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General data

POPULATION, 2023
36,684,202

PHYSICIANS/1000 INH, 2020-2022
0.25

NURSES/1000 INH, 2020-2022
1.27

LIFE EXPECTANCY, 2022
64.98

Socioeconomic data

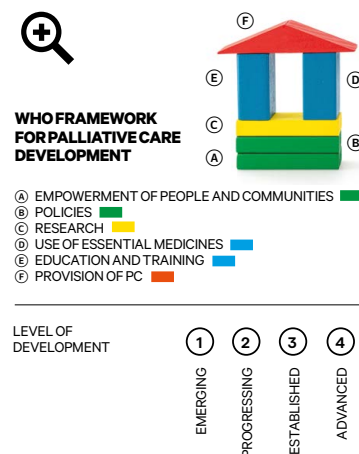
COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
146

GDP PER CAPITA (US\$), 2023
2,308.16

HEALTH EXPENDITURE, 2021
64.17

UNIVERSAL HEALTH COVERAGE, 2021
37



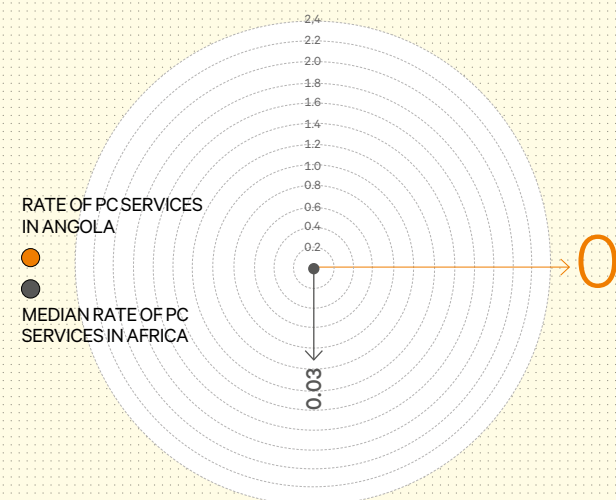
Angola

F Provision of PC (Specialised Services)

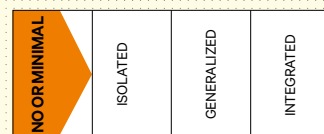
Total number of Specialised PC services **0**

Rate of PC services per 100,000 inhabitants **0**

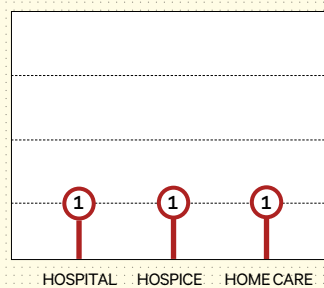
Angola in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**

TOTAL NUMBER **0**

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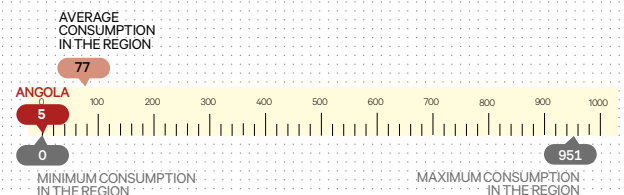
Angola

D Use of essential medicines

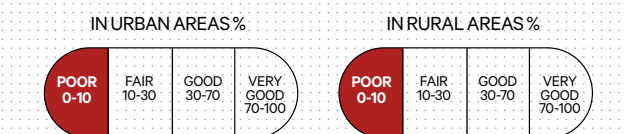
Opoids consumption (excluding methadone) **5**

S-DDD/MILL INHABITANTS/DAY

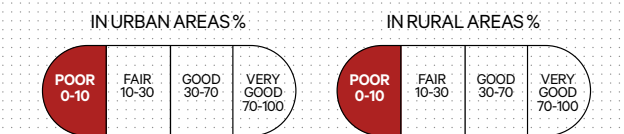
Angola in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles

1

Existence of PC congresses or scientific meetings

1



National Association: No
Consultants: Amália Teresa
Aurelio; Leonel Miguel Quiala.

