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General data

POPULATION, 2023
28,647,293

PHYSICIANS/1000 INH, 2020-2022
0.14

NURSES/1000 INH, 2020-2022
0.65

LIFE EXPECTANCY, 2022
64.25

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
156

GDP PER CAPITA (US\$), 2023
1,736.86

HEALTH EXPENDITURE, 2021
63.79

UNIVERSAL HEALTH COVERAGE, 2021
44



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



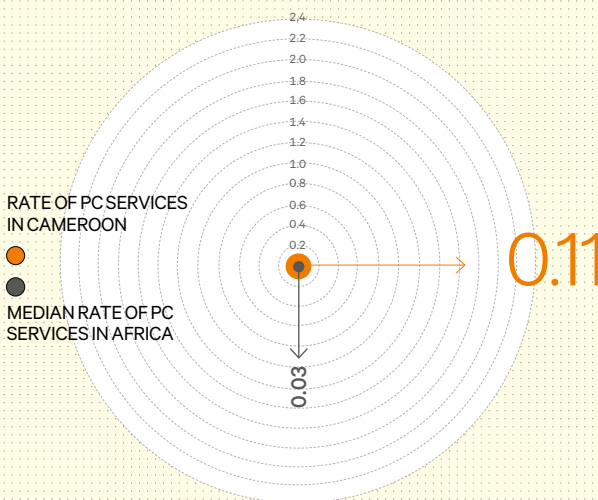
Cameroon

F Provision of PC (Specialised Services)

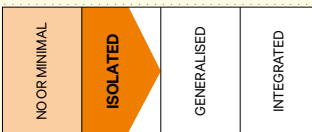
Total number of Specialised PC services
29

Rate of PC services per 100,000 inhabitants
0.11

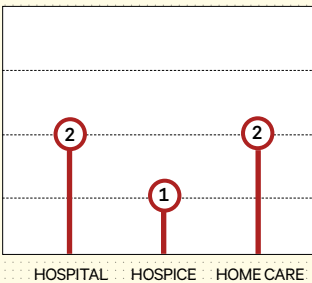
Cameroon in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2

TOTAL NUMBER
2

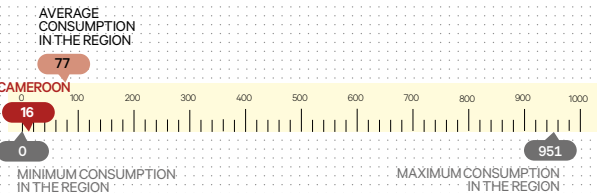
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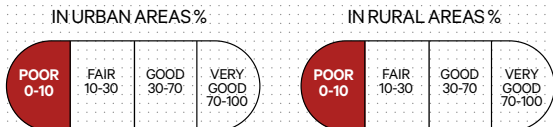
D Use of essential medicines

Opioids consumption (excluding methadone)
16
S-DDD/MILL INHABITANTS/DAY

Cameroon 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



Existence of PC congresses or scientific meetings



National Association: Hospice and Palliative Care Association of Cameroon (HPCAC).
Consultants: Esther Dina Bell; Isabel Fernández Escobar; Pablo Palombo Areoso; Paul Christian Tsotie Tikeng.

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

E Education & Training

Medical schools with mandatory PC teaching
1/7

Nursing schools with mandatory PC teaching
3/14

Recognition of PC specialty
3

B 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
3

A Empowerment of people and communities





Groups promoting the rights of PC patients
3

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. |  Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas. | Cameroon has a national association, the Hospice and Palliative Care Association of Cameroon (HPCAC), which resumed its activities in 2024 after a period of inactivity since 2017. In addition to HPCAC, several civil society organisations are involved in promoting palliative care and supporting patient rights. These include Volunteers for Palliative Care Cameroon (Douala), Soigner la Vie, Santo Domingo SEG, and Alternative Santé (Yaoundé), as well as the Integrated Development Foundation (Bamenda). Other initiatives, such as Palliatifs sans Frontières, San Martin Hospital, and the Bikop Centre, also provide local-level support for palliative care. |
| Ind2 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. | Cameroon does not have a national policy or guideline concerning advance directives related to life-sustaining treatment or end-of-life care. In current practice, major medical decisions are typically made by the head of the family or, in their absence, by the individual responsible for covering the cost of treatment. |
| 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. |  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. | Cameroon does not have a standalone national policy for palliative care. Palliative care is briefly mentioned in the Health Sector Strategy 2016–2027, under non-communicable disease management, with a general recommendation to develop a strategy for palliative care at all levels. It is also included in the National Strategic Plan for Cancer Prevention and Control 2020–2024, which led to the drafting of a National Palliative Care Development Plan in 2023. However, this draft has not yet been validated or officially published. |

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| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | |
| 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. |  Included in the essential list of services recognized by a government decree or law but not in the General Health Law. | On 1 July 2024, through correspondence No. D1-36/L/MINSANTE/SG/DOSTS/SDOS, the Minister of Health of Cameroon instructed the establishment of palliative care and pain management units in second-level health facilities. |
| 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. |  There is no coordinating entity.  Does not have concrete functions or resources (budget, staff, etc.). | Although the National Strategic Plan for Cancer Prevention and Control 2020–2024 outlines the creation of a national coordinating body for palliative care activities, no such authority has yet been formally established by ministerial decree. The National Cancer Control Committee currently supports palliative care initiatives, but no internal directive designates a specific person responsible for these activities within the committee. |

