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General data

POPULATION, 2023
6,106,869

PHYSICIANS/1000 INH, 2020-2022
0.18

NURSES/1000 INH, 2020-2022
1.09

LIFE EXPECTANCY, 2022
62.23

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
138

GDP PER CAPITA (US\$), 2023
627.50

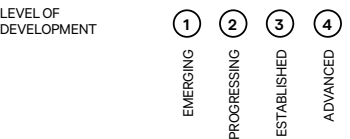
HEALTH EXPENDITURE, 2021
22.33

UNIVERSAL HEALTH COVERAGE, 2021
42



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



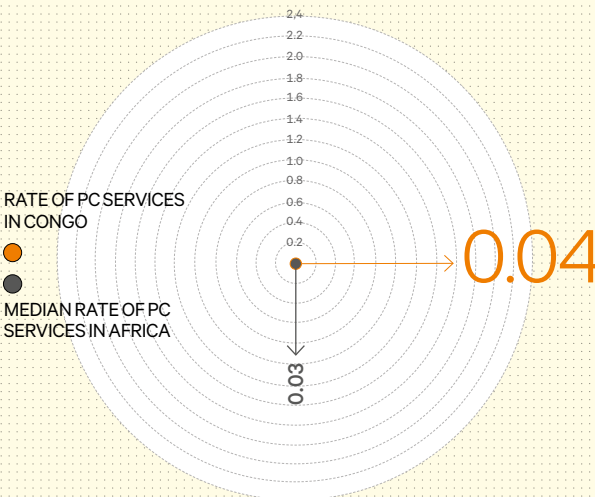
Congo

F Provision of PC (Specialised Services)

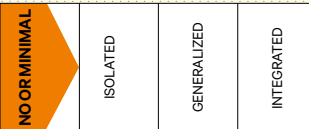
Total number of Specialised PC services
2

Rate of PC services per 100,000 inhabitants
0.04

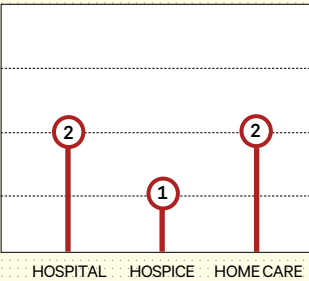
Congo in the context of African continent



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

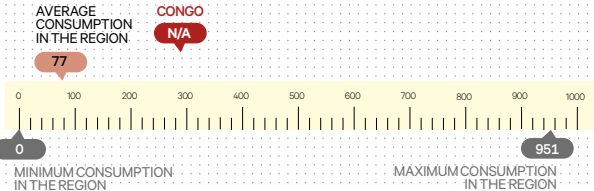
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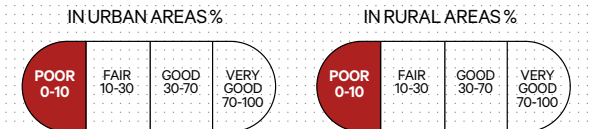
D Use of essential medicines

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

Congo 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

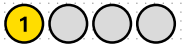


C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Association Congolaise des Soins Palliatifs (ACOSPA).
Consultants: Nsonde Malanda Judith.

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
1/1

Nursing schools with mandatory PC teaching
0/1

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
1

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

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.	 4 Advanced Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	The Association Congolaise des Soins Palliatifs (ACOSPA) is a non-profit humanitarian organization governed by the 1901 law and registered with the Ministries of the Interior and Health. Inspired by humanist principles, it is dedicated to the accompaniment and palliative care. Its activities include ongoing support for sick people and their loved ones, continuing education for its members, and advocacy for the promotion and popularization of palliative care and accompaniment.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 1 There is no national policy or guideline on advance care planning.	No evidence found.
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.	 3 Actualized in last 5 years, but not actively evaluated or audited.  3 There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is included in the Republic of Congo's National Strategic Plan to Combat Cancer 2022–2026, as part of, at least, three strategic indicators and activities. Its presence in the plan indicates that palliative care is formally addressed within national efforts to respond to cancer. The document was published by the Ministry of Health and Population in 2023 and is publicly available online.

AF Congo

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 2 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.	 1 Not at all.	Although no specific law or decree currently mandates the inclusion of palliative care in the official package of services at the primary care level, it is incorporated at the community level through the National Guidelines for Cancer Management in Health Districts. These guidelines include references to palliative care within the scope of district-level service delivery. At the time of reporting, the official validation of the document was scheduled for the first quarter of 2025.
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.	 2 The authority for palliative care is defined but only at political level without coordinating entity defined.  2 There are concrete functions but do not have a budget or staff.	

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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 con-gresses or sci-entific meetings related to pallia-tive care.</div>	<div>No evidence found.</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 nonex-istent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, cover-ing publications from 2017 onward, did not identify any peer-re-viewed articles on palliative care in Congo that met inclusion cri-teria for this indicator. Despite the absence of articles from the Republic of Congo that meet all the criteria defined by the indica-tor, isolated activities aimed at research into palliative care can be observed. These include the publication of a doctoral thesis in medicine in 2018, demonstrating an emerging interest in this field in the country.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div>No Data Reported for Congo.</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>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>	







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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p>	<p>1/1</p> <p>0/1</p> <p>0/1</p> <p>0/1</p>	<p></p> <p>A three-hour palliative care course is integrated into the undergraduate curriculum at the Faculty of Health Sciences at Marien Ngouabi University. Aside from this initiative, no structured palliative care training program currently exists in undergraduate programs at other institutions in the country.</p>
<p>Ind12</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>There is currently no official specialization in palliative medicine for physicians in the Republic of Congo. However, a University Diploma (DU) in palliative medicine is currently being drafted.</p>

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Congo

<p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p></p> <p>Progressing Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>The 'ALOHA CONGO' Health and Support Center, managed by the Congolese Association 'Accompagner' (A.C.A.), has 15 inpatient beds and operates 24/7. A multidisciplinary team ensures continuity of daily care, providing comprehensive and ongoing support.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>CONGO 0.04</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>2 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	