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General data

POPULATION, 2023
4,862,989

PHYSICIANS/1000 INH, 2020–2022
0.24

NURSES/1000 INH, 2020–2022
1.66

LIFE EXPECTANCY, 2022
68.94

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
163

GDP PER CAPITA (US\$), 2023
2,120.82

HEALTH EXPENDITURE, 2021
89.29

UNIVERSAL HEALTH COVERAGE, 2021
40



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

① EMERGING
② PROGRESSING
③ ESTABLISHED
④ ADVANCED

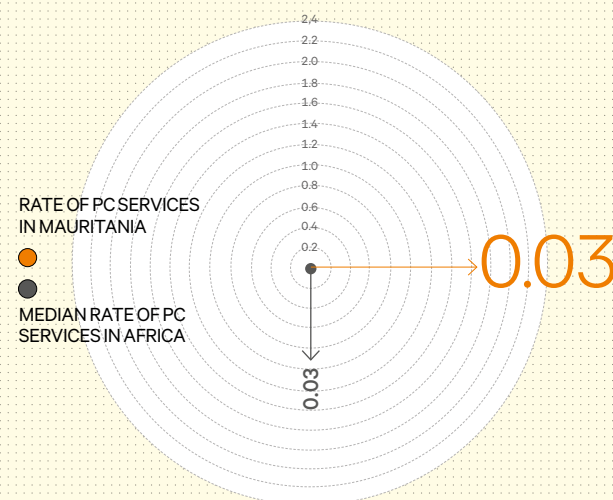
Mauritania

F Provision of PC (Specialised Services)

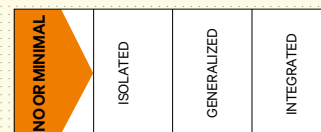
Total number of Specialised PC services
1

Rate of PC services per 100,000 inhabitants
0.03

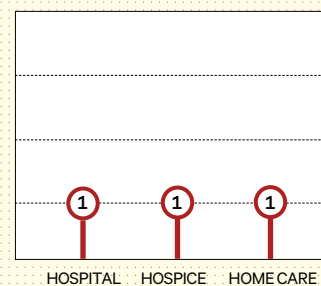
Mauritania in the context of African continent



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

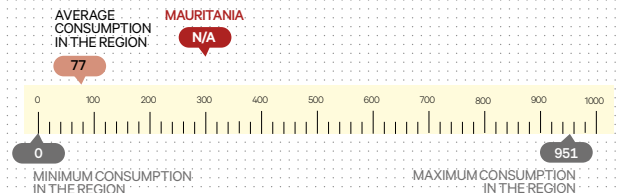
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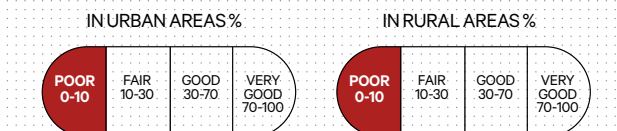
D Use of essential medicines

Opoids consumption (excluding methadone)
N/A
S-DDD/MILL INHABITANTS/DAY

Mauritania 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

1



National Association: No.
Consultants: Ahmedou Tolba;
Lamine Camara.

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
0/1

Nursing schools with mandatory PC teaching
0/1

Recognition of PC specialty
1

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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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 Only isolated activity can be detected.	In Mauritania, there are no known patient or caregiver associations specifically dedicated to promoting the rights of those requiring palliative care. However, over the past few years, community members have received basic training in palliative care. Since 2021, a dedicated service has been functioning within the National Oncology Centre, where palliative care is offered to cancer patients. The service is also responsible for raising awareness and training health professionals in the management of pain and related symptoms. While these activities support the development of palliative care, they are not undertaken by formal advocacy or patient rights groups.
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.	There is no national policy on palliative care yet.
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.  Not known or does not exist neither standalone nor is included in another national plan.	

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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.	Palliative care is not included in the list of health services provided at the primary care level in a priority service package.
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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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national con-gresses or sci-entific meetings related to pallia-tive care.</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>1</div><div></div><div></div><div></div></div> <div>Minimal or nonex-istent number of articles published on the subject in that country.</div>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified one peer-re-viewed article on palliative care in Mauritania that 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 Mauritania.

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<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>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	Non-opioid drugs are available in all healthcare facilities, while opioids are available mainly in hospitals and especially the National Oncology Center.
<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>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	Immediate-release oral morphine is available in hospitals and especially in the national oncology center.

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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>0/1</p> <p>0/1</p> <p>0/1</p> <p>0/1</p>	<p></p> <p>No evidence found.</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 specializa- tion for palliative care physicians.</p>	<p>No available data.</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>A single team at the national oncology center for the care of cancer patients is operating in the country.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>MAURITANIA 0.03</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>1 ← 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>There is no specialized pediatric palliative care team.</p>