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General data

POPULATION, 2023
23,251,485

PHYSICIANS/1000 INH, 2020-2022
0.15

NURSES/1000 INH, 2020-2022
1.03

LIFE EXPECTANCY, 2022
61.47

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
186

GDP PER CAPITA (US\$), 2023
882.69

HEALTH EXPENDITURE, 2021
56.96

UNIVERSAL HEALTH COVERAGE, 2021
40



WHO FRAMEWORK
FOR PALLIATIVE CARE
DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF
DEVELOPMENT

① EMERGING
② PROGRESSING
③ ESTABLISHED
④ ADVANCED

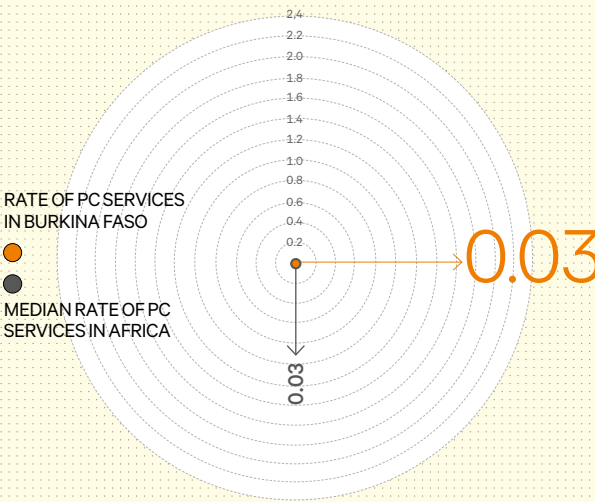
Burkina Faso

⑥ Provision of PC (Specialised Services)

Total number
of Specialised
PC services
6

Rate of PC services
per 100,000 inhabitants
0.03

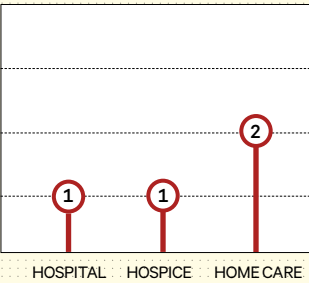
Burkina Faso in the context of African continent



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

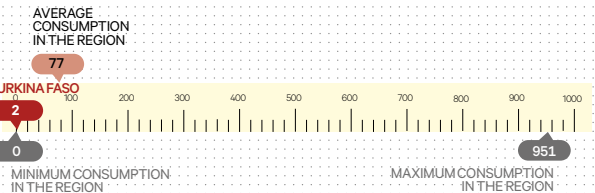
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④ Use of essential medicines

Opiods
consumption
(excluding
methadone)
2
S-DDD/MILL INHABITANTS/DAY

Burkina Faso 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



③ Research

PC-related
research articles

1

Existence of PC
congresses or scientific
meetings

1



National Association: No.
Consultants: Agustin Touzo-
la Bambara; Martin Lankoandé;
Somé Eric Nagaonlé; Some Olo
Roland.

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

⑤ Education & Training

Medical schools
with mandatory PC
teaching
1/4

Nursing schools
with mandatory PC
teaching
0/13

Recognition of PC specialty
1

② Policies

National PC plan
or strategy
3

Responsible authority
for PC in the Ministry of
Health
1

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

① Empowerment of people
and communities

Groups promoting
the rights of PC
patients
2

Advanced care
planning-related
policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	<div><div></div><div>2</div><div></div><div></div></div> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	In Burkina Faso, palliative care is supported by a limited number of recognised associations. Hospice Burkina conducts home visits and advocates for access to morphine, though it does not yet have a national reach. Other groups, including cancer associations and the Groupe de Recherche et d'Actions Sociales (GReAS), are active in Ouagadougou, Bobo Dioulasso, Koudougou, and Gaoua, and are contributing to the development of a national action plan for palliative care. Initiatives aimed at empowering patients, families, and communities remain limited. The African Palliative Care Association (APCA) collaborates with partners in Burkina Faso to improve access and support training and service development.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div></div> <p>There is no national policy or guideline on advance care planning.</p>	There is no national law, policy, or formal guidance on advance care planning in Burkina Faso. The Department of Quality of Care has integrated palliative care into its remit for primary care and prioritises training for health workers. Current efforts led by the Ministry of Health, with support from the World Health Organization, include the development of training modules in palliative care.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	<div><div></div><div></div><div>3</div><div></div></div> <p>Actualized in last 5 years, but not actively evaluated or audited.</p> <div><div></div><div></div><div>3</div><div></div></div> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	Burkina Faso does not have a standalone national palliative care policy or strategy. However, the National Cancer Control Strategy 2021–2025 recognises palliative care as an essential component of cancer management. The strategy outlines measures to address key challenges, including a shortage of trained personnel, absence of palliative care in medical curricula, limited access to essential medicines such as morphine, and insufficient infrastructure for consistent service provision across all levels of care. Planned actions include staff training, ensuring the availability of essential medicines, and developing standards and clinical protocols for palliative care delivery.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div></div><div>2</div><div></div><div></div></div> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
Ind4 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>1</div><div></div><div></div><div></div></div> <p>Not at all.</p>	Palliative care is not included in primary health care.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	<div><div>1</div><div></div><div></div><div></div></div> <p>There is no coordinating entity.</p> <div><div>1</div><div></div><div></div><div></div></div> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	There is no designated national coordinator for palliative care in Burkina Faso. Responsibilities related to this area fall under the Department for Quality of Care, which also oversees other health system components. There is no dedicated budget or personnel assigned to palliative care. Current efforts are supported through technical and financial partnerships for specific projects. Recent activities include the development of training modules and support for powdered morphine management, in collaboration with the World Health Organization.

