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### General data

POPULATION, 2023  
**2,604,172**

PHYSICIANS/1000 INH, 2020-2022  
**0.55**

NURSES/1000 INH, 2020-2022  
**3.36**

LIFE EXPECTANCY, 2022  
**67.66**

### Socioeconomic data

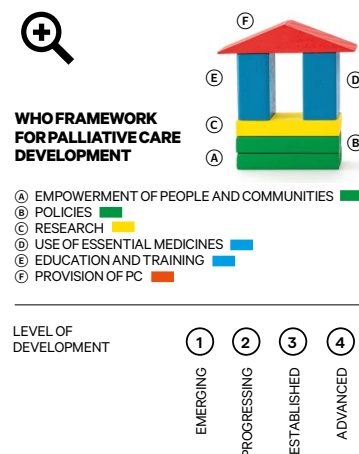
COUNTRY INCOME LEVEL, 2022  
**Upper middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**137**

GDP PER CAPITA (US\$), 2023  
**4,168.29**

HEALTH EXPENDITURE, 2021  
**456.44**

UNIVERSAL HEALTH COVERAGE, 2021  
**63**



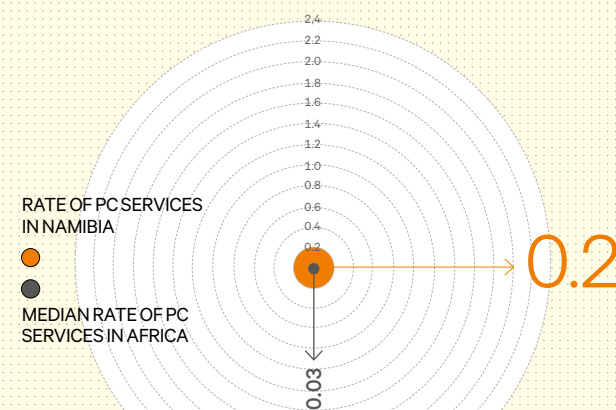
# Namibia

## F Provision of PC (Specialised Services)

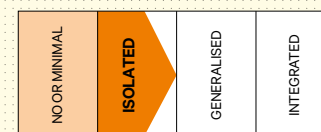
Total number of Specialised PC services  
**5**

Rate of PC services per 100,000 inhabitants  
**0.2**

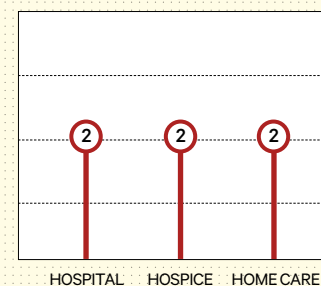
### Namibia in the context of African continent



### 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  
**2**

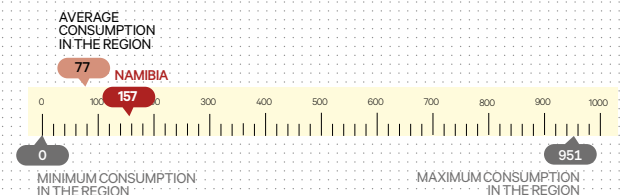
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# Namibia

## D Use of essential medicines

Opoids consumption (excluding methadone)  
**157**  
S-DDD/MILL INHABITANTS/DAY

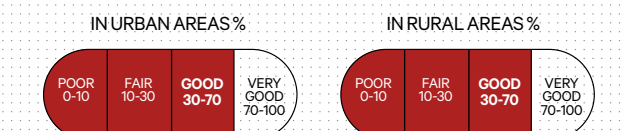
### Namibia in the context of African continent



