC.

Education

> N/A.

Medicines

> There is an equipped production unit, but it is not currently functional due to difficulties in obtaining morphine powder.

Vitality

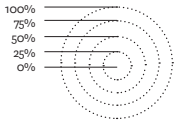
> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

Association Béninoise de Soins Palliatifs (ABSP).

KEY INFORMANTS

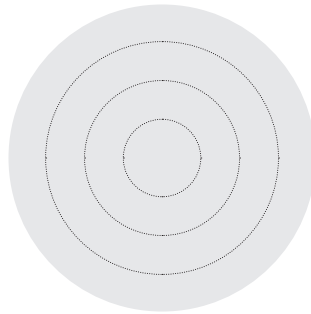
Agbodande Kouessi Anthelme, Médecine Interne CNHU-HKM de Cotonou.



SERVICES



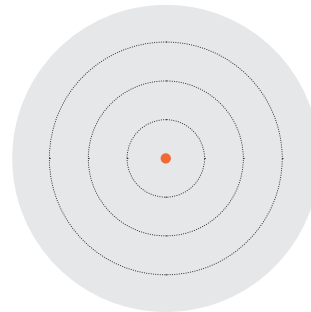
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



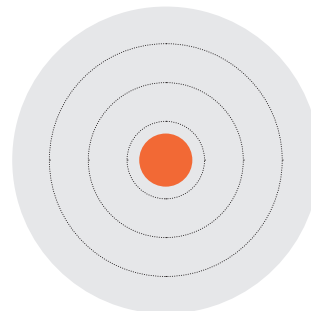
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
3% (2/70)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
17% (2/12)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

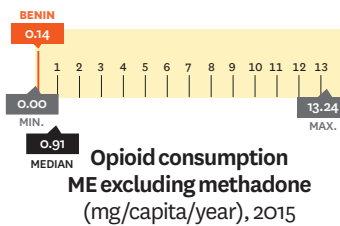
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

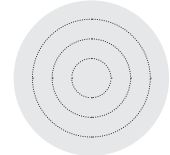
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

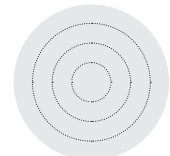
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/2)



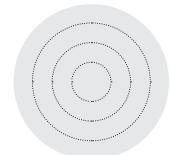
Medical schools which include PC education as optional
0% (0/2)



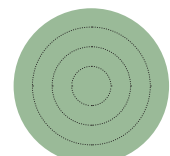
Certification for PC physicians



Number of nursing schools



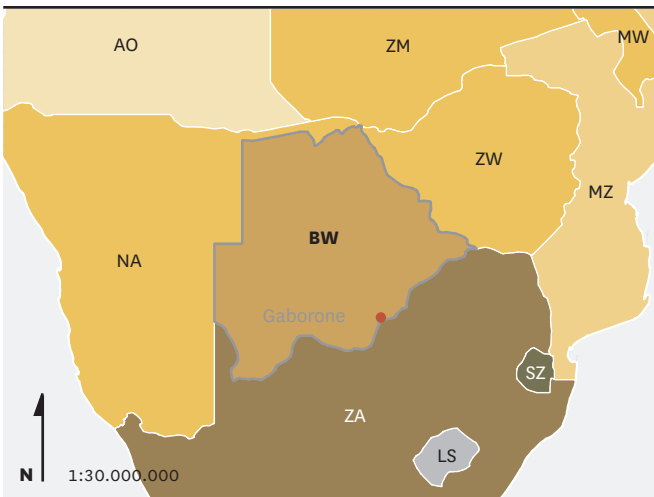
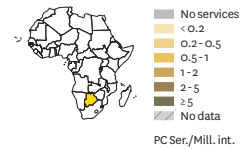
Nursing schools which include PC education as mandatory
0% (0/1)



Nursing schools which include PC education as optional
100% (1/1)



Botswana



2,262,485
Population 2015

581,730
Surface area
(km²)

3.99
Population density, 2015

US\$6,360.10
Gross Domestic
Product per capita, 2015

0.34
Physicians
per 1000 inh., 2010

US\$870.84
Health expenditure
per capita, 2015

5.41
Health
expenditure total
(% of Gross), 2014

0.70
Human Development
Index, 2015

106
Human Development
Index Ranking, 2015

MILESTONES

2016

- > Botswana has drafted national policies that are in the process of being adopted. (Luyirika EBK, et al., 2016)

REFERENCES

Luyirika EBK, Namisango E, Garanganga E, Monjane L, Ginindza N, Madonsela G, Kiyange F. Best practices in developing a national PC policy in resource limited settings: lessons from five African countries. *Ecancermedalscience* [Internet]. 2016;10:652.

COMMENTS FROM KEY INFORMANTS

Services

- > Generally, hospitals do not have separate PC units. Currently patients needing PC services are offered in their own respective wards, e.g. medical, surgical etc.

Policies

- > Botswana has a PC strategy. However, there is currently no separate budget. PC activities are carried out within the Community Home Based Care Programme.

Education

- > PC is currently offered as an extra additional topic in medical schools, plans are underway to request schools to include it in the curriculum.

Medicines

- > Medical Doctors are the only ones allowed to prescribe medicines according to Drug Regulatory Act.

Vitality

- > The MOH commemorates hospice and PC week annually in different districts and involve different stakeholders.

NATIONAL ASSOCIATION OR INSTITUTION

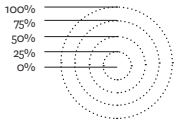
Botswana Hospice Palliative Care Association (BHPCA)
<https://www.facebook.com/Botswana-Hospice-Palliative-Care-Association-766289516744104/>

KEY INFORMANTS

Penny Sebuweng Makuruetsa, Ministry of Health.



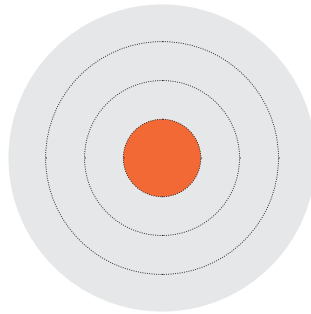
Botswana



SERVICES



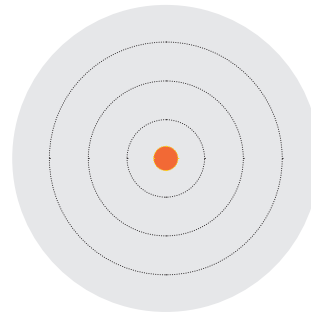
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
1/4 (25%)



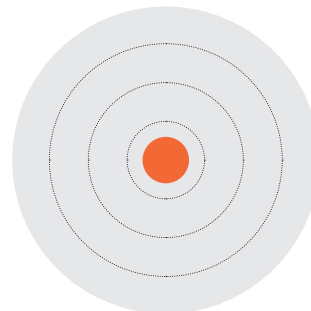
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
8% (3/40)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
15% (4/27)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

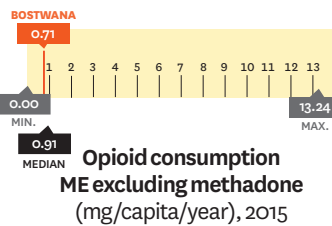
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

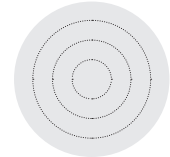
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

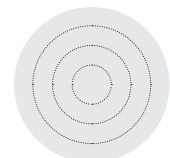
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/1)

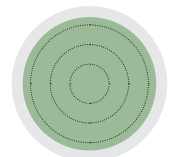


Medical schools which include PC education as optional
0% (0/1)

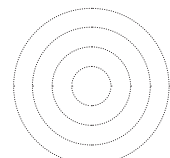
Certification for PC physicians



Number of nursing schools



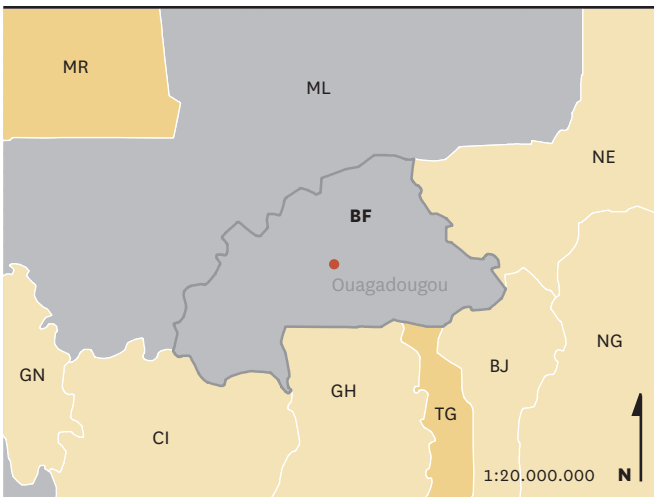
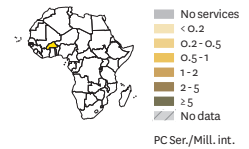
Nursing schools which include PC education as mandatory
86% (6/7)



Nursing schools which include PC education as optional
N/A



Burkina Faso



18,105,570
Population 2015

274,220
Surface area
(km²)

66.18
Population density, 2015

US\$589.80
Gross Domestic
Product per capita, 2015

0.05
Physicians
per 1000 inh., 2010

US\$82.31
Health expenditure
per capita, 2015

4.96
Health
expenditure total
(% of Gross), 2014

0.40
Human Development
Index, 2015

183
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> Some organisations care for HIV-infected children without being able to offer continuous and recognised services of PC. There are individual organisations or aid associations that perform home visits and provide aspects of PC such as psychological and financial support.

Policies

> N/A.

Education

> N/A.

Medicines

> Compressed form of opioids is available including Actiskenan (Morphine Sulfate) 5mg, 10mg, 15mg

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

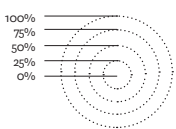
None.

KEY INFORMANTS

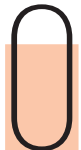
Dr. Some Ollo Roland, Cancerologue Chirurgien .



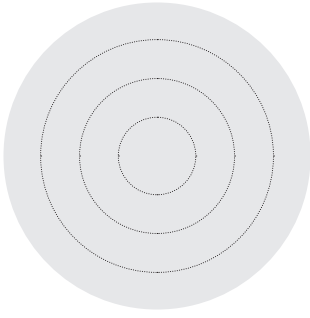
Burkina Faso



SERVICES



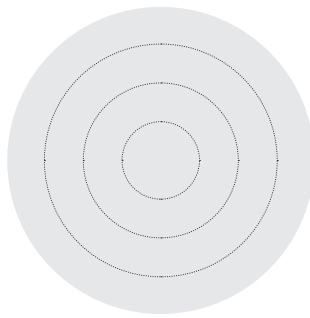
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



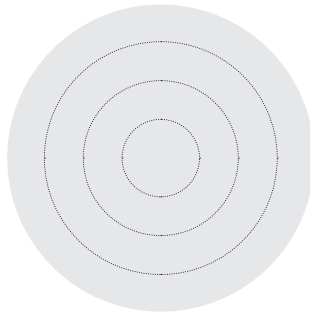
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/2194)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/63)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

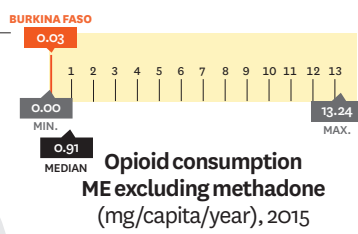
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

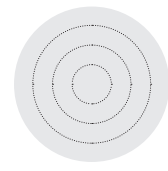
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

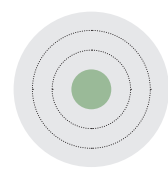
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/4)



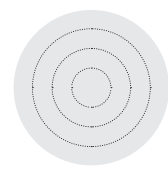
Medical schools which include PC education as optional
25% (1/4)



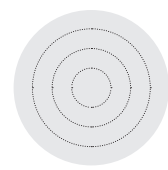
Certification for PC physicians



Number of nursing schools



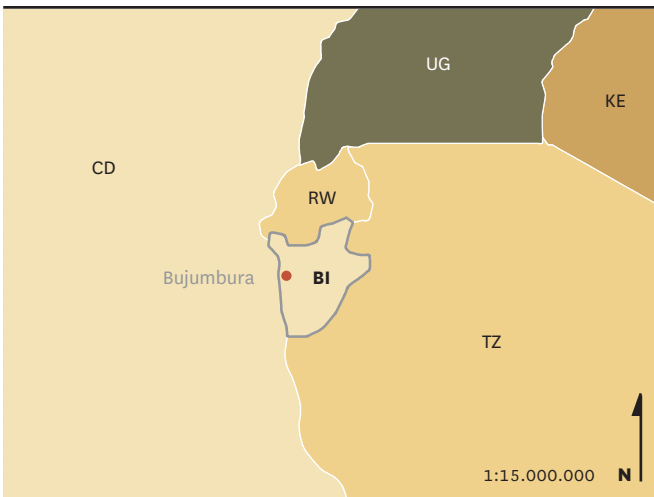
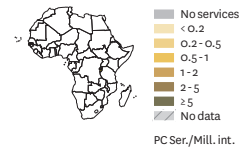
Nursing schools which include PC education as mandatory
10% (0/21)



Nursing schools which include PC education as optional
0% (0/21)



Burundi



11,178,921
Population 2015

27,830
Surface area
(km²)

435.32
Population density, 2015

US\$277.10
Gross Domestic
Product per capita, 2015

N/A
Physicians
per 1000 inh., 2010

US\$58.02
Health expenditure
per capita, 2015

7.54
Health
expenditure total
(% of Gross), 2014

0.40
Human Development
Index, 2015

184
Human Development
Index Ranking, 2015

MILESTONES

2014

> The first advocacy workshop on PC was organised and conducted by a synergy of organisations. (Ciza R, 2017)

2015

> The Association for PC in Burundi was established. (Muhigirwa Ciza J, 2017)

2015

> In Burundi, there are 2 hospices or PC services. The first is the Association for PC in Burundi and the second is a hospice for the aged run by the Congregation of Catholic Sisters BENEMUKAMA in Bujumbura. (Muhigirwa Ciza J, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

Association pour les Soins Palliatifs au Burundi (ASOPABU)
<https://www.facebook.com/Association-pour-les-Soins-Palliati-fs-au-Burundi-Asopabu-200400217043360/>

COMMENTS FROM KEY INFORMANTS

Services

> PC in Burundi is in its very early stages. The majority of caregivers do not know PC in its true sense. In Burundi, ASOPABU is the only organisation to offer palliative home care services through training received from Hospice Africa Uganda. The remaining organisations do not have the skills to do so.

Policies

> It should be noted that with the current crisis in the country, the situation worsened with the departure of almost all the partners who supported the PC work. The government does not have the means to introduce and maintain new programmes. The partners are no longer there, and the professionals feel stuck.

Education

> PC is not integrated into the health system or into medical and nursing academic training. PC is not in the medical or paramedical training and there is no program to train healthcare professionals, even pain management is almost non-existent.

Medicines

> Morphine exists only in injectable form, reserved for patients in the operating room. Morphine is prescribed exclusively by doctors.

Vitality

> N/A.

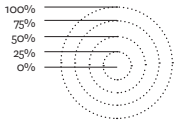
KEY INFORMANTS

Muhigirwa Ciza Josephine, Representante Legale de l'ASOPABU.

CONFIDENTIAL.



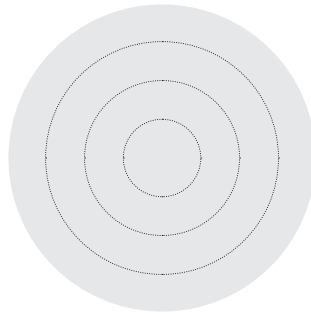
Burundi



SERVICES



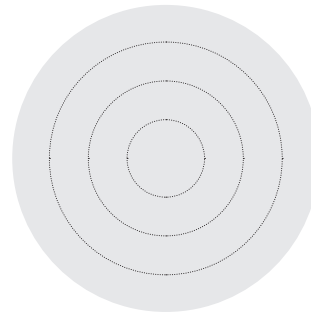
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



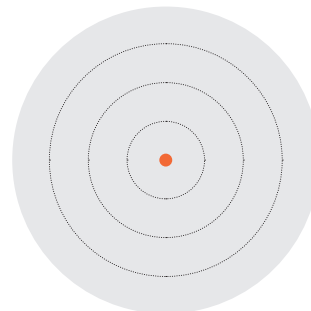
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/71)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
4% (2/45)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

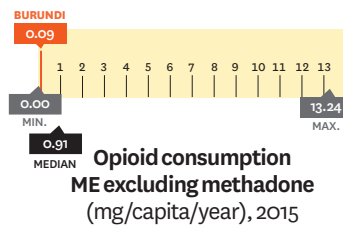
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

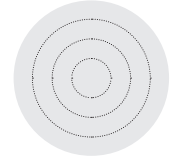
Existence of a periodic national conference for PC

YES NO

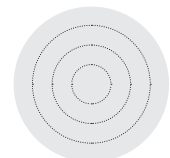
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/3)

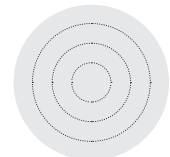


Medical schools which include PC education as optional
0% (0/3)

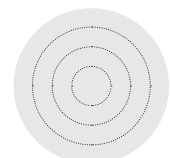
Certification for PC physicians



Number of nursing schools



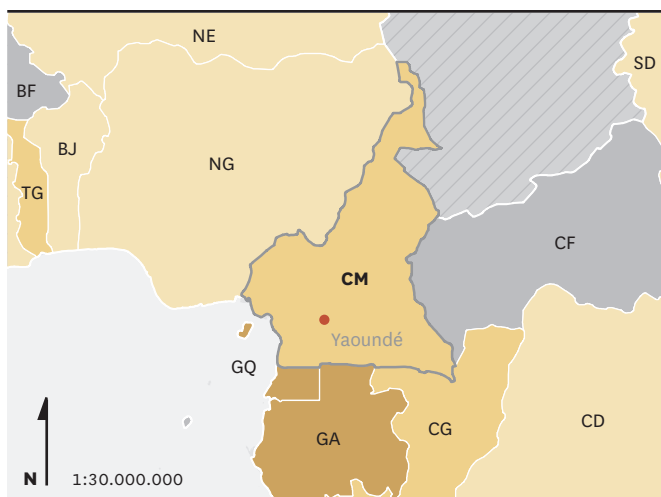
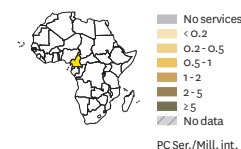
Nursing schools which include PC education as mandatory
0% (0/5)



Nursing schools which include PC education as optional
0% (0/5)



Cameroon



23,344,179
Population 2015

475,440
Surface area
(km²)

49.38
Population density, 2015

US\$1,217.30
Gross Domestic
Product per capita, 2015

0.08
Physicians
per 1000 inh., 2010

US\$121.92
Health expenditure
per capita, 2015

4.10
Health
expenditure total
(% of Gross), 2014

0.51
Human Development
Index, 2015

153
Human Development
Index Ranking, 2015

MILESTONES

2006

> First PC unit called the Integrated Hospice Program started at Bansa Baptist Hospital, part of the Cameroon Baptist Convention Health Services. It is a hospital PC team that provides care at the hospital as well as home based care follow-up. (Mbeng NG, 2017)

2007

> The Bamenda Regional Hospital PC Unit was started and carries out interdisciplinary services like Bansa Baptist Hospital. (Mbeng NG, 2017)

2010

> The HPCAC (the Hospice and PC Association of Cameroon) was started. (Mbeng NG, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

Hospice and Palliative Care Association of Cameroon (HPCAC).

COMMENTS FROM KEY INFORMANTS

Services

> Services are not developed well enough to start building services in paediatric PC. We are hoping to get there with time and training. One community home-based care service was started at Bana in the Western Region but developing slowly due to lack of funding and staff.

Policies

> There has been much discussion on developing a PC plan/policy but there are no concrete results yet. The MOH can only budget for PC like they do for cancer and HIV when it is included in the national plan. In terms of guidelines, we are still working to build a strong country team and a committee to develop one.

Education

> We have been trying to include PC in the medical school curriculum since 2008 but have not yet been able to do so. In 2014, the University of Buea started a workshop programme for nurses in PC.

Medicines

> Immediate-release oral morphine is available in the private sector. Nurses with special training in PC prescribe but there is no formal policy for nurse prescribing. However, it is generally understood that specialist nurses have acquired very good training.

Vitality

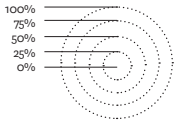
> We have held two national PC conferences in 2015 and 2016.

KEY INFORMANTS

Ndikintum George Mbeng, HPCAC.



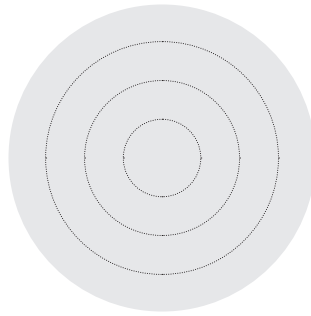
Cameroon



SERVICES



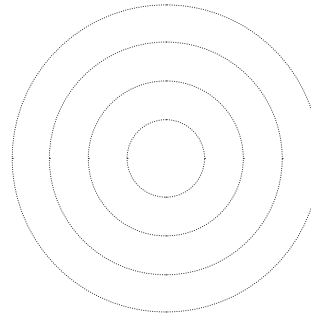
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/7 (0%)



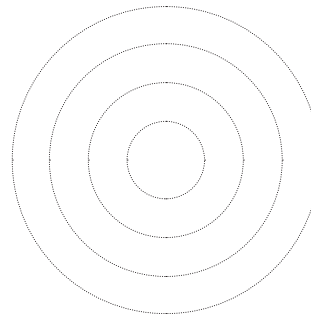
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
N/A



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
N/A

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

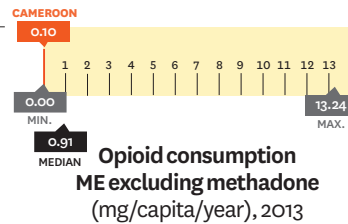
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

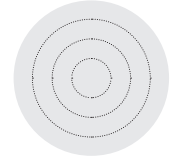
Existence of a periodic national conference for PC

YES NO

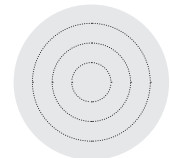
EDUCATION



Number of medical schools



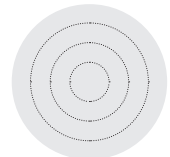
Medical schools which include PC education as mandatory
0% (0/5)



Medical schools which include PC education as optional
0% (0/5)



Number of nursing schools



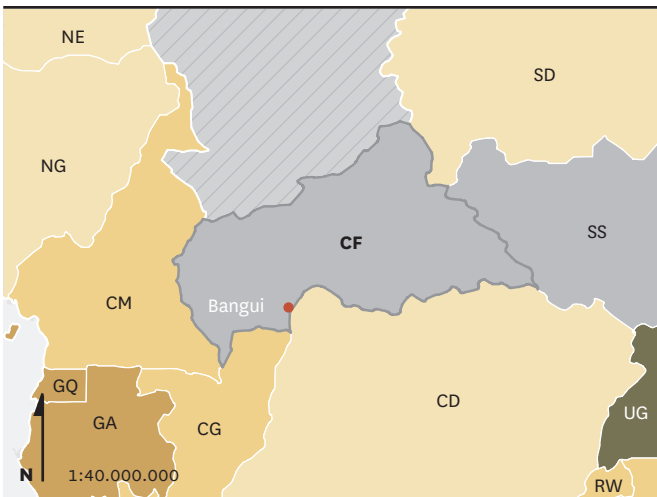
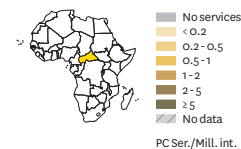
Nursing schools which include PC education as mandatory
0% (0/5)



Nursing schools which include PC education as optional
20% (1/5)



Central African Republic



4,900,274
Population 2015

622,980
Surface area (km²)

7.87
Population density, 2015

US\$323.20
Gross Domestic Product per capita, 2015

0.05
Physicians per 1000 inh., 2010

US\$24.96
Health expenditure per capita, 2015

4.20
Health expenditure total (% of Gross), 2014

0.35
Human Development Index, 2015

187
Human Development Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> There are no PC facilities yet.

Policies

> Cancer is included in the NCD Program.

Education

> N/A.

Medicines

> N/A.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

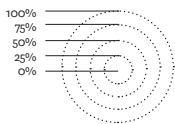
None.

KEY INFORMANTS

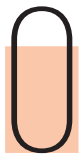
CONFIDENTIAL.



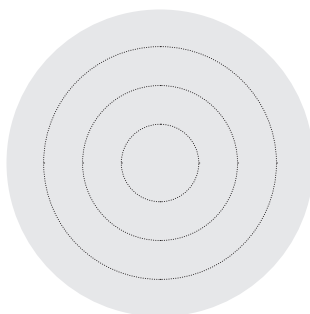
Central African Republic



SERVICES



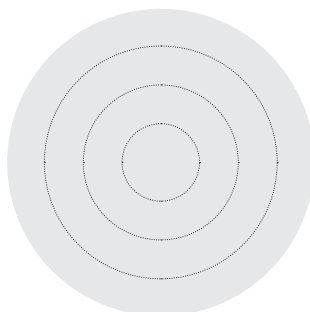
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



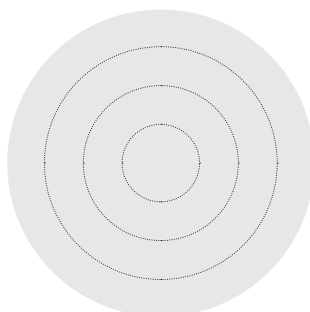
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/0)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/0)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

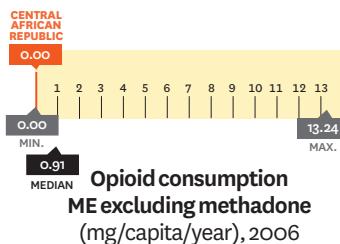
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

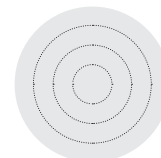
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

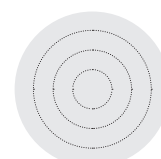
EDUCATION

1

Number of medical schools



Medical schools which include PC education as mandatory
0% (0/1)



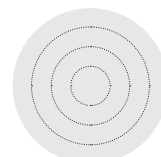
Medical schools which include PC education as optional
0% (0/1)

3

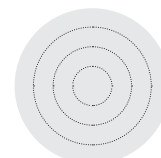
Certification for PC physicians

YES
 NO

Number of nursing schools



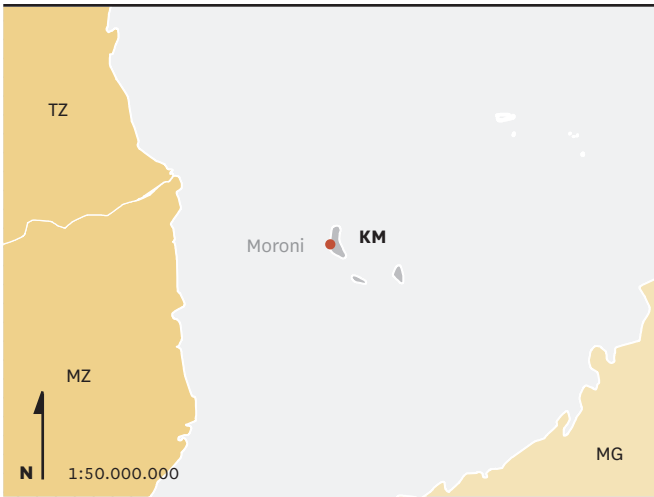
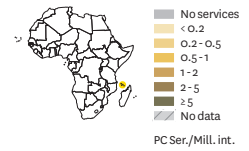
Nursing schools which include PC education as mandatory
0% (0/3)



Nursing schools which include PC education as optional
0% (0/3)



Comoros



788,474

Population 2015

1,861

Surface area
(km²)

423.68

Population density, 2015

US\$717.40

Gross Domestic
Product per capita, 2015

N/A

Physicians
per 1000 inh., 2010

US\$100.82

Health expenditure
per capita, 2015

6.75

Health
expenditure total
(% of Gross), 2014

0.50

Human Development
Index, 2015

159

Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

> Home-based care services provide some non-specialised PC.

Policies

> N/A.

Education

> N/A.

Medicines

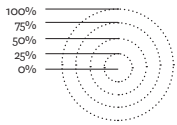
> Only injectable Morphine is available.

Vitality

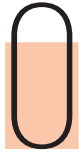
> N/A.

KEY INFORMANTS

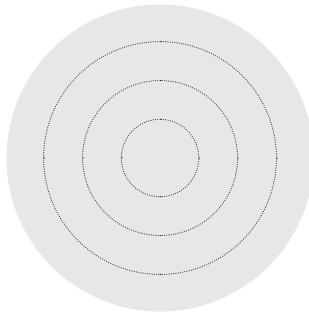
Nassur Soimihi, CHN El Maanrouf Hospital.



