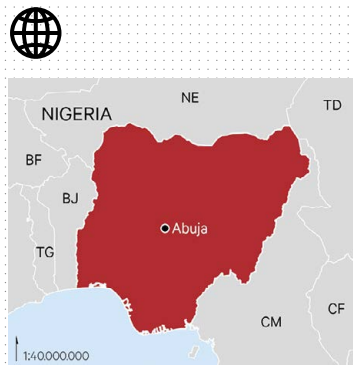


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General data

POPULATION, 2023
223,804,632

PHYSICIANS/1000 INH, 2020-2022
0.4

NURSES/1000 INH, 2020-2022
1.68

LIFE EXPECTANCY, 2022
54.78

Socioeconomic data

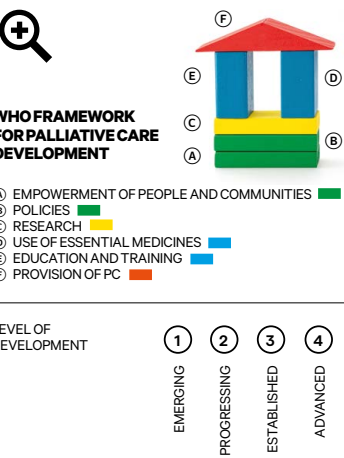
COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
164

GDP PER CAPITA (US\$), 2023
1,596.64

HEALTH EXPENDITURE, 2021
83.85

UNIVERSAL HEALTH COVERAGE, 2021
38



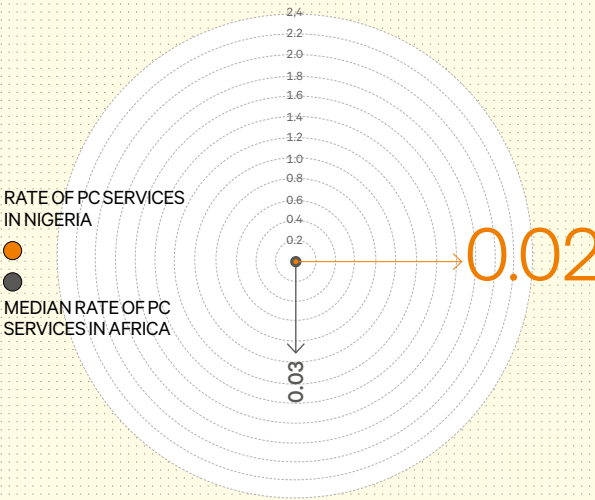
Nigeria

F Provision of PC (Specialised Services)

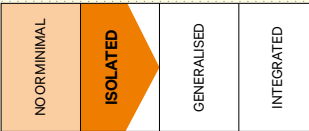
Total number of Specialised PC services
24

Rate of PC services per 100,000 inhabitants
0.02

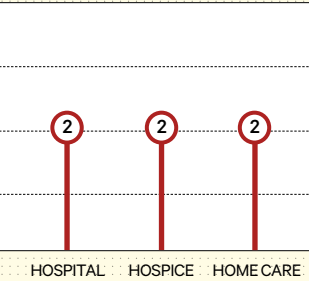
Nigeria in the context of African continent



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
1

AF

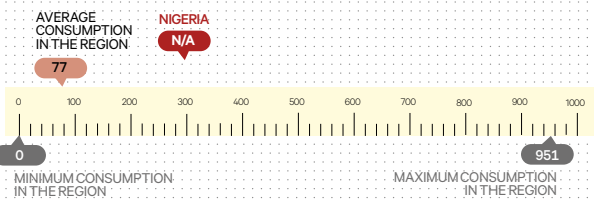
Nigeria

D Use of essential medicines

Opiods consumption (excluding methadone)
N/A

S-DDD/MILL INHABITANTS/DAY

Nigeria 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: Hospice Palliative Care Association of Nigeria (HPCAN).

Consultants: Folaju O. Oyebola; Israel Kolawole; Olalekan Yusuf Dere; Sarah Akande; Tonia Onyeka; Confidential.

