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### General data

POPULATION, 2023  
**20,931,751**

PHYSICIANS/1000 INH, 2020–2022  
**0.05**

NURSES/1000 INH, 2020–2022  
**0.5**

LIFE EXPECTANCY, 2022  
**67.74**

### Socioeconomic data

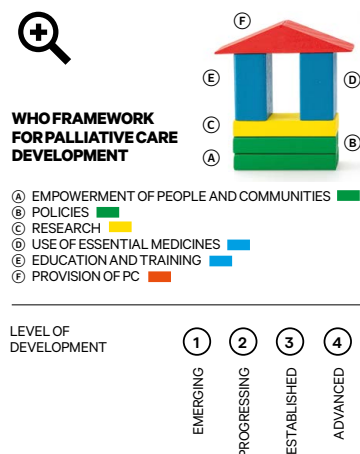
COUNTRY INCOME LEVEL, 2022  
**Low income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**173**

GDP PER CAPITA (US\$), 2023  
**602.34**

HEALTH EXPENDITURE, 2021  
**46.56**

UNIVERSAL HEALTH COVERAGE, 2021  
**48**



# Malawi

## F Provision of PC (Specialised Services)

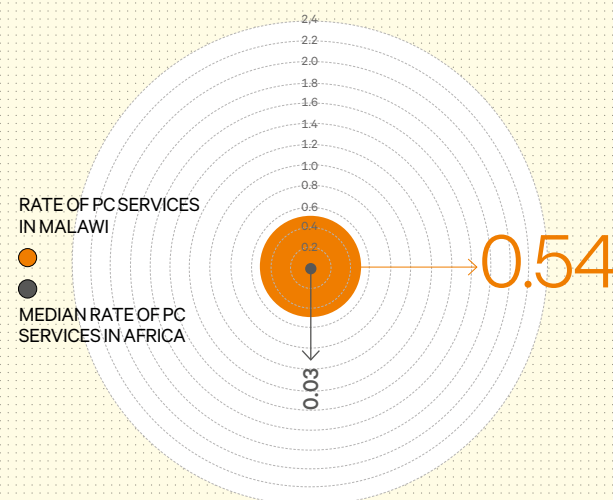
Total number of Specialised PC services

**112**

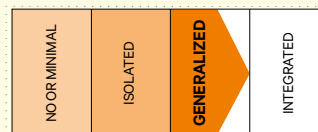
Rate of PC services per 100,000 inhabitants

**0.54**

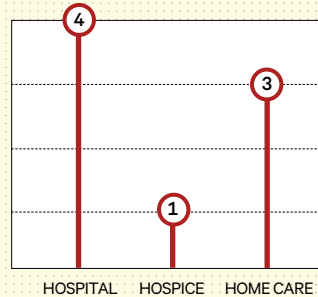
Malawi in the context of African continent



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

**3**

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# Malawi

## D Use of essential medicines

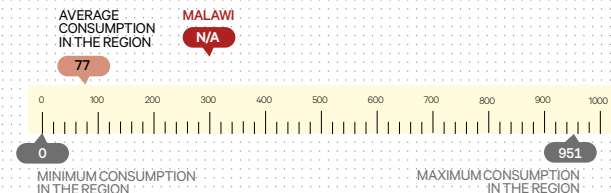


Opioids consumption (excluding methadone)

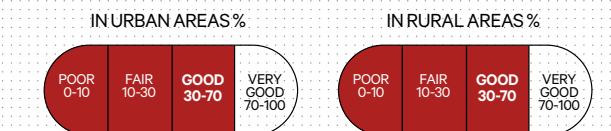
**N/A**

S-DDD/MILL INHABITANTS/DAY

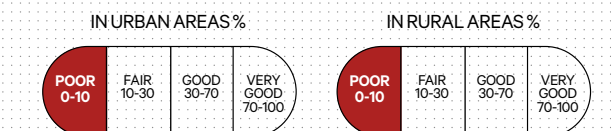
Malawi in the context of African continent



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: Palliative Care Association of Malawi (PACAM).  
Consultants: Duncan Goche; Lameck Thambo; Spyridon Antonios Giannakis.