SERVICES



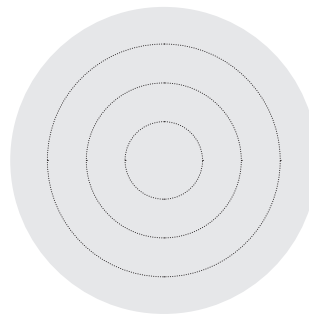
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0% (0/0)



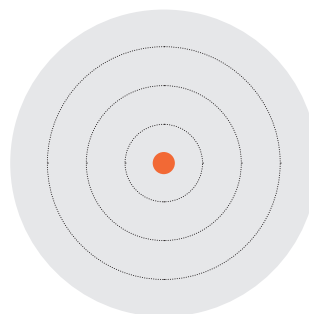
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/0)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/0)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

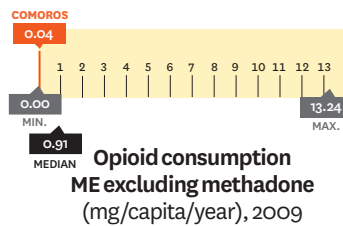
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

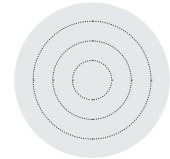
Existence of a periodic national conference for PC

YES NO

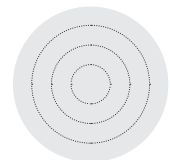
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/0)



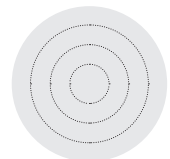
Medical schools which include PC education as optional
0% (0/0)



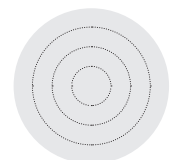
Certification for PC physicians



Number of nursing schools



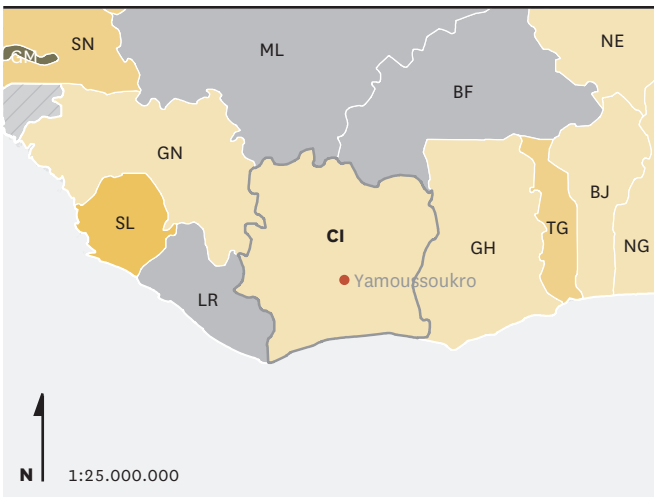
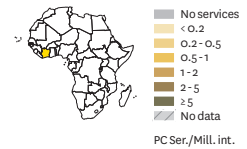
Nursing schools which include PC education as mandatory
0% (0/0)



Nursing schools which include PC education as optional
0% (0/0)



Cote d'Ivoire



22,701,556
Population 2015

322,460
Surface area
(km²)

71.39
Population density, 2015

US\$1,399.00
Gross Domestic
Product per capita, 2015

0.14
Physicians
per 1000 inh., 2010

US\$187.02
Health expenditure
per capita, 2015

5.72
Health
expenditure total
(% of Gross), 2014

0.46
Human Development
Index, 2015

172
Human Development
Index Ranking, 2015

MILESTONES

2005

> A national policy was developed and validated in 2005. (Coulibaly JD, et al., 2009)

2006

> The national Policy for PC was presented by the MOH. (Coulibaly JD, et al., 2009)

2008

> Two workshops have taken place since 2008. (Coulibaly JD, et al., 2009)

REFERENCES

Coulibaly JD, Adoubi I, Touré M, Oseni A, Echimane KA. [Difficulties with using morphine in cancer pain management: Ivorian experience]. Bulletin du Cancer. 2009; 96(6):703-7.

Coulibaly JD, Datie AM, Binlin-Dadie R, Kouame I, N'guessan Z, Barouan MC, Koffi E, Coulibaly I, Mensah J, Yenou HM, Dedomey E, Echimane K, Plo K, Kouassi B. [Implementation of palliative care in Ivory Coast]. Bulletin du Cancer. 2009; 96(5): 609-14.

NATIONAL ASSOCIATION OR INSTITUTION

L'association de soins palliatifs de Côte d'Ivoire (ASPI).

COMMENTS FROM KEY INFORMANTS

Services

> There are 280 centres dedicated to HIV that provide comprehensive services including PC but whose main purpose is not to provide PC services. Of the 255 hospices, specifically for HIV patients, about 5 are dedicated to children with cancer and other chronic diseases and 250 dedicated to children with HIV. PC is mainly provided by NGOs working in HIV and private clinics. All regions have PC units for people living with HIV, but only 3 regions have PC services for cancer patients and other chronic diseases.

Policies

> Funding is very limited. Most of the funding for cancer and HIV programmes is devoted to the prevention of these diseases and very little to PC.

Education

> N/A.

Medicines

> Only doctors prescribe morphine.

Vitality

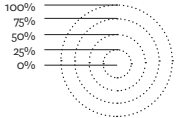
> N/A.

KEY INFORMANTS

Siagbe Soungolé, Association des soins palliatifs de Côte d'Ivoire (ASPI).



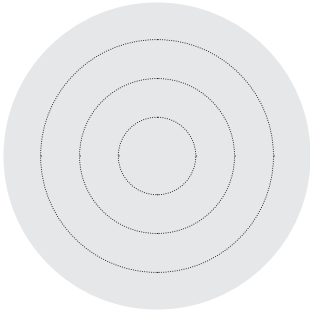
Cote d'Ivoire



SERVICES



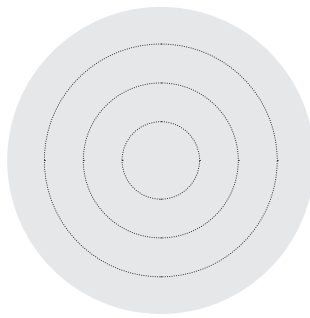
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



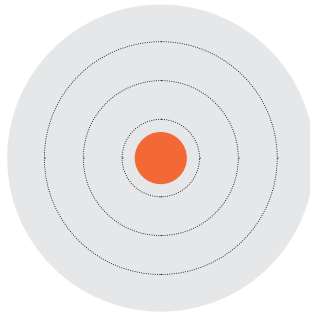
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (2/4000)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
15% (3/20)

POLICIES

Stand-alone national PC plan/programme



National cancer plan/programme with a section for PC



National HIV plan/programme with a section for PC



National PC clinical guidelines



Person/desk/unit in the MOH with PC responsibility



Funding for PC in the National Health budget



MEDICINES

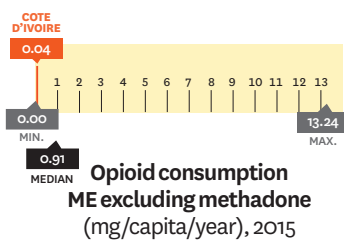
Availability of immediate-release oral morphine



Non-specialised physicians can prescribe morphine



Trained nurses can prescribe morphine



VITALITY

Existence of a national association or equivalent for PC



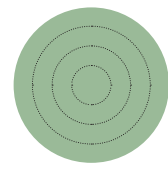
Existence of a periodic national conference for PC



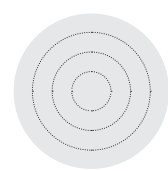
EDUCATION



Number of medical schools



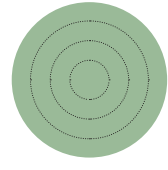
Medical schools which include PC education as mandatory
100% (2/2)



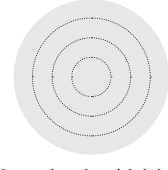
Medical schools which include PC education as optional
0% (0/2)



Number of nursing schools



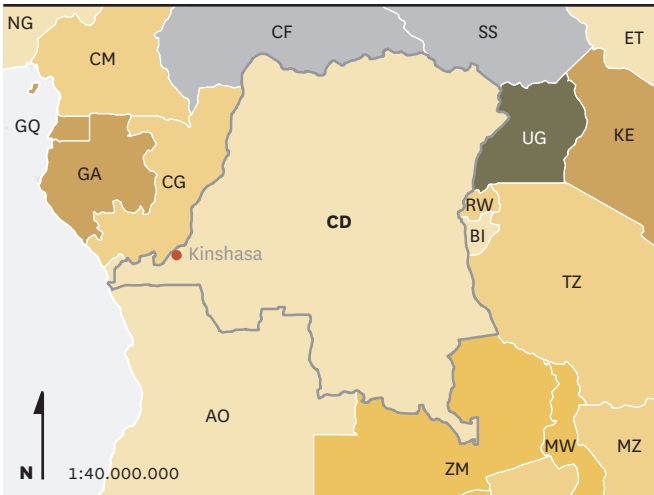
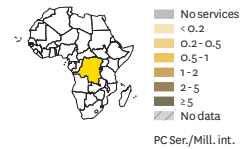
Nursing schools which include PC education as mandatory
100% (3/3)



Nursing schools which include PC education as optional
0% (0/3)



Dem. Rep. of the Congo



77,266,814
Population 2015

2,344,860
Surface area
(km²)

34.08
Population density, 2015

US\$456.10
Gross Domestic
Product per capita, 2015

N/A
Physicians
per 1000 inh., 2010

US\$32.28
Health expenditure
per capita, 2015

4.33
Health
expenditure total
(% of Gross), 2014

0.433
Human Development
Index, 2015

176
Human Development
Index Ranking, 2015

MILESTONES

2016

- > The medical school of the University of Kinshasa inserted a course on PC of 15 hours in the final year of medicine. (Makassi JS, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

Association Nationale de Soins Palliatifs en RDC (ANSP).

COMMENTS FROM KEY INFORMANTS

Services

- > PC is provided by private organisations and is only available in the capital. There are two organisations providing PC services at home: Pallia familli and Magnificat. The university clinics of Kinshasa want to organise a unit of PC, but it is still in the very early stages.
- > There are another two home care services based in the Capital: L'ASBL Elongo Elonga and the Pain Relief Foundation.

Policies

- > There is a national HIV program in the country, but not one with a section for PC. PC is not included in the health system; it is only through private initiatives.

Education

- > With the support of the African PC Association, the university clinics of Kinshasa have been able to make available a few bottles of oral morphine and the Faculty of Medicine of the University of Kinshasa had just trained a few doctors and nurses.
- > In 2017, a session on pain management and PC was organised in Ngaliema Clinic for physicians and nurses of public hospital institutions.
- > A workshop on accessing opioids was organised by the WHO, the Ministry of Public Health (third edition) and the UNODC.

Medicines

- > N/A.

Vitality

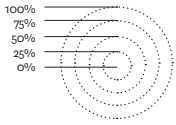
- > National PC association was created in 2015. There is a periodic national conference for PC organised by pallia familli in collaboration with Magnificat and the MOH.

KEY INFORMANTS

Jean Sampert Makassi, Pallia familli asbl.



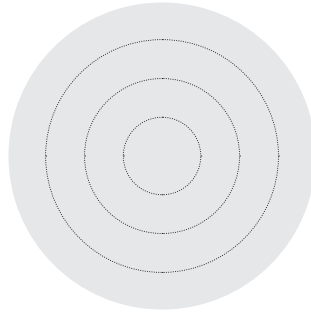
Dem. Rep. of the Congo



SERVICES



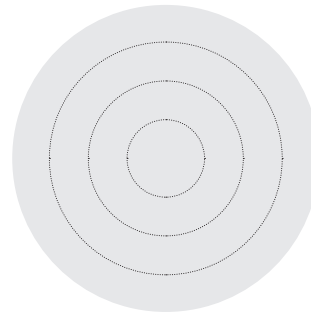
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/4 (0%)



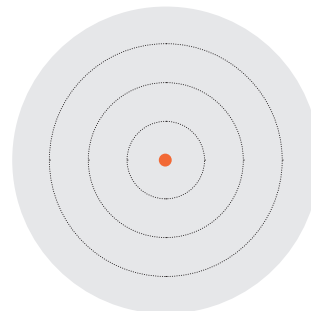
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/15)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
4% (1/26)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

YES NO

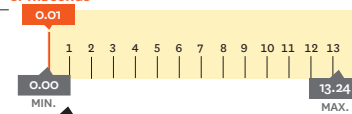
Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO

DEMOCRATIC REPUBLIC OF THE CONGO



Opioid consumption ME excluding methadone (mg/capita/year), 2014

VITALITY

Existence of a national association or equivalent for PC

YES NO

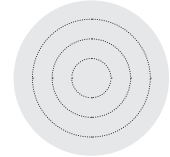
Existence of a periodic national conference for PC

YES NO

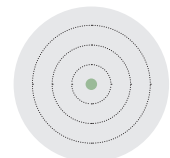
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/12)



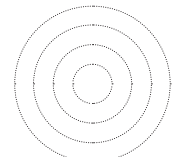
Medical schools which include PC education as optional
8% (1/12)

Certification for PC physicians

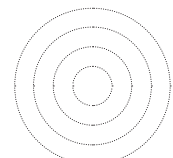
YES NO



Number of nursing schools



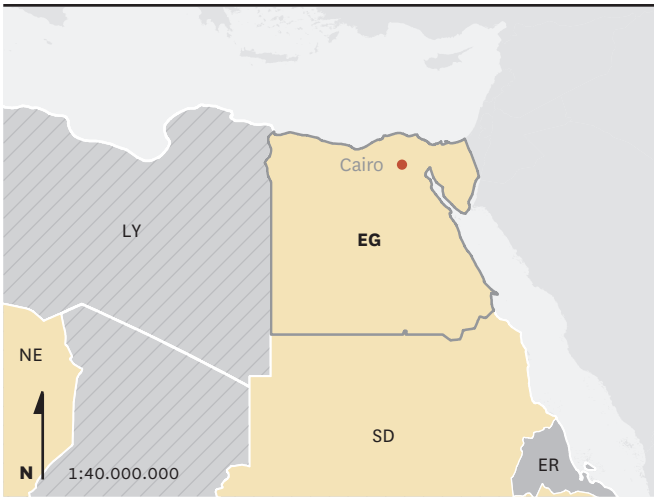
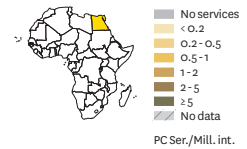
Nursing schools which include PC education as mandatory
0% (N/A)



Nursing schools which include PC education as optional
0% (N/A)



Egypt



91,508,084
Population 2015

1,001,450
Surface area
(km²)

91.93
Population density, 2015

US\$3,614.70
Gross Domestic
Product per capita, 2015

2.83
Physicians
per 1000 inh., 2010

US\$594.11
Health expenditure
per capita, 2015

5.64
Health
expenditure total
(% of Gross), 2014

0.69
Human Development
Index, 2015

108
Human Development
Index Ranking, 2015

MILESTONES

2003

- > NGO PC Initiative was launched.

2008

- > Palliative Medicine unit opens in Cairo University. (Atlas of Palliative Care in the Eastern Mediterranean Region, 2017)

2012

- > Egypt has National Guidelines for: 1) Management of acute and chronic pain 2) Management of other physical symptoms. (Silbermann M, et al., 2012)
- > There is available postgraduate medical education. (Silbermann M, et al., 2012)

REFERENCES

Bingley A, Clark D. A comparative review of palliative care development in six countries represented by the Middle East Cancer Consortium (MECC). *J Pain Symptom Manage.* 2009; 37(3):287-96.

Alsirafy SA, El-Mesidi SM, El-Sherief WA, Galal KM, Abou-Elela EN, Aklan NA. Opioid needs of patients with advanced cancer and the morphine dose-limiting law in Egypt. *J Palliat Med.* 2011; 14(1):51-4.

Silbermann M, Arnaout M, Daher M, Nestoros S, Pitsillides B, Charalambous H, Gultekin M, Fahmi R, Mostafa KA, Khleif AD, Manasrah N, Oberman A. Palliative care in Middle Eastern countries: accomplishments and challenges. *Ann Oncol.* 2012; 23 Suppl 3: 15-28.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

- > N/A.

Policies

- > PC for cancer patients is one of the items reimbursed for by the Egyptian government.

Education

- > A post-graduate diploma in Supportive & PC is available at Alexandria University.

Medicines

- > So far, there is no form of oral morphine accessible now for more than one year, though theoretically available. A few institutions import small amounts of immediate-release oral morphine for their own use. One company recently registered immediate-release oral morphine in Egypt, but it is not yet available in the market.
- > According to the Egyptian Narcotics Control Law, any physician can prescribe opioids, but many institutions develop their own internal regulations and limit the prescription of opioids to pain specialists, oncologists, senior physicians, etc.
- > There are not yet any nurses with special training in PC, and nurses cannot prescribe morphine.

Vitality

- > N/A.

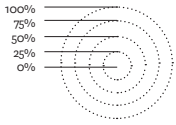
KEY INFORMANTS

Maged El-Ansary, Al Azhar University, Faculty of Medicine, Dept. of Anesthesiology, IC and Pain Medicine, Avicenna Pain relief Unit.

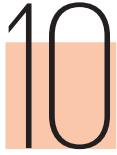
Samy Alsirafy, Palliative Medicine Unit, Kasr Al-Ainy School of Medicine, Cairo University.



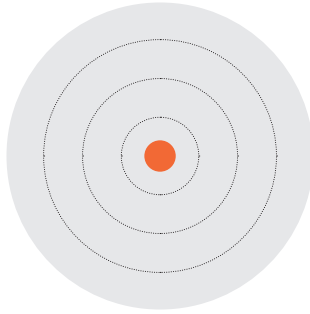
Egypt



SERVICES



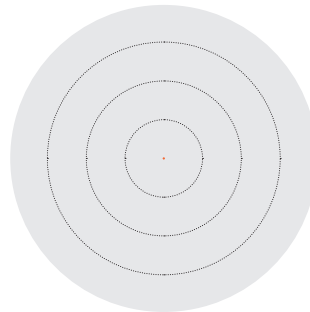
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
1/10 (10%)



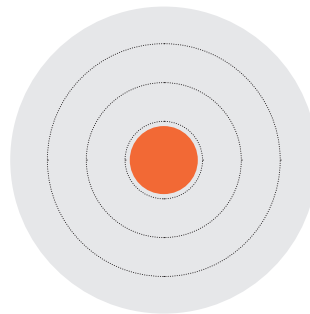
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0.5% (8/1616)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
22% (6/27)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

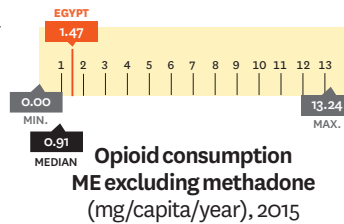
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO*

* But pain association exists

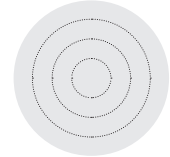
Existence of a periodic national conference for PC

YES NO

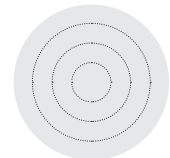
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/19)



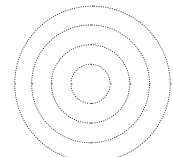
Medical schools which include PC education as optional
0% (0/19)

Certification for PC physicians

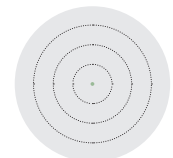
YES Post-graduate Diploma
NO



Number of nursing schools



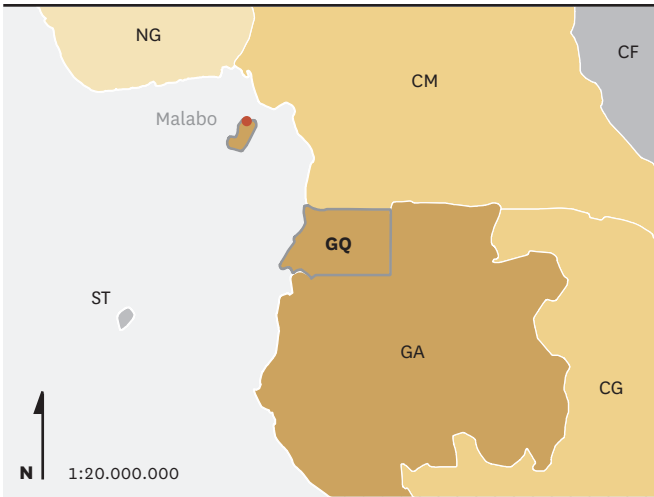
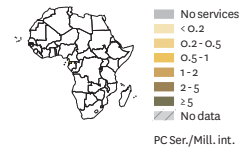
Nursing schools which include PC education as mandatory
N/A



Nursing schools which include PC education as optional
0.5% (2/42)



Equatorial Guinea



845,060
Population 2015

28,050
Surface area
(km²)

30.13
Population density, 2015

US\$14,439.60
Gross Domestic
Product per capita, 2015

N/A
Physicians
per 1000 inh., 2010

US\$1163.42
Health expenditure
per capita, 2015

3.80
Health
expenditure total
(% of Gross), 2014

0.59
Human Development
Index, 2015

138
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> There is a hospice and PC service at the Hospital de la Paz in Bata.

Policies

> N/A.

Education

> N/A.

Medicines

> Morphine is one of Equatorial Guinea's essential medicines list. This does not mean that it is systematically available in health centres.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

None.

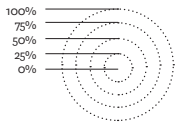
KEY INFORMANTS

Alvar Jones, UNED.

Yolanda Aixelà-Cabré, IMF- Spanish Council for Scientific Research.



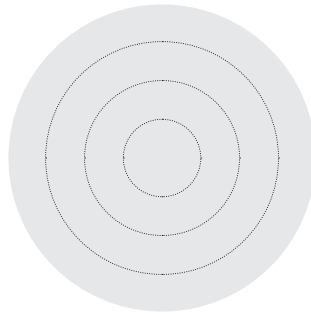
Equatorial Guinea



SERVICES



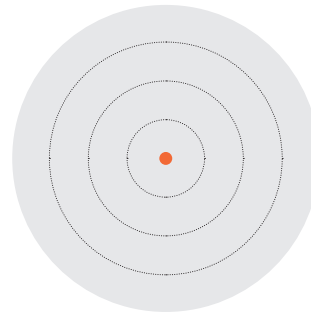
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/1 (0%)



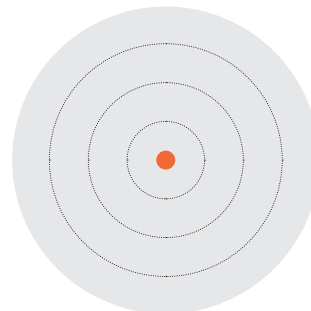
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
4% (1/23)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
6% (1/18)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

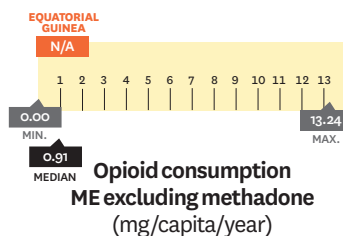
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine N/A

Trained nurses can prescribe morphine YES NO



VITALITY

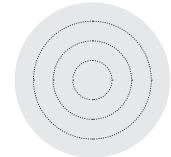
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

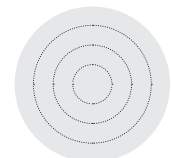
EDUCATION



Number of medical schools



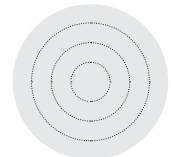
Medical schools which include PC education as mandatory
0% (0/0)



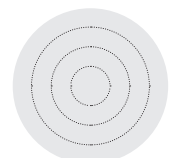
Medical schools which include PC education as optional
0% (0/0)



Number of nursing schools



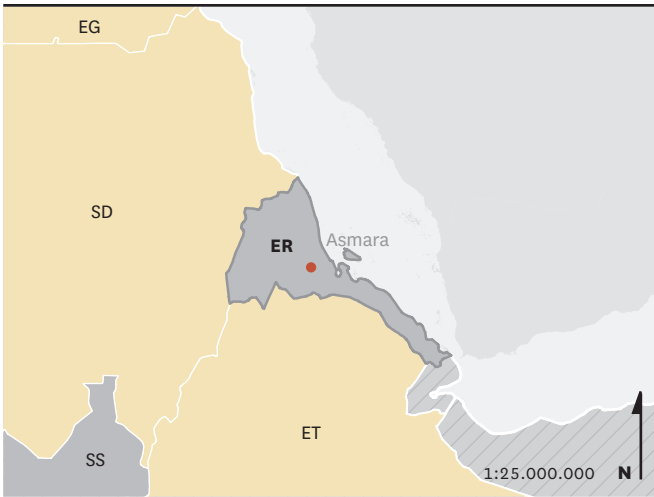
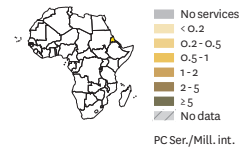
Nursing schools which include PC education as mandatory
0% (0/0)



Nursing schools which include PC education as optional
0% (0/0)



Eritrea



4,789,568
Population 2015

117,600
Surface area
(km²)

51.76
Population density, 2015

US\$544.50
Gross Domestic
Product per capita, 2011

N/A
Physicians
per 1000 inh., 2010

US\$51.04
Health expenditure
per capita, 2015

3.34
Health
expenditure total
(% of Gross), 2014

0.39
Human Development
Index, 2015

186
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> There are no centres that provide PC. Cancer patients receive care in the general hospital or clinic.

Policies

> PC is integrated into national HIV plan/programme, and HIV control is well-integrated into the community and healthcare service. Plans are underway to establish funding for PC activities at the national level.

Education

> It is not a specific course that is provided separately. Pain management and PC is provided with the internal medicine course.

Medicines

> General hospitals have limited options for pain as there is a misconception that pain medications will result in addiction, and patients also refrain from getting adequate pain management. Morphine is not prescribed for outpatient care. It is strictly controlled even for outpatient care, and it is only prescribed by authorised physicians.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

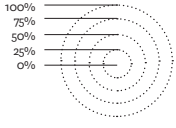
None.

KEY INFORMANTS

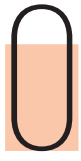
Asmerom T. Sengal, Orotta School of medicine and Dental medicine.



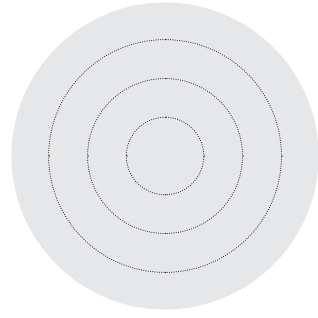
Eritrea



SERVICES



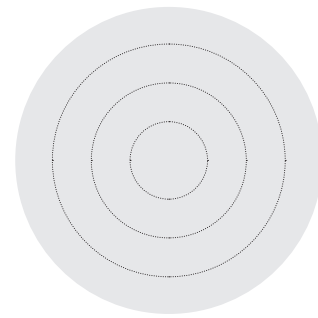
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



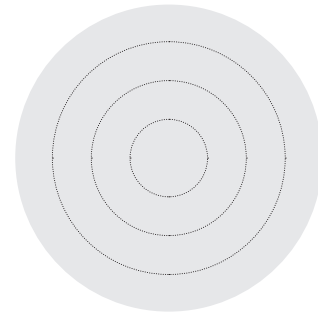
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/13)

N/A

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/5)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

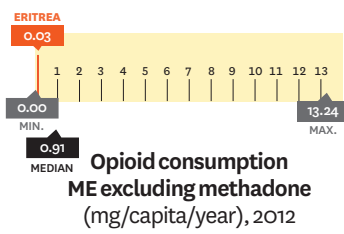
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

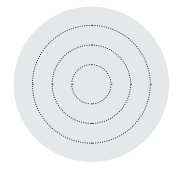
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

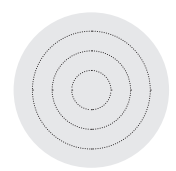
EDUCATION

1

Number of medical schools



Medical schools which include PC education as mandatory
0% (0/1)



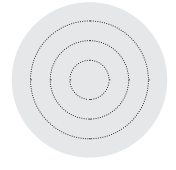
Medical schools which include PC education as optional
100% (1/1)

Certification for PC physicians

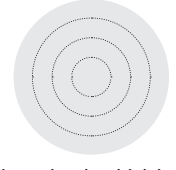
YES NO

3

Number of nursing schools



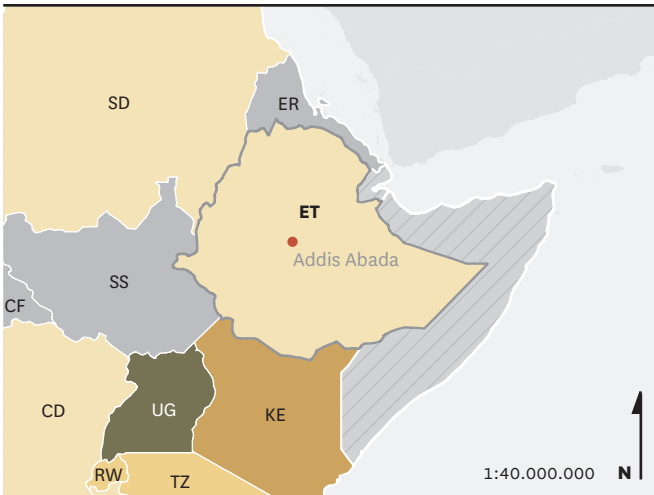
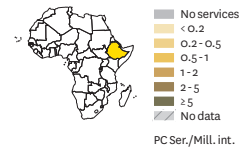
Nursing schools which include PC education as mandatory
0% (0/3)



Nursing schools which include PC education as optional
0% (0/3)



Ethiopia



99,390,750
Population 2015

1,104,300
Surface area
(km²)

99.39
Population density, 2015

US\$619.20
Gross Domestic
Product per capita, 2015

0.02
Physicians
per 1000 inh., 2010

US\$72.96
Health expenditure
per capita, 2015

4.88
Health
expenditure total
(% of Gross), 2014

0.44
Human Development
Index, 2015

174
Human Development
Index Ranking, 2015

MILESTONES

2006

- > PC was included in training for physicians in a basic ARV programme. (Onyeka TC, et al., 2013)

2016

- > National PC guidelines were completed in June 2016 and are currently being printed. (Ayers N, 2017)

2017

- > As part of this year's Federal MOH plan, PC as part of pre-service medical and nursing training has been proposed and accepted. (Ayers N, 2017)

REFERENCES

Onyeka TC, Velijanashvili M, Abdissa SG, Manase FA, Kordzaia D. Twenty-first century palliative care: a tale of four nations. *European Journal of Cancer Care*. 2013; 22(5):597-604.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

- > Hospice Ethiopia and Strong Hearts are NGOs providing PC. Sandafa has a PC clinic. There are four PC hubs in Addis Ababa in four tertiary hospitals. There are no specific paediatric services, but the hubs and Hospice Ethiopia see children, if referred. At present, PC is limited to Addis Ababa. The plan for this year is to set up services in four of the eleven regions.

Policies

- > PC is part of the Speciality Case Team, under the Clinical Services Directorate at the Federal MOH.

