COUNTRY REPORTS COUNTRY REPORTS



General data

PHYSICIANS/1000 INH, 2020-2022

Socioeconomic data

HUMAN DEVELOPMENT INDEX RANKING, 2023

COUNTRY INCOME LEVEL, 2022 Lower middle income

GDP PER CAPITA (US\$), 2023

HEALTH EXPENDITURE, 2021

UNIVERSAL HEALTH COVERAGE, 2021

EMPOWERMENT OF PEOPLE AND COMMUNITIES
POLICIES
CRESEARCH
USE OF ESSENTIAL MEDICINES
EDUCATION AND TRAINING
PROVISION OF PC

1 2 3 4

1,590.31

99.04

48

Q

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

NURSES/1000 INH, 2020-2022

LIFE EXPECTANCY, 2022

POPULATION, 2023 852,075

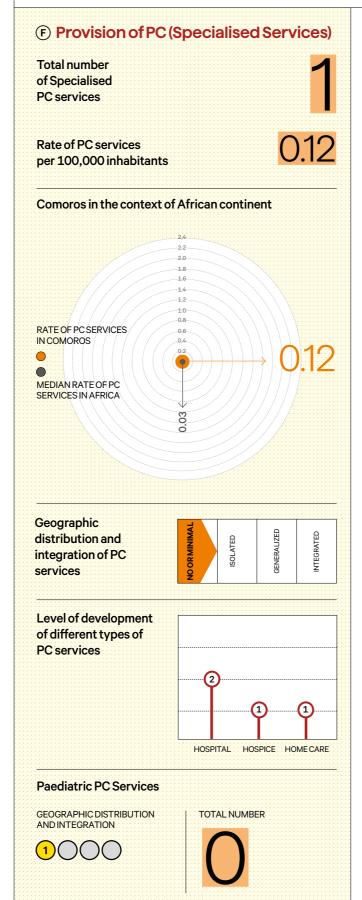
0.44

1.58

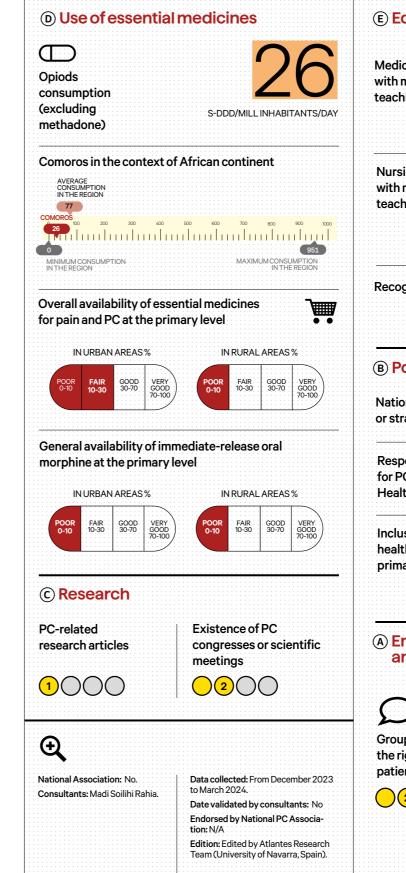
67.25

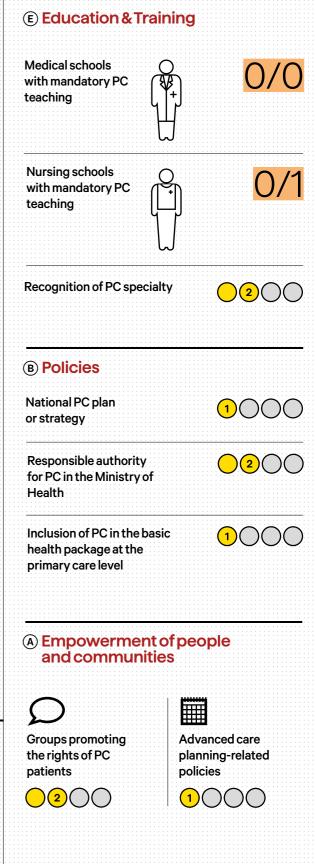
COMOROS





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Ind1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.



Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

Ind2

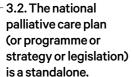
Is there a national policy or guideline on advance directives or advance care planning?



There is no national policy or guideline on advance care planning.

Ind3

3.1. There is a current national PC plan, programme, policy, or strategy.







Do not know or does not exist.

standalone nor is

national plan.

included in another

1000 Not known or does not exist neither

Few official national health documents from the Union of the Comoros are publicly available. Among those accessible, including the National Health Policy 2015–2024 and the National Health Financing Strategy for Universal Health Cov $erage\,2019\hbox{-}2030, none\,contain\,references\,to\,palliative\,care.\,No$ national plan, programme, or strategy specifically addressing palliative care has been identified to date.

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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.

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.



Not at all.

The most recent available document on public health legislation in Comoros is the Public Health Code of 1995. This law does not include any reference to palliative care. No decree or national framework currently identifies palliative care as part of the essential health services to be delivered at the primary care level or within the Universal Health Coverage package.

Ind5

- 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?



The authority for palliative care is defined but only at political level without coordinating entity defined.

5.2. The national authority has concrete functions, budget and staff.



There are concrete functions but do not have a budget or staff.

150

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Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

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.



Minimal or nonexistent number of articles published on the subject in that country.

 $A comprehensive scoping \, review \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, condu$ $ing\,publications\,from\,2017\,onward, did\,not\,identify\,any\,peer-re$ $viewed\,articles\,on\,palliative\,care\,in\,Comoros\,that\,all\,met\,the$ inclusion criteria for this indicator.

Ind8

Reported annual opioid consumption -excluding methadone-in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020-2022.



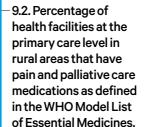
INHAB /DAY

COUNTRY VS REGION 77 <u> Լուսիստիստիստիստիստիստիստիալի </u> MINIMUM CONSUMPTION IN THE REGION MAXIMUM CONSUMPTION IN THE REGION

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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.





Fair: Between 10% to 30%.



Poor: Between 0% to 10%.

Ind 10

- 10.1. Percentage of health facilities at the primary care level in urban areas that have immediaterelease 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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Ind 11

- 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with OPTIONAL teaching in PC.
- 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with OPTIONAL teaching in PC.





There is only one nursing school in Comoros. Within its geriatrics module, palliative care is briefly addressed. No further information was found regarding the inclusion of palliative care in undergraduate medical or nursing curricula, whether compulsory or elective.



Ind 12

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





There is no process for specialization for palliative care physicians but exists other types of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities or insti-

tutions).



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Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPH-IC reach and is delivered through different service delivery platforms.
- 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.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- -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.
- 13.5. Total number of or teams in the country.



No or minimal provision of palliative care specialized services or teams exist in the country.



Progressing | Ad hoc/in some parts of the country.



Not at all.

(1)Not at all.

specialised PC services

RATE OF SPECIALISED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION 0.03

Tantandandandandandandandandand

← SPECIALISED PALLIATIVE

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



No or minimal provision of palliative care specialized services or teams for children exists in country.



PPC **TEAMS**