

AF



### General data

POPULATION, 2023  
**5,742,315**

PHYSICIANS/1000 INH, 2020-2022  
**0.03**

NURSES/1000 INH, 2020-2022  
**0.2**

LIFE EXPECTANCY, 2022  
**57.90**

### Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Low income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**188**

GDP PER CAPITA (US\$), 2023  
**495.98**

HEALTH EXPENDITURE, 2021  
**42.93**

UNIVERSAL HEALTH COVERAGE, 2021  
**32**



### 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

# Central African Republic

## F Provision of PC (Specialised Services)

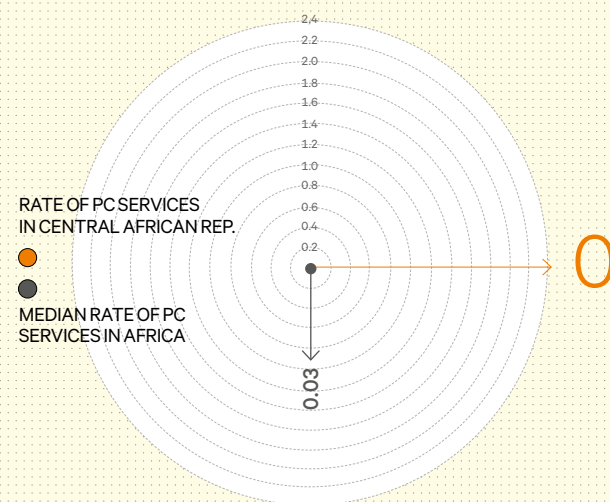
Total number of Specialised PC services

0

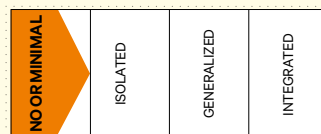
Rate of PC services per 100,000 inhabitants

0

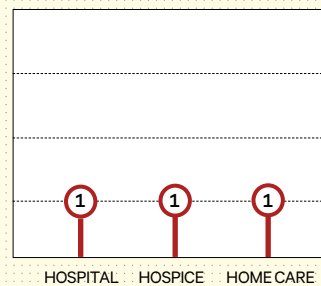
Central African Rep. in the context of African continent



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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## D Use of essential medicines

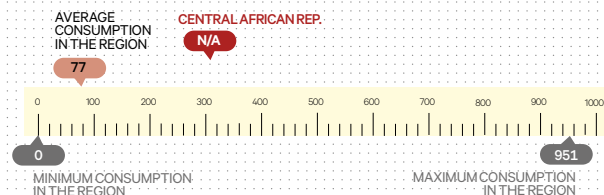


Opioids consumption (excluding methadone)

N/A

S-DDD/MILL INHABITANTS/DAY

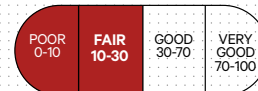
Central African Rep. in the context of African continent



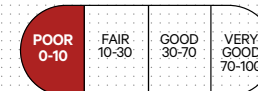
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

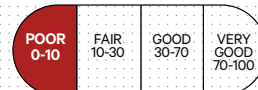


IN RURAL AREAS %

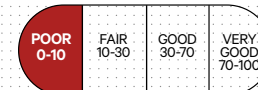


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



## C Research

PC-related research articles

1

Existence of PC congresses or scientific meetings

1



National Association: No.  
Consultants: Jess Eliokosh Kom-ba Palet.

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



0/1

Nursing schools with mandatory PC teaching



0/4

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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<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.	
<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.	No evidence found.
<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.	 Do not know or does not exist.   Not known or does not exist neither standalone nor is included in another national plan.	Palliative care is mentioned in general terms in two national documents in the Central African Republic: the National Health Development Plan 2022–2026 and the National Policy for the Prevention and Control of Non-Communicable Diseases (2014). In both, it is referenced as part of broader health service delivery components, alongside promotion, prevention, curative care, and rehabilitation. However, no specific national policy, strategy, or programme for palliative care with a defined implementation framework has been identified.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Do not know or does not exist.	
<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.	 Not at all.	No evidence found.
<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.	 There is no coordinating entity.   Does not have concrete functions or resources (budget, staff, etc.).	No evidence found.

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<b>Ind6</b> Existence of congresses or scientific meetings at the national level specifically related to PC.	 There are no national congresses or scientific meetings related to palliative care.	No evidence found.
<b>Ind7</b> 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.	 Indicates a minimal or non-existent number of articles published on the subject in that country.	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, did not identify any peer-reviewed articles on palliative care in the Central African Republic that fulfilled all inclusion criteria for this indicator. Nonetheless, two national articles published in 2020 and 2021 discuss paediatric cancer pain management and symptom control in advanced disease. While these do not meet the defined indicator standards, they address themes related to palliative care principles and were published in national academic contexts.
<b>Ind8</b> Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		No Data Reported for Central African Republic.

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<b>Ind9</b> 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.	 Fair: Between 10% to 30%.   Poor: Between 0% to 10%.	
<b>Ind10</b> 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).	 Poor: Between 0% to 10%.   Poor: Between 0% to 10%.	




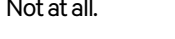



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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p>	<p>0/1</p> <p>0/1</p> <p>0/4</p> <p>0/4</p>	<p></p> <p>There is no mandatory or optional teaching in palliative care in undergraduate medical or nursing schools in the Central African Republic. No information was found indicating the presence of structured academic training on this topic at national institutions.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	<p>No evidence found.</p>

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<p><b>Ind13</b></p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Not at all.</p> <p> Not at all.</p> <p> Not at all.</p>	<p>There is no hospital-based team exclusively specialised in palliative care in the Central African Republic. However, within the cancer treatment unit, a dedicated palliative care room is available, and care is provided by the oncology team.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>CENTRAL AFRICAN REP. 0</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p> SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>There is no paediatrician formally specialised in palliative care in the Central African Republic. However, the paediatric oncologist currently working in the relevant service received palliative care training as part of their oncology education.</p>