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| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> At least one national conference specifically dedicated to palliative care every 3 years. | Cameroon hosts a national scientific platform exclusively dedicated to palliative care: the Cameroonian Palliative Care Conference . Currently in its sixth edition, the event is organised by the Santo Domingo SEG association in collaboration with six civil society organisations. The Ministry of Public Health provides technical support through the National Cancer Control Committee. While conferences are not held on a fixed national schedule, at least one congress or palliative care event has been organised every two years, particularly in connection with World Hospice and Palliative Care Day. |
| Ind7 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><div>2</div><div></div><div></div></div> Reflects a limited number of articles published. | A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 6 peer-reviewed articles on palliative care in Cameroon that met the inclusion criteria for this indicator. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div></div></div> | <div><div><div></div></div><div>16</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>CAMEROON</div><div>16</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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Cameroon

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| Ind9 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. 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>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%. <div><div>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%. | Cameroon has 4,034 public and private health facilities across 189 health districts. In first- and second-level hospitals, most essential palliative care medicines are available, including psychotropics, antiemetics, corticosteroids, antidiarrhoeals, laxatives, antisecretory agents, anticholinergics, and step I and II analgesics. In regional and district hospitals (third and fourth level), only step I and II analgesics and a few essential medicines are available, with frequent stock disruptions. Lower-level facilities generally stock only basic medications such as aspirin, ibuprofen, paracetamol, and co-adjuvants like dexamethasone, diazepam, and metopimazine. Step II analgesics and ondansetron are limited to a few faith-based centres and major hospitals. |
| Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 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>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%. <div><div>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%. | A hospital-based study in the Littoral region found that only 8% of patients requiring morphine had access to it, leaving 92% without adequate pain relief. In rural areas, immediate-release oral morphine is almost entirely unavailable, except in a few faith-based centres. Since July 2024, a 5 mg/5 ml oral morphine solution has been produced at the Douala General Hospital, supported by the Association VOPACA, the American Cancer Society, and ADESPA. The initiative included the provision of 5 kg of morphine powder and the rehabilitation of a dedicated laboratory. However, in the absence of a national distribution system, patients must travel to Douala to access the medication. |

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Cameroon

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)

1/7



Among the seven medical faculties in Cameroon, only the Faculty of Medicine and Pharmaceutical Sciences at the University of Douala has integrated mandatory palliative care teaching, offered in the sixth year alongside oncology. Sporadic optional seminars on palliative care are also held at the universities of Douala and Yaoundé. In nursing education, three out of fourteen identified schools offer dedicated modules: the School of Health Sciences at the Catholic University of Central Africa (ESS-UCAC), the Virginia Henderson Foundation in Yaoundé, and the Protestant University. At the Adventist University Cosendai, nursing students receive 30 hours of palliative care instruction. These initiatives are mostly led by private or faith-based institutions, without formal integration in public schools. In most nursing schools, awareness-raising seminars are occasionally organised at the discretion of individual faculty members.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.

2/7

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).

3/14

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

10/14

Ind12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process for specialisation for palliative care physicians but exists other kinds of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

Since July 2021, the Faculty of Medicine and Pharmaceutical Sciences at the University of Douala has offered a university diploma in Pain Medicine and Palliative Care (Diplôme Universitaire de Médecine de la Douleur et Médecine Palliative – DUMDMP).

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Cameroon

Ind13

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.



Isolated provision: Exists but only in some geographic areas.

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.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

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.

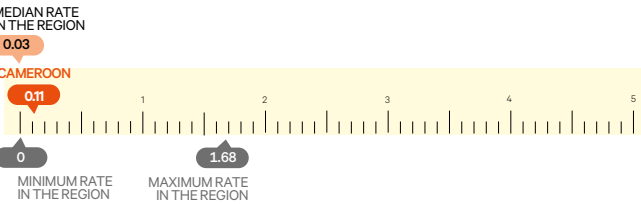


Ad hoc/ in some parts of the country.

13.5. Total number of specialised PC services or teams in the country.

Cameroon has 16 experienced palliative care teams: 6 based in public facilities, mostly in major cities; 7 in faith-based institutions, mainly in semi-rural areas—including 5 under the Cameroon Baptist Convention; and 3 led by civil society organisations. No standalone hospice exists. Of these teams, 11 provide home-based care services. Territorial coverage remains limited, with teams active in the Littoral, Centre, South-West, North-West, and West regions. **Four additional facilities are expected to begin palliative care services soon, as their staff are currently enrolled in the national diploma programme.**

RATE OF SPECIALISED PC SERVICES/100,000 INH



29

← SPECIALISED PALLIATIVE CARE SERVICES

Ind14

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.



Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.

14.2. Number of pediatric specialised PC services or teams in the country.

2

PPC TEAMS

There are two dedicated paediatric palliative care services in Cameroon: Alternative Santé and the Chantal Biya Foundation, both located in Yaoundé. In addition, the association Soigner la Vie leads small-scale projects focused on the follow-up and support of children living with sickle cell disease.