

GABON

General data

POPULATION, 2023 2,436,566

PHYSICIANS/1000 INH, 2020-2022

0.48

NURSES/1000 INH, 2020-2022

2.18

LIFE EXPECTANCY, 2022

68.70

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Upper middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023 111

GDP PER CAPITA (US\$), 2023

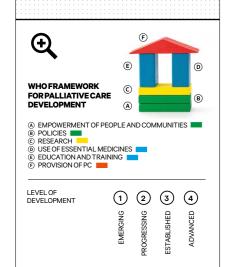
7,802.84

HEALTH EXPENDITURE, 2021

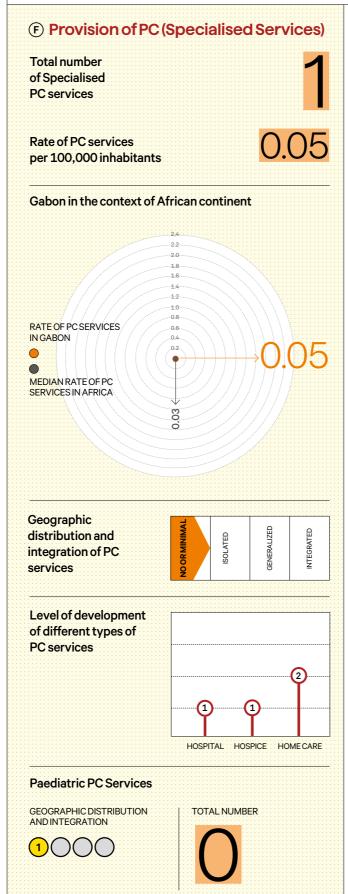
233.88

UNIVERSAL HEALTH COVERAGE, 2021

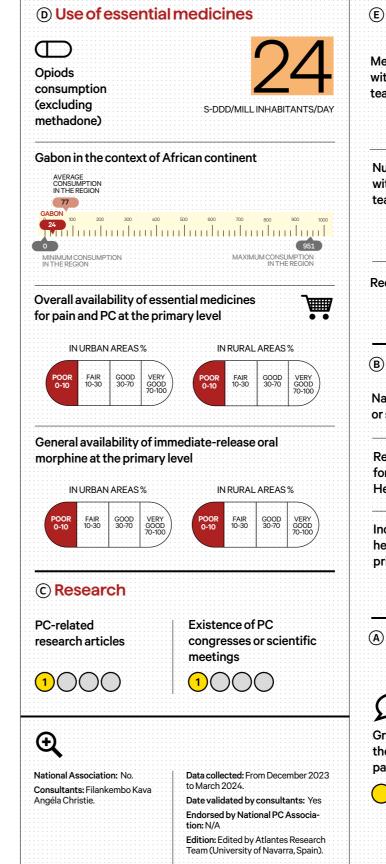
49

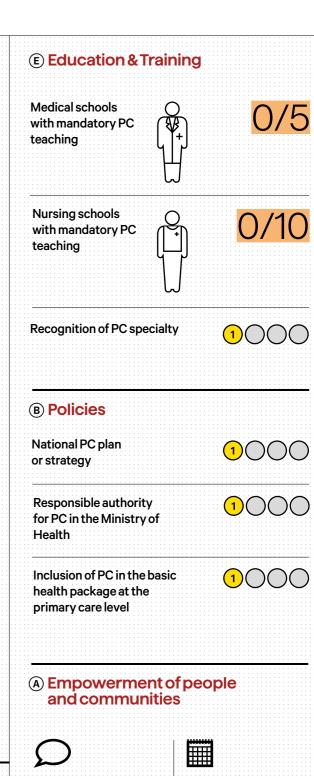






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Groups promoting the rights of PC patients







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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.

 $Care \, planning \, is \, limited \, to \, the \, curative \, treatment \, phase. \, There \, are \,$ no specific guidelines regarding patients' preferences for end-oflife care. These decisions are based solely on a consensus between the relatives present with the patient before the terminal phase $\,$ and the medical team.

Ind3

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



Do not know or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.



Not known or does not exist neither standalone nor is included in another national plan.

In Gabon, palliative care is briefly mentioned in the Cooperation Strategy of the WHO with Gabon 2016-2021, within the framework of older people's health, with a call to improve access to palliative care for chronic conditions. However, no tangible progress has been made since then. The National Health Development Plan 2024-2028 makes no mention of palliative care, and no official regulations govern its delivery. This care is not $integrated\ into\ the\ health\ system\ and\ remains\ unknown\ to\ the$ majority of professionals. This lack of recognition and develop $ment\,unders cores\,the\,urgent\,need\,to\,include\,palliative\,care\,in$ national health priorities.



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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.

Ind5

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



There is no coordinating entity.

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



Does not have concrete functions or resources (budget, staff, etc.).

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Ind6

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.

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.

 $A comprehensive scoping \, review \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, conducted \, cover-independent \, c$ $ing\,publications\,from\,2017\,onward, did\,not\,identify\,any\,peer-re$ $viewed\ articles\ on\ palliative\ care\ in\ Gabon\ that\ met\ the\ inclusion$ 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.



S-DDD PER MILLION

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.



to 10%.

-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.

1

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%.



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.









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 on specialization for palliative care physicians.



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Ind 13

- 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 specialised PC services or teams in the country.



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



Not at all.

In Gabon, palliative care was introduced at the Libreville Cancer Institute, which later became the Akanda Cancer Institute, following the training of the first palliative care physician at Hospice Africa Uganda (HAU) in 2015. This initial activity included designated palliative care beds. In 2017, following the training of a second palliative care physician and nurse at HAU, a dedicated unit was created, supported by the former First Lady's Foundation. This unit primarily provides home-based palliative care for cancer patients. However, there is no legal framework or officially recognized association in the field of palliative care, which limits its development and integration into the national health system.

1000

Not at all.

 \bigcirc 2 \bigcirc Ad hoc/in some parts of the country. RATE OF SPECIALISED PC SERVICES/100,000 INH



← SPECIALISED PALLIATIVE **CARE SERVICES**

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.

TEAMS