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General data

POPULATION, 2023
2,150,842

PHYSICIANS/1000 INH, 2020-2022
0.21

NURSES/1000 INH, 2020-2022
0.99

LIFE EXPECTANCY, 2022
64.41

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
175

GDP PER CAPITA (US\$), 2023
951.24

HEALTH EXPENDITURE, 2021
68.82

UNIVERSAL HEALTH COVERAGE, 2021
37



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

LEVEL OF DEVELOPMENT



Guinea-Bissau

F Provision of PC (Specialised Services)

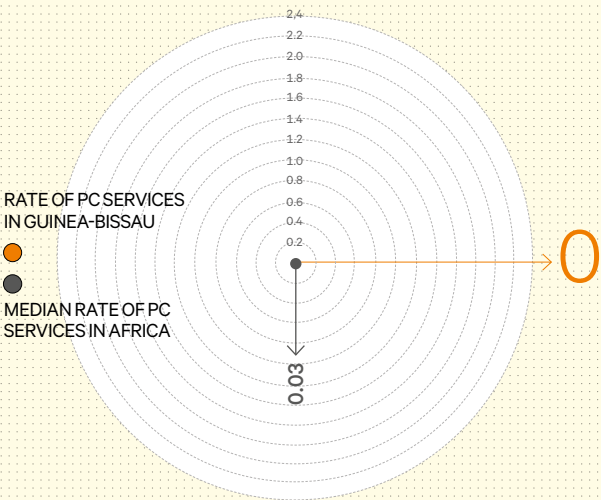
Total number of Specialised PC services

0

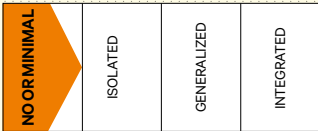
Rate of PC services per 100,000 inhabitants

0

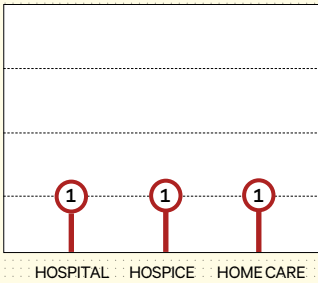
Guinea-Bissau in the context of African continent



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

0

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Guinea-Bissau

D Use of essential medicines

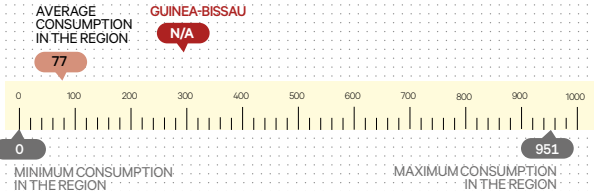


Opioids consumption (excluding methadone)

N/A

S-DDD/MILL INHABITANTS/DAY

Guinea-Bissau in the context of African continent



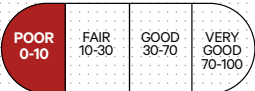
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %



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

IN URBAN AREAS %

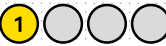


IN RURAL AREAS %



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: No.
Consultants: Danila Luraschi.

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



0/2

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



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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.	 Only isolated activity can be detected.	The organization Doctors Without Borders (MSF) was active in the country until 2019, promoting the development of pediatric palliative care. However, after the organization's project ended, there was no local continuity of the initiative.
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. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Do not know or does not exist.  A national palliative care plan is in preparation.	Guinea-Bissau does not have a formal national palliative care policy. Previous versions of the National Health Development Plan (PNDS), which establishes the national health strategy, were never formally adopted by the government, but periodically reviewed and updated. The PNDS 2023-2028 presents guidelines for strengthening the health system and includes chronic diseases and policies aimed at strengthening Primary Health Care (PHC), not mentioning palliative care. Palliative care is mentioned -to a limited extent- through three indicators in the National Inventory Report on the Availability and Readiness of Infrastructure, Equipment, Human Resources, Health Services, Management and Finance (HHFA 2023). These indicators provide a partial assessment of the availability and accessibility of palliative care, but do not constitute a structured strategy. Furthermore, the UNIOGBIS-Human Rights Section/OHCHR Report (2017) highlights the absence of effective monitoring and supervision mechanisms in the health system.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 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.	 Do not know or does not exist.	Guinea-Bissau does not have clear legislation on the right to health, nor specific regulations on palliative care. Although the Constitution and other laws mention the right to health broadly, there are no specific guidelines for this assistance. The PNDS 2023-2028 highlights the deficient coverage of Primary Health Care (PHC) as one of the main challenges of the health system, with no evidence of the inclusion of palliative care as a priority service. The Landa Guiné Saúde Project, in partnership with the European Union and Camões I.P., aims to strengthen the health system and expand Universal Health Coverage, and may, in the future, incorporate palliative care.
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.	 There is no coordinating entity.  Does not have concrete functions or resources (budget, staff, etc.).	

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Guinea-Bissau



<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</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>1</div><div></div><div></div><div></div></div></div> <div>Minimal or non-existent number of articles published on the subject in that country.</div>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Guinea-Bissau that all met the inclusion criteria for this indicator.
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		No Data Reported for Guinea-Bissau.

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Guinea-Bissau

<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><div>2</div><div></div><div></div></div></div><div>Fair: Between 10% to 30%.</div></div> <div><div><div><div></div><div>1</div><div></div><div></div></div></div><div>Poor: Between 0% to 10%</div></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><div>1</div><div></div><div></div></div></div><div>Poor: Between 0% to 10%</div></div> <div><div><div><div></div><div>1</div><div></div><div></div></div></div><div>Poor: Between 0% to 10%</div></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>0/2</p> <p>0/2</p> <p>0/2</p> <p>0/2</p>	<p></p> <p>In Guinea-Bissau, there are two institutions that offer medical training: the Raul Dias Arguelles School of Medicine, founded by the Cuban government in 1986, and the Jean Piaget University, a private institution located in Bissau. None of them teach palliative care to future doctors and nurses.</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>In Guinea-Bissau, there are no official accredited programs for training in specialties. Furthermore, the shortage of qualified professionals makes it difficult to supervise and provide practical training for doctors at the beginning of their careers, compromising the adoption of the teaching model widely used in medical education.</p>

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<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> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Not at all.</p> <p> Not at all.</p> <p> Not at all.</p>	<p>Guinea-Bissau faces a significant shortage of human resources in health, aggravated by the unequal distribution of professionals between regions and health structures, with a strong concentration in the Autonomous Sector of Bissau. In 2022, the country had only 235 general practitioners, 18 specialists in clinical areas and 35 specialists in Integrated General Medicine (MGI), insufficient numbers to cover population demand. Factors such as political and financial instability, deficiencies in training, slow hiring and precarious working conditions compromise workforce management. This reality directly impacts the provision of specialized services, including palliative care, which requires specific training and a multidisciplinary approach.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>GUINEA-BISSAU 0</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p> 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> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>Guinea-Bissau does not have specialized pediatric palliative care teams. In 2017, there were only three pediatricians in the country – all expatriates – to care for approximately 720,000 children under the age of 15, highlighting the serious shortage of human resources in health. The organization Médecins Sans Frontières (MSF) was active in the country until 2019, promoting the development of pediatric palliative care. However, after the organization's project ended, there was no local continuity of the initiative.</p>