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General data

POPULATION, 2023
8,791,092

PHYSICIANS/1000 INH, 2020–2022
0.05

NURSES/1000 INH, 2020–2022
1.12

LIFE EXPECTANCY, 2022
62.15

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
185

GDP PER CAPITA (US\$), 2023
757.86

HEALTH EXPENDITURE, 2021
43.17

UNIVERSAL HEALTH COVERAGE, 2021
41



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

① EMERGING
② PROGRESSING
③ ESTABLISHED
④ ADVANCED

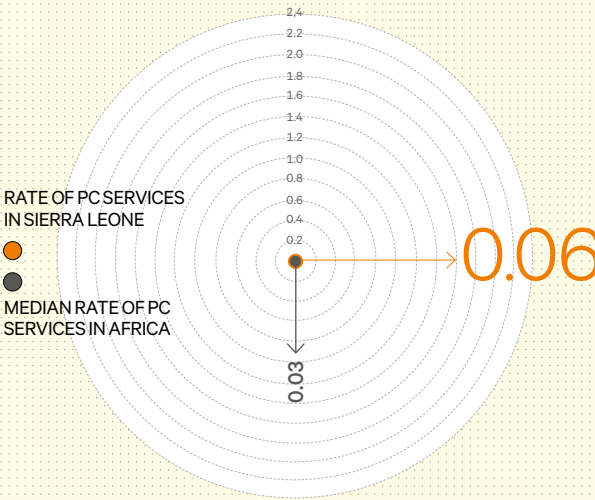
Sierra Leone

F Provision of PC (Specialised Services)

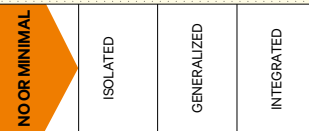
Total number of Specialised PC services
5

Rate of PC services per 100,000 inhabitants
0.06

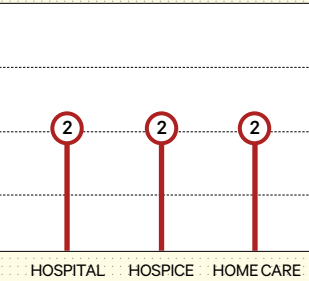
Sierra Leone in the context of African continent



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

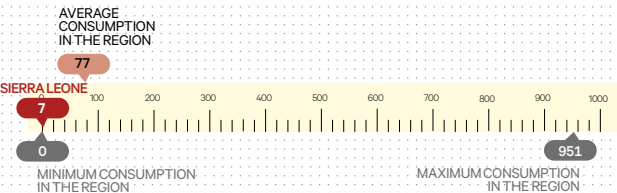
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D Use of essential medicines

Opiods consumption (excluding methadone)
7
S-DDD/MILL INHABITANTS/DAY

Sierra Leone 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

1

Existence of PC congresses or scientific meetings

2



National Association: Sierra Leone Palliative Care Association (SLPCA).
Consultants: Kelfa Koromba-Kpallu; Mary Ruth Bunn.

Data collected: From December 2023 to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: Not Operational.
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
0/7

Recognition of PC specialty
1

B Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
1

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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Sierra Leone

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	<div><div></div><div></div><div>3</div><div></div></div> <div>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</div>	In Sierra Leone, the Sierra Leone Palliative Care Association (SLPCA) was formally launched in 2006 at Shepherd's Hos-pice in Freetown. The association aimed to advocate for patient rights and support training for doctors, nurses, and community health workers in basic palliative care. However, SLPCA has not been operational for the past seven years. A Palliative Care Unit currently functions at Connaught Hospital, the country's main government teaching hospital, and supports a wider Palliative Care Network. This network includes teams based in regional and district hospitals, where staff have received palliative care training as part of service development.
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>There is no national policy or guideline on advance care planning.</div>	Communication, ethics, and breaking bad news are being pro-moted and integrated into training programs. However, there is currently no legal framework in place for advance care planning or for patients to formally express their preferences for end-of-life care.
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>Do not know or does not exist.</div> <div><div>1</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>	Sierra Leone currently lacks a national palliative care plan, policy, or strategy with a defined implementation framework. However, palliative care has been included in the draft Sierra Leone Cancer Care Strategy, which outlines the need to develop a palliative care policy, strategy, and national training manual. The National Can-cer Care Technical Working Group, established in 2021, is leading efforts to finalize this strategy with WHO support, although it remains incomplete and unapproved.