Data collected: From December 2023 to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Association: Yes  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

## E Education & Training

Medical schools with mandatory PC teaching



**2/2**

Nursing schools with mandatory PC teaching



**9/9**

Recognition of PC specialty



## B Policies

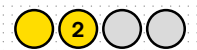
National PC plan or strategy



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



# AF Malawi

<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, 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 Malawi, the Palliative Care Association of Malawi (PACAM) is a key organization dedicated to promoting palliative care by supporting and developing affordable and culturally appropriate palliative care, improving access and ensuring quality in Malawi.
<b>Ind2</b> 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.	
<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.	 Actualized in last 5 years, but not actively evaluated or audited.   There is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC.	Malawi's National Palliative Care Policy, first introduced in 2014 and updated for 2023-2030, was published by the Ministry of Health in May 2024. This policy seeks to enhance palliative care across all healthcare levels, aligning with the Health Sector Strategic Plan III and Universal Health Coverage goals. Additionally, the National Cancer Control Strategic Plan (2019-2029) further addresses palliative care. Key indicators for monitoring palliative care advancements, established in 2018, are integrated into the DHIS2 (District Health Information System) for national reporting. All palliative care facilities submit data via this channel, which is accessible online. The Ministry of Health's palliative care manager compiles national reports using this system, ensuring comprehensive oversight and evaluation of palliative care services in Malawi.

# AF Malawi

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	
<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.	 Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.	In Malawi, palliative care is not explicitly included in the Public Health Act (Chapter 34:01) or its updated 2020 version, which focused on responses to the COVID-19 pandemic. However, Palliative care is included in Malawi's Essential Health Package (EHP), primarily through home-based care (HBC) services for patients with chronic conditions. The focus is on providing continuity of care and ensuring follow-up at the primary health care level, with a referral system for advanced cases to district hospitals or specialized facilities.
<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.	 The coordinating entity for palliative care is well defined and has good structure (scientific & technical).   There are concrete functions, staff and budget.	In Malawi, palliative care has a desk officer under the nursing directorate of Ministry of Health.

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Malawi

<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every 3 years.</div>	<div>The Palliative Care Association of Malawi (PACAM) organizes a dedicated palliative care conference at least once every three years. The continuity and frequency of the conference are often challenged by limited funding, which hampers its regular occurrence and broader participation.</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></div><div>2</div><div></div><div></div></div></div> <div>Reflects a limited number of articles published.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 27 peer-reviewed articles on palliative care in Malawi that met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div>No Data Reported for Malawi.</div>



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Malawi


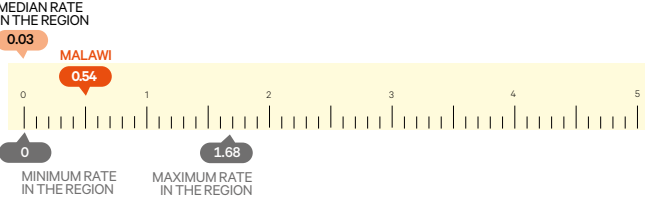
<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Good: Between 30% to 70%.</div> <div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Good: Between 30% to 70%.</div>	<div>Health facilities in Malawi generally have improved supply chain logistics and trained personnel, ensuring better access to appropriate pain management drugs. All levels of analgesics, as outlined by the WHO Analgesic Ladder, are regularly available and procured by the Ministry of Health (MoH) through the Central Medical Stores Trust. These medicines are distributed to health facilities and provided free of charge to patients in public health services. However, The Malawi Health Sector Strategic Plan III (2023-2030) acknowledges ongoing challenges, including supply chain inefficiencies, financial constraints, and a shortage of trained personnel for pain management. While essential pain medicines are distributed to rural health facilities, access remains inconsistent. In some cases, patients must purchase medications from general shops rather than licensed pharmacies with trained personnel, further limiting appropriate pain management.</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>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>The Malawi Palliative Care Policy (2023-2030) emphasizes the need for opioid availability, yet only registered doctors at secondary and tertiary facilities can prescribe morphine, limiting access at lower levels of care. The Malawi Essential Medicines List (2023) restricts all forms of morphine, including immediate-release oral morphine, to district hospitals, making it unavailable at primary care facilities. Despite Ministry of Health procurement and distribution, supply chain issues, logistical challenges, and a shortage of trained palliative care providers hinder accessibility. In rural areas, this is further exacerbated by the lack of authorized pharmacists to dispense opioids. The Malawi Health Sector Strategic Plan III (2023-2030) underscores the need to expand prescription rights beyond tertiary-level physicians and implement policy reforms to enhance opioid accessibility, particularly in underserved areas.</div>



