

AF



SAO TOME
E PRINCIPE

Sao Tome

1:70000000

General data

POPULATION, 2023
231,856

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
-

LIFE EXPECTANCY, 2022
70.08

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
141

GDP PER CAPITA (US\$), 2023
2,940.93

HEALTH EXPENDITURE, 2021
186.11

UNIVERSAL HEALTH COVERAGE, 2021
59



WHO FRAMEWORK
FOR PALLIATIVE CARE
DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF
DEVELOPMENT

1 2 3 4

EMERGING
PROGRESSING
ESTABLISHED
ADVANCED

São Tomé and Príncipe

(F) Provision of PC (Specialised Services)

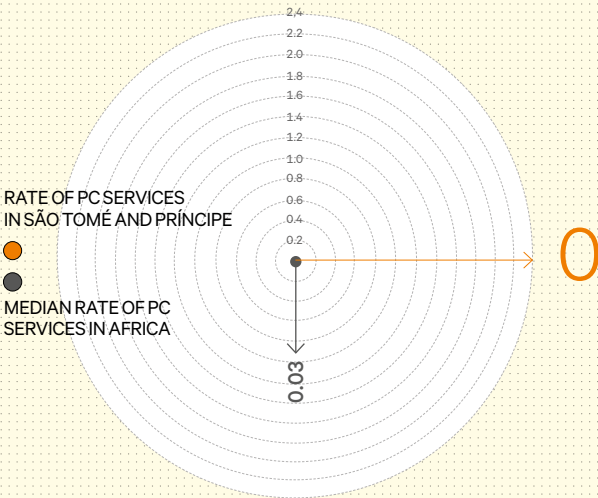
Total number
of Specialised
PC services

0

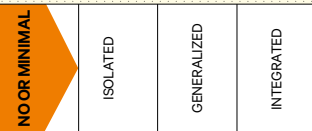
Rate of PC services
per 100,000 inhabitants

0

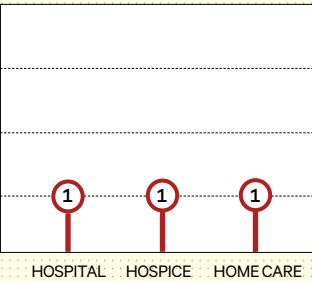
São Tomé and Príncipe in the context of African continent



Geographic
distribution and
integration of PC
services



Level of development
of different types of
PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION
AND INTEGRATION

1 2 3 4

TOTAL NUMBER

0

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(D) Use of essential medicines

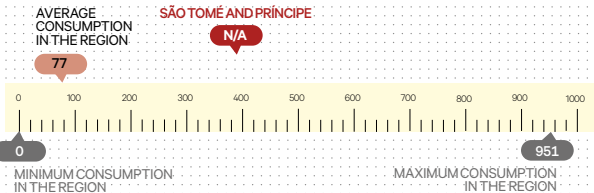


Opioids
consumption
(excluding
methadone)

N/A

S-DDD/MILL INHABITANTS/DAY

São Tomé and Príncipe in the context of African continent



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



IN URBAN AREAS %

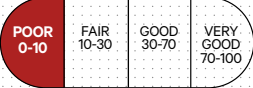


IN RURAL AREAS %

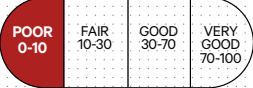


General availability of immediate-release oral
morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



(C) Research

PC-related
research articles

1 2 3 4

Existence of PC
congresses or scientific
meetings

1 2 3 4



National Association: No.
Consultants: Inês Egídio de
Sousa.

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).

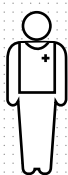
(E) Education & Training

Medical schools
with mandatory PC
teaching



0/0

Nursing schools
with mandatory PC
teaching



0/1

Recognition of PC specialty

1 2 3 4

(B) Policies

National PC plan
or strategy

1 2 3 4

Responsible authority
for PC in the Ministry of
Health

1 2 3 4

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

1 2 3 4

(A) Empowerment of people
and communities



Groups promoting
the rights of PC
patients

1 2 3 4



Advanced care
planning-related
policies

1 2 3 4

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Only isolated activity can be detected.</div>	In São Tomé and Príncipe, there are no known patient or care-giver groups formally dedicated to promoting the rights of individuals in need of palliative care. However, in April 2023, a training course in continuing and palliative care was delivered as part of the Health for All project. Organised by the Instituto Marquês de Valle Flôr (IMVF) with support from Portuguese Cooperation, I.P. and the Directorate-General of Health, the initiative contributed to raising awareness and building initial capacity in palliative care, although it did not involve the creation of a patient advocacy organisation.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no national policy or guideline on advance care planning.</div>	
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.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Do not know or does not exist.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not known or does not exist neither standalone nor is included in another national plan.</div>	There is interest in developing palliative care but still no official government document or publication regarding palliative care exists (national program or strategy).

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Do not know or does not exist.</div>	
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.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not at all.</div>	There is no national legal framework regarding palliative care in São Tomé and Príncipe. The Lei de Base da Saúde (Lei n.º 09/2018) does not mention palliative care. However, the provision of continuous care has recently started as part of integrated care in primary health services.
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.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no coordinating entity.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Does not have concrete functions or resources (budget, staff, etc.).</div>	

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São Tomé and Príncipe



<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>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 non-existent number of articles published on the subject in that country.</div>	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in São Tome and Príncipe that met all 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 São Tomé and Príncipe.

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São Tomé and Príncipe

<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>3</div><div></div><div></div><div></div></div><div>Good: Between 30% to 70%.</div></div> <div><div><div>2</div><div></div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div>	<p>São Tomé and Príncipe has a national list of medicines, validated in July 2018, and an essential medicines list (LNME). However, until LNME 2023, there was no specific section for palliative care medicines. In 2024, essential palliative care medicines were finally included. Despite this progress, the pharmaceutical supply chain within the National Health Services remains inefficient, leading to frequent stockouts, especially in rural areas. While most essential medicines or therapeutic alternatives are available (except methadone and fluoxetine), their inconsistent supply limits access for patients in need.</p>
<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>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>	<p>Immediate-release oral morphine at the primary care level is not available; only tramadol is documented to be available.</p>

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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>0/0</p> <p>0/0</p> <p>0/1</p> <p>0/1</p>	<p></p> <p>There are no medical schools in the country and, as per nursing education, there is no formal training in palliative care within the existing curriculum.</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>Currently there is no process for specialization or advanced training but it is being developed. There was a basic course, promoted by an NGO.</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>There are no specialized palliative care services available in the country.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>SÃO TOMÉ AND PRÍNCIPE 0</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> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>There are no palliative care services available in the country.</p>