Education

- > American Cancer Society and FMOH have a Pain Free Hospital Initiative involving training doctors and nurses on pain assessment and control.
- > The Family Medicine Programme at Addis Ababa University provides some PC training.

Medicines

- > The Pain Free Hospital Initiative helps ensure supply of morphine. All physicians can prescribe.

Vitality

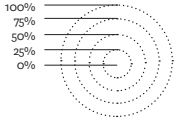
- > N/A.

KEY INFORMANTS

Zelalem Gizachew, American Cancer Society.
Dr. Nicola Ayers, Federal Ministry of Health.



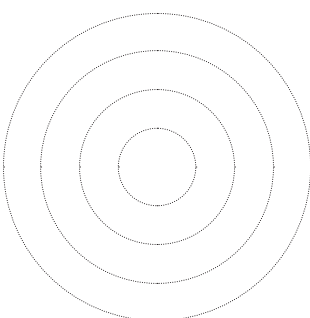
Ethiopia



SERVICES



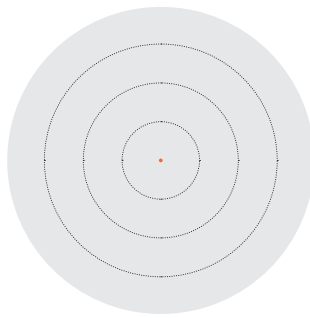
Number of hospices or PC services



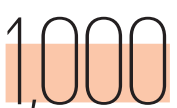
Number of hospices or PC services with paediatric-specific programmes
N/A



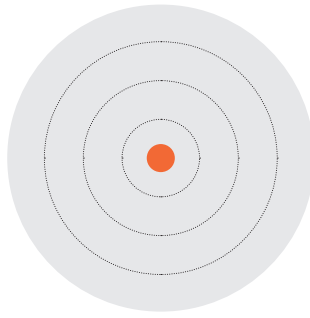
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
1% (4/350)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
9% (1/11)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

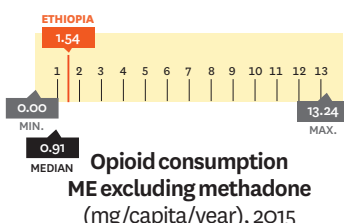
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

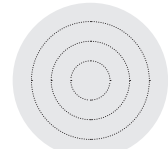
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

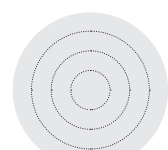
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/22)



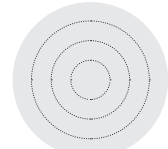
Medical schools which include PC education as optional
0% (0/22)



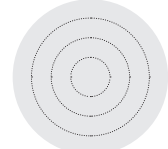
Certification for PC physicians



Number of nursing schools



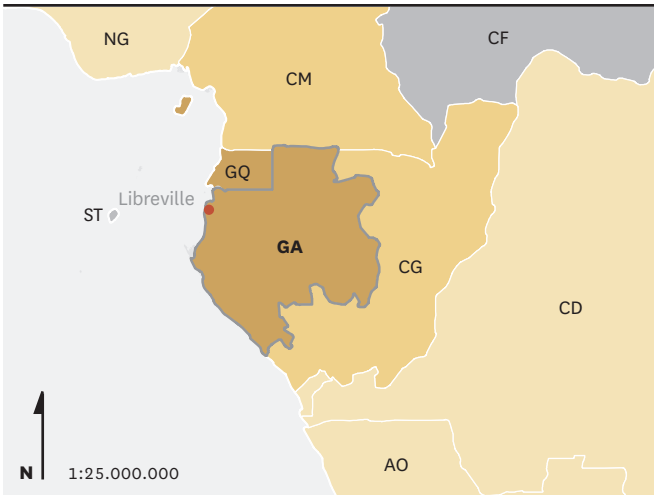
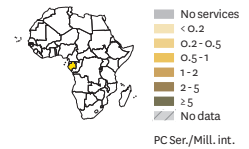
Nursing schools which include PC education as mandatory
0% (0/33)



Nursing schools which include PC education as optional
0% (0/33)



Gabon



1,725,292
Population 2015

267,670
Surface area
(km²)

6.70
Population density, 2015

US\$8,266.40
Gross Domestic
Product per capita, 2015

N/A
Physicians
per 1000 inh., 2010

US\$599.26
Health expenditure
per capita, 2015

3.44
Health
expenditure total
(% of Gross), 2014

0.68
Human Development
Index, 2015

110
Human Development
Index Ranking, 2015

MILESTONES

2017

- > There is a public hospital at the Cancer Institute and a private home-care service that provide PC. All home-care services in the country are private and not affiliated with a public service. The Cancer Institute has a unit for PC with dedicated beds for PC. (Christie FKA, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

- > There are beds for PC in the public hospital's cancer department. There is no specialised structure for paediatrics. Because all home-care structures are private and not affiliated with a public service, it is costly for middle- and low-income patients. Only the province where the capital is located has structures offering PC.

Policies

- > Programs exist in the fight cancer and HIV, but there is no emphasis in these programs on the need for PC. PC is still not well known at the Ministry level.

Education

- > Ceducation is not yet available at the Faculty of Medicine in Gabon, the only faculty in the country. There have been discussions with certain university authorities so that it can be available in years to come. No nursing schools provide PC training.

Medicines

- > There is immediate- and slow-release morphine capsules and injectable morphine given free to patients at the Cancer Institute. A request for an agreement for the manufacturing of oral liquid morphine has been made but without approvals yet for morphine powder. There is no law on the prescription of narcotic drugs, including morphine, but lack of prescription due to opiophobia.

Vitality

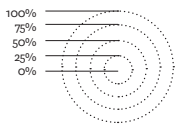
- > N/A.

KEY INFORMANTS

Filankembo Kava Angéla Christie, Institut de cancérologie de libreville.



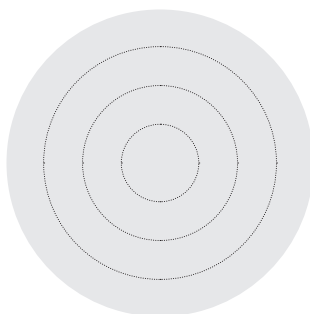
Gabon



SERVICES



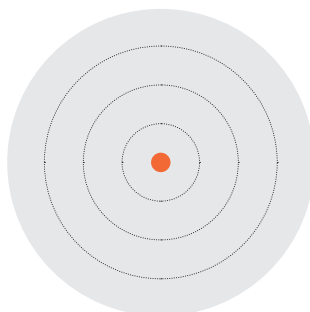
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



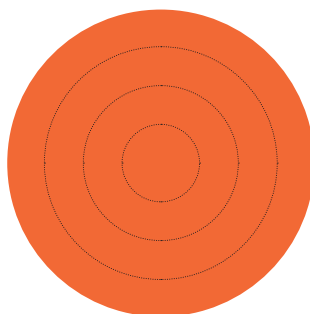
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
6% (1/18)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
100% (1/1)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

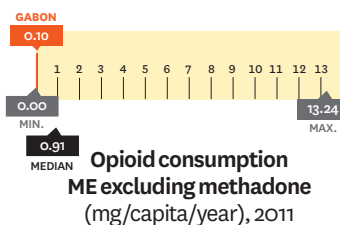
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

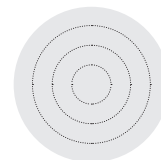
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

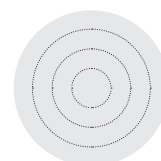
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/1)



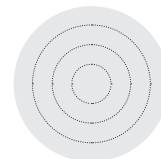
Medical schools which include PC education as optional
0% (0/1)



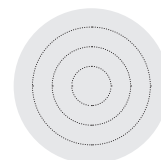
Certification for PC physicians



Number of nursing schools



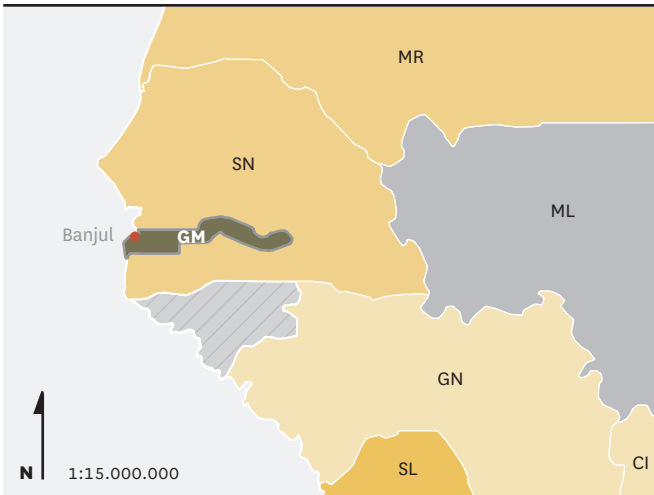
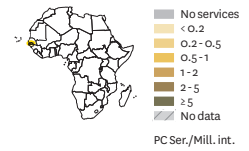
Nursing schools which include PC education as mandatory
0% (0/3)



Nursing schools which include PC education as optional
0% (0/3)



The Gambia



1,990,924
Population 2015

11,300
Surface area
(km²)

196.70
Population density, 2015

US\$471.50
Gross Domestic
Product per capita, 2015

0.00
Physicians
per 1000 inh., 2010

US\$118.40
Health expenditure
per capita, 2015

7.30
Health
expenditure total
(% of Gross), 2014

0.44
Human Development
Index, 2015

175
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> There are no separate services for paediatrics; they are integrated. Home-based care services are offered by hospitals and their healthcare teams rather than by hospices.

Policies

> PC is in the HIV care guidelines. It is part of the HIV care package funding.

Education

> N/A.

Medicines

> Only doctors can prescribe morphine.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

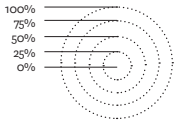
Gambia Palliative Care Association.

KEY INFORMANTS

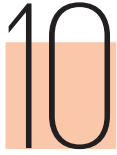
Dr. Samba Ceesay, Ministry of Health & Social Welfare.



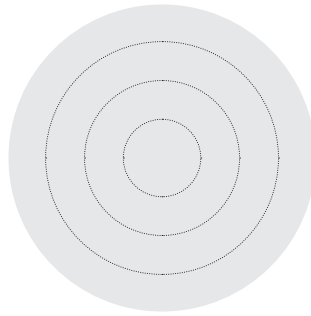
The Gambia



SERVICES



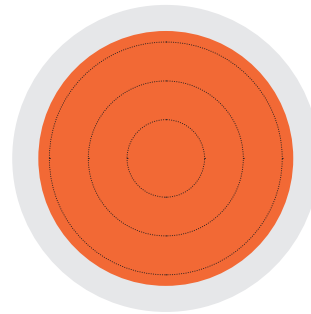
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/10 (0%)



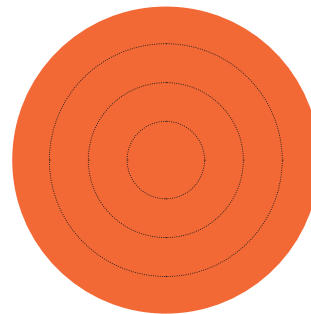
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
83% (10/12)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
100% (7/7)

POLICIES

Stand-alone national PC plan/programme

N/A

National cancer plan/programme with a section for PC

N/A

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

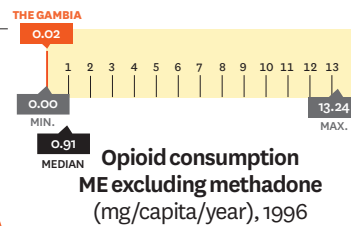
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

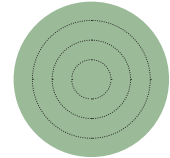
Existence of a periodic national conference for PC

YES NO

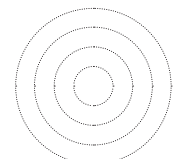
EDUCATION



Number of medical schools



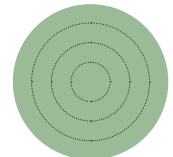
Medical schools which include PC education as mandatory
100% (1/1)



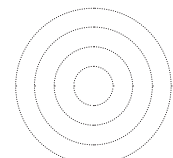
Medical schools which include PC education as optional
N/A



Number of nursing schools



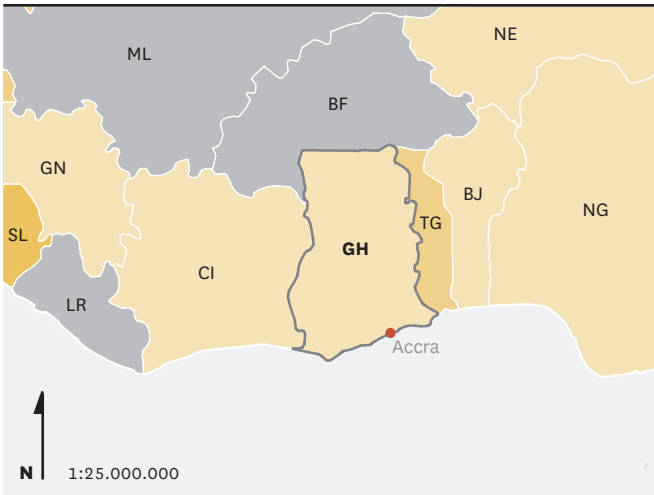
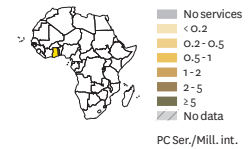
Nursing schools which include PC education as mandatory
100% (5/5)



Nursing schools which include PC education as optional
N/A



Ghana



27,409,893
Population 2015

238,540
Surface area
(km²)

120.46
Population density, 2015

US\$1,369.70
Gross Domestic
Product per capita, 2015

0.10
Physicians
per 1000 inh., 2010

US\$145.37
Health expenditure
per capita, 2015

3.56
Health
expenditure total
(% of Gross), 2014

0.58
Human Development
Index, 2015

140
Human Development
Index Ranking, 2015

MILESTONES

2014

> The American Society for Clinical Oncology, and AFROCS (a British NGO in Kansake) came together with the MOH of Ghana, and Ghana Health Service to do some training so as to start PC in the country. (Opare-Lokko EBA, 2017)

2012

> In September 1, an active PC service started in the hospital. (Opare-Lokko EBA, 2017)

2016

> During the family medicine portion of their mandatory community health rotation, final year students at the University of Ghana Medical School attend a three-hour seminar on PC, which covers an overview of PC, pain management, and communication skills (breaking bad news). (Opare-Lokko EBA, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

Ghana Palliative Care Association (GPCA)
<http://ghanapalliativecare.blogspot.com.es/>

COMMENTS FROM KEY INFORMANTS

Services

> An initiative of the Paediatric Oncology unit in Korle Bu Teaching Hospital is providing paediatric PC.

Policies

> N/A.

Education

> A Palliative Medicine Fellowship Program is offered by the Faculty of Family Medicine, Ghana College of Physicians and Surgeons. A three-year residency program for clinical nurse specialists in PC is offered by the Ghana College of Nurses and Midwives. PC is included in the curriculum for nursing schools that has been approved by the Ghana Nurses and Midwives Council, however, it is not taught in all schools, and it is not obligatory, except in the degree program run by the Central University College.

Medicines

> Immediate-release morphine syrup is available in the teaching hospitals, their attached primary care centres, and at some regional hospitals, but is not generally at the primary care level. Morphine is restricted to be prescribed by physicians only.

Vitality

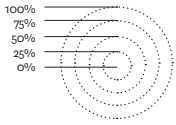
> There is a Ghana PC Association, but it is not active currently. However, there have been periodic national training workshops.

KEY INFORMANTS

Edwina Beryl Addo Opare-Lokko, Korle Bu Palliative Care Team, Korle Bu Teaching Hospital and Flagstaff House Medical Centre.



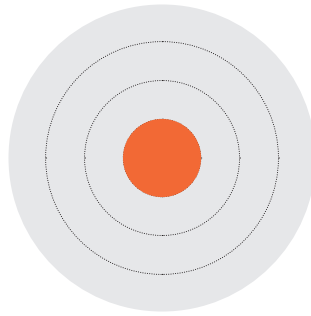
Ghana



SERVICES



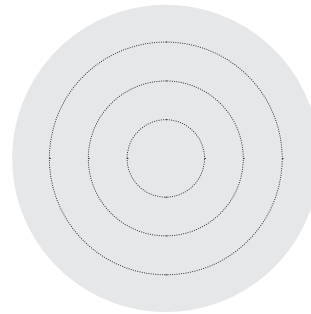
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
1/4 (25%)



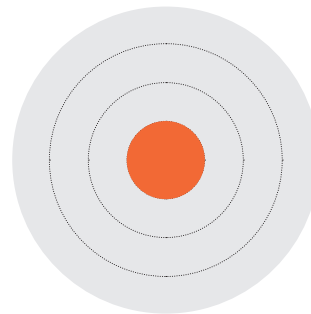
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0.0% (1/2434)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
30% (3/10)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

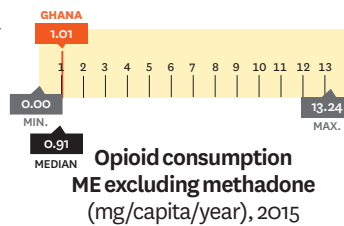
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

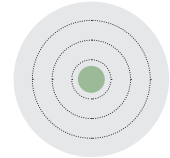
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

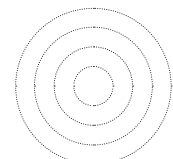
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
17% (1/6)



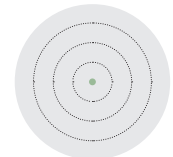
Medical schools which include PC education as optional
N/A

Certification for PC physicians

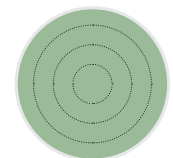
YES Fellowship
 NO



Number of nursing schools



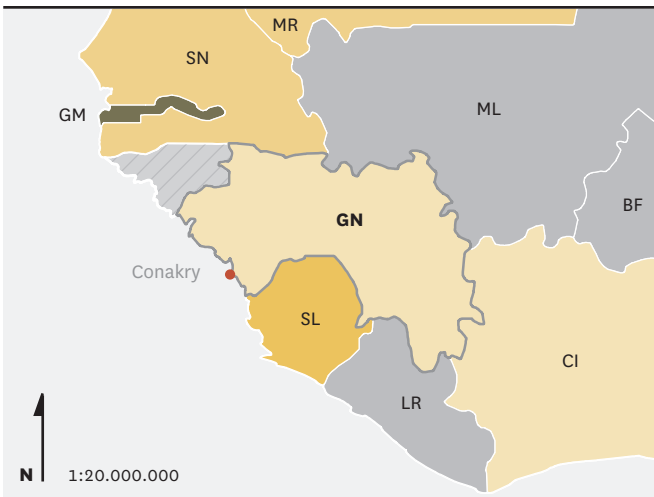
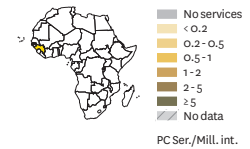
Nursing schools which include PC education as mandatory
4% (1/25)



Nursing schools which include PC education as optional
96% (24/25)



Guinea



12,608,590
Population 2015

245,860
Surface area
(km²)

51.31
Population density, 2015

US\$531.30
Gross Domestic
Product per capita, 2015

0.10
Physicians
per 1000 inh., 2010

US\$68.46
Health expenditure
per capita, 2015

5.64
Health
expenditure total
(% of Gross), 2014

0.41
Human Development
Index, 2015

182
Human Development
Index Ranking, 2015

MILESTONES

2014

> SOPAG was the first NGO working in the field of PC in Guinea and started in 2014. SOPAG offers home visits. (SOPAG, 2017)

2016

> In February, SOPAG organized a national PC conference in collaboration with Hospice Africa Uganda at the John Paul II Hospital. (SOPAG, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> PC is a new concept, that is more theoretical than practical. In paediatric and oncology services, general PC is conducted in hospitals but not specialization as in a hospice.

Policies

> Within the MOH, there is a component that includes PC within the NCD Program. There are plans and programs for PC but are not implemented. At the national level, there are clinical guidelines for PC, but they are not available. SOPAG uses guidelines from Camilla Borjesson of Sweden and Hospice Uganda. At the health department level, there is a department of care which includes PC.

Education

> In the oncology module in medical school, there are two lessons, one on PC and one on pain. PC is taught as a subject in the schools of medicine and nursing.

Medicines

> No form of morphine exists. There are laws prohibiting prescribing medicines among non-health specialists.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

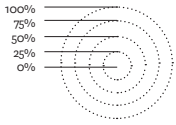
ONG Soins palliatifs de Guinée (SOPAG)

<https://www.facebook.com/Soins-Palliatifs-Guin%C3%A0ge-SOPAG-1712005192369437/>

KEY INFORMANTS

Pr. Agr Bangaly Traore, Unité de chirurgie oncologique de Donka, CHU de Conakry.

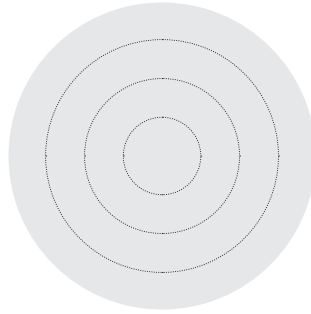
ONG Soins palliatifs de Guinée (SOPAG).



SERVICES



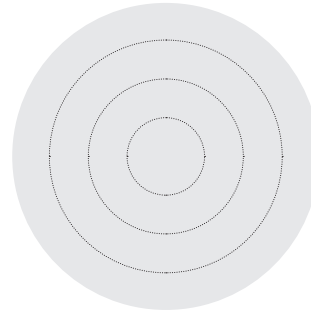
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



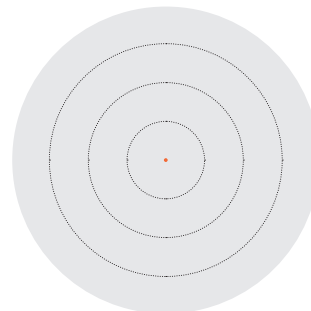
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/35)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
1% (1/120)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

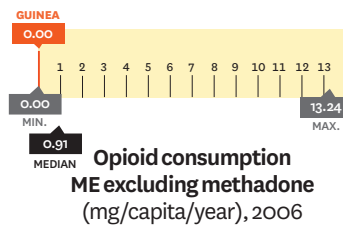
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

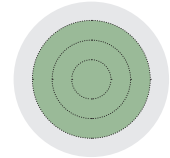
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

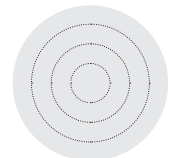
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
75% (3/4)



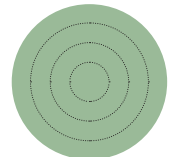
Medical schools which include PC education as optional
0% (0/4)



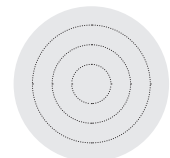
Certification for PC physicians



Number of nursing schools



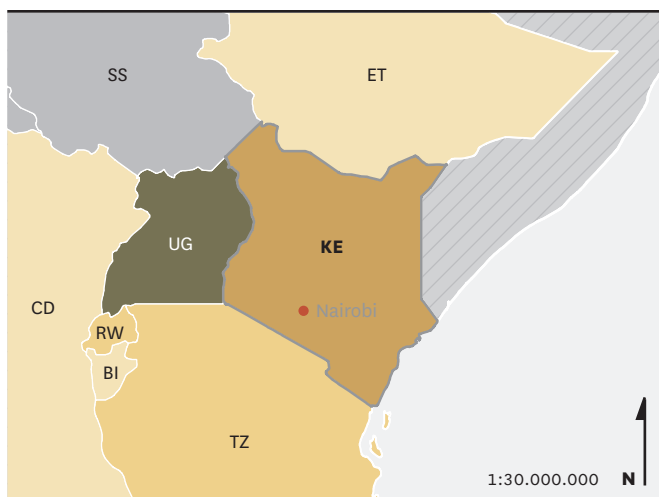
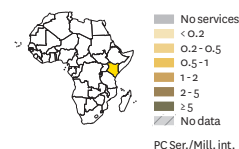
Nursing schools which include PC education as mandatory
100% (8/8)



Nursing schools which include PC education as optional
0% (0/8)



Kenya



46,050,302

Population 2015

580,370

Surface area
(km²)

80.91

Population density, 2015

US\$1,376.70

Gross Domestic
Product per capita, 2015

0.18

Physicians
per 1000 inh., 2010

US\$168.98

Health expenditure
per capita, 2015

5.72

Health
expenditure total
(% of Gross), 2014

0.55

Human Development
Index, 2015

145

Human Development
Index Ranking, 2015

MILESTONES

2005

> The Kenya Hospice and PC Association was formed. (Clark D., et al., 2007)

2010

> KEHPCA worked closely with the MOH to create a Coordinator for PC and Pain Relief to ensure that government hospitals incorporate PC into their services. (McGowan BJ, et al., 2014)

2013

> Through the partnership formed between KEHPCA and the MOH, other initiatives have indirectly resulted in integrating PC education medical and nursing curriculum. (Ali Z, 2016)

REFERENCES

Gwyther L, Rawlinson F. Palliative Medicine Teaching Program at the University of Cape Town: Integrating Palliative Care Principles into Practice. *J Pain Symptom Manage.* 2007;33(5):558-62.

McGowan Boit J, Ototo R, Ali Z, Malloy P. Rural Hospice in Kenya Provides Compassionate Palliative Care to Hundreds Each Year. *J Hosp Palliat Nurs [Internet].* 2014;16(4):240-245.

Ali Z. Kenya Hospices and Palliative Care association: integrating palliative care in public hospitals in Kenya. *Ecancermedicalscience [Internet].* 2016;10:1-4.

NATIONAL ASSOCIATION OR INSTITUTION

Kenya Hospices and Palliative Care Association, KEHPCA
<http://kehPCA.org/>

COMMENTS FROM KEY INFORMANTS

Services

> Paediatric PC services are integrated into adult PC. Home-based PC services are usually provided by stand-alone hospices. Areas without services is inhabited by the nomadic people. The five counties without services have at least one trained healthcare provider but no PC unit.

Policies

> There is a national training curriculum, and PC is included in the National Patient's Rights Charter. A person dedicated to PC sits in the National PC Association Offices and is a MOH employee, dedicated to work with KEHPCA to support integration of PC and pain relief in the government institutions. At hospitals with PC, the budget is integrated in the hospital budget. The MOH is currently buying morphine powder for government and mission hospitals.

> In 2010, KHEPCA advocated to the MOH for PC to be integrated in the Public Health Care System.

Education

> PC was integrated into the core nursing curriculum. In the Diploma in Nursing, it has 12 hours and in the Bachelor of Nursing, 35 hours. One hospice, with Oxford Brookes University, offers a Higher Diploma. However, most doctors train in the UK with Cardiff University since they offer clinical training.

> In 2013, KHEPCA developed a National Palliative Care Training Curriculum for HIV/AIDS, Cancer, and Other Life Threatening Illnesses, and partnered with the Kenya Medical Training College to start a PC diploma course for Kenya-registered nurses.

Medicines

> The MOH, KEHPCA, and American Cancer Society have worked together to make morphine more available in the public health sector. Only Registered medical doctors and dentists can prescribe.

Vitality

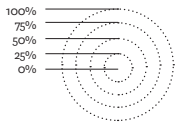
> Facilitated by KEHPCA, every 2 years, there is the National PC Conference and is open to regional and international participants.

KEY INFORMANTS

Zipporah V Ali, Kenya Hospices and Palliative Care Association.
Saraphina Guichochoi, Nyeri Hospice.



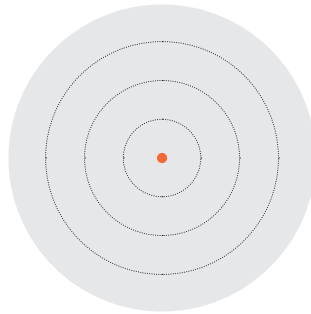
Kenya



SERVICES



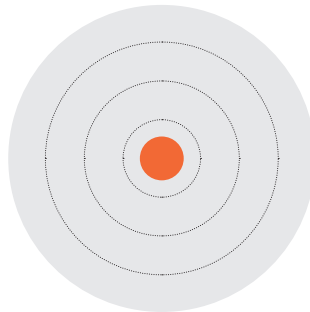
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
2/70 (3%)



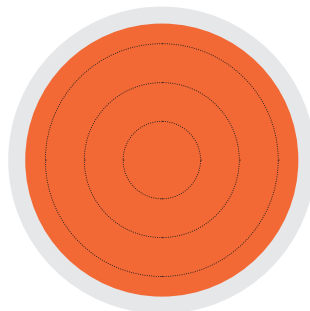
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
14% (42/300)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
89% (42/47)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

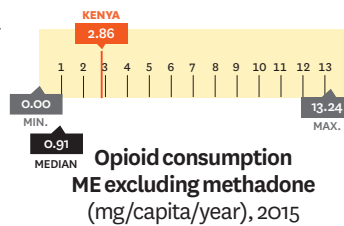
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

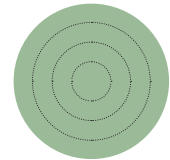
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

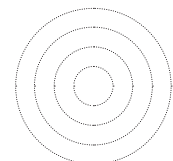
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
100% (5/5)



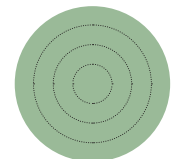
Medical schools which include PC education as optional
N/A

Certification for PC physicians

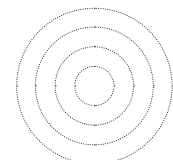
YES Higher Diploma
 NO



Number of nursing schools



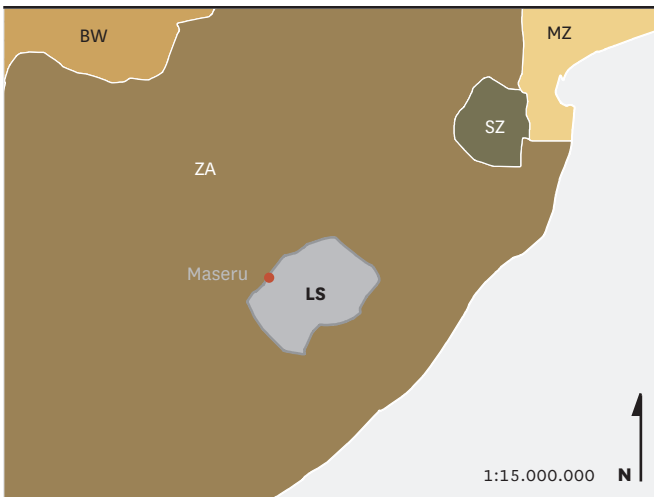
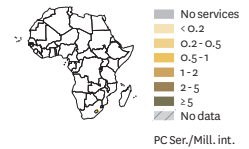
Nursing schools which include PC education as mandatory
100% (107/107)



Nursing schools which include PC education as optional
N/A



Lesotho



2,135,022

Population 2015

30,360

Surface area
(km²)

70.32

Population density, 2015

US\$ 1,067.00

Gross Domestic
Product per capita, 2015

N/A

Physicians
per 1000 inh., 2010

US\$ 276.04

Health expenditure
per capita, 2015

10.62

Health
expenditure total
(% of Gross), 2014

0.50

Human Development
Index, 2015

161

Human Development
Index Ranking, 2015

MILESTONES

2017

- > Development of national PC clinical guidelines are in progress. (Nkabanane-Nkholongo E, 2017)
- > A Non-Communicable Diseases - Cancer and PC Advocate is trained and was nominated during the African PC Association Trainings. The MOH has sent the letter of nomination to WHO in Lesotho. (Phaaroe S, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

- > There is no formal PC service in Lesotho.

