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General data

POPULATION, 2023
14,094,683

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
-

LIFE EXPECTANCY, 2022
68.24

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
160

GDP PER CAPITA (US\$), 2023
1,010.27

HEALTH EXPENDITURE, 2021
60.22

UNIVERSAL HEALTH COVERAGE, 2021
49



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



Rwanda

F Provision of PC (Specialised Services)

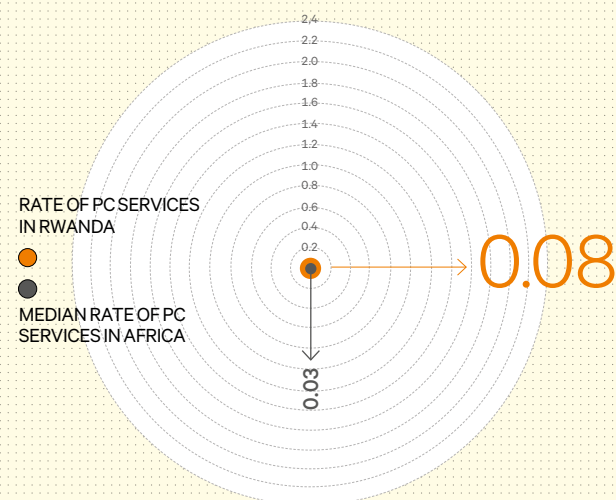
Total number of Specialised PC services

10

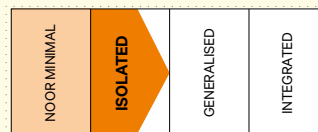
Rate of PC services per 100,000 inhabitants

0.08

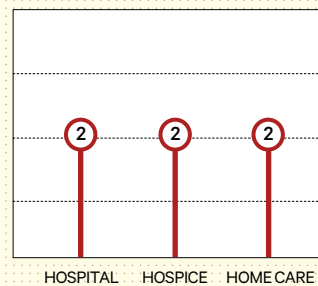
Rwanda in the context of African continent



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

4

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Rwanda

D Use of essential medicines

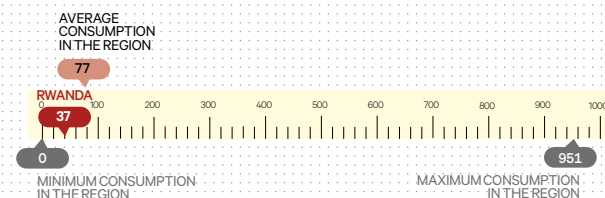


Opioids consumption (excluding methadone)

37

S-DDD/MILL INHABITANTS/DAY

Rwanda in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %



General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Palliative Care Association of Rwanda (PCAR).

Consultants: Christian Ntirimira; Gahire B.K.Rose.

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



1/3

Nursing schools with mandatory PC teaching



0/2

Recognition of PC specialty



B Policies

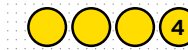
National PC plan or strategy



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





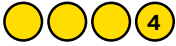

Advanced care planning-related policies



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| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p> | <p>In Rwanda, four key organizations actively promote palliative care, patient rights, and caregiver support through advocacy, service provision, and research. Palliative Care Association of Rwanda (PCAR), founded in 2008, collaborates with the Ministry of Health to integrate affordable, culturally appropriate palliative care into the healthcare system, focusing on advocacy, training, research, and home-based care. Rwanda Palliative Care & Hospice Organization (RPCHO) supports patients with life-threatening illnesses, primarily in Kigali, by providing pain relief and caregiver support. African Center for Research on End of Life Care (ACREOL) enhances palliative care frameworks through research and policy influence, emphasizing African sociocultural perspectives on end-of-life care. ALAMAL Rwanda, since 2012, has implemented holistic home-based palliative care, engaging families, volunteers, and professionals to improve patient and caregiver well-being.</p> |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  <p>There is no national policy or guideline on advance care planning.</p> | |
| 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. |   <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p> | <p>Palliative Care is integrated into the National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) 2020-2025, which emphasizes its integration at all levels of the health system and encourages strengthening community-level services to ensure patients can receive care at home. It is also integrated into the National Cancer Control Plan (NCCP) 2020-2024. Both plans provide clear indicators for monitoring palliative care, but further updates and improved coordination are essential for comprehensive implementation. The standalone National Palliative Care Plan (2011) is outdated and has not been updated or fully evaluated.</p> |

