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General data

POPULATION, 2023
1,714,671

PHYSICIANS/1000 INH, 2020-2022
0.15

NURSES/1000 INH, 2020-2022
0.84

LIFE EXPECTANCY, 2022
64.10

Socioeconomic data

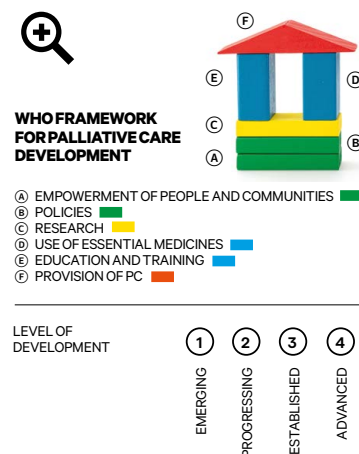
COUNTRY INCOME LEVEL, 2022
Upper middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
132

GDP PER CAPITA (US\$), 2023
6,677.79

HEALTH EXPENDITURE, 2021
255.57

UNIVERSAL HEALTH COVERAGE, 2021
46



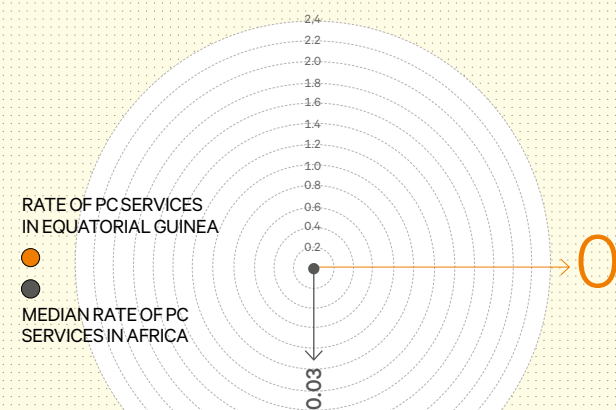
Equatorial Guinea

F Provision of PC (Specialised Services)

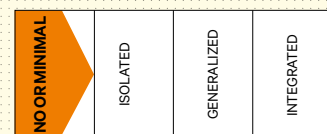
Total number of Specialised PC services **0**

Rate of PC services per 100,000 inhabitants **0**

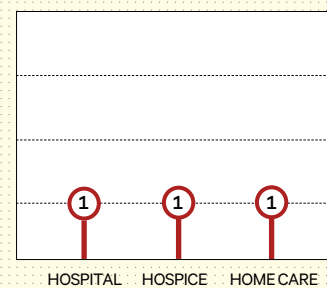
Equatorial Guinea in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services

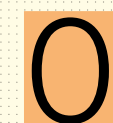


Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER



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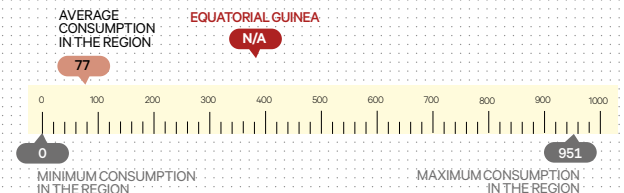
Equatorial Guinea

D Use of essential medicines

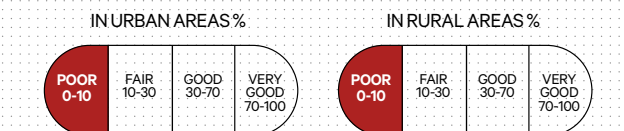
Opioids consumption (excluding methadone) **N/A**

S-DDD/MILL INHABITANTS/DAY

Equatorial Guinea 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: No.

Consultants: Luis Nguema Ela Oyana; Yolanda Aixelà-Cabrè; Confidential.