Policies

- > There is no stand-alone plan or programme, but the National Health Strategic Plan and the new NCD Strategic plans point towards future inclusion of PC. There are currently no PC guidelines, but they are being worked on with the help of the International Children's PC Network.

Education

- > There is no medical school in Lesotho, but with support from the Boston University School of Medicine the Lesotho MOH initiated a Post-graduate training in Family Medicine. Cancer and PC Advocates are being trained through APCA. There is currently funding available from OSISA for development of guidelines and training of health care workers. It is within this grant that the MOH has committed some funds.

Medicines

- > Morphine availability is minimal with poor reporting.

Vitality

- > In the process of registering for a national association.

NATIONAL ASSOCIATION OR INSTITUTION

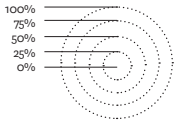
None.

KEY INFORMANTS

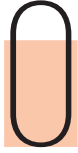
Sejojo Phaaro C.T(I.A.C) : M.I.B.M.S : A.H.M.P, Disease Control (Non-Communicable disease unit) Ministry of Health Focal Person.
Elizabeth Nkabanane-Nkholongo, Lesotho Boston Health Alliance.



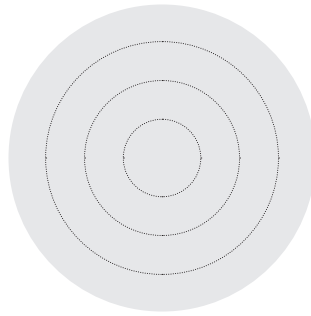
Lesotho



SERVICES



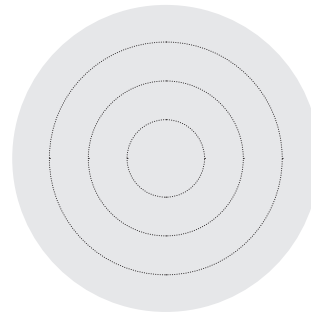
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



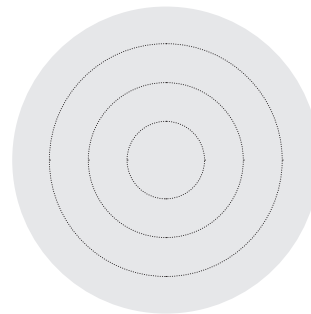
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/22)

N/A

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/10)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

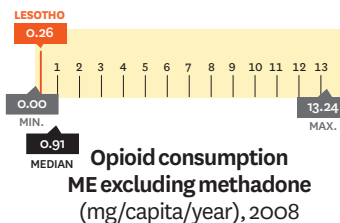
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine N/A



VITALITY

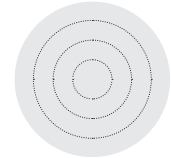
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

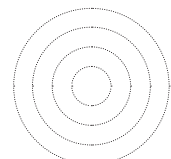
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/0)



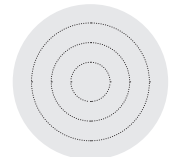
Medical schools which include PC education as optional
N/A



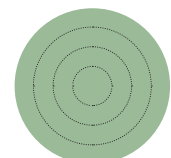
Certification for PC physicians



Number of nursing schools



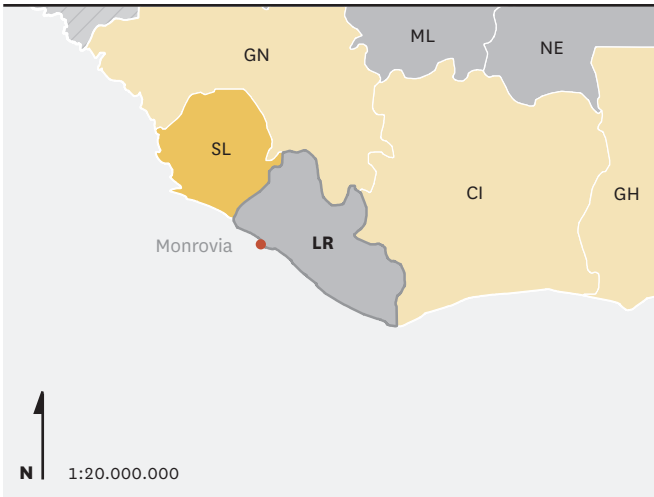
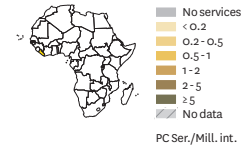
Nursing schools which include PC education as mandatory
0% (0/6)



Nursing schools which include PC education as optional
100% (6/6)



Liberia



4,503,438
Population 2015

111,370
Surface area (km²)

46.75
Population density, 2015

US\$455.90
Gross Domestic Product per capita, 2015

0.01
Physicians per 1000 inh., 2010

US\$98.29
Health expenditure per capita, 2015

10.04
Health expenditure total (% of Gross), 2014

0.49
Human Development Index, 2015

177
Human Development Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> Services: There are some forms of PC being offered in some facilities, though it is not comprehensive.

Policies

> There is an NCD programme, but PC is not specified.

Education

> N/A.

Medicines

> N/A.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

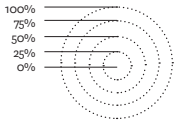
None.

KEY INFORMANTS

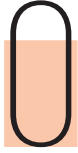
CONFIDENTIAL.



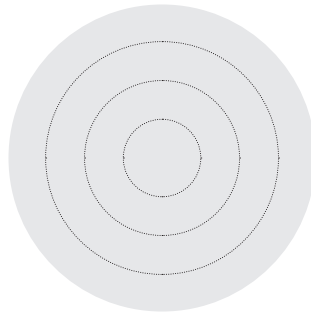
Liberia



SERVICES



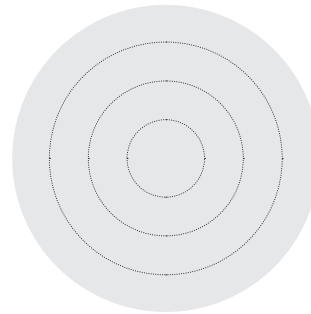
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



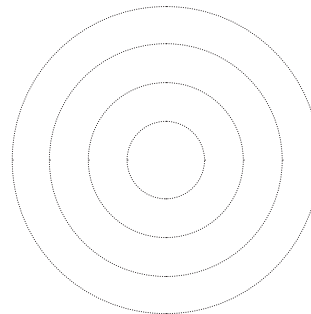
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/26)

N/A

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
N/A

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

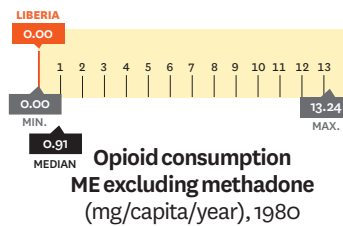
Funding for PC in the National Health budget N/A

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

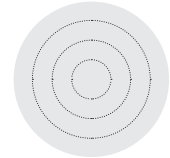
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

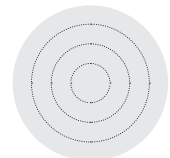
EDUCATION

1

Number of medical schools



Medical schools which include PC education as mandatory
0% (0/1)



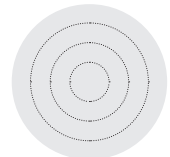
Medical schools which include PC education as optional
0% (0/1)

Certification for PC physicians

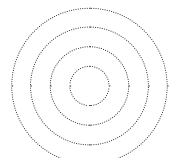
YES NO

15

Number of nursing schools



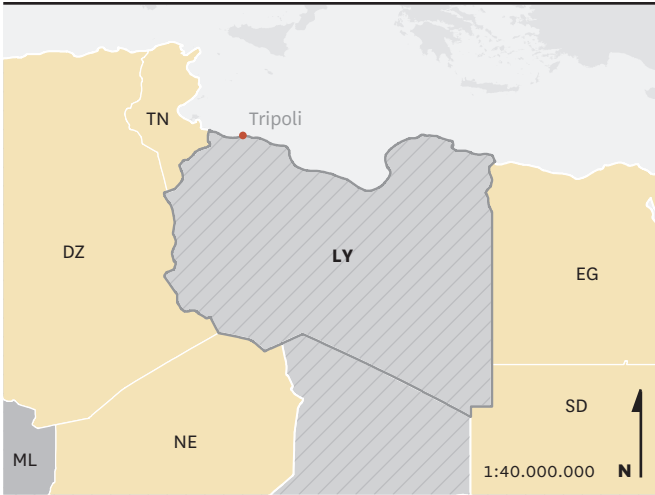
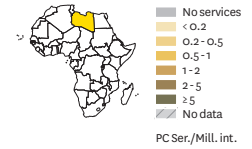
Nursing schools which include PC education as mandatory
0% (0/15)



Nursing schools which include PC education as optional
N/A



Libya



6,278,438
Population 2015

1,759,540
Surface area
(km²)

3.60
Population density, 2015

US\$5,517.80
Gross Domestic
Product per capita, 2011

1.90
Physicians
per 1000 inh., 2010

US\$806.20
Health expenditure
per capita, 2015

5.00
Health
expenditure total
(% of Gross), 2014

0.72
Human Development
Index, 2015

94
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> N/A.

Policies

> N/A.

Education

> N/A.

Medicines

> N/A.

Vitality

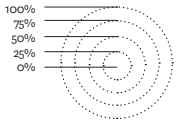
> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

N/A.

KEY INFORMANTS

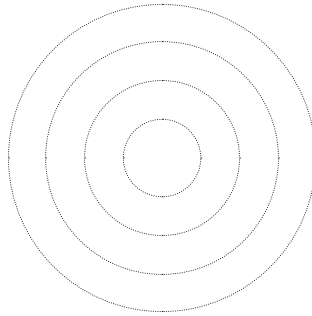
Omar Salem M, Emhmed Head of Hospitals Department, Ministry of Health.



SERVICES



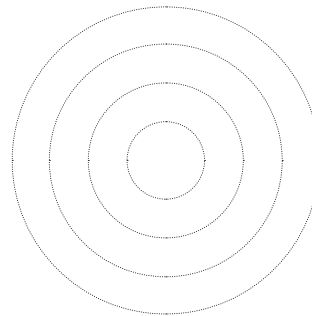
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
N/A



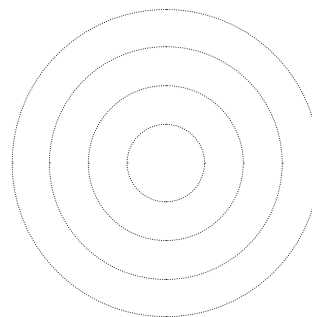
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
N/A



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
N/A

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

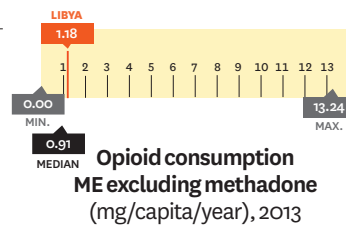
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

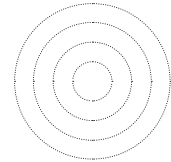
Existence of a national association or equivalent for PC N/A

Existence of a periodic national conference for PC YES NO

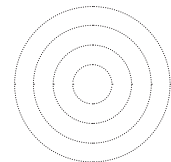
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
N/A

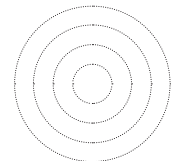


Medical schools which include PC education as optional
N/A

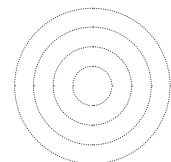
Certification for PC physicians



Number of nursing schools



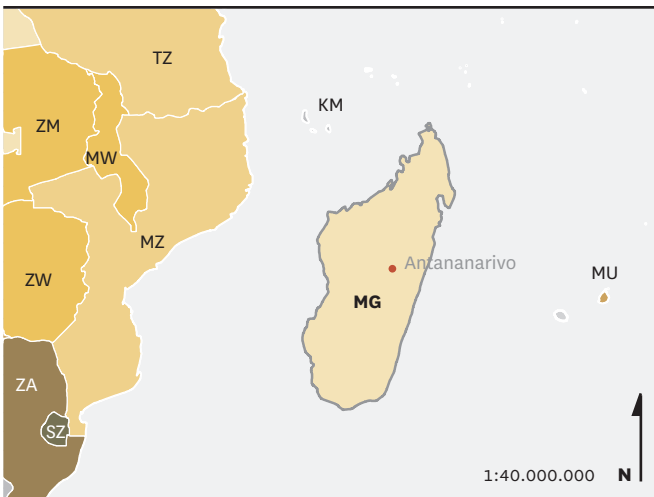
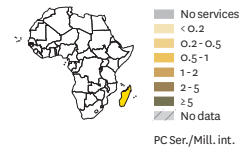
Nursing schools which include PC education as mandatory
N/A



Nursing schools which include PC education as optional
N/A



Madagascar



24,235,390
Population 2015

587,295
Surface area
(km²)

41.70
Population density, 2015

US\$401.80
Gross Domestic
Product per capita, 2015

0.20
Physicians
per 1000 inh., 2010

US\$43.70
Health expenditure
per capita, 2015

3.00
Health
expenditure total
(% of Gross), 2014

0.51
Human Development
Index, 2015

154
Human Development
Index Ranking, 2015

MILESTONES

2010

- > National Cancer Programme 2010 Refers to Need for Pain Management and PC. (Rasoanambininjanahary T, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

- > Pain Without Borders (which has a partnership agreement with the MOH and the HJRA Hospital) has set up a new home-based PC facility for women and children. Some oncology departments (eg. HJRA Hospital, Military Hospital, Antananarivo) indirectly include PC in their care.

Policies

- > N/A

Education

- > The Faculty of Medicine of Antananarivo includes PC in its course on cancer. It has also instituted a University Diploma (DU) for doctors, and one of the five modules is dedicated to PC. 6 IFIRP public schools, including that of Antananarivo, includes a course on PC.

Medicines

- > In practice, there are lists of prescribing doctors in some departments and establishments that limit the number of prescribers.

Vitality

- > N/A.

NATIONAL ASSOCIATION OR INSTITUTION

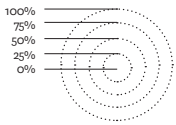
None.

KEY INFORMANTS

Tianarivo Rasoanambininjanahary, Douleurs Sans Frontières.



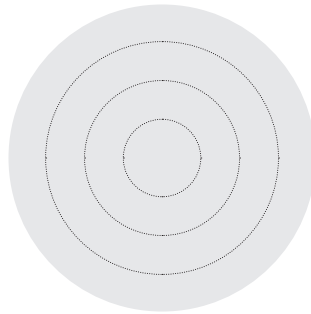
Madagascar



SERVICES

1

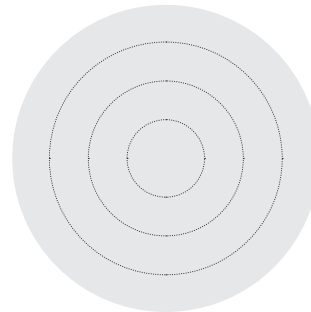
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/1 (0%)

0

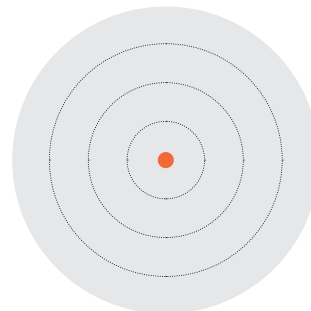
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/45)

N/A

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
5% (1/22)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

N/A

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

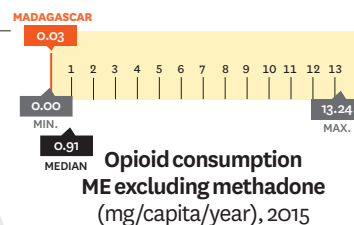
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

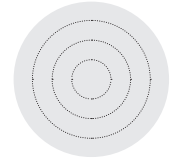
Existence of a periodic national conference for PC

YES NO

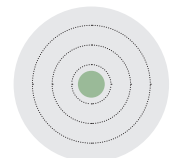
EDUCATION

0

Number of medical schools



Medical schools which include PC education as mandatory
0% (0/6)



Medical schools which include PC education as optional
17% (1/6)

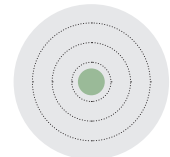
Certification for PC physicians

YES NO

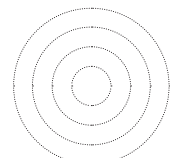
0

* Not counting private

Number of nursing schools



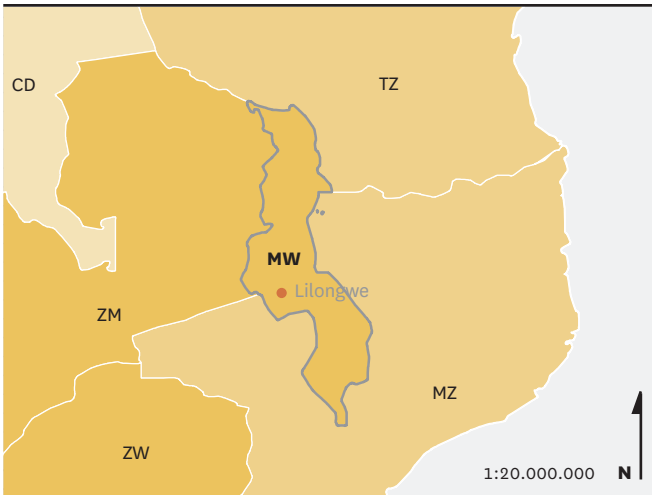
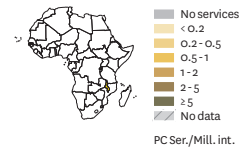
Nursing schools which include PC education as mandatory
17% (1/6)



Nursing schools which include PC education as optional
N/A



Malawi



17,215,232
Population 2015

118,480
Surface area
(km²)

182.60
Population density, 2015

US\$372.00
Gross Domestic
Product per capita, 2015

0.02
Physicians
per 1000 inh., 2010

US\$93.48
Health expenditure
per capita, 2015

11.38
Health
expenditure total
(% of Gross), 2014

0.45
Human Development
Index, 2015

173
Human Development
Index Ranking, 2015

MILESTONES

2005

Creation of the National PC Association of Malawi. (Kambiya I, 2017)

2014

> The national PC policy was approved. (Luyirika EBK et al., 2016)

2017

> Efforts are in progress to introduce Bachelor of Science degree in PC. So far, needs assessment has been conducted and disseminated, application submitted to institutions of higher learning, and curriculum submitted to Senate for approval. Clinical placement sites are being upgraded to APCA standards and student hostels are being built. (Kambiya I, 2017)

REFERENCES

Thambo L, Gombwa S, Lavy V, Wiggin T, Chowns, G. Meeting the need for palliative care in Malawi: the story so far. *European Journal of Palliative Care*. 2010; 17(4):197-201.

Luyirika EBK, Namisango E, Garanganga E, Monjane L, Ginindza N, Madonsela G, Kiyange F. Best practices in developing a national palliative care policy in resource limited settings: lessons from five African countries. *Ecancermedalscience* [Internet]. 2016;10:652.

NATIONAL ASSOCIATION OR INSTITUTION

Palliative Care Association of Malawi
palliativecareassociationofmalawi.org

COMMENTS FROM KEY INFORMANTS

Services

> There are 78 PC services, but 14 prioritize PC as their core mission. Out of the 14, are two hospices (Ndimoyo Hospice and PC Centre in Slaima and St. Gabriel Hospice in Lilongwe). There are home-based care services available run by nongovernmental and faith-based organizations such as Partners in Health, Kaso, Matunkha, College of Medicine Bangwe, and PCSupport Trust operating PC services. Paediatric-specific programs are available at Level 2 health facilities. Tertiary and Level 3 facilities are mandated by the national PC policy to have PC units.

Policies

> The PC national programme originated from the national home-based care program, which was a national response to the HIV pandemic. It is housed in the community health nursing department in the Directorate of Nursing and Midwifery Services, through which funding is channelled. All districts and PC implementing sites have designated PC coordinators / focal persons that take responsibility for PC.

Education

> In nursing, PC is examinable.

Medicines

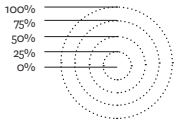
> Morphine slow-release tablets and liquid morphine are available. Morphine powder is procured by the government through the Central Medical Stores. A National Task Force on Morphine Availability meet quarterly, coordinated by the PC Association of Malawi and chaired by the MOH Pharmaceuticals Directorate.
> Doctors, including Clinical Officers and Medical Assistants trained in PC, prescribe morphine without restrictions. Nurses prescribe but are not included in a policy. Nurses and Midwives Act is undergoing review and a clause has been inserted to allow nurses with special training in PC medicine.

Vitality

> N/A.

KEY INFORMANTS

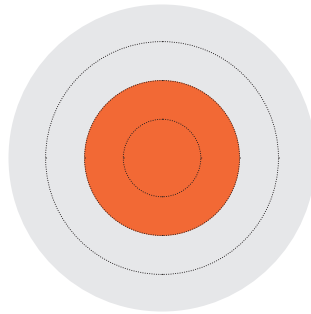
Lameck Thambo, Palliative Care Association of Malawi.
Immaculate Kambiya, Ministry of Health.



SERVICES



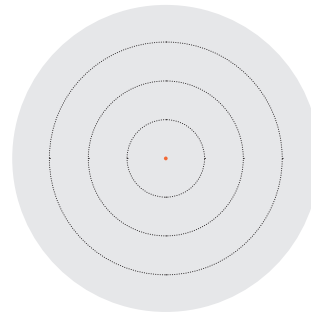
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
7/14 (50%)



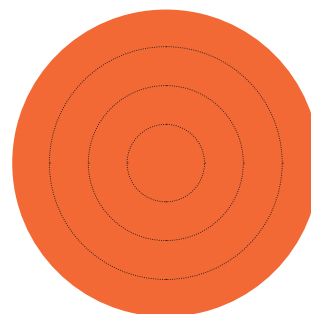
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
1% (1/83)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
100% (28/28)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

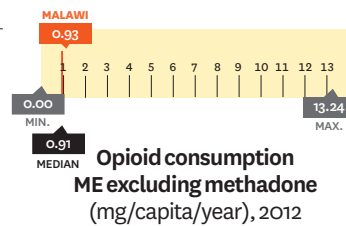
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

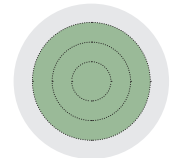
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

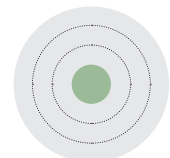
EDUCATION



Number of medical schools



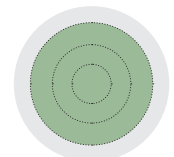
Medical schools which include PC education as mandatory
75% (3/4)



Medical schools which include PC education as optional
25% (1/4)



Number of nursing schools



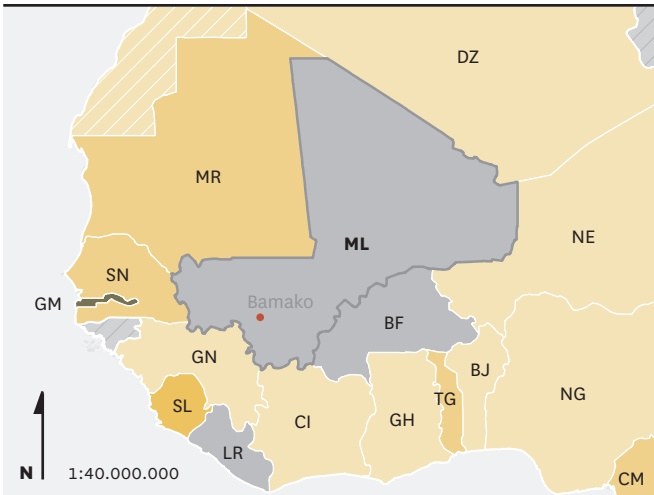
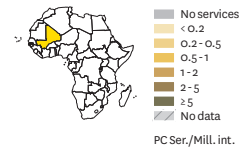
Nursing schools which include PC education as mandatory
80% (12/15)



Nursing schools which include PC education as optional
20% (3/15)



Mali



17,599,694
Population 2015

1,240,190
Surface area
(km²)

14.40
Population density, 2015

US\$819.60
Gross Domestic
Product per capita, 2015

0.10
Physicians
per 1000 inh., 2010

US\$108.10
Health expenditure
per capita, 2015

6.90
Health
expenditure total
(% of Gross), 2014

0.42
Human Development
Index, 2015

179
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> There is no PC unit or hospice in Mali. There is home-based medical support for people living with HIV/AIDS.

Policies

> N/A.

Education

> N/A.

Medicines

> There is no morphine syrup.

Vitality

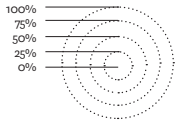
> The national association for PC is in the process of being created.

NATIONAL ASSOCIATION OR INSTITUTION

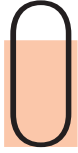
None.

KEY INFORMANTS

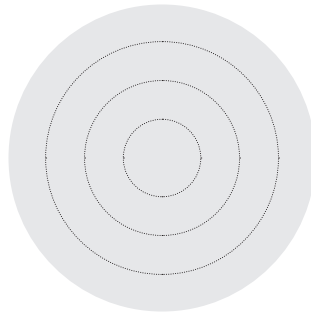
Dr. Zakari Saye, Surgical Oncologist.



SERVICES



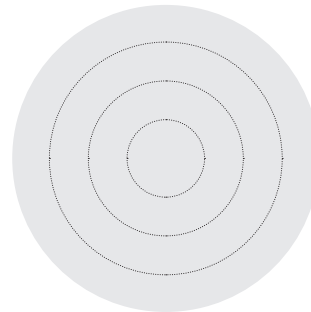
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



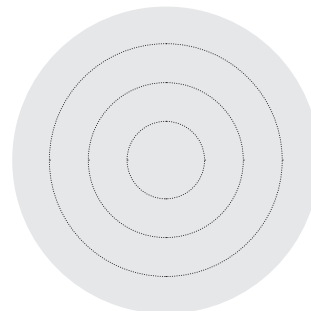
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/14)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/10)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

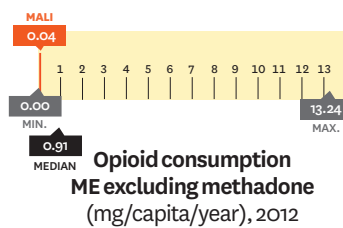
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

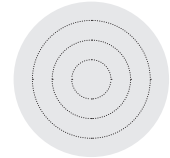
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

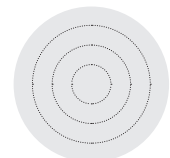
EDUCATION



Number of medical schools



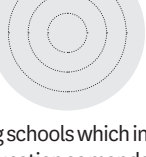
Medical schools which include PC education as mandatory
0% (0/2)



Medical schools which include PC education as optional
0% (0/2)

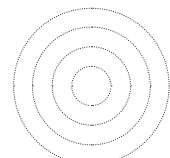


Certification for PC physicians



Number of nursing schools

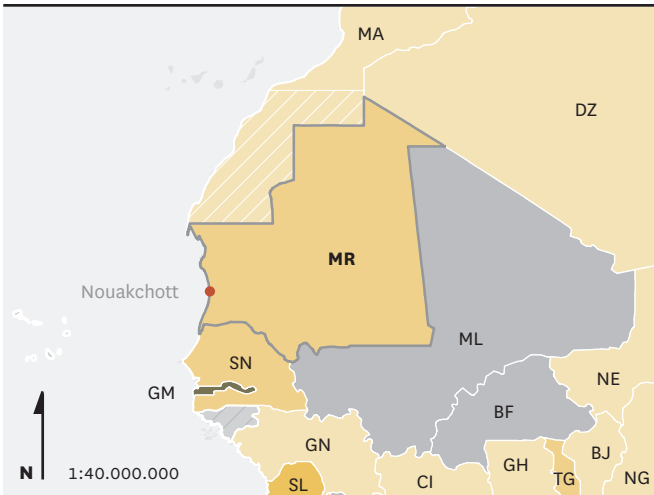
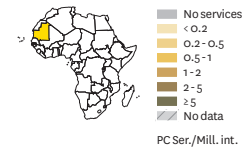
Nursing schools which include PC education as mandatory
0% (0/N/A)



Nursing schools which include PC education as optional
N/A



Mauritania



4,067,564
Population 2015

1,030,700
Surface area
(km²)

3.95
Population density, 2015

US\$1,371
Gross Domestic
Product per capita, 2011

0.13
Physicians
per 1000 inh., 2010

US\$148.11
Health expenditure
per capita, 2015

3.77
Health
expenditure total
(% of Gross), 2014

0.51
Human Development
Index, 2015

156
Human Development
Index Ranking, 2015

MILESTONES

2008

- > Creation of the National Cancer Centre, which is being responsible for training health care professionals in PC. (Fearon D, 2017)

2015

- > Some research work done in Mauritania was presented at the Franco-phone Congress on PC held in Tunisia. (Fearon D, 2017)

2016

- > The latest version of the national cancer plan was validated, containing a section for PC. (Fearon D, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

- > Two services: one is a home-based service and the other is a paediatric oncology nurse working at the National Cancer Centre with support from the paediatric oncologist and the home-based team. The home-based service is for adults and children, and services are only based in the capital.

