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General data

POPULATION, 2023  
**30,325,732**

PHYSICIANS/1000 INH, 2020–2022  
-

NURSES/1000 INH, 2020–2022  
-

LIFE EXPECTANCY, 2022  
**64.04**

Socioeconomic data

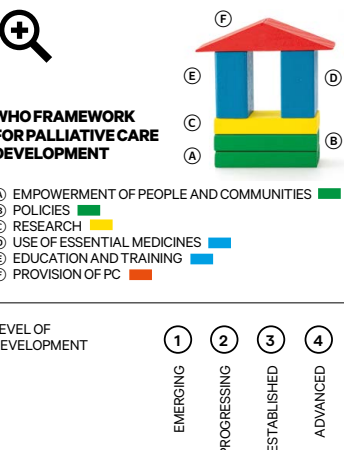
COUNTRY INCOME LEVEL, 2022  
**Low income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**183**

GDP PER CAPITA (US\$), 2023  
**506.16**

HEALTH EXPENDITURE, 2021  
**17.65**

UNIVERSAL HEALTH COVERAGE, 2021  
**35**



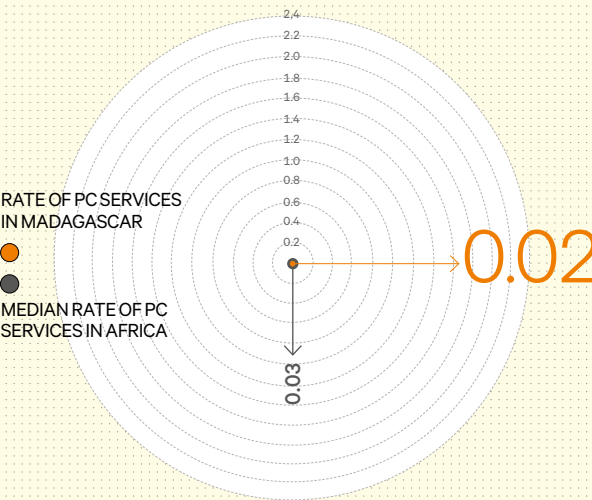
Madagascar

F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**6**

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

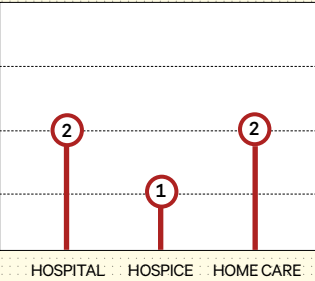
Madagascar in the context of African continent



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**

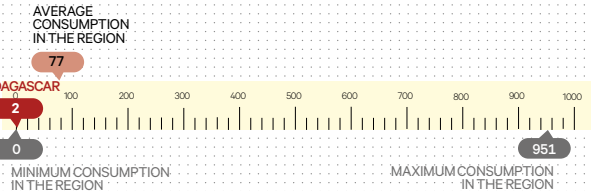
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Madagascar

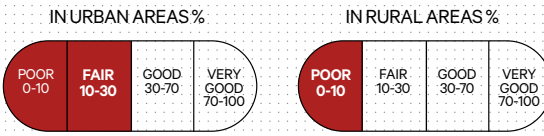
D Use of essential medicines

Opiods consumption (excluding methadone)  
**2**  
S-DDD/MILL INHABITANTS/DAY

Madagascar 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

**1**

Existence of PC congresses or scientific meetings

**2**



National Association: No.  
Consultants: Bertin Claire;  
Venerozia Marie Théodore.

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  
**1/6**

Nursing schools with mandatory PC teaching  
**N/A**

Recognition of PC specialty  
**3**

B Policies

National PC plan or strategy  
**1**

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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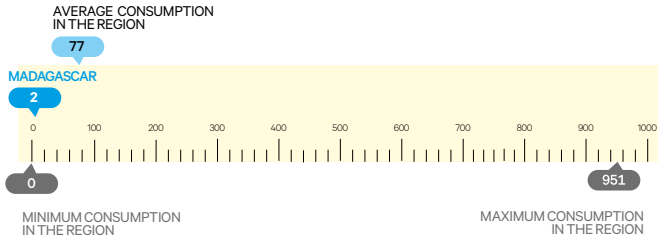
<b>Ind1</b>  Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Only isolated activity can be detected.</div>	In Madagascar, there are no known patient or caregiver associations specifically dedicated to promoting the rights of those in need of palliative care. The NGO Douleurs Sans Frontières previously collaborated with local health professionals and carried out community sensitisation activities related to palliative care, but these did not continue beyond the end of the project and were not institutionalised by the Ministry of Health. <b>Currently, the national association of radiologists and oncologists serves as the main technical and scientific reference for palliative care.</b> Its members are engaged in public awareness and professional development, although these efforts are not coordinated through a formal advocacy group.
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no national policy or guideline on advance care planning.</div>	There is no medical policy at the institutional level.
<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>1</div><div></div><div></div><div></div><div></div></div> <div>Do not know or does not exist.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not known or does not exist neither standalone nor is included in another national plan.</div>	No evidence found.