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 **0/2**

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 **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 **1**

Advanced care planning-related policies **1**

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Equatorial Guinea

Policies


<div>Ind1</div> <div>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Only isolated activity can be detected.</div>	<div>In Equatorial Guinea, there are no known patient or caregiver associations specifically dedicated to promoting the rights of those in need of palliative care. Until 2019, Doctors Without Borders (MSF) supported the development of paediatric palliative care in the country. However, after the conclusion of the project, no local structures were established to continue these activities, and no formal advocacy groups have since emerged in this area.</div>
<div>Ind2</div> <div>Is there a national policy or guideline on advance directives or advance care planning?</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There is no national policy or guideline on advance care planning.</div>	
<div>Ind3</div> <div>3.1. There is a current national PC plan, programme, policy, or strategy.</div> <div>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</div>	<div><div></div><div></div><div>3</div><div></div></div> <div>Actualized in last 5 years, but not actively evaluated or audited.</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>	<div>The Republic of Equatorial Guinea does not have a standalone national palliative care policy. However, the National Health Development Plan (PNDS) 2021–2025 includes references to palliative care within its strategic framework for strengthening primary healthcare services. The plan explicitly mentions palliative care as part of the essential health service package aimed at achieving Universal Health Coverage. It also identifies the need to strengthen human resources and integrate services that support the wellbeing of individuals across all life stages. Although no separate palliative care policy has been enacted, this inclusion in the PNDS reflects initial government planning efforts toward recognising palliative care as a component of the national health system.</div>

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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>	
<div>Ind4</div> <div>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>1</div><div></div><div></div><div></div></div> <div>Not at all.</div>	<div>In Equatorial Guinea, palliative care is not included in the package of priority primary care services nor mentioned in health laws.</div>
<div>Ind5</div> <div>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</div> <div>5.2. The national authority has concrete functions, budget and staff.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There is no coordinating entity.</div> <div>N/A</div>	

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 <p>There are no national congresses or scientific meetings related to palliative care.</p>	In Equatorial Guinea, although some medical conferences have been held in other areas of medicine, no scientific events dedicated exclusively to palliative care have been held.
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.	 <p>Minimal or non-existent number of articles published on the subject in that country.</p>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Equatorial Guinea that all met the inclusion criteria for this indicator.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		No Data Reported for Equatorial Guinea.

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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.	 Poor: Between 0% to 10%.  Poor: Between 0% to 10%.	
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).	 Poor: Between 0% to 10%.  Poor: Between 0% to 10%.	In Equatorial Guinea, there is a marked shortage of opioid pain management medications, not only in primary care centers but also in tertiary care hospitals.

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<div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</div><div>0/2</div><div></div><div>At the national level, there are two medical schools belonging to two different universities: the Faculty of Health Sciences of the UNGE, located in Bata, and the Faculty of Medicine of the American University of Central Africa (AAUCA). However, neither includes palliative care as a subject in their curricula.</div></div> <div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>0/2</div><div></div><div></div></div> <div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>0/1</div><div></div><div></div></div> <div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div><div>0/1</div><div></div><div></div></div>		
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div><div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>There is no process on specialization for palliative care physicians.</div></div></div>		

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<div>Ind13</div> <div><div>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.</div><div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialized services or teams exist in the country.</div></div></div> <div><div>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.</div><div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div></div> <div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div></div> <div><div>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.</div><div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div></div> <div><div>13.5. Total number of specialised PC services or teams in the country.</div><div></div></div>		<div><p>In Equatorial Guinea, there is currently no specialized palliative care program or service operating. This shortcoming is largely due to the lack of trained human resources in this area. However, there is evidence of a project under construction led by the NGO Mano a Mano in collaboration with Alguibama and the Missionary Catechist Sisters of the Sacred Hearts. The project, located in the Basakato Social Center of the Holy Family, seeks to serve elderly and terminally ill people who lack access to care due to their precarious economic circumstances. Although it currently operates as a day center, providing food, medicine, clothing, and footwear, it is planned to develop it as a home to provide specialized palliative care.</p></div> <div><div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>MEDIAN RATE IN THE REGION</div><div>0.03</div></div><div><div>EQUATORIAL GUINEA</div><div>0</div></div><div><div>MINIMUM RATE IN THE REGION</div><div>0</div></div><div><div>MAXIMUM RATE IN THE REGION</div><div>1.68</div></div></div><div><div>0</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div></div></div>
<div>Ind14</div> <div><div>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.</div><div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialized services or teams for children exists in country.</div></div></div> <div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div><div><div><div>0</div><div>PPC TEAMS</div></div></div></div>		