Policies

- > There is a national cancer plan in the works, with plans to include PC.

Education

- > N/A.

Medicines

- > Injectable morphine is often used as an immediate-release formulation for children. There is access to long-acting morphine and injectable, which can be well-employed to control pain, especially in conjunction with tramadol. This is the case for several francophone countries in Africa. Any doctor working at the National Cancer Centre can prescribe opioids.

Vitality

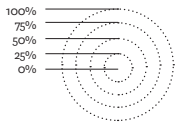
- > N/A.

KEY INFORMANTS

David Fearon, Cairdeas International Palliative Care Trust.



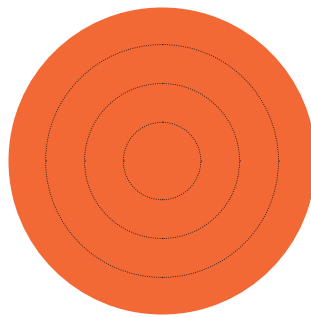
Mauritania



SERVICES



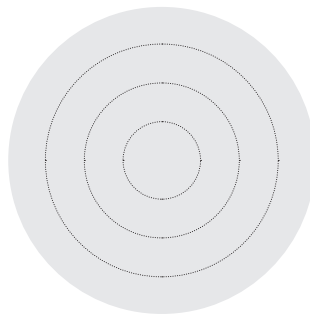
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
2/2 (100%)



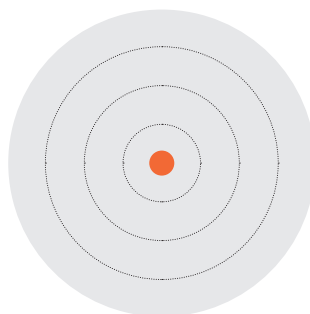
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/30)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
8% (1/12)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

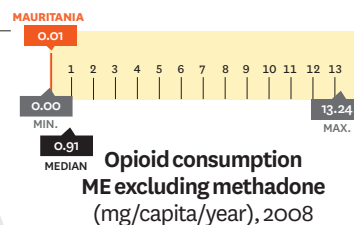
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

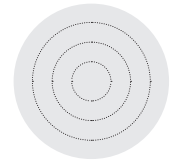
Existence of a periodic national conference for PC

YES NO

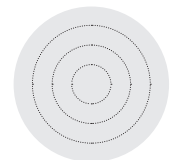
EDUCATION



Number of medical schools



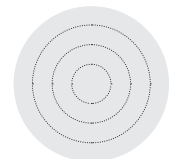
Medical schools which include PC education as mandatory
0% (0/1)



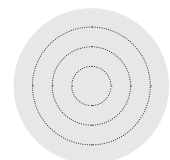
Medical schools which include PC education as optional
0% (0/1)



Number of nursing schools



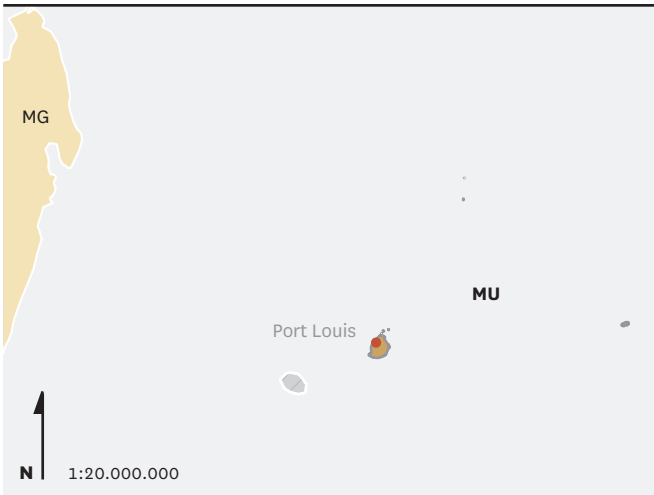
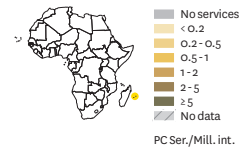
Nursing schools which include PC education as mandatory
0% (0/5)



Nursing schools which include PC education as optional
0% (0/5)



Mauritius



1,262,605
Population 2015

2,040
Surface area
(km²)

621.97
Population density, 2015

US\$9,252.10
Gross Domestic
Product per capita, 2015

N/A
Physicians
per 1000 inh., 2010

US\$896.16
Health expenditure
per capita, 2015

4.81
Health
expenditure total
(% of Gross), 2014

0.77
Human Development
Index, 2015

63
Human Development
Index Ranking, 2015

MILESTONES

2017

- > APC service was opened at Victoria Hospital available to cancer patients. (Dewan S, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

- > PC is only accessible to cancer patients and is only hospital-based. A new service was implemented in January 2017.

Policies

- > There is a programme by the MOH on Quality of Life, but it is only for cancer patients. There is a National HIV programme, but there is no specialist PC in that programme.

Education

- > N/A.

Medicines

- > N/A.

Vitality

- > N/A.

NATIONAL ASSOCIATION OR INSTITUTION

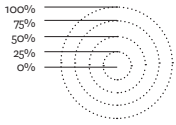
None.

KEY INFORMANTS

Sheilesh Dewan, Victoria Hospital.
Hemoo Devi Tanooja, Victoria Hospital.



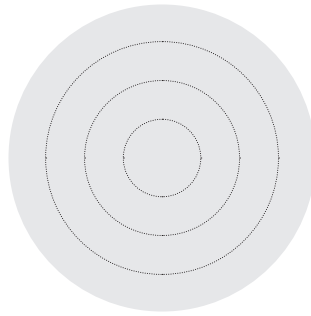
Mauritius



SERVICES



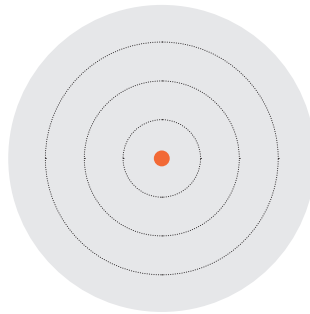
Number of hospices or PC services
0/2



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



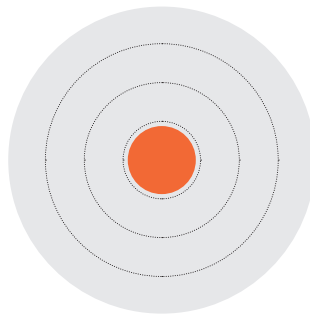
Number of home-based PC services (offered by hospices)
1/20



Hospitals with inpatient PC units
5% (1/20)



Number of PC patients cared for in the last year (estimation)
2/9



Districts with at least one PC service
22% (2/9)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

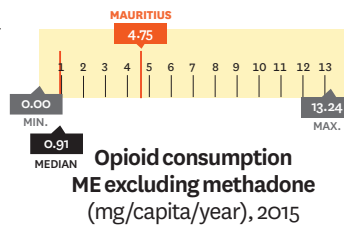
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

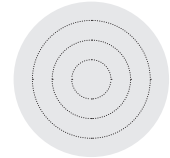
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

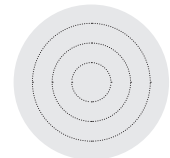
EDUCATION



Number of medical schools
0/3



Medical schools which include PC education as mandatory
0% (0/3)



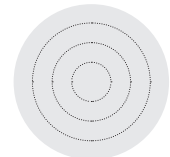
Medical schools which include PC education as optional
0% (0/3)



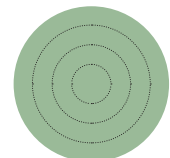
Certification for PC physicians
0/3



Number of nursing schools
2/2



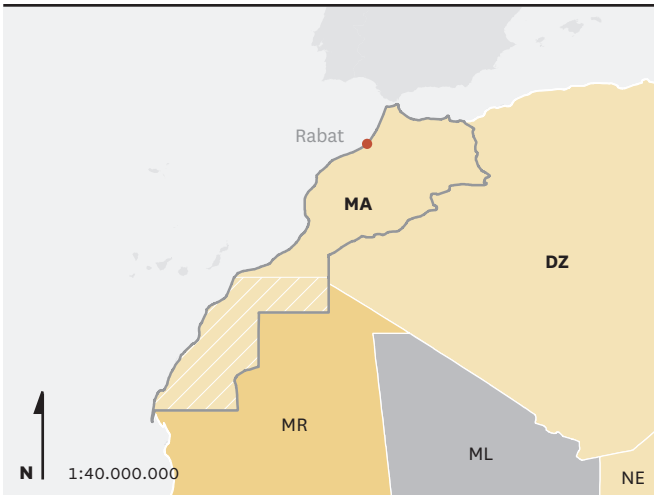
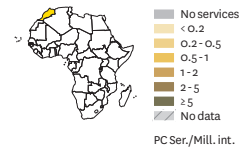
Nursing schools which include PC education as mandatory
0% (0/2)



Nursing schools which include PC education as optional
100% (2/2)



Morocco



34,377,511
Population 2015

446,550
Surface area
(km²)

77.03
Population density, 2015

US\$2,878.20
Gross Domestic
Product per capita, 2015

0.62
Physicians
per 1000 inh., 2010

US\$446.64
Health expenditure
per capita, 2015

5.91
Health
expenditure total
(% of Gross), 2014

0.62
Human Development
Index, 2015

126
Human Development
Index Ranking, 2015

MILESTONES

2005

> The first PC unit opened in Rabat, linked to the National Oncology Institute. (Lancet, 2016)

2012

> Two separate national health policies laid out a vision for the development of PC in 2010 and 2012. (Lancet, 2016)

2015

> For the first time, PC education was included as a module in the undergraduate medical curriculum. (Lancet, 2016)

REFERENCES

Tazi I. Palliative care for patients with hematologic malignancies in Morocco: a real challenge. *Journal of Palliative Medicine*. 2011; 14(3):270.

Hessissen L, Madani A. Pediatric oncology in Morocco: achievements and challenges. *Journal of Pediatric Hematology/Oncology*. 2012; 34 Suppl 1:S21-2.

Morocco's long road to comprehensive palliative care. *Lancet*. 2016; 387(10019):620.

NATIONAL ASSOCIATION OR INSTITUTION

Moroccan Society for Palliative Care and Management of Pain, National Institute of Oncology
<https://hospicecare.com/global-directory-of-providers-organizations/listings/details/990/>

COMMENTS FROM KEY INFORMANTS

Services

> N/A.

Policies

> N/A.

Education

> N/A.

Medicines

> N/A.

Vitality

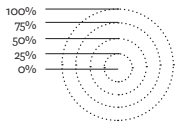
> N/A.

KEY INFORMANTS

Professeur Mati Nejmi, Unité de médecine de la douleur et de médecine palliative, Clinique Al Farabi, Casablanca



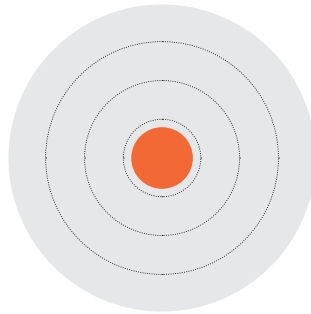
Morocco



SERVICES



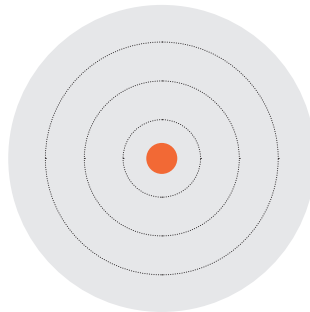
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
1/5 (20%)



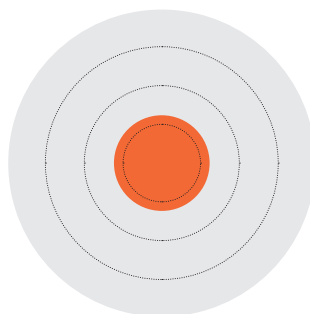
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
10% (1/10)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
31% (5/16)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

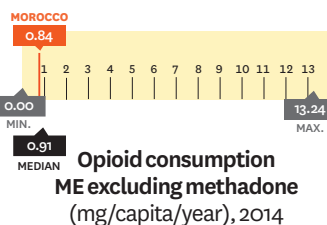
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

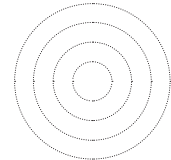
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
N/A



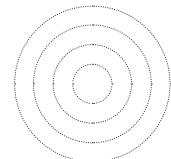
Medical schools which include PC education as optional
40% (2/5)



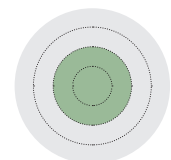
Certification for PC physicians



Number of nursing schools



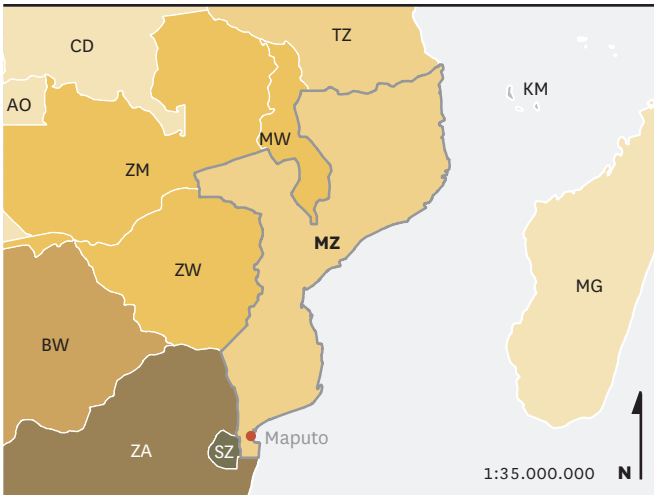
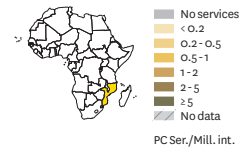
Nursing schools which include PC education as mandatory
N/A



Nursing schools which include PC education as optional
50% (3/6)



Mozambique



27,977,863
Population 2015

799,380
Surface area
(km²)

35.58
Population density, 2015

US\$529.20
Gross Domestic
Product per capita, 2015

0.04
Physicians
per 1000 inh., 2010

US\$79.32
Health expenditure
per capita, 2015

6.98
Health
expenditure total
(% of Gross), 2014

0.42
Human Development
Index, 2015

180
Human Development
Index Ranking, 2015

MILESTONES

2009

> The Mozambique PC Association (MOPCA) was created (Monjane L, interview, 2016)

2012

> National PC Policy approved in July. (Luyirika EBK, et al., 2017)

2016

> A local oral morphine reconstitution plan is being developed with support from the African PC Association with support from the American Cancer Society. (Luyirika EBK, et al., 2017)

REFERENCES

Luyirika EBK, Namisango E, Garanganga E, Monjane L, Ginindza N, Madonsela G, Kiyange F. Best practices in developing a national palliative care policy in resource limited settings: lessons from five African countries. *Ecancermedalscience* [Internet]. 2016;10:652.

COMMENTS FROM KEY INFORMANTS

Services

> There is one NGO that works in six districts with home-care teams.

Policies

> The PC Policy mentions specific training but is not implemented.

Education

> At this time, doctors are receiving specialised training in PC outside of the country.
> One teacher at one nursing school provides PC education but it is not officially in the curriculum.

Medicines

> There is oral morphine in Mozambique but in primary health care it is not always available. It is available in some quaternary hospitals.

Vitality

> N/A.

NATIONAL ASSOCIATION OR INSTITUTION

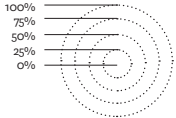
Mozambique Palliative Care Association (MOPCA).

KEY INFORMANTS

Emília Pinto Miquidade, Unidade da Dor, Hospital Central de Maputo.



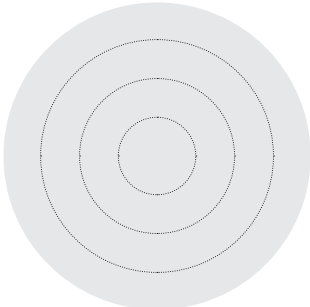
Mozambique



SERVICES



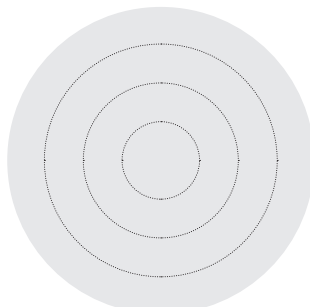
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/6 (0%)



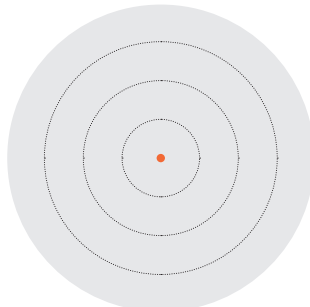
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/50)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
4% (6/151)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

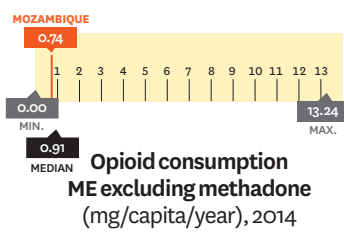
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

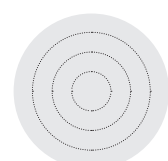
EDUCATION



Number of medical schools



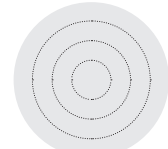
Medical schools which include PC education as mandatory
17% (1/6)



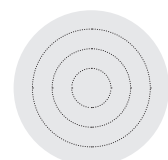
Medical schools which include PC education as optional
0% (0/6)



Number of nursing schools



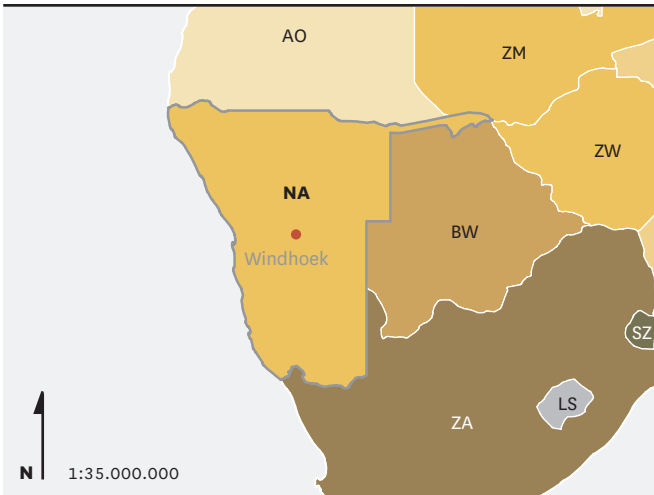
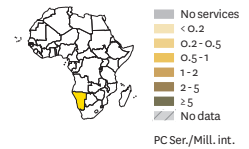
Nursing schools which include PC education as mandatory
0% (0/17)



Nursing schools which include PC education as optional
0% (0/17)



Namibia



2,458,830
Population 2015

824,290
Surface area
(km²)

2.99
Population density, 2015

US\$4,673.60
Gross Domestic
Product per capita, 2015

0.37
Physicians
per 1000 inh., 2010

US\$869.30
Health expenditure
per capita, 2015

8.93
Health
expenditure total
(% of Gross), 2014

0.63
Human Development
Index, 2015

126
Human Development
Index Ranking, 2015

MILESTONES

2004

> APCA brought an office for PC to Namibia. (Bauer R, 2016)

2011

> A full semester of PC was established at the University of Namibia. (Bauer R, 2016)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

> Central Hospital in Windhoek has some aspects of PC, and Catholic AIDS Action has satellites with active PC. However, only Catholic AIDS Action has staff trained in community/home-based PC.

Policies

> There is PC in the policy, but the problem is implementing the policy.
> Namibia has sections for PC in the National Cancer Policy as well as in the National HIV strategic plan, but a stand-alone PC policy draft has not yet been reviewed or approved.

Education

> In the School of Social Work, there is a full semester course in PC in the University of Namibia. In Namibia, PC is seen as giving up; there is much to do for community education of PC.

Medicines

> Only patients in Windhoek have oral morphine both available and accessible. For the rest of the country, it is available but not accessible.

Vitality

> APCA functioned as the Association, and we had a coordination desk on PC within the MOH and Social Services.

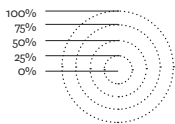
KEY INFORMANTS

Richard W. Bauer, Maryknoll Fathers & Brothers.

Desderius Haufiku, University of Namibia.



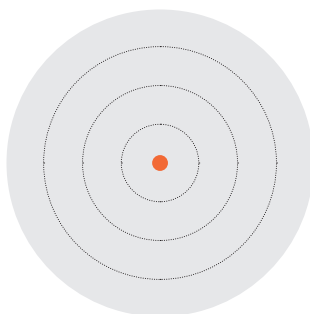
Namibia



SERVICES



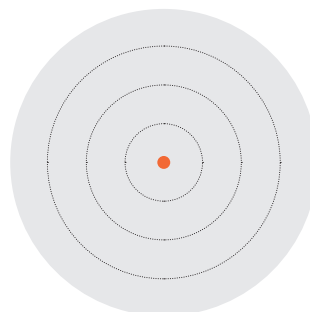
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/2 (0%)



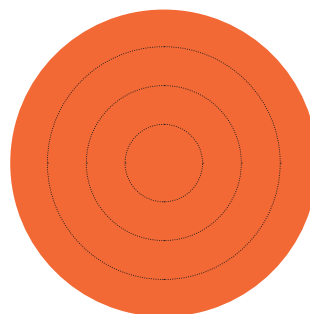
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
4% (2/45)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
6% (2/35)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

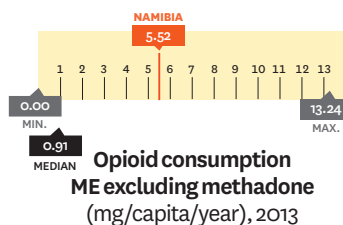
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

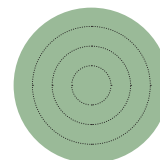
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

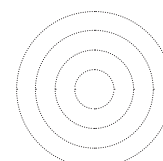
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
100% (1/1)



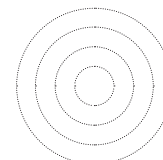
Medical schools which include PC education as optional
N/A



Number of nursing schools



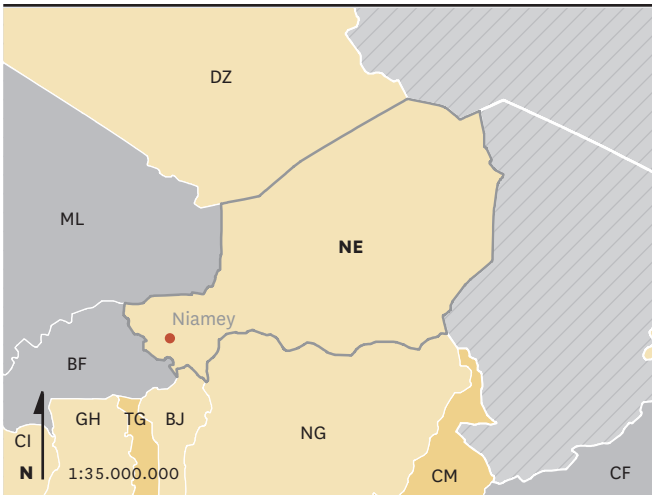
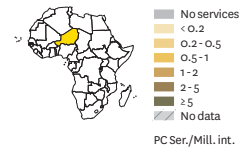
Nursing schools which include PC education as mandatory
33% (1/3)



Nursing schools which include PC education as optional
N/A



Niger



19,899,120
Population 2015

1,267,000
Surface area
(km²)

15.71
Population density, 2015

US\$359.00
Gross Domestic
Product per capita, 2015

0.02
Physicians
per 1000 inh., 2010

US\$53.53
Health expenditure
per capita, 2015

5.82
Health
expenditure total
(% of Gross), 2014

0.35
Human Development
Index, 2015

188
Human Development
Index Ranking, 2015

MILESTONES

2017

- > Six training programs for doctors and nurses have been completed. (Badé M, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

- > PC is provided through the oncology and haematology service. There is no specific paediatric service for PC; it is provided as part of the overall care of patients.

Policies

- > There is a National Cancer Control Programme and a National HIV Programme but without sections for PC.

Education

- > N/A.

Medicines

- > Morphine is available but inadequate and prescriptions are not frequently prescribed to patients.

Vitality

- > N/A.

NATIONAL ASSOCIATION OR INSTITUTION

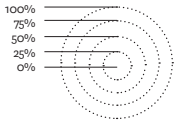
None.

KEY INFORMANTS

Malam-Abdou Badé, Hôpital National de Niamey.



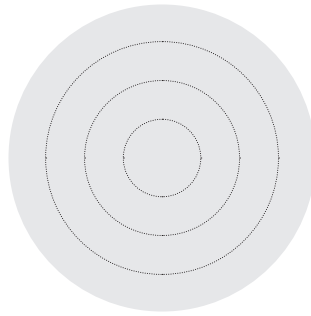
Niger



SERVICES



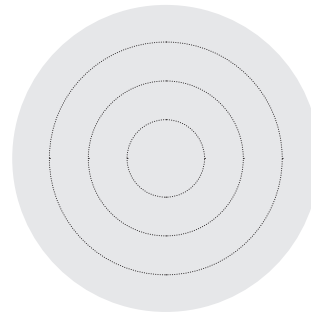
Number of hospices
or PC services
0/2 (0%)



Number of hospices
or PC services with
paediatric-specific programmes
0/2 (0%)



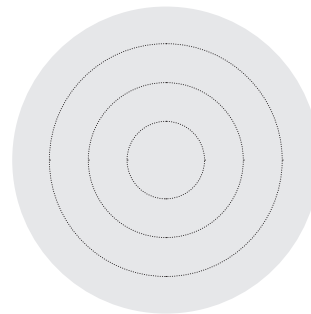
Number of home-based PC
services (offered by hospices)
0/15 (0%)



Hospitals with inpatient
PC units
0/15 (0%)



Number of PC patients cared for
in the last year (estimation)
N/A



Districts with at least
one PC service
0/0 (0%)

POLICIES

Stand-alone national
PC plan/programme YES NO

National cancer
plan/programme
with a section for PC YES NO

National HIV
plan/programme
with a section for PC YES NO

National PC
clinical guidelines YES NO

Person/desk/unit
in the MOH with
PC responsibility YES NO

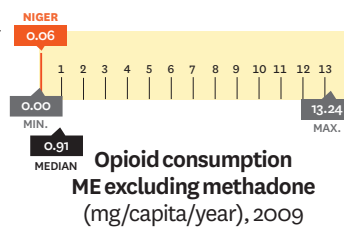
Funding for PC in the
National Health budget YES NO

MEDICINES

Availability of
immediate-release
oral morphine YES NO

Non-specialised
physicians
can prescribe
morphine YES NO

Trained nurses
can prescribe
morphine YES NO



VITALITY

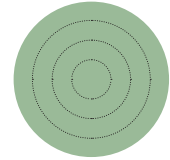
Existence of a
national association
or equivalent for PC YES NO

Existence of a periodic
national conference
for PC YES NO

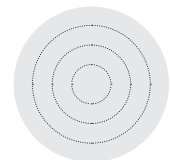
EDUCATION

1

Number of medical schools



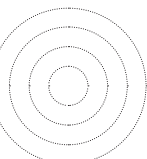
Medical schools which include
PC education as mandatory
100% (1/1)



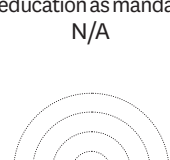
Medical schools which include
PC education as optional
0% (0/1)



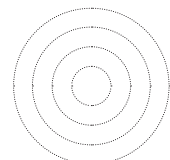
Certification for PC physicians
N/A



Number of nursing schools
N/A



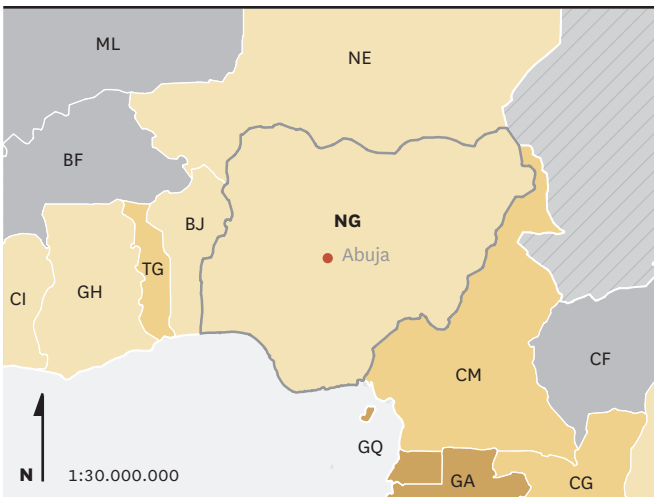
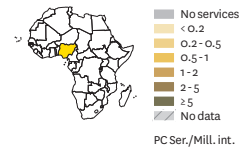
Nursing schools which include
PC education as mandatory
N/A



Nursing schools which include
PC education as optional
N/A



Nigeria



182,201,962
Population 2015

923,770
Surface area
(km²)

200.05
Population density, 2015

US\$2,640.30
Gross Domestic
Product per capita, 2015

0.40
Physicians
per 1000 inh., 2010

US\$216.87
Health expenditure
per capita, 2015

3.67
Health
expenditure total
(% of Gross), 2014

0.51
Human Development
Index, 2015

152
Human Development
Index Ranking, 2015

MILESTONES

2002

> In 2002, the Federal Medical Centre in Abeokuta (FMCA) evolved into the first hospital-based PC service in Nigeria. (Oliver D, et al., 2011)

2007

> The Nigerian Association for Hospice and PC was established in January. The National Association and Hospice Nigeria have helped Centres in other areas across Nigeria to develop PC. (Oliver D, et al., 2011)

2013

> The University College Hospital, Ibadan has successfully introduced PC into its undergraduate curriculum, and other tertiary institutions are in the process of following suite. (Onyeka TC, et al., 2013)

REFERENCES

Soyannwo OA. Palliative care and public health, a perspective from Nigeria. *Journal of Public Health Policy.* 2007; 28(1):56-8.

