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Dem. Rep. of the Congo

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General data

POPULATION, 2023  
**102,262,808**

PHYSICIANS/1000 INH, 2020-2022  
**0.19**

NURSES/1000 INH, 2020-2022  
**1.19**

LIFE EXPECTANCY, 2022  
**62.28**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**172**

GDP PER CAPITA (US\$), 2023  
**2,530.85**

HEALTH EXPENDITURE, 2021  
**81.87**

UNIVERSAL HEALTH COVERAGE, 2021  
**43**



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

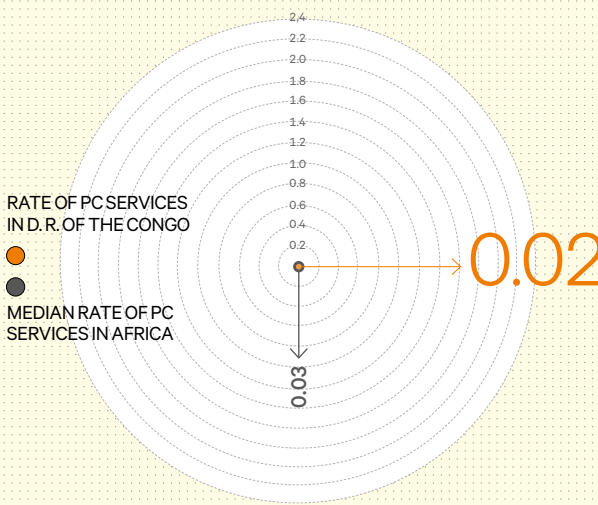


⑥ Provision of PC (Specialised Services)

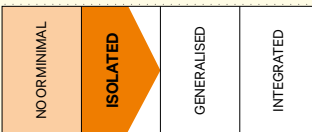
Total number of Specialised PC services  
**15**

Rate of PC services per 100,000 inhabitants  
**0.02**

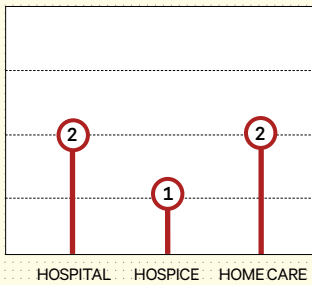
D. R. Congo in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

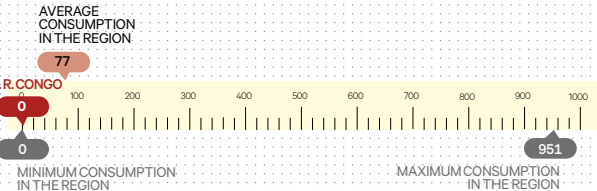
GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**0**

④ Use of essential medicines

Opiods consumption (excluding methadone)  
**0**  
S-DDD/MILL INHABITANTS/DAY

D. R. Congo in the context of African continent



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

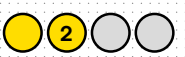


General availability of immediate-release oral morphine at the primary level



③ Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Association Nationale Congolaise des Soins Palliatifs (ANCSP ASBL).  
Consultants: -

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).