AF Malawi

Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	2/2	 <p>Since 2011, Malawi has made substantial progress in integrating palliative care into health professional education. Both medical universities in the country have incorporated palliative care into their curricula as a mandatory component for medical students. Similarly, all nine nursing schools include palliative care as a compulsory and examinable subject. These efforts have been supported by the Nurses and Midwives Council of Malawi, which integrated palliative care into the national syllabus and developed a standard training module for use in all health training institutions. Despite this integration, clinical officers—who play a key role in delivering medical services, particularly in rural areas—are not yet covered by available data on palliative care training.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	9/9	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/9	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	 <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.</p>	Palliative care is well recognized and regulated by the Medical Council of Malawi. The country offers three levels of palliative care training, each tailored to different healthcare professionals: 1st) Introduction to Palliative Care – A five-day accredited course certified by the Ministry of Health (MoH), equipping trainees as palliative care providers., 2nd) Initiators Course – A five-week intensive program adopted from Hospice Africa Uganda, organized by Ndimoyo Palliative Care Trust, and accredited by Hospice Africa Uganda. Graduates are also recognized as palliative care providers; and 3rd) Bachelor of Science (BSc) in Palliative Care – A three-year degree program offered by Kamuzu University of Health Sciences (KUHeS). This course is designed for experienced clinical officers and nurses, advancing them to a degree level in palliative care. These training pathways ensure a structured approach to capacity building in palliative care across different levels of expertise in Malawi.

AF Malawi

Ind13	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>Generalized provision: Exists in many parts of the country but with some gaps.</p>	<p>Currently, all public hospitals in Malawi have integrated palliative care, coordinated by a palliative care desk manager at the Ministry of Health. Each hospital has a full-time palliative care coordinator and teams of 4 to 8 trained providers following a structured work plan. Non-governmental organizations and faith-based health facilities also contribute significantly to service delivery. There are no free-standing hospices. Most secondary health care facilities provide palliative home care. In addition, between 2000 and 2010, many Community-Based Organizations (CBOs) in Malawi provided palliative care with support from global funds and donors. However, since 2010, funding cuts have led to the closure of many CBOs, with only a few continuing to operate under challenging conditions.</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>Are part of most/all hospitals in some form.</p>	
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).	 <p>Not at all.</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>Found in many parts of the country.</p>	
	13.5. Total number of specialised PC services or teams in the country.		 <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION: 0.03 MALAWI: 0.54 MINIMUM RATE IN THE REGION: 0 MAXIMUM RATE IN THE REGION: 1.68</p> <p>112 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
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.	 <p>Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.</p>	There is 3 Hospitals, Queen Elizabeth, Kamudzu and Mzuzu Central hospitals which has a unit for children palliative care. Pediatric palliative care is limited to central hospitals and a few secondary hospitals with adequate resources.
	14.2. Number of pediatric specialised PC services or teams in the country.	 <p>PPC TEAMS</p>	