Oliver D, Olupitan D, Oyebola F. Developing palliative care in Nigeria – a collaborative approach. *European Journal of Palliative Care.* 2011; 18(6):298-301.

Onyeka TC, Velijanashvili M, Abdissa SG, Manase FA, Kordzaia D. Twenty-first century palliative care: a tale of four nations. *European Journal of Cancer Care.* 2013; 22(5):597-604.

NATIONAL ASSOCIATION OR INSTITUTION

Hospice and Palliative Care Association of Nigeria (HPCAN).

COMMENTS FROM KEY INFORMANTS

Services

- > PC is available in urban areas, mostly at tertiary hospitals and at various stages of development.
- > Historically, palliative care development in Nigeria has been driven by individual 'champions' since 1991. These individuals from various parts of the country with support from their institutions have succeeded in establishing the current palliative care services.

Policies

- > There is a National cancer plan with palliative care as goal number ten. PC is responsibility of the cancer desk officer in the Federal Ministry of Health.

Education

- > National accreditation bodies are currently working on curriculum review to include PC in the undergraduate medical curriculum. The Nursing and Midwifery Council are also working on a process for inclusion. Accreditation of palliative medicine for physicians is in progress.

Medicines

- > Morphine is available where there is a PC service, mostly in tertiary hospitals.

Vitality

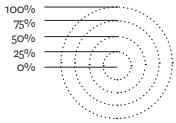
- > There is an annual conference.

KEY INFORMANTS

Olaitan Soyannwo, University College Hospital, Ibadan.



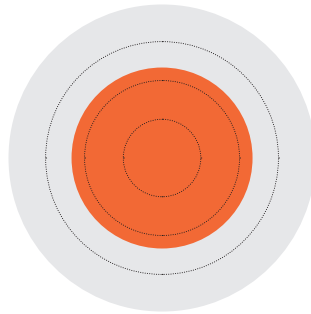
Nigeria



SERVICES



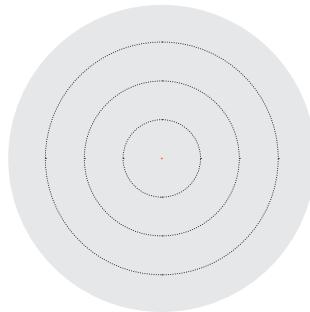
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
10/17 (59%)



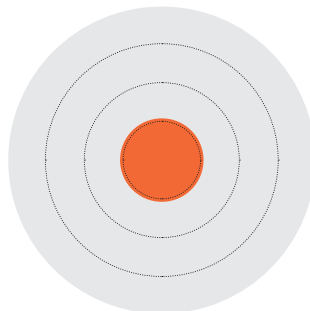
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0.4% (20/5000)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
27% (10/37)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

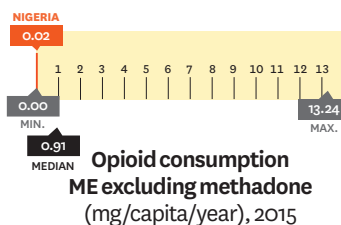
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

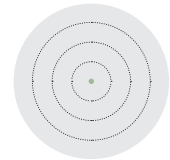
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

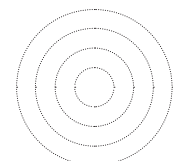
EDUCATION



Number of medical schools



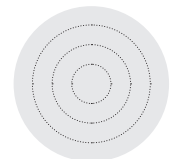
Medical schools which include PC education as mandatory
3% (1/31)



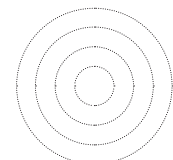
Medical schools which include PC education as optional
N/A



Number of nursing schools



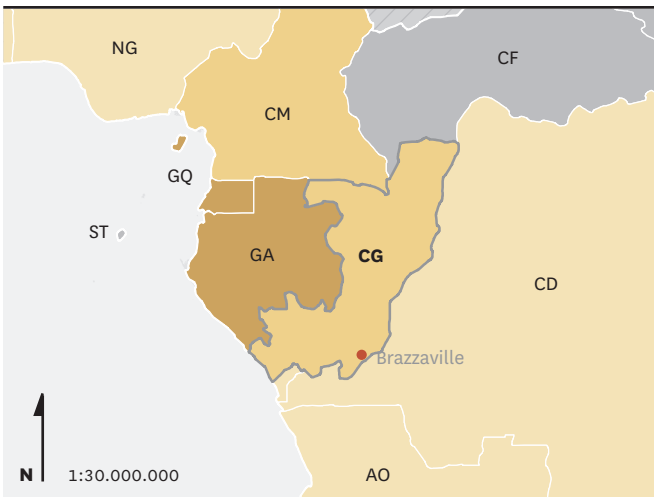
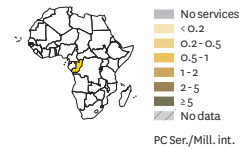
Nursing schools which include PC education as mandatory
0% (1/236)



Nursing schools which include PC education as optional
N/A



Republic of Congo



4,620,330
Population 2015

342,000
Surface area
(km²)

13.53
Population density, 2015

US\$1,851.20
Gross Domestic
Product per capita, 2015

0.10
Physicians
per 1000 inh., 2010

US\$322.63
Health expenditure
per capita, 2015

5.15
Health
expenditure total
(% of Gross), 2014

0.59
Human Development
Index, 2015

136
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> There is a mobile team in Brazzaville, and soon four beds of PC will be available through a medical home of the Association Congolaise Accompagner ACA, the national PC association. There was also a mobile team at Pointe Noire but stopped due to lack of funding.

Policies

> PC is included in the cancer control programme but without specific funding.

Education

> There is a course on pain for medical students, but no specific course on PC.

Medicines

> Currently, there is no access to morphine. Some 500mg ampoules are available.

Vitality

> The Congolese national association will open a multi-purpose medical home with PC activities. Past conference have been organized, and an international conference is scheduled for October 12-14th.

NATIONAL ASSOCIATION OR INSTITUTION

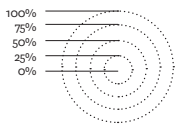
L'Association Congolaise Accompagner ACA.

KEY INFORMANTS

Burucoa Benoît, CHU-Université de Bordeaux.



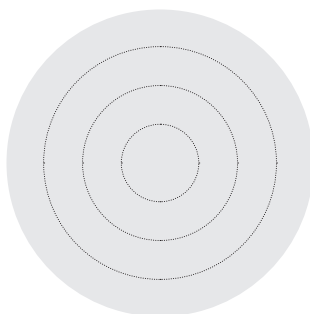
Republic of Congo



SERVICES



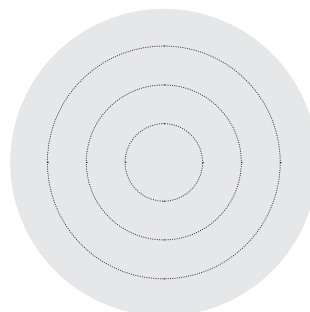
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/1 (0%)



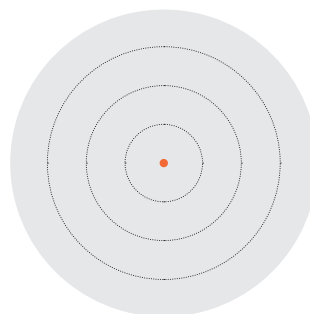
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/10)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
4% (1/26)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC N/A

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

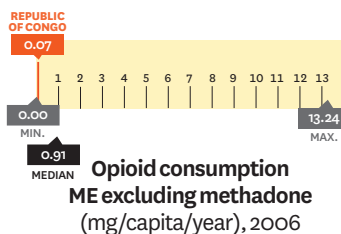
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

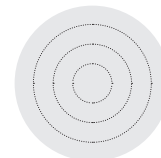
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

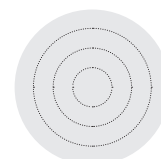
EDUCATION



Number of medical schools



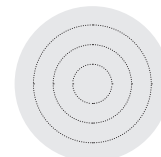
Medical schools which include PC education as mandatory
0% (0/1)



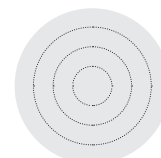
Medical schools which include PC education as optional
0% (0/1)



Number of nursing schools



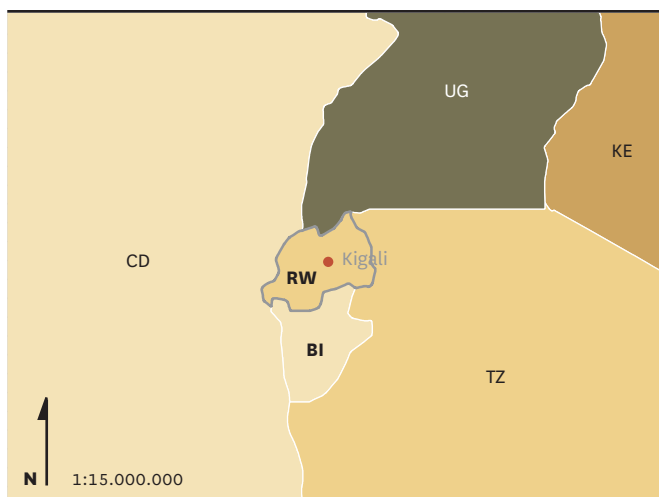
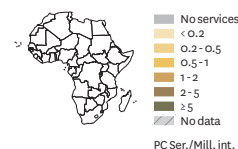
Nursing schools which include PC education as mandatory
0% (0)



Nursing schools which include PC education as optional
0% (0/0)



Rwanda



11,609,666
Population 2015

26,340
Surface area
(km²)

470.60
Population density, 2015

US\$697.00
Gross Domestic
Product per capita, 2015

0.10
Physicians
per 1000 inh., 2010

US\$125.10
Health expenditure
per capita, 2015

7.50
Health
expenditure total
(% of Gross), 2014

0.48
Human Development
Index, 2015

163
Human Development
Index Ranking, 2015

MILESTONES

2009

> Dr. Christian Ntuzimira, Director of Kibagabaga Hospital in Kigali, opened Rwanda's first paediatric PC unit at Kibagabaga in 2009 and first adult unit in 2010. (Vogel L, 2011)

2014

> There is a National Coordinator of PC in the MOH. (Mukasahaha D, 2017)

2016

> To date, six African countries have stand-alone national PC policies and these are: Malawi, Mozambique, Rwanda, Swaziland, Tanzania, and Zimbabwe. (Luyirika EBK, et al., 2016)

REFERENCES

Vogel L. Rwanda moving to provide "good deaths" for terminally ill. CMAJ. 2011;183(14):E1053-4.

Luyirika EBK, Namisango E, Garanganga E, Monjane L, Ginindza N, Madonsela G, Kiyange F. Best practices in developing a national palliative care policy in resource limited settings: lessons from five African countries. Ecancermedalscience [Internet]. 2016;10:652.

NATIONAL ASSOCIATION OR INSTITUTION

Palliative Care Association of Rwanda
Ministry of Health
<https://www.facebook.com/pcarwanda/>

COMMENTS FROM KEY INFORMANTS

Services

> There are 54 organisations providing integrated PC as part of their services, with four providing it as its main mission.
> Included in the total number of hospice and PC services are PC units in government district and referral hospitals.

Policies

> Rwanda is the first African country to develop a stand-alone PC policy. There are clear and specific PC guidelines. PC is integrated into the NCD Budget.

Education

> Rwanda is currently in the stage of developing a curriculum of PC for medical schools. There is, however, no accredited education programmes in PC; only short-term trainings are available.

Medicines

> There are 10mg and 30mg morphine tablets and oral liquid morphine. There is a task-shifting policy allowing nurses to prescribe.

Vitality

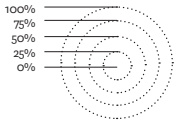
> PC is coordinated in the MOH rather than by an association, but there is a national association of PC. There is also a Periodic PC Technical Working Group that organizes conferences.

KEY INFORMANTS

Mukasahaha Diane, Rwanda Biomedical Center.



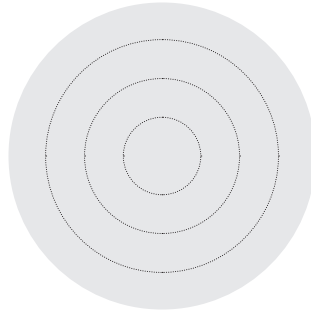
Rwanda



SERVICES



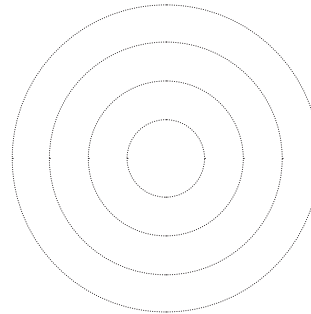
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/4 (0%)



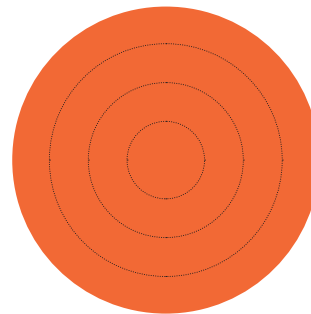
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
N/A



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
100% (42/42)

POLICIES

Stand-alone national PC plan/programme **YES** **NO**

National cancer plan/programme with a section for PC **YES** **NO**

National HIV plan/programme with a section for PC **YES** **NO**

National PC clinical guidelines **YES** **NO**

Person/desk/unit in the MOH with PC responsibility **YES** **NO**

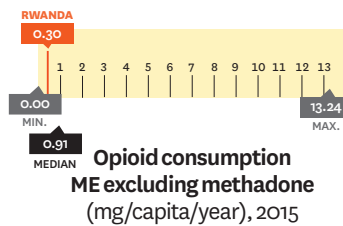
Funding for PC in the National Health budget **YES** **NO**

MEDICINES

Availability of immediate-release oral morphine **YES** **NO**

Non-specialised physicians can prescribe morphine **YES** **NO**

Trained nurses can prescribe morphine **YES** **NO**



VITALITY

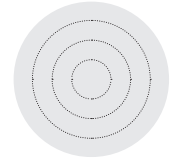
Existence of a national association or equivalent for PC **YES** **NO**

Existence of a periodic national conference for PC **YES** **NO**

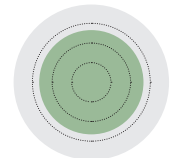
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/3)



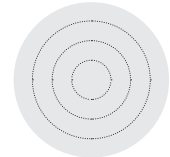
Medical schools which include PC education as optional
67% (2/3)



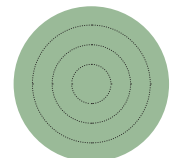
Certification for PC physicians



Number of nursing schools



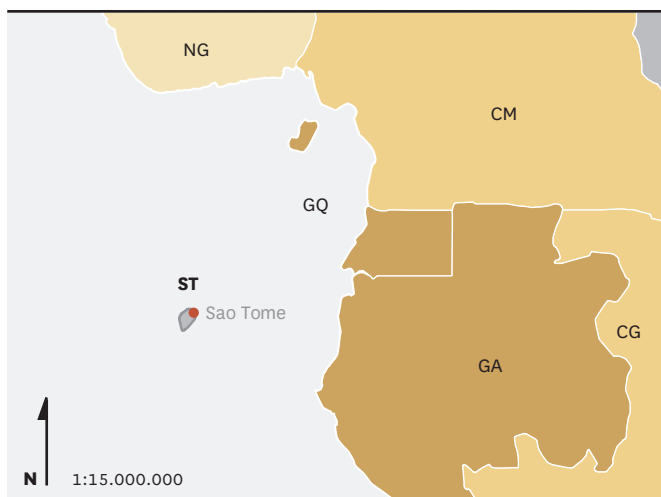
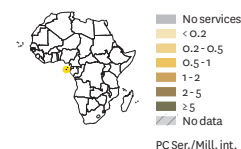
Nursing schools which include PC education as mandatory
0% (0/6)



Nursing schools which include PC education as optional
100% (6/6)



Sao Tome & Principe



190,344

Population 2015

960

Surface area
(km²)

198.28

Population density, 2015

US\$1,669.10

Gross Domestic
Product per capita, 2015

N/A

Physicians
per 1000 inh., 2010

US\$299.73

Health expenditure
per capita, 2015

8.35

Health
expenditure total
(% of Gross), 2014

0.56

Human Development
Index, 2015

143

Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

> PC is available at the Central Hospital (referral hospital) in the inpatient district health centres and at the Health Posts which function as an extension of the district health centres. Such care is provided in the infirmary where the patient is hospitalised or at home. The country does not have specialised PC teams. Nurses, doctors, or other health care professionals may provide PC where the patient is. PC is provided in paediatric wards by professionals with no specific specialty in PC and not from specific PC programmes.

Policies

> There are health agreements established with health institutions outside of the country, making it possible to refer patients for treatment abroad, so a considerable number of patients who need such care are sent to other countries for care. There is a national programme for NCD, but it lacks funding.

Education

> There is a Higher Institute of Health Sciences at the University of São Tomé, but it does not form doctors.

Medicines

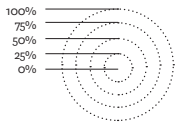
> A law allows family doctors to prescribe morphine, but access is limited to the referral hospital in specific departments. Morphine is restricted for hospital use and may be purchased by tertiary health care centres. The law allows family practitioners to prescribe but access is limited to referral hospitals in specific departments.

Vitality

> N/A.

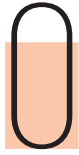
KEY INFORMANTS

Arlindo Vicente de Assunção Carvalho, Centro Nacional de Endemias.

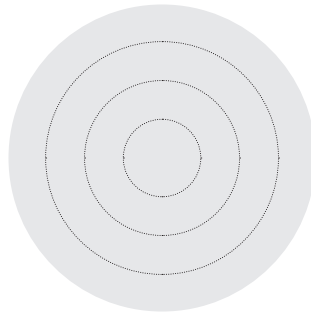


Sao Tome & Principe

SERVICES



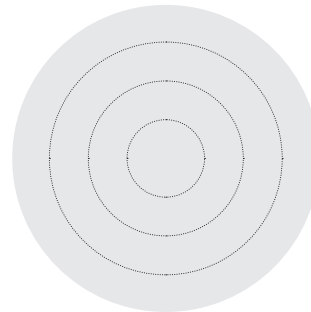
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)

N/A

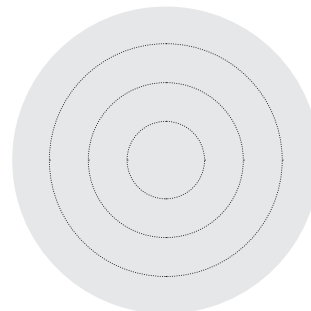
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0/0 (0/0)

80

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/7)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

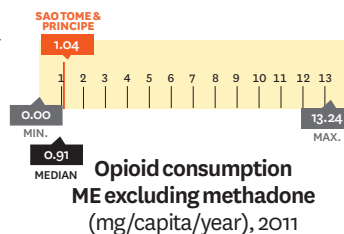
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine N/A

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

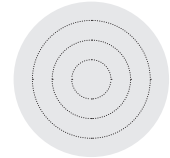
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

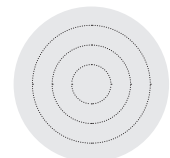
EDUCATION



Number of medical schools



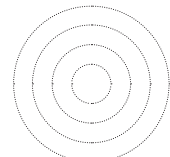
Medical schools which include PC education as mandatory
0% (0/0)



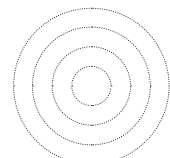
Medical schools which include PC education as optional
0% (0/0)



Number of nursing schools



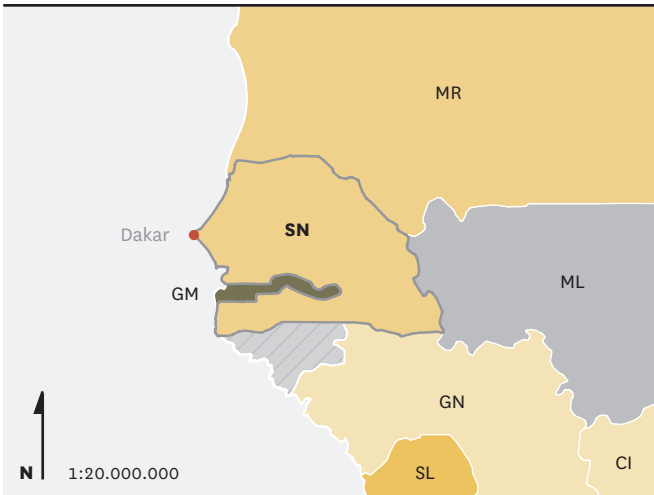
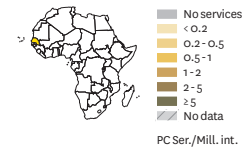
Nursing schools which include PC education as mandatory
N/A



Nursing schools which include PC education as optional
N/A



Senegal



15,129,273
Population 2015

196,710
Surface area
(km²)

78.58
Population density, 2015

US\$899.60
Gross Domestic
Product per capita, 2015

0.06
Physicians
per 1000 inh., 2010

US\$106.94
Health expenditure
per capita, 2015

4.66
Health
expenditure total
(% of Gross), 2014

0.46
Human Development
Index, 2015

170
Human Development
Index Ranking, 2015

MILESTONES

2016

- > A service named MAM, created by MADJI, which is a private non-profit organisation providing home-care services; started in the second half of 2016 after receiving training in Uganda. (Sow BP, 2017)
- > The Association Sénégalaise de Soins Palliatifs was created. (Sow BP, 2017)

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

- > There is a paediatric service at Le Dantec Hospital in Dakar. PC services, in general, are based in the capital.

Policies

- > A specific section for PC will be included in the project to establish a new National Cancer Centre. There is also a point person for PC in the NCD Division. There are not yet any clinical guidelines at the national level and no funding for PC activities at the MOH.

Education

- > In oncology, there are introductory courses for fourth and seventh year students on the medicine rotation as well as for students who specialise in oncology.

Medicines

- > Liquid morphine is generally reserved for paediatrics. By 2015, 8 pots of 25g were used for paediatric patients and some for the cancer patients. Morphine tablets exist but often break and, therefore, not accessible. Morphine prescription is limited to doctors and can be used for up to 28 days.

Vitality

- > A dedicated association for PC training has just been created: ASSOPA, whose president is Professor Claude Moreira.

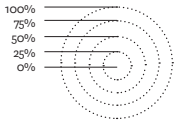
NATIONAL ASSOCIATION OR INSTITUTION

Association Sénégalaise de Soins Palliatifs (ASSOPA).

KEY INFORMANTS

Coumba Gueye, Institut Joliot Curie.

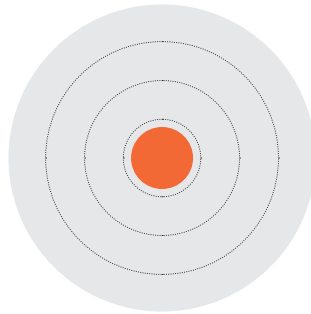
Boubacar Poulho Sow, MAADJI, Société de Services aux personnes Agées avec une unité mobile de soins palliatifs.



SERVICES



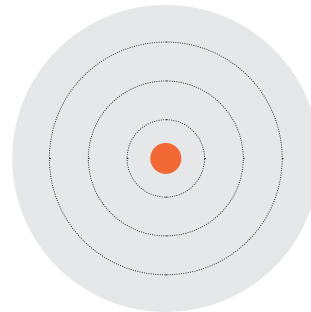
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
1/5 (20%)



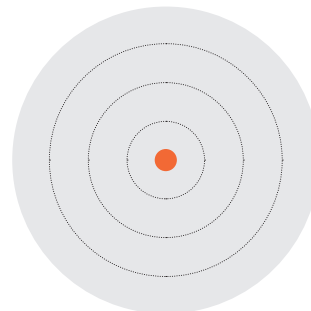
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
10% (4/39)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
7% (1/14)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

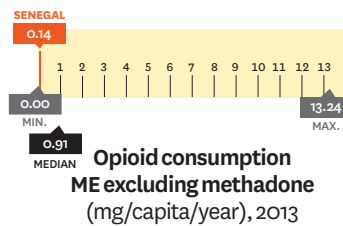
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

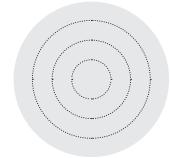
Existence of a periodic national conference for PC

YES NO

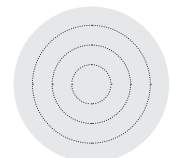
EDUCATION



Number of medical schools



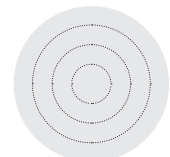
Medical schools which include PC education as mandatory
0% (0/5)



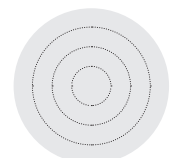
Medical schools which include PC education as optional
0% (0/5)



Number of nursing schools



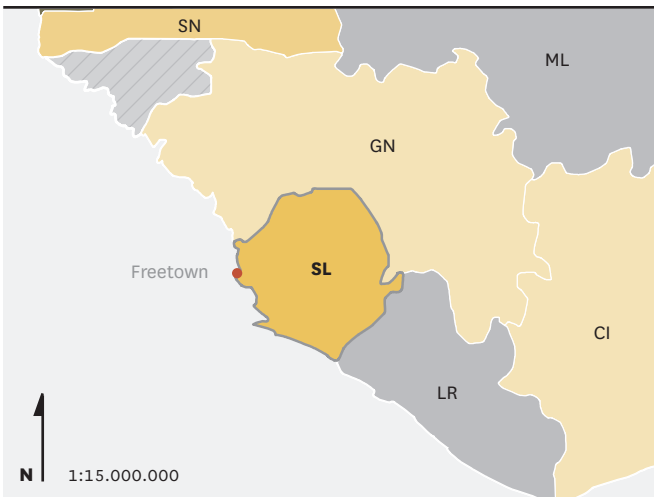
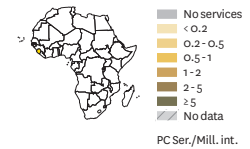
Nursing schools which include PC education as mandatory
0% (0/12)



Nursing schools which include PC education as optional
0% (0/12)



Sierra Leone



6,453,184
Population 2015

72,300
Surface area
(km²)

89.40
Population density, 2015

US\$653.10
Gross Domestic
Product per capita, 2015

0.02
Physicians
per 1000 inh., 2010

US\$223.74
Health expenditure
per capita, 2015

11.09
Health
expenditure total
(% of Gross), 2014

0.41
Human Development
Index, 2015

181
Human Development
Index Ranking, 2015

MILESTONES

2008

> In October 2008, Shepherd's Hospice, the only hospice in the country, received the first shipment of 500 g of low-cost morphine sulfate powder. (Bosnjak S et al., 2011)

2009

> Morphine solution was first produced in a labora he powder, and a hospice first began treating patients with oral morphine in February 2009. (Bosnjak S et al., 2011)

REFERENCES

Kwakwa J. The hospice model in Sierra Leone. *International Journal of Palliative Nursing*. 2006; 12(4):157.

Bosnjak S, Maurer MA, Ryan KM, Leon MX, Madiye G. Improving the availability and accessibility of opioids for the treatment of pain: the International Pain Policy Fellowship. *Supportive Care in Cancer*. 2011; 19(8):1239-1247.

NATIONAL ASSOCIATION OR INSTITUTION

Sierra Leone Palliative Care Association (SLPCA).

COMMENTS FROM KEY INFORMANTS

Services

> The Shepherd's Hospice is partnering with four communities to deliver PC. There is no specialized paediatric PC.

Policies

> N/A.

Education

> N/A.

Medicines

> N/A.

Vitality

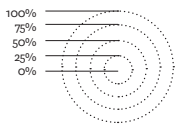
> There is no conference but periodic meetings are held to update members of the national association.

KEY INFORMANTS

Gabriel Madiye, The Shepherd's Hospice in Sierra Leone.