Data collected: From December 2023 to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching **0/9**

Nursing schools with mandatory PC teaching **0/45**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **2**

Advanced care planning-related policies **1**

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<div>Ind1</div> <div>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</div>	<div><div><div></div><div>2</div><div></div><div></div></div><div>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</div></div>	<div>There is no national or regional palliative care association currently active in Angola. However, individual professionals have shown interest and commitment to advancing the field. Notably, Dr Leonel Quiala and Dr Amália Aurélio are among the pioneers actively engaged in efforts to promote the development of palliative care in the country.</div>
<div>Ind2</div> <div>Is there a national policy or guideline on advance directives or advance care planning?</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>There is no national policy or guideline on advance care planning.</div></div>	<div>There is no National Policies on Palliative Care nor guidelines related to Advance Care planning or living wills.</div>
<div>Ind3</div> <div><div>3.1. There is a current national PC plan, programme, policy, or strategy.</div><div>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</div></div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Do not know or does not exist.</div><div><div><div>1</div><div></div><div></div><div></div></div><div>Not known or does not exist neither standalone nor is included in another national plan.</div></div></div>	<div>There is no National Policies on Palliative Care.Despite the growing support from the Ministry of Health in research activities and projects in palliative care, the country does not have a concrete National Program/Plan/Strategy outlined, nor a mechanism for supervisors to evaluate progress with clear objectives.</div>

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<div>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Not known or does not exist.</div></div>	
<div>Ind4</div> <div>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Not at all.</div></div>	<div>Despite the growing interest and activities on the topic, there are no laws or decrees that include Palliative Care in the list of priority services for universal health coverage in the country.</div>
<div>Ind5</div> <div><div>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</div><div>5.2. The national authority has concrete functions, budget and staff.</div></div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>There is no coordinating entity.</div><div><div><div>1</div><div></div><div></div><div></div></div><div>Does not have concrete functions or resources (budget, staff, etc.).</div></div></div>	<div>While palliative care has received increasing attention, there is no national coordinating authority with adequate authority and resources within the Government or the Ministry of Health in Angola.</div>

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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	<div>While topics related to palliative care are occasionally addressed in congresses, conferences, or round-table discussions at local hospital centres, there are no national-level congresses or scientific meetings specifically dedicated to palliative care in Angola.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 1 peer-reviewed article on palliative care in Angola that met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div></div><div></div><div></div><div></div></div>	<div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div> <div><div><div></div><div>5</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>ANGOLA</div><div>5</div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div></div>

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<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>The National List of Essential Medicines (LNME) was approved in 2021 and must be reviewed at most every 3 years, under the responsibility of the Medicines and Technology Regulatory Agency. There are 21 medicines for palliative care included in the LNME, however only 6 are available in Health Posts, 8 in Health Centers and the rest can only be found in Hospitals. According to the Statistics Department of the Studies, Planning and Statistics Office (GEPE), in 2019, there were 2793 health units in Angola, of which 218 are hospitals. Thus, only 7.8% of health services in Angola have the essential medicines needed in palliative care available.</div>
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>According to decree n° 426/21, immediate-release oral morphine is on the list of essential medicines for hospital distribution (municipal and specialized) in the country. However, according to information from consultants, this form is not yet available in the country. The most used opioid in Angola is Tramadol. Intramuscular morphine is only available for hospital administration.</div>

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Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/9	 <p>Angola has nine medical schools and 45 nursing schools. None of these institutions include Palliative Care in their undergraduate curricula, either as a mandatory or elective subject. There are no specialisation programmes, and no trained faculty members are currently teaching Palliative Care. The subject has not yet been formally integrated into health professional education in the country.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/9	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/45	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/45	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>There is no process on specialization for palliative care physicians.</p>	Palliative Care is not recognized as a specialty in the country. Furthermore, there are no specialization programs in Palliative Care at any educational level in the country.

AF Angola

Ind13	<div>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</div> <div>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</div> <div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div> <div>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</div> <div>13.5. Total number of specialised PC services or teams in the country.</div>	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p> <div><div>1</div><div></div><div></div><div></div><div></div></div> <p>Not at all.</p> <div><div>1</div><div></div><div></div><div></div><div></div></div> <p>Not at all.</p> <div><div>1</div><div></div><div></div><div></div><div></div></div> <p>Not at all.</p>	<p>There are currently no established specialised palliative care services in Angola. Nonetheless, there is increasing interest in training healthcare professionals and developing future service provision. Some isolated palliative care activities have been reported in a few hospitals, including Josina Machel Hospital in Luanda, although no formal or structured services are in place.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>ANGOLA 0</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>0 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
Ind14	<div>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</div> <div>14.2. Number of pediatric specialised PC services or teams in the country.</div>	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <div><div>0</div></div> <p>PPC TEAMS</p>	