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General data

POPULATION, 2023
33,897,354

PHYSICIANS/1000 INH, 2020–2022
0.09

NURSES/1000 INH, 2020–2022
0.51

LIFE EXPECTANCY, 2022
63.97

Socioeconomic data

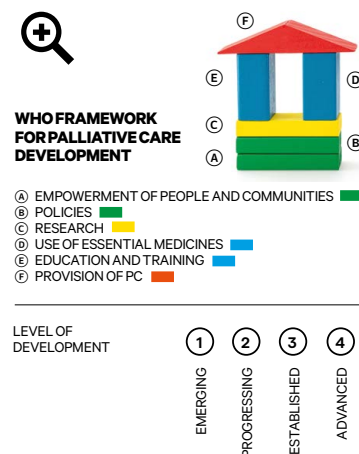
COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
182

GDP PER CAPITA (US\$), 2023
622.99

HEALTH EXPENDITURE, 2021
44.53

UNIVERSAL HEALTH COVERAGE, 2021
44



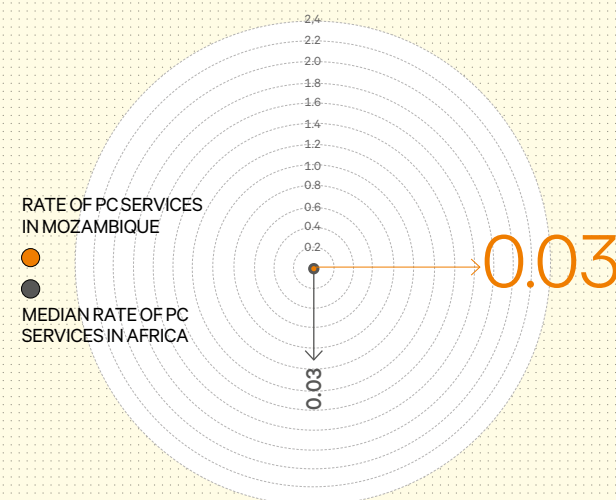
Mozambique

F Provision of PC (Specialised Services)

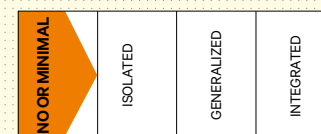
Total number of Specialised PC services **7**

Rate of PC services per 100,000 inhabitants **0.03**

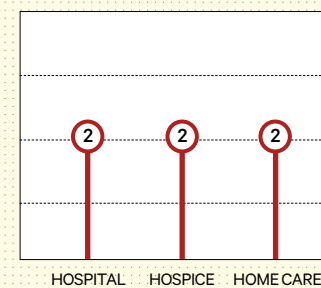
Mozambique in the context of African continent



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**

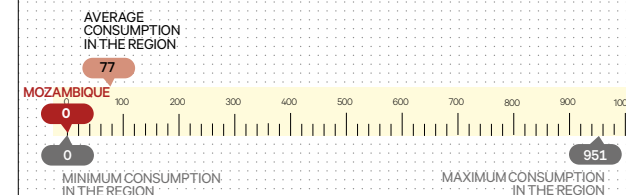
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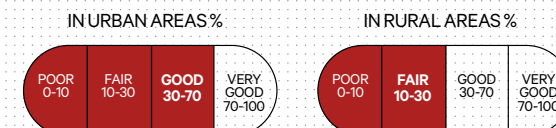
D Use of essential medicines

Opioids consumption (excluding methadone) **0** S-DDD/MILL INHABITANTS/DAY

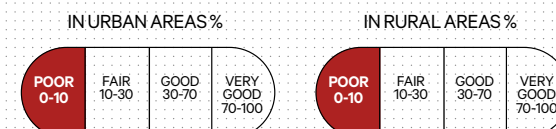
Mozambique in the context of African continent



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

2

Existence of PC congresses or scientific meetings

1



National Association: Associação Moçambicana de Cuidados Paliativos (MOPCA).

Consultants: Eden Mucache; Lidia Mondlane.

Data collected: From December 2023 to March 2024.