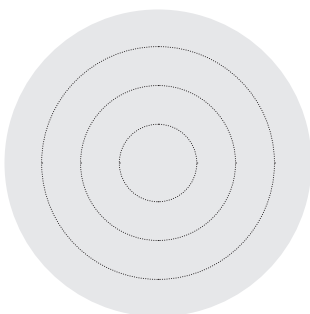
Sierra Leone



SERVICES



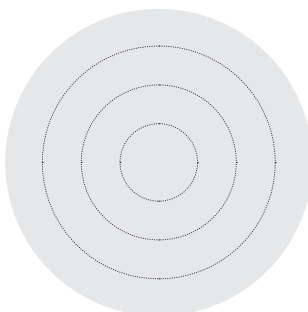
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/4 (0%)



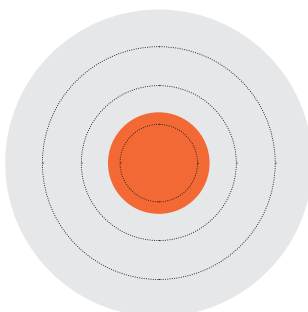
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/75)

1,350

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
33% (4/12)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

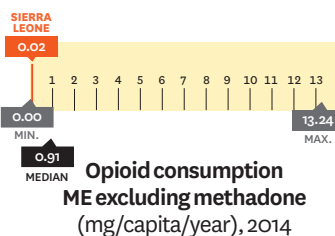
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

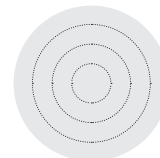
Existence of a periodic national conference for PC

YES NO

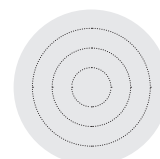
EDUCATION

1

Number of medical schools



Medical schools which include PC education as mandatory
0% (0/1)



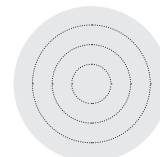
Medical schools which include PC education as optional
0% (0/1)

Certification for PC physicians

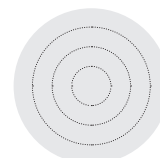
YES NO

4

Number of nursing schools



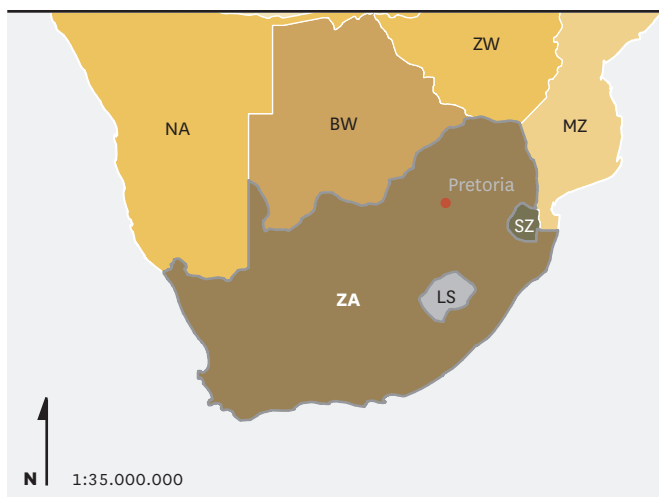
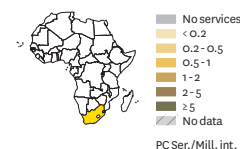
Nursing schools which include PC education as mandatory
0% (0/4)



Nursing schools which include PC education as optional
0% (0/4)



South Africa



54,956,920
Population 2015

1,219,090
Surface area
(km²)

45.35
Population density, 2015

US\$5,724.00
Gross Domestic
Product per capita, 2015

0.78
Physicians
per 1000 inh., 2010

US\$1,148.37
Health expenditure
per capita, 2015

8.80
Health
expenditure total
(% of Gross), 2014

0.66
Human Development
Index, 2015

116
Human Development
Index Ranking, 2015

MILESTONES

2000

> In collaboration with the Palliative Medicine Division from the University of Wales College of Medicine (UWCM) in Cardiff, United Kingdom, the University of Cape Town (UCT) created an honorary lecturer post in PC and a distance- learning curriculum. (Gwyther L & Rawlinson F, 2007)

2001

> The University of Cape Town, with support from the University of Wales College of Medicine, now Cardiff University, developed the first post-graduate PC diploma and degree (M.Phil.) in the region. (Gwyther L & Rawlinson F, 2007)

2005

> PC was included in the undergraduate medical curricula in South Africa. (Gwyther L & Rawlinson F, 2007)

REFERENCES

Bateman C. Alleviating suffering – one patient at a time. *South African Medical Journal*. 2005; 95(10):722-726.

Gwyther L, Rawlinson F. Palliative medicine teaching program at the University of Cape Town: integrating palliative care principles into practice. *Journal of Pain and Symptom Management*. 2007; 33(5): 558-62.

Connor S, Sisimayi C, Downing J, King E, Lim Ah Ken P, Yates R, Marston J. Assessment of the need for palliative care for children in South Africa. *International Journal of Palliative Nursing*. 2014; 20(3):130-4.

NATIONAL ASSOCIATION OR INSTITUTION

Hospice Palliative Care Association of South Africa (HPCA)
<https://www.hpca.co.za/>

COMMENTS FROM KEY INFORMANTS

Services

- > HPCA member hospices are all non-government organisations; there is very little PC that does not fall under this umbrella. Most of the care is home-based as inpatient units are expensive. A few years ago, there was a bigger emphasis on paediatrics but funding has dried up. There are, however, very strong services that are hospital-based for paediatric PC, and there is a group focusing on neonatal PC.
- > The areas with sparse population, because of harsh climatic conditions, and rural areas have the least services.

Policies

- > Clinical guidelines have been developed by HPCA who coordinates PC in the NGO sector; they are not government guidelines. Having a dedicated person in the Ministry is new since the WHA Resolution.
- > There is currently no funding for PC as PC is seen as part of generalist care though work is happening to ensure funding.
- > The final draft of the national PC programme has been developed and was presented on February 24th, 2017.

Education

- > For medical schools, the curricula is only a few weeks with nearly no practical exposure. HPCA is working with various nursing schools to include PC into their curriculum; there is mention of PC but not a full module.

Medicines

- > The availability of morphine is good but prescription and adequate dosage is often compromised due to lack of knowledge. Generalist physicians can prescribe morphine and currently, work is in progress for a policy for palliative nurses to prescribe morphine.

Vitality

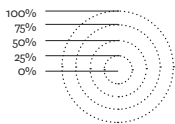
- > We have had annual national conferences but this is becoming regional as funding is limited.

KEY INFORMANTS

Elizabeth Scrimgeour, CEO Drakenstein Palliative Hospice and HPCA South Africa Vice-Chairperson.



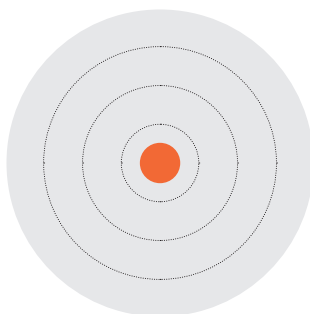
South Africa



SERVICES

160

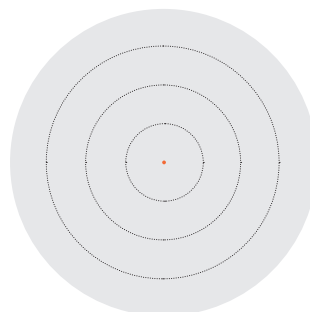
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes **20/160** (13%)

109

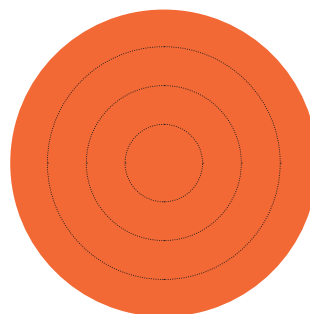
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units **1%** (5/160)

40,000

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service **100%** (9/9)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

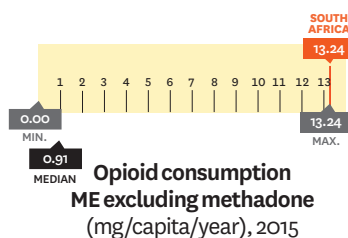
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

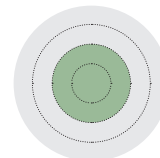
Existence of a periodic national conference for PC

YES NO

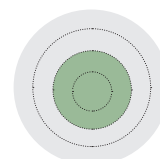
EDUCATION

8

Number of medical schools



Medical schools which include PC education as mandatory **50%** (4/8)



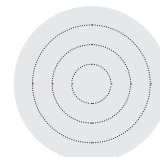
Medical schools which include PC education as optional **50%** (4/8)

Certification for PC physicians

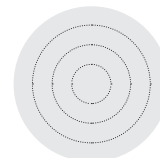
YES Master & Post-graduate Diploma
 NO

53

Number of nursing schools



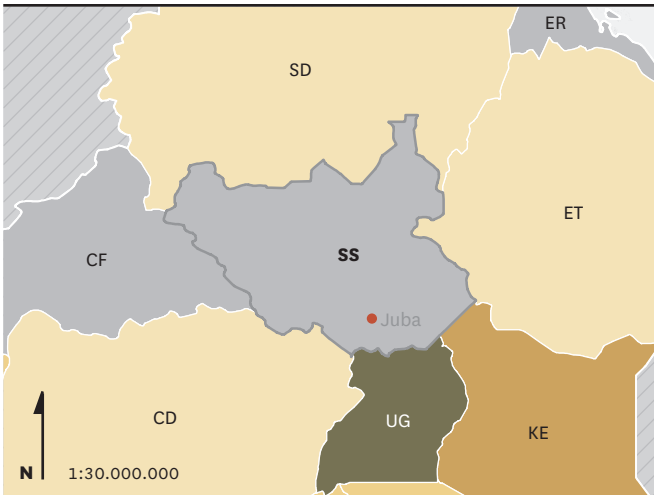
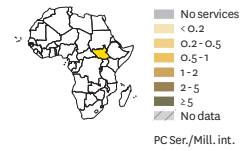
Nursing schools which include PC education as mandatory **0%** (0/53)



Nursing schools which include PC education as optional **0%** (0/53)



South Sudan



12,339,812
Population 2015

644,330
Surface area
(km²)

N/A
Population density, 2015

US\$730.60
Gross Domestic
Product per capita, 2015

N/A
Physicians
per 1000 inh., 2010

US\$72.82
Health expenditure
per capita, 2015

2.74
Health
expenditure total
(% of Gross), 2014

0.47
Human Development
Index, 2015

169
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

> South Sudan does not have hospice services. WHO South Sudan is planning on conducting assessments of PC services as part of NCD survey. South Sudan has a few partners providing home-based care programs, for example, for follow-up of patients on HIV/AIDS treatment and mother-to-mother support groups. The home-care package includes a small component of symptom management.

Policies

> There is a separate HIV guideline on PC. This is not, however, systematically implemented. The MOH is in process of establishing an NCD unit which will include PC.

Education

> N/A.

Medicines

> The government restricts importation and prescription of narcotics, including morphine.

Vitality

> N/A.

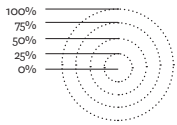
KEY INFORMANTS

Joseph Lou Kenyi Mogga, World Health Organization.

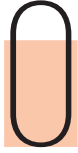
CONFIDENTIAL.



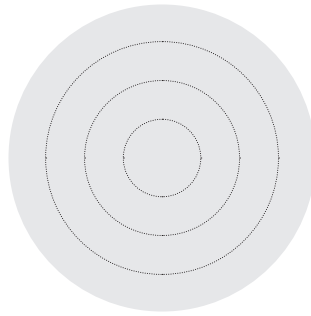
South Sudan



SERVICES



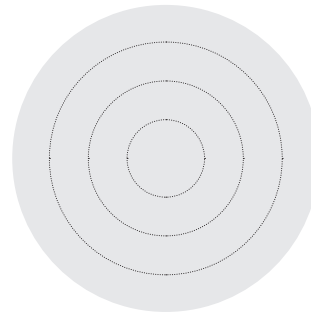
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/0 (0%)



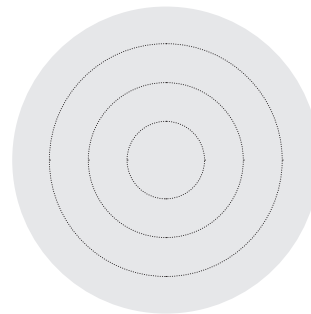
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
0% (0/27)

N/A

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
0% (0/10)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

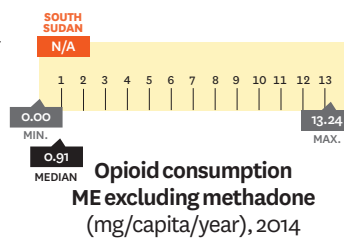
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

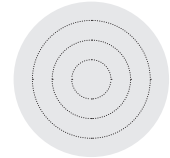
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

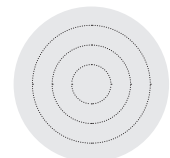
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/3)



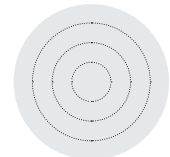
Medical schools which include PC education as optional
0% (0/3)



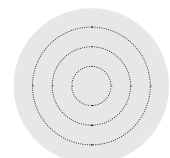
Certification for PC physicians



Number of nursing schools



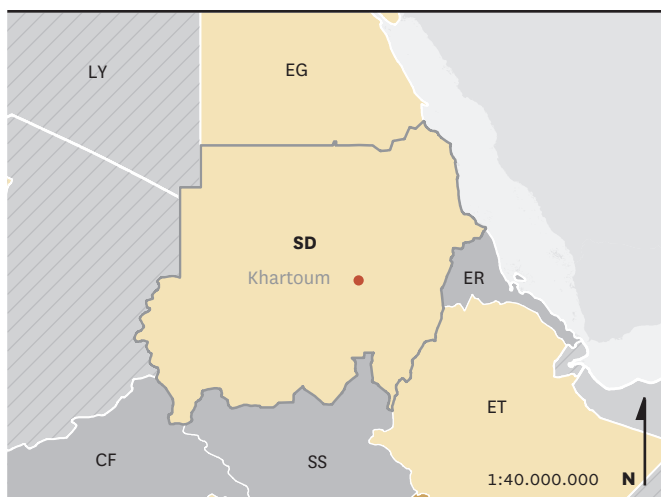
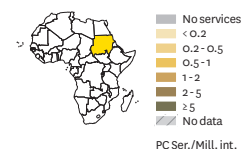
Nursing schools which include PC education as mandatory
0% (0/8)



Nursing schools which include PC education as optional
0% (0/8)



Sudan



40,234,882
Population 2015

1,879,358
Surface area
(km²)

22.13
Population density, 2015

US\$2,414.70
Gross Domestic
Product per capita, 2015

0.28
Physicians
per 1000 inh., 2010

US\$281.64
Health expenditure
per capita, 2015

8.43
Health
expenditure total
(% of Gross), 2014

0.48
Human Development
Index, 2015

167
Human Development
Index Ranking, 2015

MILESTONES

2009

> Two personnel from Sudan went to Hospice Africa Uganda to receive PC training. (Gafer N, 2016)

2012

> A Task Force for PC was formed, and their activities help spread knowledge about availabilities of services and training. (Gafer N, 2017)

2016

> The MOH decided to include PC in its National Health Strategy. (Gafer N, 2017)

REFERENCES

None available.

NATIONAL ASSOCIATION OR INSTITUTION

None.

COMMENTS FROM KEY INFORMANTS

Services

- > Four hospitals provide PC services:
 - 1) Radiation & Isotope Centre, Khartoum (Khartoum Oncology Hospital), which has outpatient, home-care and inpatient beds) at the main oncology centre; 2) Soba University Hospital, which has an inpatient PC consultation service; 3) The National Cancer Institute at Medani, which has a PC team covering the oncology wards and with a referral clinic and a limited home-care service; 4) The East Oncology Centre, which is a recently opened oncology centre at Gedarif Teaching Hospital in eastern Sudan offering chemotherapy and a PC service.
- > All sites see adults and children, but there is no specific paediatric service. There is a nurse who will complete her training (post-graduate degree in paediatric PC) soon.

Policies

- > PC has been in the Cancer Control Programme for years but no funds were allocated.

Education

- > There is a short course of PC for Health Professionals, attended by doctors, nurses, etc. This course is approved by the Ministry of Higher Education.

Medicines

- > Immediate-release morphine is available at the four sites, and a few more. It is not available at the majority of hospitals and is not available in stand-alone pharmacies at all. Only consultants and registrars can prescribe morphine.

Vitality

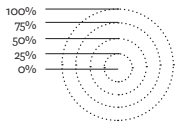
- > N/A.

KEY INFORMANTS

Dr. Nahla Gafer, Comboni College of Science & Technology.
Shaima Sideeq, Radiation & Isotope Center, Khartoum.



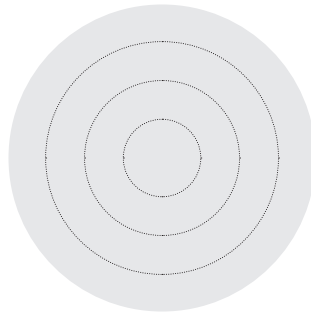
Sudan



SERVICES



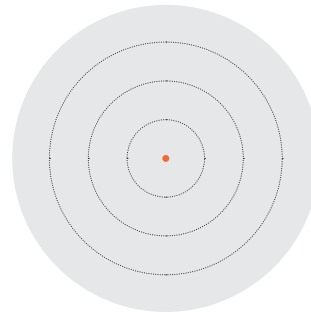
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
0/4 (0%)



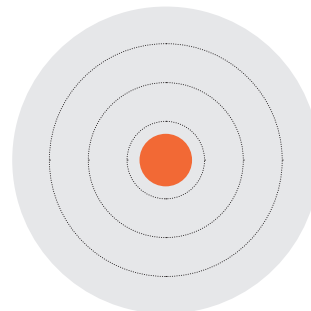
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
2% (1/50)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
17% (3/18)

POLICIES

Stand-alone national PC plan/programme

YES NO

National cancer plan/programme with a section for PC

YES NO

National HIV plan/programme with a section for PC

YES NO

National PC clinical guidelines

YES NO

Person/desk/unit in the MOH with PC responsibility

YES NO

Funding for PC in the National Health budget

YES NO

MEDICINES

Availability of immediate-release oral morphine

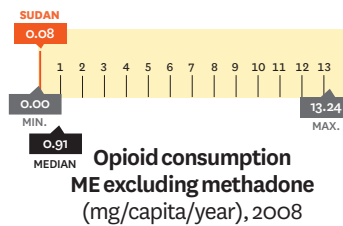
YES NO

Non-specialised physicians can prescribe morphine

YES NO

Trained nurses can prescribe morphine

YES NO



VITALITY

Existence of a national association or equivalent for PC

YES NO

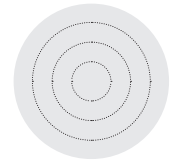
Existence of a periodic national conference for PC

YES NO

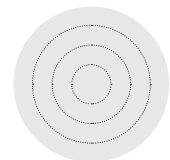
EDUCATION



Number of medical schools



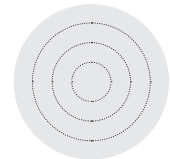
Medical schools which include PC education as mandatory
0% (0/22)



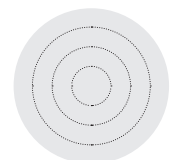
Medical schools which include PC education as optional
0% (0/22)



Number of nursing schools



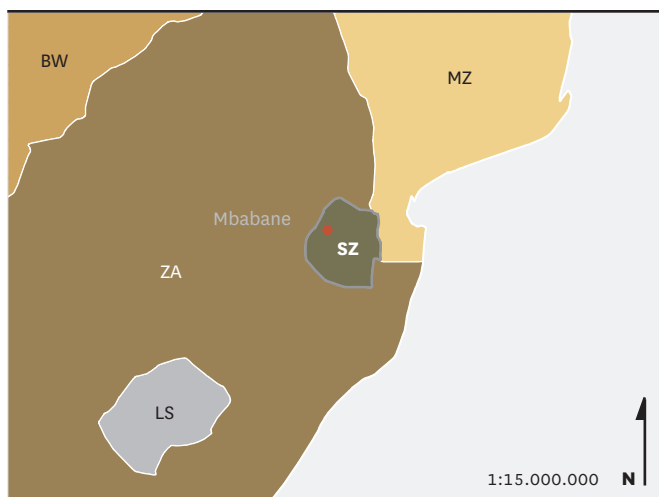
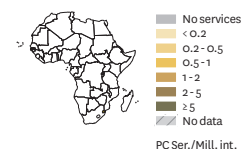
Nursing schools which include PC education as mandatory
0% (0/14)



Nursing schools which include PC education as optional
0% (0/14)



Swaziland



1,286,970

Population 2015

17,360

Surface area
(km²)

74.82

Population density, 2015

US\$3,200.10

Gross Domestic
Product per capita, 2015

0.17

Physicians
per 1000 inh., 2010

US\$586.82

Health expenditure
per capita, 2015

9.25

Health
expenditure total
(% of Gross), 2014

0.53

Human Development
Index, 2015

150

Human Development
Index Ranking, 2015

MILESTONES

2011

> Kingdom of Swaziland, MOH, approved its National PC Policy. (Luyirika EBK, et al., 2016)

2017

> National PC clinical guidelines are available for both adults and children. (Ginindza N, 2017)

REFERENCES

Luyirika EBK, Namisango E, Garanganga E, Monjane L, Ginindza N, Madonsela G, Kiyange F. Best practices in developing a national palliative care policy in resource limited settings: lessons from five African countries. *Ecancermedicalscience* [Internet]. 2016;10:652.

COMMENTS FROM KEY INFORMANTS

Services

> There are twelve government and two private facilities providing PC. Baylor provides PC services for HIV positive children. Two government facilities also provide paediatric PC services. There is one hospice in the country providing home-based care and five government and two private facilities provide home-based care.

Policies

> There is no cancer programme, but the NCD Programme has a section for PC. The country is in the process of establishing a cancer programme where PC will be included. HIV is used as an entry point for PC, and therefore, PC is included. Currently, PC is mostly supported by donor funding, though the government provides minimal funding through the HIV programme.

Education

> PC education is provided as a seminar with about 3-4 hours per year. The following institutions are teaching PC: Southern African Nazarene University, Swaziland Christian University (started in January 2017), University of Swaziland, and Good Shepherd University.

Medicines

> N/A.

Vitality

> There is a National Technical Working Group for PC.

NATIONAL ASSOCIATION OR INSTITUTION

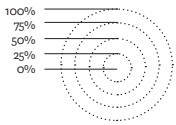
None.

KEY INFORMANTS

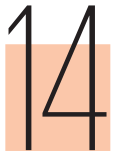
Herve Nzereka Kambale, Swaziland National AIDS Programme, Palliative Care Unit.
Ntombifuthi Ginindza, Ministry of Health.



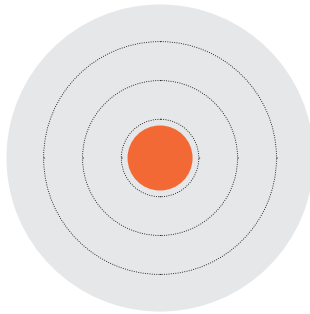
Swaziland



SERVICES



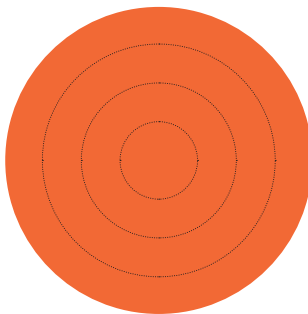
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
3/14 (21%)



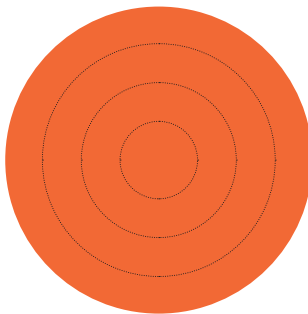
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
100% (11/11)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
100% (4/4)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

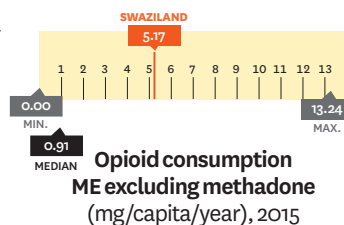
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



Opioid consumption ME excluding methadone (mg/capita/year), 2015

VITALITY

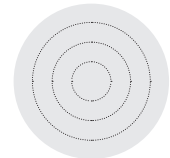
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

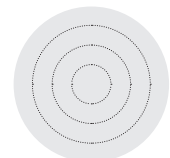
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/0)



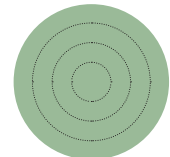
Medical schools which include PC education as optional
0% (0/0)



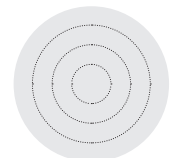
Certification for PC physicians



Number of nursing schools



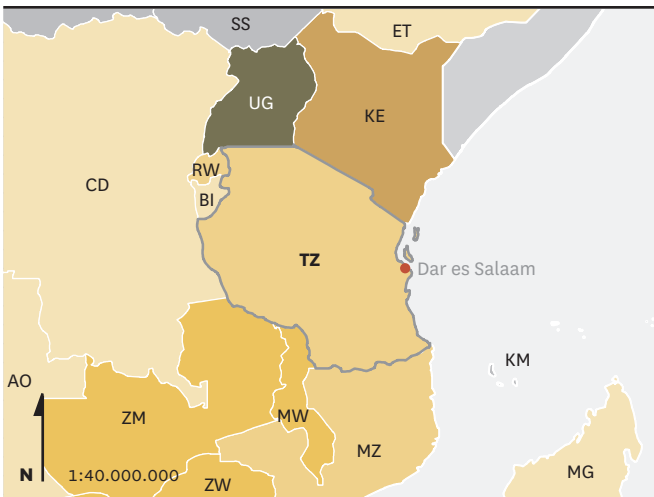
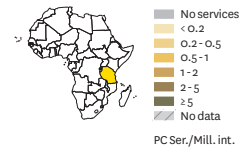
Nursing schools which include PC education as mandatory
100% (0/4)



Nursing schools which include PC education as optional
0% (0/4)



Tanzania



53,470,420
Population 2015

947,300
Surface area
(km²)

60.36
Population density, 2015

US\$879.00
Gross Domestic
Product per capita, 2015

0.01
Physicians
per 1000 inh., 2010

US\$137.49
Health expenditure
per capita, 2015

5.58
Health
expenditure total
(% of Gross), 2014

0.52
Human Development
Index, 2015

151
Human Development
Index Ranking, 2015

MILESTONES

2002

> Following the second National Multisectoral Conference on HIV/AIDS held in December, Tanzania passed a resolution stating that PC was to be a core component of all home-based care services for people living with HIV/AIDS in Tanzania. (Onyeka TC, et al., 2013)

2013

> A postgraduate diploma course in PC was established at International Medical Technology University. (Onyeka TC et al., 2013)

2014

> National PC policy approved. (Luyirika EBK, et al., 2016)

REFERENCES

Nanney E, Smith S, Hartwig K, Mmbando P. Scaling up palliative care services in rural Tanzania. *Journal of Pain and Symptom Management*. 2010; 40(1):15-8.

Onyeka TC, Velijanashvili M, Abdissa SG, Manase FA, Kordzaia D. Twenty-first century palliative care: a tale of four nations. *European Journal of Cancer Care*. 2013; 22(5):597-604.

Luyirika EBK, Namisango E, Garanganga E, Monjane L, Ginindza N, Madonsela G, Kiyange F. Best practices in developing a national palliative care policy in resource limited settings: lessons from five African countries. *Ecancermedicalscience [Internet]*. 2016;10:652.

NATIONAL ASSOCIATION OR INSTITUTION

Tanzania Palliative Care Association (TPCA)
<http://archive.is/20130509141423/tpca.or.tz/>

COMMENTS FROM KEY INFORMANTS

Services

> Some PC services in regional hospitals were previously active but not current due to lack of support. There is a shortage of paediatric PC/hospice services, therefore, existing services provide for both children and adults.

Policies

> None of the plans have budgets to finance PC. There is a National PC Strategy underway. PC is considered part of NCDs, which has a focal person. Cancer treatment is offered for free in the country, but in most cases, there is a shortage of drugs leading to many patients buying drugs out of pocket. Currently, there is an ongoing plan to ensure health insurance covers PC services.

Education

> For a long time, nurses and physicians had been getting training from Uganda and South Africa. Only training that involved field attachment to a PC unit is available in the country. The International Medical and Technological University (IMTU), University of Dodoma, and Ocean Road Cancer Institute have integrated PC into their training. There used to be a post-graduate diploma in Palliative Medicine at the IMTU but the program collapsed due to a lack of funding.

Medicines

> The Tanzania Food and Drug Authority (TFDA) is in charge of controlled drug permit certificates for hospitals. A Task Shifting Policy is being finalized, and therefore, in the near future, trained nurses will be able to prescribe opioids.

Vitality

> The main challenge with the national association is lack of funding.

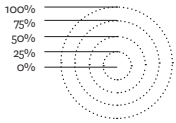
KEY INFORMANTS

Dr. Alick Austine Kayange, Uhuru Medical Centre.

Dr. Elias Johansen Muganyizi, Tanzania Palliative Care Association.



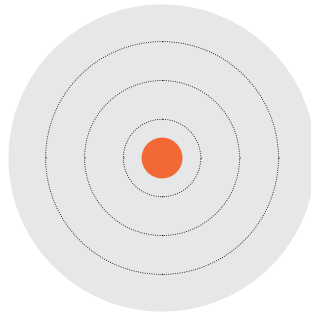
Tanzania



SERVICES

16

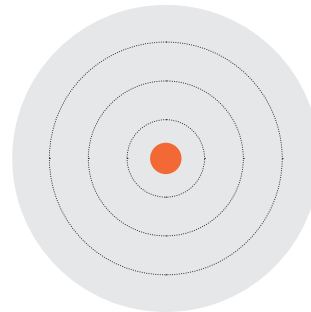
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
2/16 (13%)

26

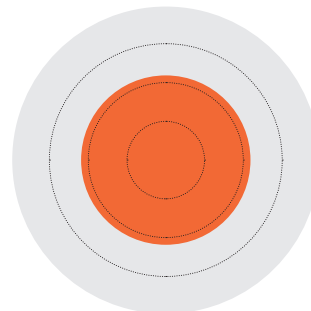
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
10% (30/300)

660

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
55% (16/29)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

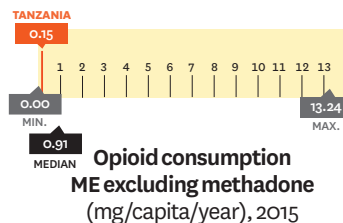
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

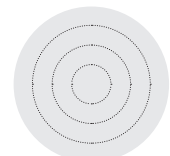
EDUCATION

9

Number of medical schools



Medical schools which include PC education as mandatory
33% (3/9)



Medical schools which include PC education as optional
0% (0/9)

Certification for PC physicians

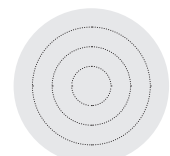
YES NO

9

Number of nursing schools



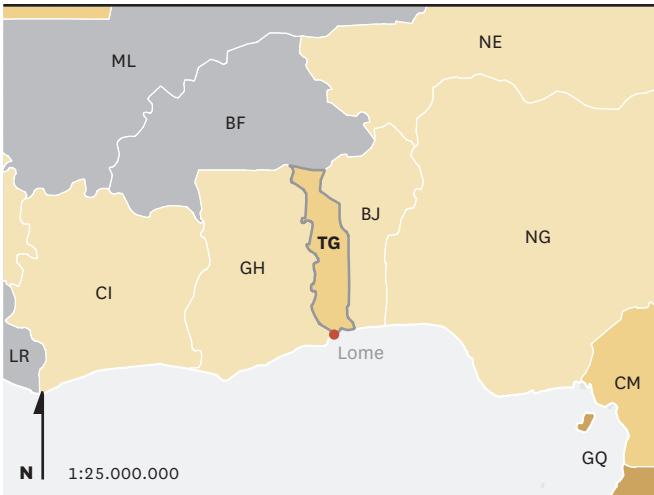
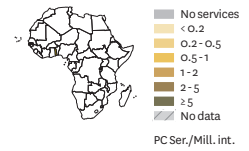
Nursing schools which include PC education as mandatory
22% (2/9)



Nursing schools which include PC education as optional
0% (0/9)



Togo



7,304,578
Population 2015

56,790
Surface area
(km²)

134.30
Population density, 2015

US\$559.60
Gross Domestic
Product per capita, 2015

0.05
Physicians
per 1000 inh., 2010

US\$76.25
Health expenditure
per capita, 2015

5.25
Health
expenditure total
(% of Gross), 2014

0.48
Human Development
Index, 2015

162
Human Development
Index Ranking, 2015

MILESTONES

None available.