AF





Madagascar

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></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>1</div><div></div><div></div><div></div><div></div></div> <div>Not at all.</div>	
<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>1</div><div></div><div></div><div></div><div></div></div> <div>There is no coordinating entity.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Does not have concrete functions or resources (budget, staff, etc.).</div>	The association of radiologists and oncologists in Madagascar is now the technical and scientific reference for the promotion and implementation of palliative care in Madagascar. <b>Oncologists from learned societies are working to improve this care and raise public awareness of palliative care,</b> but it is not officially integrated at the level of the Ministry of Health.



AF Madagascar

<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p></p> <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>A palliative care conference took place in 2022 at the initiative of the NGO Douleurs Sans Frontières in collaboration with AROM (Association of Radiologists and Oncologists of Madagascar). The problem with repeating the event by local professionals is the financial cost which must be supported by partners/NGOs/donors. There is no date yet for a next conference, but there are other <b>conferences in Madagascar concerning other specialties, where palliative care is still too little addressed</b>. Douleurs Sans Frontières collaborates with health professionals on Reunion Island to participate and allow Malagasy professionals to also participate in the Palliative Care conferences there.</p>
<p><b>Ind7</b></p> <p>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>	<p></p> <p>Minimal or non-existent number of articles published on the subject in that country.</p>	<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 Madagascar that all met the inclusion criteria for this indicator.</p>
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p></p> <p>S-DDD PER MILLION INHAB /DAY</p>	<p>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>Average consumption in the region: 77 Madagascar: 2 Minimum consumption in the region: 0 Maximum consumption in the region: 951</p>








AF Madagascar

<p><b>Ind9</b></p> <p>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.</p> <p>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.</p>	<p></p> <p>Fair: Between 10% to 30%</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>Out of the 21 medicines mentioned above, 11 are available in Madagascar without too much difficulty in the public system at the central purchasing office for essential medicines. Morphine syrup is available in hospitals, but in 1 litre packaging. It needs to be repackaged, but there are no technical platforms to apply good practices. The cost is also significant for the population. There is also a lack of information/training for doctors for pre-scribing, a lack of training for pharmacists for supply, management and dispensing. It is available in syrup form at the central purchasing office for essential medicines, so it is potentially available if there is a need at the hospital level.</p>
<p><b>Ind10</b></p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p></p> <p>Fair: Between 10% to 30%</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>Morphine syrup is available in hospitals, but it comes in 1L containers and needs to be repackaged. However, there are no technical facilities to do this in accordance with best practice. The cost is also significant for the population. There is also a lack of information/training for doctors on prescribing, and a lack of training for pharmacists on supply, management, and dispensing. It is available in syrup form from the central purchasing agency for essential medicines, so it is potentially available if needed at the hospital level.</p>

AF Madagascar

<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p>	<p>1/6</p> <p>0/6</p> <p>N/A</p> <p>N/A</p>	<p></p> <p>Work has been initiated with the Faculty of Medicine in Antananarivo on integrating the topic into the initial training curriculum. There are six medical faculties in Madagascar, one in each region. There are also many paramedical schools in Madagascar, including a number of public institutions and a large number of private institutions.</p>
<p><b>Ind12</b></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 for specialization for palliative care physicians but exists other kinds of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p>	<p>A university diploma in “Pain and Palliative Care” has been created within the Faculty of Medicine of Antananarivo as part of the continuing education of healthcare professionals. This university diploma provides opportunities for professionals from other regions to participate.</p>

AF Madagascar

<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (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 <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> 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></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>Local healthcare professionals have received additional training in palliative care, but this is not a separate specialty and is mostly integrated into oncology services. The NGO Douleurs Sans Frontières has two trained teams that make home visits to provide palliative care for patients with gynecological conditions, particularly breast and cervical cancer (one team is based in the capital and one in a town in the northwest.). Furthermore, four palliative care units have been set up and equipped in four hospitals. However, lack of awareness among the population and the cost of hospitalization are hindering the operation of these units, most of which are currently not operational.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03 MADAGASCAR 0.02</p> <p>0 1 2 3 4 5</p> <p>MINIMUM RATE IN THE REGION 0 MAXIMUM RATE IN THE REGION 1.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>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> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>Although the Ravoahangy Anpeficola University Hospital there are some palliative care resources and external support, there is not a specialized pediatric palliative care team.</p>