Date validated by consultants: Yes

Endorsed by National PC Association: No

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 **1/17**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **2**

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 **3**

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.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	In Mozambique, several formally established organisations actively promote the rights of patients in need of palliative care, as well as their caregivers and families. These include the Associação de Luta Contra o Cancro (ALCC), Associação Moçambicana de Cuidados Paliativos (MOPCA), and Associação Moçambicana para Saúde e Ambiente. Their work includes advocacy, community support, and efforts to integrate palliative care into the national health system. In addition, Pain Units in three provinces contribute to pain management services. However, palliative care advocacy and service provision are unevenly distributed across the country. While southern regions show more established activity, central and northern provinces have limited presence, with only isolated initiatives or professionals involved in this area.
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.	The 2012 National Palliative Care Policy does not address advance care planning or advance directives, and no related documents on this topic are currently available in the country.
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.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	The 2012 National Palliative Care Policy, developed by MOPCA and signed by the Minister of Health, is not considered a government document as it lacks approval from the Assembly of the Republic. However, the Multisectoral Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2020-2029 includes the development of palliative care programs as part of cancer prevention and control strategy.

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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 access is limited and not fully integrated into the health care system.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 The authority for palliative care is defined but only at political level without coordinating entity defined.	In the Ministry of Health of Mozambique, the national authority responsible for palliative care is represented by a Focal Point within MISAU. This position operates under the supervision of the National Cancer Control Program at the National Directorate of Medical Assistance and is intended to function at the level of the National Health System, focusing on training health professionals and coordinating efforts. However, there is no defined national plan, no established standards to guide this Focal Point, and no reliable data source to support its activities.
5.2. The national authority has concrete functions, budget and staff.	 There are concrete functions but do not have a budget or staff.	

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Mozambique

Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	Although there are no national congresses or scientific meetings related to palliative cares, researchers and professionals from Mozambique participate in the APCA Congresses.
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.	<div><div></div><div>2</div><div></div><div></div></div> <div>Reflects a limited number of articles published.</div>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified six peer-reviewed articles on palliative care in Mozambique that met the inclusion criteria for this indicator.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div></div><div></div><div></div><div></div></div>	<div><div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div><div><div><div></div></div><div>0</div><div>S-DDD PER MILLION INHAB /DAY</div></div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>MOZAMBIQUE</div><div>0</div><div>0</div><div>1000</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>



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Mozambique

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.	<div><div><div></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%.</div></div>	In Mozambique, 13 out of 18 essential palliative care medicines listed in the 2017 National Essential Medicines List, are intended to be available and prescribed at the primary healthcare level. However, frequent stockouts remain a significant barrier to consistent access.
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release 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).	<div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div> <div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div>	In Mozambique, access to immediate-release oral morphine at the primary level is extremely limited. Only 3% of the 1,414 health facilities are hospitals (2012 data), with most rural areas facing greater barriers due to long distances, lack of health workers, and limited opioid availability. In urban areas, despite closer proximity to facilities, the poor infrastructure and frequent stockouts also hinder access. Morphine is typically only available in hospitals with doctors to prescribe it. While a user fee of 5 meticals (\$0.17) is charged, exemptions exist for chronic diseases like HIV, cancer, and TB, offering some financial relief.

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Mozambique

<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>1/6</p> <p>0/6</p> <p>1/17</p> <p>0/17</p>	<p></p> <p>In Mozambique, 1 of 6 medical schools (Eduardo Mondlane University) and 1 of 17 nursing schools (ISCISA) include compulsory palliative care education in their curricula. No schools offer optional palliative care education.</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>Mozambique does not offer specialization courses in palliative care for doctors or nurses. Specialization is only possible through scholarships to study abroad, such as in Portugal.</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></p> <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>Mozambique has seven palliative care services, with a service density of 0.02 per 100,000 inhabitants (2023 population estimate: 33,897,354). Four are hospital-based: Xai-Xai Provincial Hospital; Maputo Central Hospital (in collaboration with Douleurs Sans Frontières); Casa Ahava in Manica Province, which provides inpatient care for cancer patients; and Chibuto Rural Hospital, which has a four-bed palliative care unit in partnership with MOPCA. The private Rising Sun Cooperative (Cooperativa Sol Nascente) provides hospice care in Maputo and Beira, and also delivers home-based care in the Matola district of Maputo Province.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>MOZAMBIQUE 0.03</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></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>There are no pediatric specialized palliative care services in Mozambique. However, the presence of one pediatrician specializing in palliative care reflects ongoing capacity building and marks an important step toward the development of structured services for children in need of palliative care.</p>