⑤ Education & Training

Medical schools with mandatory PC teaching  
**1/26**

Nursing schools with mandatory PC teaching  
**9/105**

Recognition of PC specialty  
**1**

② Policies

National PC plan or strategy  
**2**

Responsible authority for PC in the Ministry of Health  
**3**

Inclusion of PC in the basic health package at the primary care level  
**4**

① Empowerment of people and communities

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

Advanced care planning-related policies  
**2**

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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.	<div><div></div><div></div><div></div><div>4</div></div> <div>Advanced   Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</div>	In the Dem. Rep. of the Congo, several groups are actively engaged in promoting and delivering PC. Early efforts began in the 2000s with community-based volunteer services from organisations such as AMO CONGO, the Magnificat Congregation, and the Missionaries of Charity in Kinshasa. Since 2021, the National Association for Palliative Care (ANCSP) has become a key coordinating body, bringing together nearly 1,000 members and over 70 NGOs and health structures in Kinshasa and 17 other provinces. ANCSP organises regular in-person and virtual training with contributions from Belgian, Ugandan, and Congolese experts, and in 2024 hosted a national symposium supported by the Ministry of Health, WHO, and academic institutions. Other actors include Pallia Familli, Pallia Lisungi, Pallia Grain de Seneve, Pallia Sans Frontière, and Monkole's Coordination of Primary Care.
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	<div><div></div><div>2</div><div></div><div></div></div> <div>There is/are a national policies or guidelines on surrogate decision-makers.</div>	Article 15 protects the patient's freedom to choose practitioners, except in emergencies. Article 18 affirms the right to receive care with dignity, preferably in one's usual environment. Article 19 ensures relief, comfort, and the presence of loved ones at the end of life. Article 25 requires professionals to provide information on treatments and risks for informed decisions. Article 26 introduces advance directives and the appointment of a representative. Despite formal promulgation, the statute is scarcely circulated, lacks enforcement structures, and offers no monitoring tools within health facilities and relevant professional regulatory bodies nationwide.
<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.	<div><div></div><div>2</div><div></div><div></div></div> <div>Developed over 5 years ago.</div> <div><div></div><div></div><div>3</div><div></div></div> <div>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</div>	There is currently no dedicated national policy, programme, or strategic plan for palliative care in the Democratic Republic of the Congo. However, the 2016 National Strategic Plan for Non-Communicable Diseases includes a dedicated section on palliative care within the broader framework of chronic disease management, including cancer and other NCDs. Nonetheless, it does not function as an independent policy and lacks clearly defined objectives, allocated resources, and operational monitoring and evaluation mechanisms. Similar gaps are observed in other national programmes, such as the HIV/AIDS Control Programme (PNLS), the Reproductive Health Programme (PNSR), and the National Cancer Control Centre (CNLC). At present, the Technical Working Group on Palliative Care (GTDSP), established within the Ministry of Health in partnership with the Congolese National Palliative Care Association (ANCSP), is actively engaged in the development of a dedicated national palliative care policy.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div>1</div><div></div><div></div><div></div></div> <div>Not known or does not exist.</div>	
<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.	<div><div></div><div></div><div></div><div>4</div></div> <div>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</div>	Law No. 18/035 of 13 December 2018 explicitly includes palliative care as part of the national health system. Article 12 states that palliative care is one of the core missions of public health services, alongside curative, preventive, and promotional care. This provision was reinforced by Ordinance-Law No. 23/006 of 3 March 2023, which establishes the fundamental principles of public health organisation. Chapter 6, dedicated to the Universal Health Coverage (UHC) service package, includes Article 43 bis, which specifies that basic health services under UHC must include palliative care. These legal instruments confirm palliative care as an essential component of the national strategy towards UHC. However, implementation remains at an early stage, and practical integration of palliative care into service delivery is still limited.
<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.	<div><div></div><div></div><div>3</div><div></div></div> <div>The authority for palliative care is defined but only at political level without coordinating entity defined.</div> <div><div></div><div>2</div><div></div><div></div></div> <div>There are concrete functions but do not have a budget or staff.</div>	A national coordinating authority for palliative care exists within the General Secretariat of the Ministry of Public Health, Hygiene and Social Welfare. This body, the Technical Working Group for the Development of Palliative Care (GTDSP), is responsible for coordinating palliative care efforts across the country. Its mandate includes service development, training and capacity building, advocacy and awareness, and international representation. The GTDSP works closely with the Directorate of Primary Health Care (DSSP) within the Ministry, as well as with key national institutions such as the Congolese National Palliative Care Association (ANCSP), the National Cancer Control Centre (CNLC), and the Congolese Pharmaceutical Regulatory Authority (ACOREP). Despite its strategic role, the GTDSP currently operates without a dedicated budget, which limits its capacity to fully implement and scale up its coordination and technical support functions nationwide.

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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><div></div><div></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every 3 years.</div>	<div>Since 2013, national palliative care congresses have been regularly organised in the Democratic Republic of the Congo by the NGO Palliafamilli, in collaboration with the Ministry of Health and the Higher Institute of Medical Techniques (ISTM) in Kinshasa. Four congresses were held in 2013, 2015, 2019, and 2022, along with a training seminar in 2018. More recently, ANCSP held a national symposium in September 2024 in Kinshasa, with support from the Belgian Embassy, WHO, CNLC, INSP, and other national partners. ANCSP also organised two scientific conferences in 2024—at the University of Kisangani and the University of Lubumbashi—in partnership with the Kinshasa School of Public Health and local faculties of medicine. Additional academic meetings were held in Kikwit, Kolwezi, and Matadi, further strengthening national dialogue and collaboration in palliative care education, research, and practice.</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><div></div><div>2</div><div></div><div></div></div></div> <div>Reflects a limited number of articles published.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified four peer-reviewed articles on palliative care in Democratic Republic of Congo that 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><div></div><div></div></div></div>	<div><div><div><div><div></div><div></div></div><div></div></div><div>S-DDD PER MILLION INHAB /DAY</div></div><div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>D.R. CONGO</div><div>0</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></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><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div> <div><div><div></div><div>1</div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>The 2020 National Essential Medicines List includes 12 palliative care medicines. However, their distribution remains fragmented, particularly in remote areas. According to the 2017–2018 Service Provision Assessment, availability of basic analgesics is low in public health facilities, with diclofenac found in 41% and paracetamol in 30% of facilities—rates that are even lower in rural settings. The National Health Development Plan (2019–2022) attributes these shortcomings to weak pharmaceutical management and limited logistical capacity. The central procurement agency (FEDECAME) faces operational and financial challenges. In response, private pharmacies help fill supply gaps, though cost remains a barrier for vulnerable populations.</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><div></div><div>1</div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div><div></div><div>1</div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>Although oral morphine is included in the 2020 National Essential Medicines List for use at the primary care level, its availability remains limited. A 2021 study across five provinces reported inadequate training in pain management, frequent stockouts in hospital pharmacies, and lack of provincial-level opioid monitoring. Hospitals rely on licensed private suppliers in urban areas and regional depots in rural zones, but patients often must purchase morphine themselves, restricting access for the most vulnerable. In addition, strict legal and regulatory controls apply to morphine in the DRC. The Congolese Pharmaceutical Regulatory Authority (ACOREP) oversees the importation, production, storage, prescription, and use of opioids through its Narcotics Division, in alignment with national and international standards. The national association has created a distribution network for oral morphine syrup produced by LAPHAKI, reaching provinces via member NGOs. A local production unit is under discussion. In 2024, oral morphine represented only 1.09% of total morphine imports.</div>