REFERENCES

None available.

COMMENTS FROM KEY INFORMANTS

Services

> The Paediatric Hematology/Oncology Service at CHU Lome provides PC services as well as one private organization.

Policies

> There is a national cancer plan and HIV plan but do not include components for PC.

Education

> N/A.

Medicines

> N/A.

Vitality

> There are.

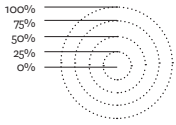
NATIONAL ASSOCIATION OR INSTITUTION

Association Togolaise des Soins Palliatifs

<https://www.facebook.com/AssociationTogolaiseDesSoinsPalliatifs-ViePlus/>

KEY INFORMANTS

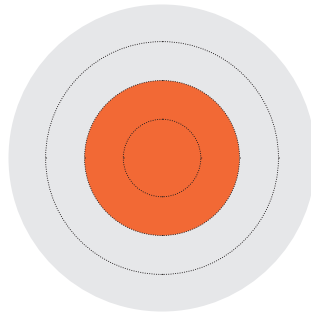
Mofou Belo, Division de la surveillance des maladies non transmissibles, Ministère de la santé et de la Protection Sociale.



SERVICES



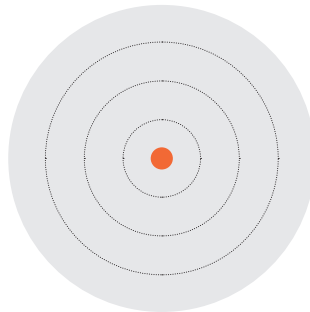
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
1/2 (50%)



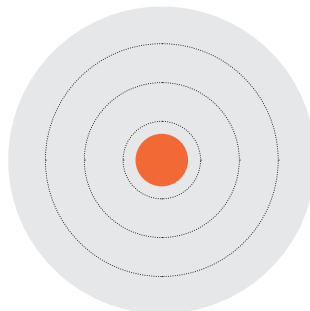
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
7% (2/28)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
17% (1/6)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

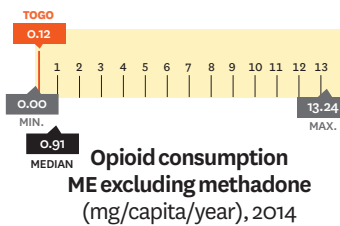
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

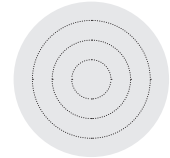
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

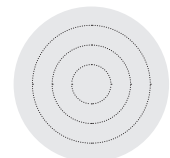
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
0% (0/2)



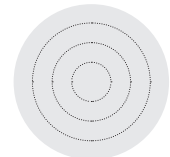
Medical schools which include PC education as optional
0% (0/2)



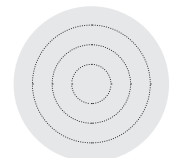
Certification for PC physicians



Number of nursing schools



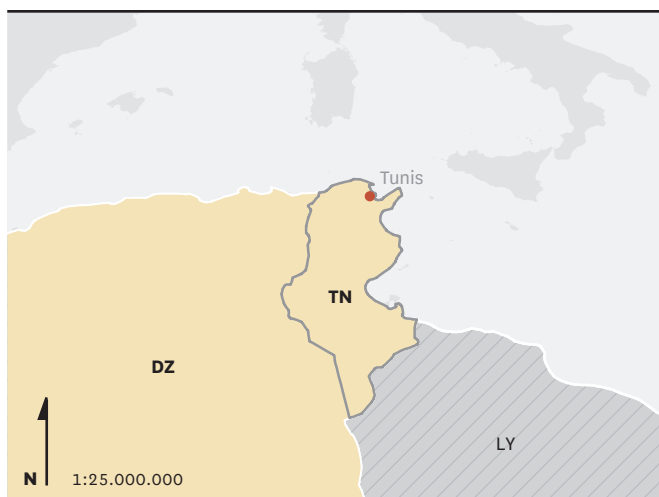
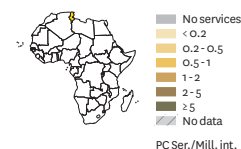
Nursing schools which include PC education as mandatory
0% (0/4)



Nursing schools which include PC education as optional
0% (0/4)



Tunisia



11,107,800

Population 2015

163,610

Surface area
(km²)

72.44

Population density, 2015

US\$3,872.50

Gross Domestic
Product per capita, 2015

1.22

Physicians
per 1000 inh., 2010

US\$785.32

Health expenditure
per capita, 2015

7.00

Health
expenditure total
(% of Gross), 2014

0.72

Human Development
Index, 2015

96

Human Development
Index Ranking, 2015

MILESTONES

1992

- > The first PC association was started by Prof. Ben Ayed Farhat and Prof. Henda Rais. (Atlas of Palliative Care in the Eastern Mediterranean Region, 2017)

2006

- > The Tunisian MOH included PC in the National Cancer Plan along with prevention, treatment, and research. (Atlas of Palliative Care in the Eastern Mediterranean Region, 2017)

2008

- > Opioid prescribing laws were changed, making pain medications much more accessible to patients. (Atlas of Palliative Care in the Eastern Mediterranean Region, 2017)

REFERENCES

Cleary J, Powell RA, Munene G, Mwangi-Powell FN, Luyirika E, Kiyange F, Merriman A, Scholten W, Radbruch L, Torode J, Cherny NI. Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Africa: a report from the Global Opioid Policy Initiative (GOPI). *Annals of Oncology*. 2013; 24 Suppl11:xi14-23.

NATIONAL ASSOCIATION OR INSTITUTION

Assosiation Tunisienne pour la Promotion des Soins Palliatifs
<http://www.palliatiftunisie.org/>

COMMENTS FROM KEY INFORMANTS

Services

- > There are public health structures that provide limited PC without specific skills and qualifications. There is a PC unit with eight beds. A PC pavilion (12 beds) was created in 2010 at the Salah Azaiez Institute of Cancer but was reverted to oncological activities. Community-based palliative medicine is in the process of development; about 50 general practitioners are trained and go to patients' homes with nurses.

Policies

- > Some PC recommendations are included in the policy for the Fight Against Cancer.

Education

- > N/A.

Medicines

- > Oral slow-release morphine is widely available but there is no oral form of immediate-release morphine.

Vitality

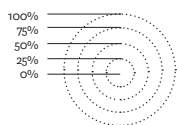
- > There is a national association for the promotion of the PC in the capital with an annex in the southeast (Gabes) which depends on the association and conducts training and support activities. The association has been supported by a Swedish NGO for its launch but is experiencing difficulties in continuity.

KEY INFORMANTS

Henda Rais, Professor in Medical Oncology and Palliative Care.
Chedly Azzouz, Association Tunisienne pour la Promotion des Soins Palliatifs (Tunisian Association for the Promotion of Palliative Care, ATSP).



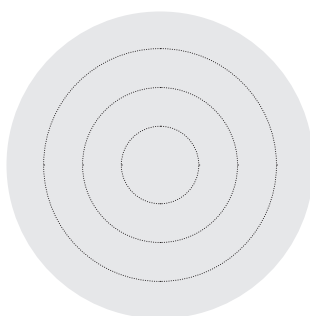
Tunisia



SERVICES



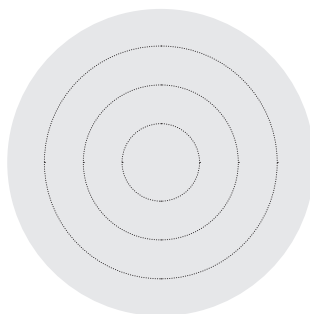
Number of hospices
or PC services



Number of hospices
or PC services with
paediatric-specific programmes
0/2 (0%)



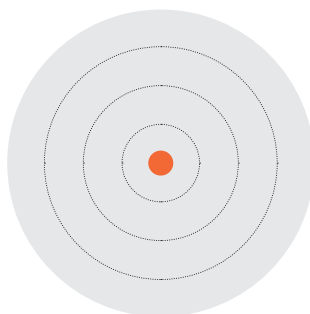
Number of home-based PC
services (offered by hospices)



Hospitals with inpatient
PC units
0% (0/258)



Number of PC patients cared for
in the last year (estimation)



Districts with at least
one PC service
8% (2/24)

POLICIES

Stand-alone national
PC plan/programme

YES NO

National cancer
plan/programme
with a section for PC

YES NO

National HIV
plan/programme
with a section for PC

YES NO

National PC
clinical guidelines

YES NO

Person/desk/unit
in the MOH with
PC responsibility

YES NO

Funding for PC in the
National Health budget

YES NO

MEDICINES

Availability of
immediate-release
oral morphine

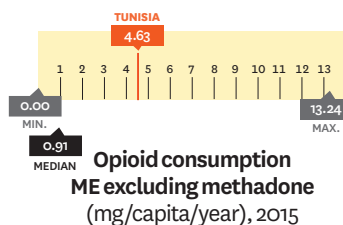
YES NO

Non-specialised
physicians
can prescribe
morphine

YES NO

Trained nurses
can prescribe
morphine

YES NO



VITALITY

Existence of a
national association
or equivalent for PC

YES NO

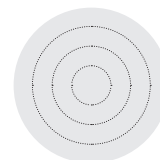
Existence of a periodic
national conference
for PC

YES NO

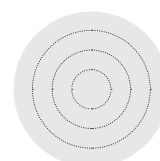
EDUCATION



Number of medical schools



Medical schools which include
PC education as mandatory
0% (0/4)

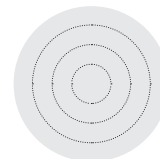


Medical schools which include
PC education as optional
0% (0/4)

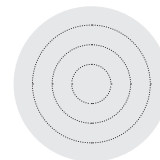
Certification for PC physicians



Number of nursing schools



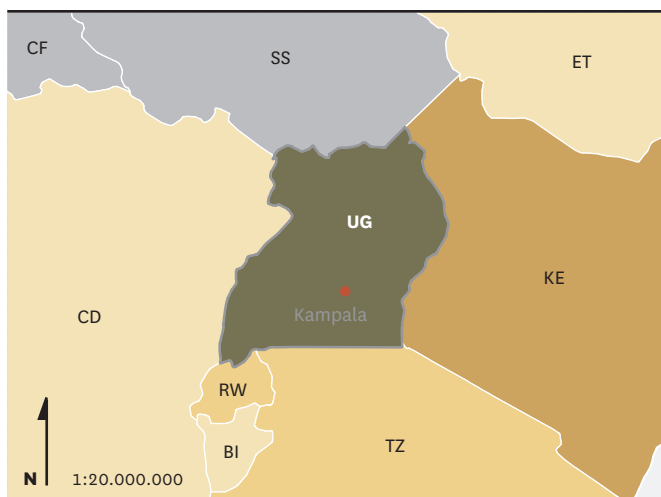
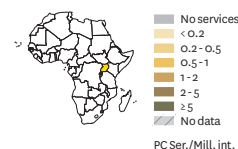
Nursing schools which include
PC education as mandatory
0% (0/11)



Nursing schools which include
PC education as optional
0% (0/11)



Uganda



39,032,383
Population 2015

241,550
Surface area
(km²)

194.66
Population density, 2015

US\$705.30
Gross Domestic
Product per capita, 2015

0.12
Physicians
per 1000 inh., 2010

US\$132.59
Health expenditure
per capita, 2015

7.22
Health
expenditure total
(% of Gross), 2014

0.48
Human Development
Index, 2015

163
Human Development
Index Ranking, 2015

MILESTONES

2004

> In Uganda, a statute in 2004 allow specially trained nurses and clinical officers to prescribe oral morphine to patients who need it. (Kiwanuka R, 2017)

2009

> A major step forward was the co-operation with Makerere University, which validated the Distance Learning Diploma in Palliative Medicine, the first African PC qualification. (Merriman A, 2010)

2016

> Uganda has developed a diploma in paediatric PC through Mildmay Uganda. (Downing J, et al., 2016)

REFERENCES

Jagwe J, Merriman A. Uganda: delivering analgesia in rural Africa: opioid availability and nurse prescribing. *Journal of Pain and Symptom Management.* 2007; 33(5):547-51.

Merriman A. Going the extra mile with the bare essentials: home care in Uganda. *Progress in Palliative Care.* 2010; 18(1): 18-22.

Nabudere H, Obuku E, Lamorde M. Advancing palliative care in the Uganda health system: an evidence-based policy brief. 2014; 30(6):521-5.

Downing J, Leng M, Grant L. Implementing a Palliative Care Nurse Leadership Fellowship Program in Uganda. *Oncology Nursing Forum.* 2016; 43(3):395-8.

NATIONAL ASSOCIATION OR INSTITUTION

Palliative Care Association of Uganda (PCAU)
<http://pcauganda.org/>

COMMENTS FROM KEY INFORMANTS

Services

> There are 216 hospitals providing hospital-based PC services and 13 stand-alone hospices. Hospital PC teams are available in regional referral hospitals. There are home-based care services that provide PC (eg. Kitovu Mobile Home Care, Kawempe Home Care). PC is integrated in the health care system, but some have strong PC while others are weak.

Policies

> National guidelines are finalized but are awaiting national endorsement. The MOH reserves 15 million Ugx for PC. The MOH also pays for morphine for all PC patients.

Education

> Training is included in the nursing curriculum across all schools. The challenge is lack of teachers. This year, one government nursing school will start a Diploma in PC. There is a Diploma accredited by National Education of Higher Learning offered by the Institute of Hospice and PC Africa and a Diploma and Degree affiliated with Makerere University.

Medicines

> Oral morphine is available in over 95 districts of Uganda. Uganda has a public-private partnership to ensure that liquid morphine is available to all patients. Morphine Slow Release (MST) tablets are available in specific pharmaceuticals but are expensive.

Vitality

> There are quarterly meetings at the national association as well as in its district branches. There is also a biennial PC conference. The next one will be in August 24-25, 2017.

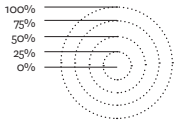
KEY INFORMANTS

Dr. Amandua Jacinto, Formerly Commissioner Clinical Services, Ministry of Health.

Rose Kiwanuka, Palliative Care Association of Uganda.



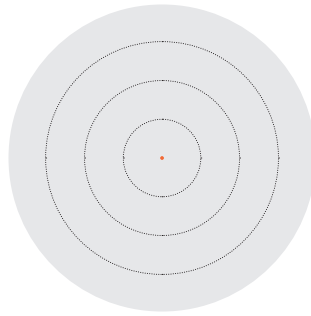
Uganda



SERVICES

229

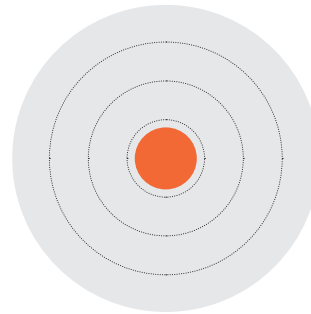
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes **2/229 (1%)**

13

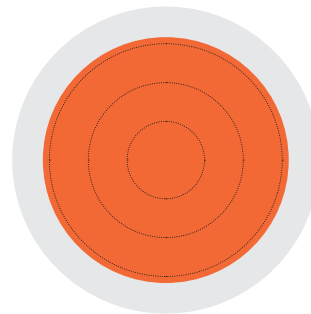
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units **20% (203/1000)**

N/A

Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service **80% (90/112)**

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

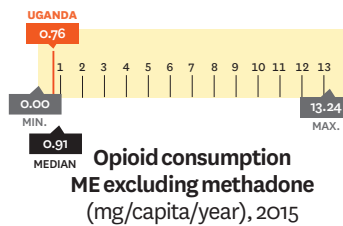
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

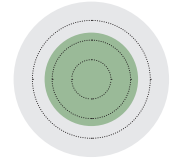
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

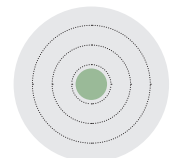
EDUCATION

5

Number of medical schools



Medical schools which include PC education as mandatory **60% (3/5)**



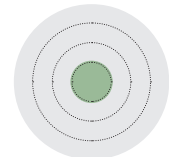
Medical schools which include PC education as optional **20% (1/5)**

Certification for PC physicians

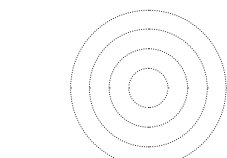
YES NO Diploma

73

Number of nursing schools



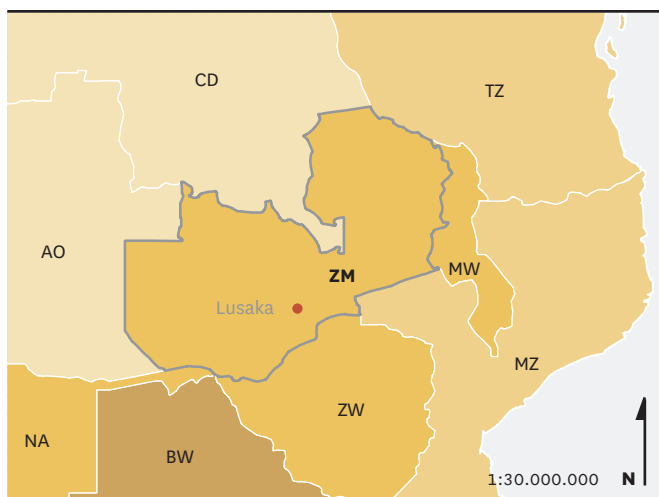
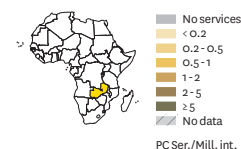
Nursing schools which include PC education as mandatory **27% (20/73)**



Nursing schools which include PC education as optional **N/A**



Zambia



16,211,767

Population 2015

752,610

Surface area
(km²)

21.81

Population density, 2015

US\$1,304.90

Gross Domestic
Product per capita, 2015

0.07

Physicians
per 1000 inh., 2010

US\$194.68

Health expenditure
per capita, 2015

4.99

Health
expenditure total
(% of Gross), 2014

0.59

Human Development
Index, 2015

139

Human Development
Index Ranking, 2015

MILESTONES

2006

> PC Association of Zambia (PCAZ) was founded. (Logie DE & Harding R, 2012)

2008

> The Diana, Princess of Wales Memorial Fund (DPWMF), recognising a change in policy in Zambia, established a 2-year small grants programme and planned to link it with the Pilot of Oral Morphine in Zambia's Hospices, a partnership between the MOH and the PCAZ, funded by The True Colours Trust. (Logie DE & Harding R, 2012)

REFERENCES

Logie DE, Harding R. An evaluation of a public health advocacy strategy to enhance palliative care provision in Zambia. *BMJ Supportive & Palliative Care*. 2012; 2(3):264-9.

NATIONAL ASSOCIATION OR INSTITUTION

Palliative Care Alliance Zambia (PCAZ)

<https://palliativecarealliancezambia.wordpress.com/>

COMMENTS FROM KEY INFORMANTS

Services

> The peak of the HIV/AIDS funding for PC was in 2008-2012. Since then, many PC services have closed due to lack of funding. There is only one paediatric-specific service at the University Teaching Hospital. There were four inpatient units for PC, but currently, only one is still running at a mission hospital.

Policies

> The main problem has been implementation of the plans. National guidelines were facilitated by the PC Alliance Zambia. PC was placed under Home Based Care focal point in the Directorate of Public Health. However, the national focal person is overworked, and greater collaboration with non-state actors is needed. Funding continues to be a challenge.

Education

> Pain management is not yet included in the curriculum. There is an accredited Continuous Professional Development Program at certificate level in PC accredited by the Health Professions Council of Zambia.

Medicines

> Oral Morphine suspension is available at secondary and tertiary institutions and a few primary care facilities though availability is erratic. Trained nurse prescribing is allowed under a task-shifting process.

Vitality

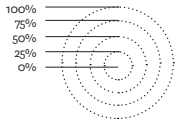
> The PC Alliance Zambia is largely dormant due to lack of funding to run an active Secretariat.

KEY INFORMANTS

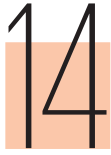
Dr. Fastone M. Goma, Palliative Care Alliance Zambia
Mukelabai Mukelabai, ACCHAP Management Centre.



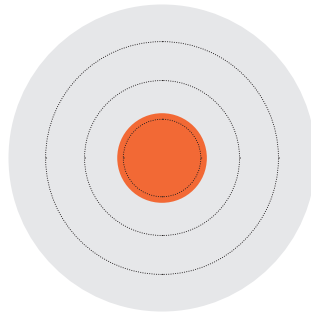
Zambia



SERVICES



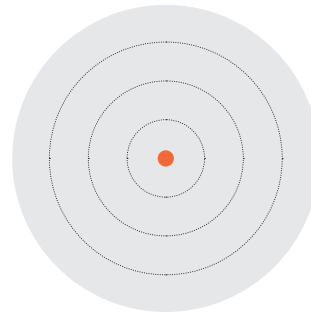
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
4/14 (29%)



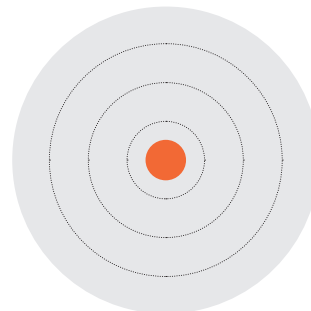
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
5% (4/84)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
13% (9/72)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

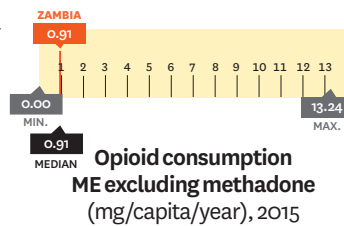
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

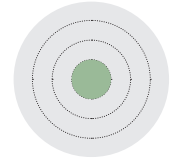
Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

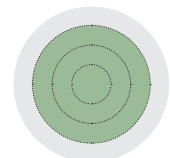
EDUCATION



Number of medical schools



Medical schools which include PC education as mandatory
25% (1/4)

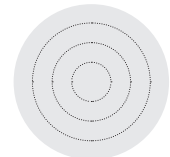


Medical schools which include PC education as optional
75% (3/4)

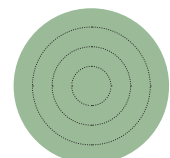
Certification for PC physicians



Number of nursing schools



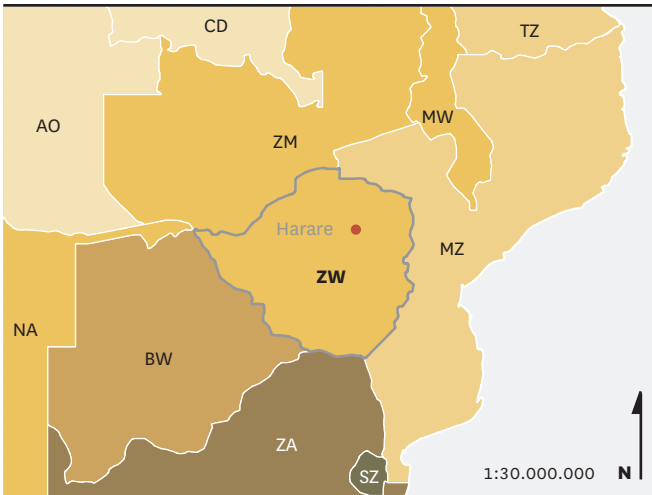
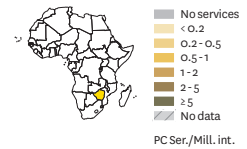
Nursing schools which include PC education as mandatory
0% (0/41)



Nursing schools which include PC education as optional
100% (41/41)



Zimbabwe



15,602,751
Population 2015

390,760
Surface area
(km²)

40.33
Population density, 2015

US\$924.10
Gross Domestic
Product per capita, 2015

0.07
Physicians
per 1000 inh., 2010

US\$114.61
Health expenditure
per capita, 2015

6.44
Health
expenditure total
(% of Gross), 2014

0.51
Human Development
Index, 2015

155
Human Development
Index Ranking, 2015

MILESTONES

1979

> First hospice service in Africa appeared in Zimbabwe: Island Hospice. (Clark D, et al., 2007)

2004

> The African PC Association held its first annual general meeting in Tanzania and elected a board with representatives, including one from Zimbabwe. (Clark D, et al., 2007)

2006

> The WHO was involved in a joint PC project for cancer and HIV/AIDS patients in Zimbabwe, and the Diana, Princess of Wales Memorial Fund has supported PC initiatives in Zimbabwe. (Clark D, et al., 2007)

REFERENCES

Clark D, Wright M, Hunt J, Lynch T. Hospice and palliative care development in Africa: a multi-method review of services and experiences. *Journal of Pain and Symptom Management*. 2007; 33(6):698-710.

NATIONAL ASSOCIATION OR INSTITUTION

Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)
www.hospaz.co.zw/

COMMENTS FROM KEY INFORMANTS

Services

> There are MOH and child care institutions that are providing PC through oncology departments and wards. There are five hospices. All hospices and PC organisations look after children and adults. An organization called Kidzcan is for children with cancer, and there are special wards dedicated for children at Parirenyatwa Tertiary Hospital. Island Hospice runs a PC clinic and sees children. Seke Rural Island also has a monthly paediatric PC clinic.

Policies

> A PC Strategy is underway. There are PC Standards. PC falls under NCDs with no specific desk. The current National Health Service includes PC.

Education

> Medical School in Harare gets PC but it is not examinable. Final year students are obligated to attend PC lectures but dedicated time is limited with about 12 hours allocated over three years. The main challenge is that there are few trainers. There is a National PC Curriculum and Training Manual, but it is not yet accredited. A Diploma in Oncology and PC is available for nurses.

Medicines

> There are stock-outs and erratic supply. Tablet morphine is available in the urban areas. There is reluctance to prepare liquid morphine as it is not profitable. Trained PC nurses in Island Hospice can start the patient on morphine then seek a prescription from the doctor. We are in the process of advocating for trained PC nurses to prescribe. Only doctors can initiate prescription of opioids. PC trained nurses can apply for authority to prescribe.

Vitality

> N/A.

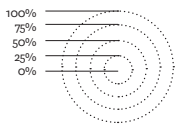
KEY INFORMANTS

Eunice Garanganga, Hospice and Palliative Care Association of Zimbabwe (HOSPAZ).

Beverly Sebastian, Island Hospice and Healthcare.



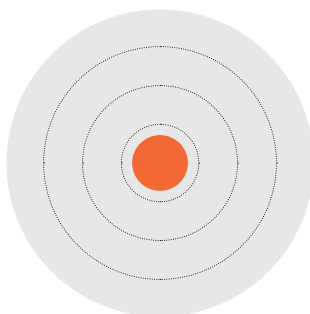
Zimbabwe



SERVICES



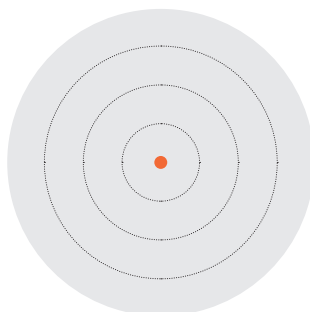
Number of hospices or PC services



Number of hospices or PC services with paediatric-specific programmes
2/11 (18%)



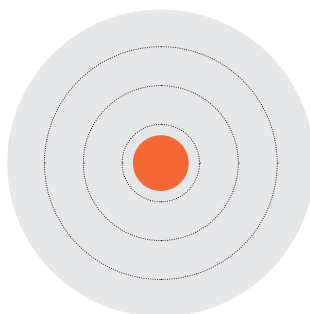
Number of home-based PC services (offered by hospices)



Hospitals with inpatient PC units
4% (5/131)



Number of PC patients cared for in the last year (estimation)



Districts with at least one PC service
18% (12/65)

POLICIES

Stand-alone national PC plan/programme YES NO

National cancer plan/programme with a section for PC YES NO

National HIV plan/programme with a section for PC YES NO

National PC clinical guidelines YES NO

Person/desk/unit in the MOH with PC responsibility YES NO

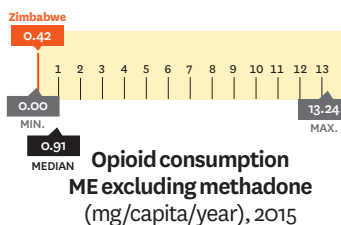
Funding for PC in the National Health budget YES NO

MEDICINES

Availability of immediate-release oral morphine YES NO

Non-specialised physicians can prescribe morphine YES NO

Trained nurses can prescribe morphine YES NO



VITALITY

Existence of a national association or equivalent for PC YES NO

Existence of a periodic national conference for PC YES NO

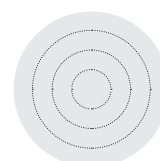
EDUCATION



Number of medical schools



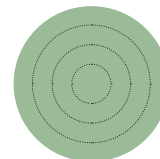
Medical schools which include PC education as mandatory
33% (1/3)



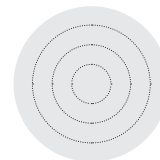
Medical schools which include PC education as optional
0% (0/3)



Number of nursing schools



Nursing schools which include PC education as mandatory
100% (24/24)



Nursing schools which include PC education as optional
0% (0/24)



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