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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>There are no national scientific congresses specifically dedicated to palliative care in Burkina Faso. A workshop on pain management, with the participation of the Ministry of Health and related stakeholders, was held to initiate the integration of palliative care into the national health system. Additionally, national congresses on conditions requiring palliative care, such as cancer, are organised. While these events do not formally include palliative care as a theme, some free communications have addressed case series or studies related to palliative care practices.</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, did not identify any peer-reviewed articles on palliative care in Burkina Faso that all 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>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>2</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div>	<div>COUNTRY VS REGION</div> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>BURKINA FASO</div><div>2</div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>951</div><div>MAXIMUM CONSUMPTION IN THE REGION</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>2</div><div></div><div></div><div></div></div> <div>Fair: Between 10% to 30%</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>Non-opioid analgesics and NSAIDs are available at primary health centres in Burkina Faso for both adults and children. Most medicines listed in the WHO Model List are present, including some paediatric formulations. Essential medicines are stocked at the national procurement agency, but frequent supply interruptions affect availability and accessibility. In rural areas, medicines are less commonly prescribed due to limited training among nursing staff.</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>Oral morphine is not available at the primary care level in Burkina Faso. Some health facilities have access to injectable morphine in 10 mg ampoules, though these formulations are more commonly found in private pharmacies. University and medical centres are the main locations where access to opioid analgesics is relatively more consistent.</div>

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Burkina Faso

<div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div></div>	<div>1/4</div> <div>0/4</div> <div>0/13</div> <div>0/13</div>	<div></div> <div>Burkina Faso has four medical universities, including one private institution. Prior to national curriculum harmonisation, only the private university had introduced palliative care teaching, offering modules in the 3rd, 4th, and 6th years. In Bobo Dioulasso, palliative care is included within the oncology course in the 4th year, with a total of four hours. In the universities of Ouagadougou and Ouahigouya, no palliative care course is currently offered. Although harmonised curricula allow palliative care to be introduced as a course component (ECUE), the national module has not yet been validated. In the 13 public nursing schools, palliative care is not taught as a standalone subject but is briefly addressed within oncology training, which comprises six hours.</div>
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div>	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no process on specialization for palliative care physicians.</div>	<div>A university diploma in pain and palliative care has been established at the University of Bobo-Dioulasso. Although launched in 2024, the programme has not yet begun. Outside this academic initiative, Médecins du Monde has organised periodic trainings over the past four years for district health workers. These one-week courses are certified and delivered by a team affiliated with Hospice Burkina, initially trained in Uganda. No other formal continuing education programmes in palliative care have been reported at the national level.</div>

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<div>Ind13</div> <div><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><div><div></div><div>2</div><div></div><div></div><div></div></div><div>Isolated provision: Exists but only in some geographic areas.</div></div> <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div> <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div> <div><div><div></div><div>2</div><div></div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div>	<div>In Burkina Faso, an estimated six community-based groups provide home-based palliative care to a population of over 23 million, representing approximately 0.03 services per 100,000 inhabitants. These include Hospice Burkina, which operates a mobile home care team; the association Vaincre le Cancer, which conducts patient home visits; and the Groupe de Recherche et d'Actions Sociales (GReAS), which organises home-based services in Ouagadougou, Koudougou (with Laafi La Boum), and Gaoua (with ASDS). Specialised palliative care teams have not been identified in hospitals or major health institutions. Outside of Ouagadougou, Bobo Dioulasso, and to some extent Koudougou and Gaoua, palliative care services remain largely unavailable.</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>MEDIAN RATE IN THE REGION</div><div>0.03</div></div><div><div>BURKINA FASO</div><div>0.03</div></div><div><div>0</div><div>MINIMUM RATE IN THE REGION</div></div><div><div>1.68</div><div>MAXIMUM RATE IN THE REGION</div></div><div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div> <div><div>6</div><div>← SPECIALISED PALLIATIVE CARE SERVICES</div></div>
<div>Ind14</div> <div><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><div><div>1</div><div></div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialized services or teams for children exists in country.</div></div> <div><div>0</div><div>PPC TEAMS</div></div>	<div>There are no specialized pediatric palliative care programs.</div>