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Ind11	11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)	1/26	 <p>Although the 2022 Licence-Master-Doctorate (LMD) reform madates PC training mandatory in certain health-related programmes, its implementation remains limited in the Democrat-ic Rep. of the Congo. The University of Kinshasa offers a 15-hour module for medical students. In the nursing sector, the Higher Institute of Nursing Sciences of Monkole introduced a com-pulsory 16-hour module for final-year students, supported by Paliativos Sin Fronteras. The Higher Institute of Medical Tech-nologies (ISTM) in Kinshasa offers optional 40-hour seminars in collaboration with Pallia Familli. Theoretically, all ISTMs are required to introduce palliative care in Year 2, according to the official LMD framework. According to ANCSP, at least nine ISTMs across various provinces have done so. However, curricula remain non-standardised, and teaching staff are not always trained in palliative care. As such, the actual number of nursing schools delivering structured palliative care education remains uncertain.</p>
	11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.	0/26	
	11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).	9/105	
	11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.	NA/105	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	 <p>There is no process on specialization for palliative care phy-sicians.</p>	<p>No formal specialisation in palliative medicine currently exists in the Democratic Republic of the Congo. However, capacity-building initiatives are available through seminars and online courses, often accompanied by participation certificates. The Protestant University in Congo, based in Kinshasa, offers palliative care seminars for doctors specialising in Family and Primary Care Medicine. In addition, Médecins Sans Frontières (PSF) supported training sessions for the national palliative care association in 2021 and 2022, distributing over 200 printed copies and more than 1,000 digital copies of the Palliative Care Guide in French.</p>

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Ind13	13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPH-IC</b> reach and is delivered through different ser-vice delivery platforms.	 <p>Isolated provision: Exists but only in some geographic areas.</p>	<p>In the Democratic Republic of the Congo, 15 specialised pallia-tive care services have been identified, corresponding to a ratio of 0.02 per 100,000 inhabitants. Most services are concentrated in Kinshasa and operate as mobile units within public hospi-tals, including the University Clinics of Kinshasa and other major hospitals. Additional services are present in provincial hospi-tals in Lubumbashi, Matadi, Aru, Kisangani, and Panzi (South Kivu). Palliative care units also exist in several private facilities in Kinshasa. Home-based palliative care is provided by various NGOs, including Pallia Familli, Magnificat, and others, reach-ing multiple areas of the country. While no stand-alone hospices have been reported, some facilities integrate inpatient services. These teams operate in a context of limited public awareness, no dedicated funding, and training that remains largely theoretical. Capacity-building efforts are ongoing, including collaboration with Hospice Africa Uganda and the national association ANCSP, which coordinates and supports service development and insti-tutional engagement across the country.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>15 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
	13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospi-tal PC teams (consulta-tion teams), and PC units (with beds), to name a few examples.	 <p>Progressing. Ad hoc/ in some parts of the country.</p>	
	13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).	 <p>Not at all.</p>	
	13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the pri-mary Healthcare level), as independent services or linked with hospitals or hospices.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.5. Total number of specialised PC services or teams in the country.		
Ind14	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>No or minimal pro- vision of palliative care specialized services or teams for children exists in country.</p>	
	14.2. Number of pediatric specialised PC services or teams in the country.	 <p>PPC TEAMS</p>	