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| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  <p>The indicators exist, but have not been updated (implemented out of the determined period).</p> | |
| 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. |  <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p> | <p>In Rwanda, palliative care is recognized as part of essential health services under Universal Health Coverage (UHC). According to the Ministerial Instructions No. 20/7017 (2021), UHC must ensure access to necessary healthcare services, including quality palliative care, without causing financial hardship. However, palliative care is mentioned only as a component of essential services within the community health insurance system, without detailed implementation guidelines. The Health Service Packages for Public Health Facilities (2017) also highlights palliative care within oncological services, emphasizing pain relief and psychosocial support for patients with severe illnesses. These services are integrated at district, provincial, and referral hospitals, though clarity on their scope and standardization remains limited.</p> |
| 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. |   <p>There is no authority defined.</p> <p>There are concrete functions and staff, but do not have a budget.</p> | <p>In Rwanda, the coordination of Palliative Care falls under the Non-Communicable Diseases (NCDs) Division within the Ministry of Health. There is a dedicated person responsible for nationwide PC implementation, supported by a team including an Assistant Commissioner and a Senior Medical Officer within the Division of Palliative Care and Hospice Services. However, while a small budget is allocated, it primarily supports staff costs rather than the implementation of activities, due to financial constraints.</p> |

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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><div></div><div>2</div><div></div><div></div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div> | <div>In Rwanda, palliative care conferences or scientific meetings are exclusively organized by the African Palliative Care Association (APCA). There are not regular or nationally led events dedicated to palliative care, primarily due to funding challenges.</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 25 peer-reviewed articles on palliative care in Rwanda 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></div> | <div><div><div><div><div></div><div>37</div></div></div><div>S-DDD PER MILLION INHAB /DAY</div></div></div> <div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>RWANDA</div><div>37</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> |



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Rwanda







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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><div><div></div><div></div><div></div><div>4</div></div></div> <div>Very good: Between 70% to 100%.</div> | <div>In Rwanda, symptom and pain relief medications are included in the National List of Essential Medicines. All standard formulations and pain management medicines are officially recognized as essential and are intended to be accessible across healthcare facilities. Availability data indicates that 71% of essential medicines are present in health centers and 78% in district hospitals.</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> <div>Very good: Between 70% to 100%.</div> | |

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| <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><div><div></div><div></div><div></div><div>4</div></div></div> <div>Very good: Between 70% to 100%.</div> | <div>In Rwanda, morphine syrup is produced locally and provided free of charge to all patients in need. According to the National List of Essential Medicines (2015), oral liquid morphine (10 mg/5 ml) is listed as an essential medicine and is designated to be available in all Health Centers at the Primary Level of Health Services.</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></div><div>4</div></div></div> <div>Very good: Between 70% to 100%.</div> | |

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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>1/3</p> <p>0/3</p> <p>0/2</p> <p>1/2</p> | <p></p> <p>The University of Rwanda is the only university that includes Palliative Care in its curriculum from Year 1 to Year 6, making it a mandatory subject. At nursing schools, palliative care education is not yet fully integrated. It is offered as an optional subject, depending on the availability of qualified lecturers.</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> | |

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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> Isolated provision: Exists but only in some geographic areas.</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 Rwanda, there are ten palliative care services, distributed across teaching hospitals, district hospitals, and one inpatient hospice. Home care teams specialized in palliative care operate within the community, but their availability depends heavily on organizations, associations, and charitable institutions. Most nurses and doctors providing palliative care have received basic palliative care training.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>RWANDA 0.08</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>10 ← 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> Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.</p> <p> PPC TEAMS</p> | <p>The services are located in a specific geographic area but are not yet well implemented.</p> |