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
3/42

Nursing schools with mandatory PC teaching
4/290

Recognition of PC specialty
3

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
3




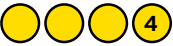
Inclusion of PC in the basic health package at the primary care level
1

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

AF Nigeria

Ind1 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.)	The Hospice and Palliative Care Association of Nigeria (HPCAN) was established in 2006 during the AORTIC meeting in Abuja, Nigeria, and officially inaugurated in 2007. It serves as the umbrella organization for all palliative care providers in the country, encompassing both public and private practices.
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 Policy on Advanced Care Planning within the existing National Policy and Strategic Plan for Hospice and Palliative Care of Nigeria (2021). The practice of advanced care planning is not routine in palliative care practice in Nigeria. Many patients do not have living will or similar documents in the event of their death.
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.	 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.	In 2021, the Nigerian government launched the National Policy and Strategic Plan for Hospice and Palliative Care transitioning from its earlier integration within the National Cancer Control Plan. Chapter 3 outlines strategies to achieve key objectives, while Chapter 4 provides a Monitoring and Evaluation Framework for assessing the effectiveness of palliative care services. Additionally, the National Strategic Cancer Control Plan 2023-2027 also includes performance indicators in Sections 3 and 6 to monitor and evaluate palliative care. Although a national palliative care plan has been updated within the past five years, its implementation remains incomplete. Monitoring and evaluation indicators are currently in use to track progress.

AF Nigeria

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.	
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.	The National Primary Health Care Development Agency's Minimum Standards for Primary Health Care in Nigeria does not include palliative care in its list of health services at the primary care level. Palliative care services are yet to be prioritized for Universal Health Coverage (UHC) within the national health system.
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 a coordinating entity but has an incomplete structure (lack of scientific or technical section)..  There are concrete functions and staff, but do not have a budget.	The National Policy and Strategic Plan for Hospice and Palliative Care in Nigeria 2021 states on Page 3 that: "The Federal Ministry of Health is also supportive of the development through the creation of an HPC desk and a dedicated HPC officer in the Federal Ministry of Health, and the National Agency for Food, Drug Administration and Control (NAFDAC)". Furthermore, Hospice and Palliative Care does not have a standalone desk and it is coordinated by Dr. Uchechukwu Nwokwu, the National Coordinator for the National Cancer Control Program (NCCP) within the Federal Ministry of Health. The mandate of the National Cancer Control Program is to coordinate activities in five major areas namely: 1) Public Education on Cancer, 2) Cancer Prevention, 3) Early Diagnosis and Treatment, 4) Effective Therapy, 5) Palliative Care. Moreover, part of its concrete functions is to review the 2021 National Policy and Strategic Plan for Hospice and Palliative Care.

AF

Nigeria

<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>Since 2008, the National AGM/Scientific Conference of the Hospice and Palliative Care Association of Nigeria (HPCAN) has been held annually in various locations across the country. The 16th edition took place in Port Harcourt in 2024, with the 2025 conference scheduled for Lagos, Nigeria.</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></div><div>3</div><div></div></div></div> <div>Represents a considerable amount of articles published.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 68 peer-reviewed articles on palliative care in Nigeria 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 Nigeria.</div>

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Nigeria

<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>2</div><div></div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div> <div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>Most primary care facilities have only non-opioid medications available. For pain management, acetylsalicylic acid should be provided at Primary Health Care (PHC) centers levels 1, 2, and 3, but not at PH posts or at the household level, making it available in three out of five facility types. Ibuprofen is expected to be available at primary health posts as well as at PHC centers levels 1 and 3, also covering three out of five facility types. Paracetamol should be accessible at all centers, while dexamethasone is reserved for PHC center level 3. Currently, there are no facility surveys or service delivery assessment indicators available.</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>In Nigeria, there are 38,874 operational hospitals and clinics, with 84.8% classified as primary care and only 156 as tertiary facilities. Oral morphine and other Schedule I narcotics are imported and manufactured by the Federal Ministry of Health in collaboration with the National Agency for Food and Drug Administration and Control, for use in health, training, and research institutions. Morphine is primarily distributed to tertiary hospitals offering palliative care services and is not currently available at the primary care level. The National Policy for Controlled Medicines aims to expand access and prescribing authority. In the absence of a doctor, licensed Community Health Officers (CHOs), Community Health Extension Workers (CHEWs), and Junior CHEWs may prescribe controlled medicines at primary health centres, clinics, and health posts, following approved protocols.</div>

