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### General data

POPULATION, 2023  
**13,238,559**

PHYSICIANS/1000 INH, 2020-2022  
**0.07**

NURSES/1000 INH, 2020-2022  
**0.76**

LIFE EXPECTANCY, 2022  
**63.97**

### Socioeconomic data

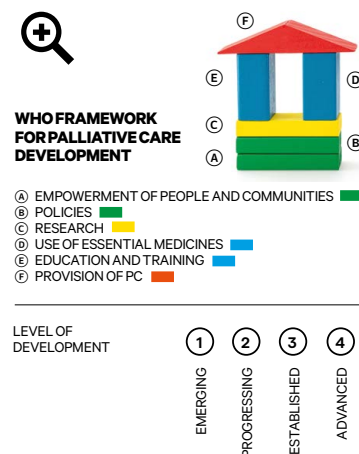
COUNTRY INCOME LEVEL, 2022  
**Low income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**187**

GDP PER CAPITA (US\$), 2023  
**193.01**

HEALTH EXPENDITURE, 2021  
**24.27**

UNIVERSAL HEALTH COVERAGE, 2021  
**41**



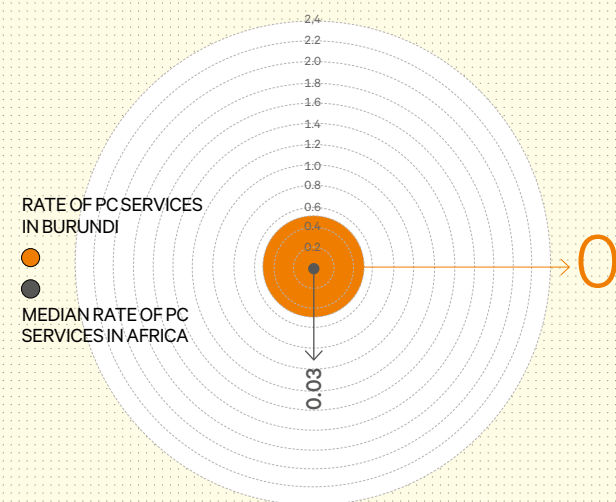
# Burundi

## F Provision of PC (Specialised Services)

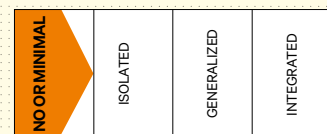
Total number of Specialised PC services **0**

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

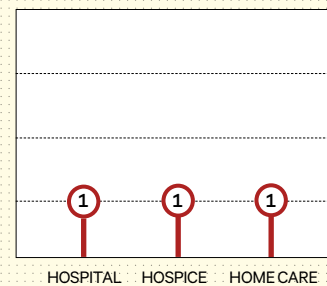
### Burundi in the context of African continent



### 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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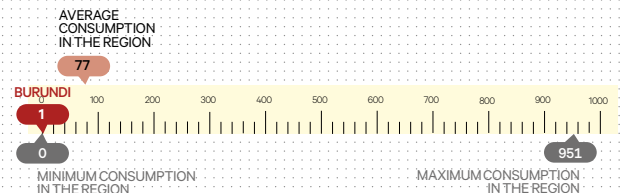
# Burundi

## D Use of essential medicines

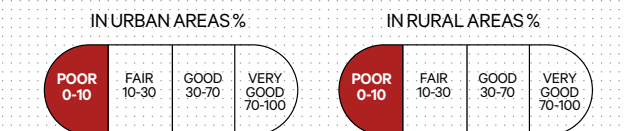
Opiods consumption (excluding methadone) **1**

