

GUINEA

General data

POPULATION, 2023 14,190,612

PHYSICIANS/1000 INH, 2020-2022

0.03

NURSES/1000 INH, 2020-2022

0.37

LIFE EXPECTANCY, 2022

61.06

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023 179

GDP PER CAPITA (US\$), 2023

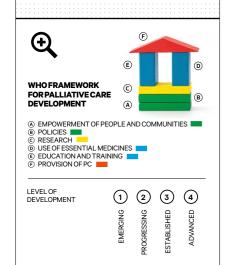
1,541.04

HEALTH EXPENDITURE, 2021

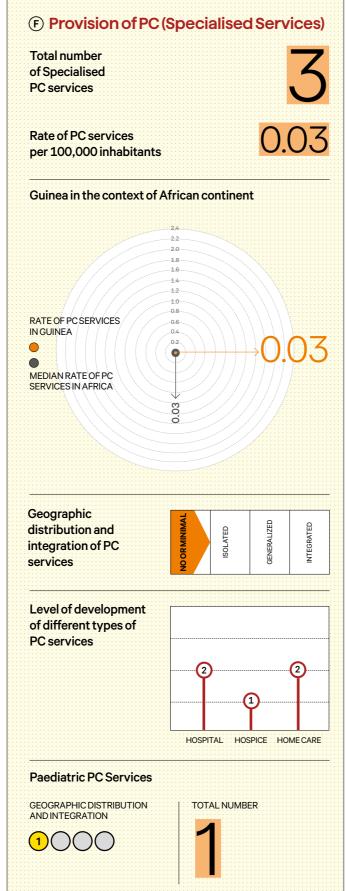
44.69

UNIVERSAL HEALTH COVERAGE, 2021

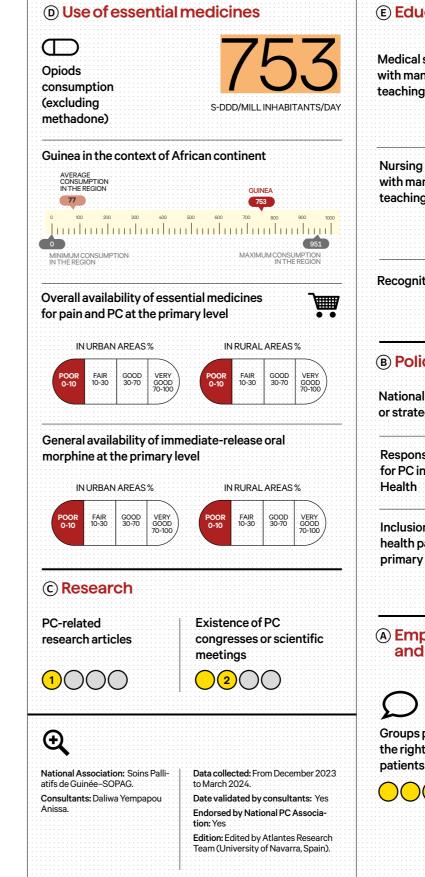
40

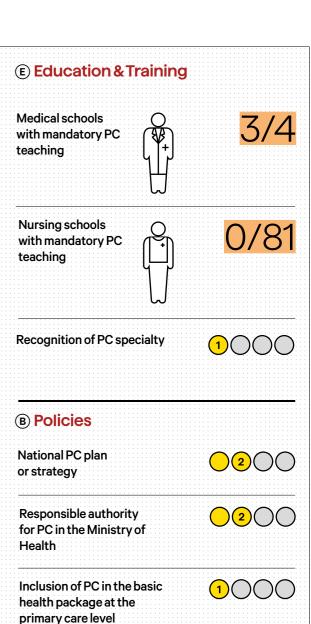






AF Guinea







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.



Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). In Guinea, Soins Palliatifs Guinée (Palliative Care Guinea, SOPAG), was founded in 2013 by 14 professionals trained in palliative care on board the humanitarian medical Mercy Ships. Led by Ms Dounor Marie Tonguino, SOPAG brings together members of government, NGOs, and community organisations. It advocates for the integration of palliative care into national health policies and budgets in collaboration with the Ministry of Health and Public Hygiene. SOPAG also delivers home-based care, spiritual support, medical supplies, and humanitarian assistance. In $addition, M\'edecins\,Sans\,Fronti\`eres\,(Doctors\,without\,borders,$ MSF) provides palliative care training for healthcare workers treating people living with HIV at a specialized unit within the national hospital.

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.





Developed over 5 years ago.

 \bigcirc 2 \bigcirc A national palliative care plan is in preparation.

Since 2015, the National Health Development Plan 2015-2024 (PNDS) has defined various health strategies with implementation, monitoring, and evaluation frameworks. It includes measurable annual targets for palliative care service coverage, including basic palliative care for breast cancer, comprehensive palliative care for breast cancer, and palliative care for tuberculosis patients. Furthermore, a process to develop a national strategic plan for palliative care is underway, which will be integrated into the national cancer control program. Furthermore, the National Cancer Plan, which includes a section dedicated to palliative care, is currently being validated. While these developments demonstrate progress, there is currently no standalone palliative care plan with a defined implementation framework.



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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.



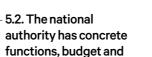
Do not know or does not exist.

The Health Code of the Republic of Guinea, promulgated in 1997, establishes the general health policies, principles, and frameworks of the national health system. However, it does not explicitly mention palliative care or include it in the list of health services provided at the primary care level as part of the priority service package for Universal Health Coverage.

Ind5

staff.

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



 \bigcirc 2 \bigcirc

The authority for palliative care is defined but only at political level without coordinating entity defined.

(1)Does not have

concrete functions or resources (budget, staff, etc.).

A new unit has been created within the National Cancer Control Programme, headed by a focal point responsible for coordinating the development of palliative care in collaboration with hospitals, organisations and NGOs involved in this field.

COUNTRY REPORTS COUNTRY REPORTS



Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There is no national conference or meeting dedicated exclusively to palliative care. However, palliative care was addressed as a topic at the last National Cancer Congress, demonstrating a certain integration of this theme into broader scientific meetings.

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 $ing\,publications\,from\,2017\,onward, identified\,one\,peer-reviewed$ article on palliative care in Guinea 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.



COUNTRY VS REGION 77 <u> Լուսեստեստեստեստեստեստեստեւմ</u> և MINIMUM CONSUMPTION IN THE REGION MAXIMUM CONSUMPTION IN THE REGION

AF Guinea

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%

(1)

Poor: Between 0% to 10%

There are 12 palliative care medications included in the National Essential Medicines List of Guinea. Of these, only paracetamol is available in all health facilities (from community service bases to national hospitals), and eight are restricted to regional hospitals, peripheral health directorate prefectural hospitals, and municipal medical centers, which represent less than 10% of the primary health facilities in Guinea.

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%

According to the National List of Essential Medicines, oral morphine is not available in primary healthcare facilities, but only in regional and national hospitals.



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.

3/4



A chapter on palliative care is included in the oncology module of undergraduate medical education as a mandatory component of three medical schools across the country, with no elective training option in palliative care. Amongst the 81 nursing schools, none currently teach palliative care, either as a mandatory or optional component of their programs. However, efforts are underway to integrate palliative care into the curricula of medical and nursing schools.

0/81

0/81

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.



Ind13

- 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



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



Ad hoc/in some parts of the country.

1000

 \bigcirc 2 \bigcirc

Not at all.

or teams in the country.

RATE OF SPECIALISED PC SERVICES/100,000 INH

in the country.

Ad hoc/in some parts of the country.



In Guinea, there are three specialized palliative care services.

There is a consultation team within the MSF specialized cen-

ter for patients living with HIV (adults and children), a pallia-

tive care team attached to the internal medicine department

of Donka National Hospital, and a home care team is affiliated

with the National Hospital. There are no independent hospices



← SPECIALISED PALLIATIVE

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.

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No or minimal provision of palliative care specialized services or teams for children exists in country.

There is a consultation team within the pediatric department of Donka Hospital.

PPC TEAMS