AF Nigeria

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

3/42

0/42

4/290

1/290



In Nigeria, the Federal Ministry of Health collaborates with key regulatory bodies—the Pharmacists’ Council, the Medical and Dental Council (MDCN), and the Nursing and Midwifery Council—to improve access to controlled medicines. Professional associations also support this initiative. The 2017 National Policy for Controlled Medicines calls for expanding palliative care services and integrating them into undergraduate training. While the MDCN has introduced palliative care in medical and dental education guidelines, implementation remains uneven. Ongoing efforts aim to standardise training across medicine, nursing, and pharmacy. Palliative care is compulsory in medical schools at the University of Ibadan, University of Ilorin, and University of Nigeria (Enugu Campus); and in nursing schools at the University of Ibadan, University of Nigeria Nsukka, Ahmadu Bello University Zaria, and University of Ilorin. Bayero University, Kano, offers it as an optional subject.

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process for specializa- tion for palliative care physicians but exists other kinds of diplomas with offi- cial recognition (i.e., certification of the professional cat- egory or of the job position of palliative care physician).

The National Postgraduate Medical College of Nigeria does not recognize Palliative care as a specialty or subspecialty. University College Hospital Ibadan has a subspecialty for post- graduate students and training for professionals already in the field “The Ibadan Palliative Care program is recognized as a leading program internationally by the African Palliative Care Association, the ‘Treat the Pain’ Initiative of the American Cancer Society and the Federal Ministry of Health of Nigeria.”

AF Nigeria

Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a **GEOGRAPH- IC** reach and is delivered through different ser- vice delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospi- tal PC teams (consulta- tion teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialised in PC) are available in the community (or at the pri- mary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



Isolated provision: Exists but only in some geographic areas.



Ad hoc/ in some parts of the country.



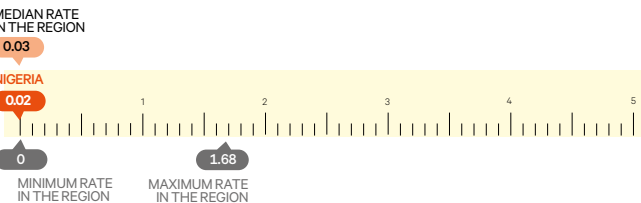
Ad hoc/ in some parts of the country.



Ad hoc/ in some parts of the country.

Hospice and palliative care services have existed in Nigeria for over 15 years, with recent expansions. However, accessibility and integration remain limited. Services are mostly concen- trated in urban and peri-urban areas, leaving rural populations underserved. At primary and secondary levels, services are nearly absent, and integration into the national health system is not yet aligned with WHO recommendations. Most care is pro- vided through tertiary hospital units, often supported by NGOs and faith-based organisations. These include University Col- lege Hospital, Ibadan; FMC Abeokuta; Ahmadu Bello University Teaching Hospital, Zaria; University of Ilorin Teaching Hospital; UNTH Enugu; University of Port Harcourt Teaching Hospital; FMC Makurdi and Umuahia; Lakeshore Cancer Centre, Lagos; and the Centre for Palliative Care, Ibadan, which offers both inpatient and home-based care.

RATE OF SPECIALISED PC SERVICES/100,000 INH



24
← SPECIALISED PALLIATIVE CARE SERVICES

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.
- 14.2. Number of pediatric specialised PC services or teams in the country.



No or minimal pro- vision of palliative care specialized services or teams for children exists in country.

1

PPC TEAMS

Children’s palliative care services are primarily integrated with- in adult palliative care teams in teaching hospitals. The only specialized pediatric palliative care service is provided by a stand-alone hospice, the Hearts of Gold Children’s Hospice in Lagos.