S-DDD/MILL INHABITANTS/DAY

### Burundi 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:** Association Burundaise de Soins Palliatifs (ABSPA).

**Consultants:** Chamy Mikasa; Ciza Bonne; Confidential.

**Data collected:** From December 2023 to March 2024.

**Date validated by consultants:** Yes

**Endorsed by National PC Association:** Yes

**Edition:** Edited by Atlantes Research Team (University of Navarra, Spain).

## E Education & Training

Medical schools with mandatory PC teaching **0/3**

Nursing schools with mandatory PC teaching **0/5**

Recognition of PC specialty **1**

## B Policies

National PC plan or strategy **3**

Responsible authority for PC in the Ministry of Health **2**





Inclusion of PC in the basic health package at the primary care level **2**

## A Empowerment of people and communities





Groups promoting the rights of PC patients **4**

Advanced care planning-related policies **1**

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<b>Ind1</b>  Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	Burundi's palliative care landscape is evolving, with key actors emerging to support service provision and policy development. Association pour les Soins Palliatifs au Burundi (ASOPABU), founded in 2015, was the first national association dedicated to home-based care for people with life-limiting illnesses, though it is no longer active. Since 2023, the Association Burundaise de Soins Palliatifs (ABSPA) has become a leading force, uniting committed stakeholders and contributing decisively to the 2024–2028 National Cancer Control Strategic Plan, which now includes structured palliative care integration. Complementing these efforts, the AURA Foundation was recently established to deliver personalised care to older adults in need of support.
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	To date, there is no specific national policy or guideline regarding advance care planning or advance directives. All that is planned is mentioned generally in the National Cancer Control Plan, but without specific details on advance medical decisions.
<b>Ind3</b>  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.	 Actualized in last 5 years, but not actively evaluated or audited.   There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In Burundi, palliative care is not addressed through a dedicated national policy. However, it is included within broader health strategies. The Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2019–2023 identified palliative care as a priority across all levels of NCD management, with specific indicators for implementation and monitoring, although it did not include a standalone section on the topic. More recently, the National Strategic Plan for Cancer Control 2024–2028 further reinforced this inclusion by assigning palliative care a structured role. The plan outlines clear objectives and strategies to ensure coordinated and comprehensive care as part of the national cancer response.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators exist, but have not been updated (implemented out of the determined period).	
<b>Ind4</b>  PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.	Palliative care is not yet included in Burundi's Couverture Sanitaire Universelle (CSU), the national framework for Universal Health Coverage, which defines the essential health services to be delivered at the primary care level. In addition, the Loi n°1/012 du 30 mai 2018 portant Code de l'Offre des Soins et Services de Santé au Burundi does not mention palliative care in its provisions. Neither the CSU framework nor the national health law includes palliative care among the services defined for delivery at the primary healthcare level. However, discussions with stakeholders are underway to integrate palliative care in future CSU directions, and the World Bank has agreed to support this component under its 'Health Emergency' project for non-communicable diseases.
<b>Ind5</b>  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.	 The authority for palliative care is defined but only at political level without coordinating entity defined.   Does not have concrete functions or resources (budget, staff, etc.).	Within the National Integrated National Integrated Program for the Fight against Chronic Non-Communicable Diseases of the Ministry of Public Health and the Fight Against AIDS, the program director has designated an officer in recent years to work on and supervise palliative care activities, among other roles under his authority. This contact person had even worked during the palliative care training conducted in 2019 for selected healthcare providers at the main public hospitals in Bujumbura, the capital. The designated contact person does not have clearly defined roles and functions, including a budget.

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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 conferences, workshops, or meetings on palliative care. This only happened once in 2014, following our championship and our advocacy and lobbying efforts for the development of palliative care in Burundi. Since then, no other such event has taken place to date. However, as part of the palliative care development efforts, <b>Key Burundi's palliative care pioneers are striving and seriously committed to highlighting the palliative care situation in Burundi</b> through various media and efforts.</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 Burundi 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><div>1</div></div></div></div> <div>S-DDD PER MILLION INHAB /DAY</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>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>BURUNDI</div><div>1</div></div><div><div>0</div><div>1000</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>0</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></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>Burundi's Liste Nationale des Médicaments Essentiels (2022) includes a broad selection of medicines relevant to pain management and palliative care. These comprise paracetamol (oral, injectable, suppository), ibuprofen, acetylsalicylic acid, diclofenac, and tramadol, as well as stronger opioids such as morphine (injection and prolonged-release tablets) and fentanyl (injectable). Adjuvant medicines, including diazepam, dexamethasone, and ondansetron, are also listed. According to the classification by level of care, strong opioids are reserved for referral hospitals. <b>Minor analgesics are generally available in urban areas, while access remains limited in rural settings.</b> The essential medicines list defines a structured distribution policy, yet implementation varies across regions. Paediatric formulations are not included.</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>Immediate-release oral morphine is currently not available in Burundi. The 2022 National Essential Medicines List includes morphine, but only in injectable form. Liquid oral morphine is not available in the country, and morphine tablets are rarely imported, with a few pharmaceutical suppliers occasionally stocking them. According to national consultants, the proportion of patients with home access to oral morphine is extremely low, if not negligible. In practice, injectable morphine is used primarily in hospitals, with no structured system in place for outpatient or community-based access to oral formulations.</div>

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<div>Ind11</div> <div><div>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</div><div>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</div><div>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</div></div>	<div>0/3</div> <div>0/3</div> <div>0/5</div> <div>0/5</div>	<div></div> <div>There is no structured undergraduate curriculum on palliative care in Burundi. Among the three medical universities (one public and two private) and approximately five institutions offering paramedical training, none provides mandatory education in palliative care. Basic concepts may be covered informally within broader medical or nursing courses, but no dedicated module exists. A small number of health professionals—estimated at fewer than ten, including doctors and nurses—have received online training in palliative care through Hospice Africa Uganda.</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>There is currently no formal palliative care training programme in Burundi. A limited number of doctors and nurses have received certificate-level training abroad, notably at Hospice Africa Uganda and St Christopher's Hospice in the United Kingdom.</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 <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</div><div>13.2. Are available in <b>HOSPITALS</b> (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 <b>HOSPICES</b> (including hospices with inpatient beds).</div><div>13.4. <b>HOME CARE</b> 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>1</div><div></div><div></div><div></div><div></div></div> <div>No or minimal provision of palliative care specialized services or teams exist in the country.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not at all.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not at all.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not at all.</div>	<div>In Burundi, there are no specialised palliative care services. A limited form of care—mainly addressing physical symptoms—is provided by a small number of oncologists (around three) and nurses with general training. In Bujumbura and Gitega, some hospice-type facilities operated by religious congregations offer support to patients, but no specialised teams are in place. Care is usually provided by nurses or caregivers with general skills. A few home care teams are active, particularly in the capital, but they also lack specific training in palliative care. No hospital beds are designated for palliative care. However, over ten professionals (five doctors and five nurses) have completed a three-month online training and a two-week clinical placement at Hospice Africa Uganda (HAU). These professionals are currently members of the Burundi Palliative Care Association (ABSPA).</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div>MEDIAN RATE IN THE REGION</div><div>0.03</div><div>BURUNDI</div><div>0</div><div>MINIMUM RATE IN THE REGION</div><div>1.68</div><div>MAXIMUM RATE IN THE REGION</div></div><div><div>0</div><div>← SPECIALISED PALLIATIVE CARE SERVICES</div></div></div>
<div>Ind14</div> <div><div>14.1. There is a system of specialised PC services or teams for <b>children</b> 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>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>0</div><div>PPC TEAMS</div></div>	