### 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: No.  
Consultants: Desderius Haufiku;  
Rachel Freeman.

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  
**1/1**

Nursing schools with mandatory PC teaching  
**1/4**

Recognition of PC specialty  
**1**

## B Policies

National PC plan or strategy  
**2**

Responsible authority for PC in the Ministry of Health  
**1**





Inclusion of PC in the basic health package at the primary care level  
**3**

## A Empowerment of people and communities





Groups promoting the rights of PC patients  
**3**

Advanced care planning-related policies  
**3**

# AF Namibia

<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, 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 Namibia, several non-governmental and faith-based organizations contribute to palliative care advocacy and support for patients and their families. Hope Home Based Health Care Services provides direct palliative care in Tsumeb, while the Sacred Hearts Hospice in Mariental, operated by the Roman Catholic hospital, offers hospice and end-of-life care. The Cancer Association of Namibia (CAN) plays a central role in national efforts and established Palliative Care Namibia (PCN) in 2024. The Namibian Oncology Centre is also involved in care delivery. The University of Namibia supports community empowerment through its UNAM Cares initiative, which offers palliative care training for community-based providers. In addition, Catholic AIDS Action Namibia is engaged in related support services. While these organizations operate independently, their combined presence reflects growing multisectoral engagement in palliative care.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	The Patient Charter “Your Health Our Concern” is a statement commitment published by the Ministry of Health and Social Services regarding the public health services in Namibia. It seeks to inform and empower individuals, families, and communities to take an active role in managing their health and to contribute to improving the quality of healthcare in Namibia. This document recommends involving individuals and their families in shared decision-making about their healthcare, ensuring that their preferences are observed.
<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.	 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.	Palliative Care is included in the National Multisectoral Strategic Plan For Prevention and Control of Non-Communicable Diseases (NCDs) in Namibia 2017/18 – 2021/22 with specific indicators, activities, lead agencies, partners and time frame for its implementation.

# AF Namibia

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.	
<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.	 Included in the essential list of services recognized by a government decree or law but not in the General Health Law.	The general health law does not include palliative care, however palliative care is included in the National Quality Management Policy 2021/2022, in the National eHealth Strategy 2021-2025 and in the Namibia PHC Facilities Standards 1 <sup>st</sup> Edition (2021).
<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.	 There is no coordinating entity.   Does not have concrete functions or resources (budget, staff, etc.).	There is no standalone coordinating entity for palliative care within the Ministry of Health and Social Services. Palliative care efforts rely on individual initiatives and are integrated into existing services, mainly under the National Cancer Control Plan or supported by regional funds from organizations like APCA.

AF

Namibia



<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 congresses or scientific meetings related to palliative care.</div>	<div>No national congress or scientific conferences on palliative care have been organized in the country in the past 10 years.</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>2</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 four peer-reviewed articles on palliative care in Namibia 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><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>157</div><div>S-DDD PER MILLION INHAB /DAY</div></div></div></div> <div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>NAMIBIA</div><div>157</div></div><div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div></div><div><div>951</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div>

AF




Namibia

<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></div><div>4</div></div><div>Very good: Between 70% to 100%.</div></div> <div><div><div></div><div></div><div></div><div>4</div></div><div>Very good: Between 70% to 100%.</div></div>	<div>The Namibia Essential Medicines List includes 19 medicines for palliative care, with four (Fluoxetine, Lactulose, Midazolam, and Ondansetron) restricted to specialist use and unavailable at the primary care level. However, not all primary care facilities stock all the required medicines. Key medications like Hyoscine, Bisacodyl, Aspirin, and Paracetamol should be available at all primary care facilities. Health centers and clinics with trained staff (medical officers or nurses) should provide Codeine, Chlorpromazine, Dexamethasone, Haloperidol, Ibuprofen, Loperamide, and Metoclopramide. District are hospitals expected to carry Methadone, Morphine, Paracetamol + Codeine Phosphate, Pethidine, and Tramadol.</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></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%.</div></div> <div><div><div></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%.</div></div>	<div>Morphine is only available at district hospitals or higher-level care facilities in Namibia.</div>

AF Namibia

<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>1/1</p> <p>0/1</p> <p>1/4</p> <p>0/4</p>	<p></p> <p>The School of Nursing, the School of Medicines and the Department of Psychology and Social Work, Social Work Section offers a <b>six months' Module on Palliative care integrated into the training curriculum of the 3rd Year at the University of Namibia.</b></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 on specialization for palliative care physicians.</p>	<p>Namibia does have a number of Medical Doctors who are palliative care specialists, but they have obtained their post-graduate specialization outside Namibia. There is a need for Higher Education institutions to offer post-graduate qualifications for specialization in Palliative care in Namibia.</p>

AF Namibia

<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> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>In Namibia, two of the country's 24 hospitals offer some level of palliative care: Windhoek Central Hospital and satellite units of Catholic AIDS Action. The Sacred Hearts Hospice in Marien-tal, operated by a Roman Catholic hospital, provides end-of-life care to patients and their families. Two home-based palliative care services are active: Catholic AIDS Action, based in Windhoek, serves over 8,000 clients across 9 of Namibia's 13 political regions, offering nurse-supervised clinical services, counselling, bereavement support, family support, education, and advocacy; and Hope Home Based Health Care Services, operating in Tsumeb. Currently, only two of Namibia's 35 districts have at least one palliative care service.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>NAMIBIA 0.2</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><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> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>No evidence found.</p>