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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>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>Not at all.</div>	There is currently no formal decree or law mandating the inclusion of palliative care in the list of health services at the primary care level in Sierra Leone. However, the Sierra Leone Framework for the Person-Centred Life Stages Approach to Health Service Delivery (2023–2030) integrates palliative care into primary, community, and rehabilitative services as part of Universal Health Coverage (UHC). It emphasizes accessibility, capacity building, and progressive system strengthening.
Ind5 5.1. Is there a national authority for palliative care within the govern-ment 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>There is no coordi-nating entity.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Does not have concrete func-tions or resourc-es (budget, staff, etc.).</div>	Palliative care advocacy in Sierra Leone is directed to the Non-Communicable Diseases (NCD) Directorate at the Ministry of Health, whose head has collaborated on knowledge scoping, training programs, and curriculum development over the past six years, including supporting service delivery through the Pal-liative Care Unit at Connaught Hospital, staffed by one doctor and four nurses who provide hospital, outpatient, and home-based care. However, while the NCD Director and Chief Medical Officer are aware of palliative care developments, no dedicat-ed authority, functions, budget, or staff for palliative care exist within the Ministry of Health to date.

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div>2</div><div></div><div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	Sierra Leone does not have congresses or scientific meetings exclusively dedicated to palliative care. However, the Con-naught Palliative Care Unit marked its 5-year anniversary in the government sector with a meeting on World Hospice and Pal-liative Care Day 2023, involving MoH staff and healthcare pro-fessionals. Additionally, palliative care has been included in the Sierra Leone Medical and Dental Association annual meeting and the students' conference in 2021.
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>1</div><div></div><div></div><div></div></div> <div>Minimal or nonex-istent 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 Sierra Leone that all 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>7</div></div> <div>S-DDD PER MILLION INHAB /DAY</div>	<div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div> <div>COUNTRY VS REGION</div> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>SIERRA LEONE</div><div>7</div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>951</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div>

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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>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	Paracetamol and possibly ibuprofen (step 1 of the WHO anal-gesic ladder) are expected to be widely available at the prima-ry care level. However, most of the other essential medicines for pain and palliative care, as defined by the WHO Model List of Essential Medicines, are largely unavailable at this level.
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>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	Oral morphine is not available at the primary care level in Sierra Leone. Immediate-release morphine sulfate tablets (Sevredol) are accessible only through the Palliative Care Unit at Connaught Hospital, part of the University of Sierra Leone Teaching Hospitals Complex within the government sector. Long-acting MST tablets remain unavailable. Since January 2024, the Connaught Palliative Care Unit (CPCU) has been producing oral morphine solution, available for palliative care patients under its care. CPCU provides hospital-based, outpatient, and home-based services. Morphine usage at CPCU increased from 20g (September 2021–September 2022) to 60g (September 2022–September 2023), excluding small private donations. As availability improves, further increases in usage are expected. However, oral morphine remains inaccessible at the primary care level, limiting access for patients outside of specialized palliative care services.

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<div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div></div>	<div>1/1</div> <div>0/1</div> <div>0/7</div> <div>0</div>	<div></div> <div>Sierra Leone has one medical school, with plans for a second to open. Palliative care is integrated into the 4th, 5th, and 6th-year medical curriculum. For the past four years, children's palliative care has been taught to 5th-year students through two lectures (half a day) with examination questions. Teaching for 4th and 6th years has been sporadic but is now formally included in the clinical curriculum, establishing palliative care as a structured component of undergraduate medical education. The number of nursing schools varies, but palliative care is not formally included in their curricula. Some nursing students are periodically assigned to the Connaught Palliative Care Unit, gaining hands-on experience through ward work and lectures. However, the proportion of students receiving this training is unknown, and efforts to formally integrate PC into nursing education remain unsuccessful despite ongoing advocacy.</div>
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div>	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no process on specialization for palliative care physicians.</div>	<div>There is no officially recognized specialization process in palliative medicine for physicians in Sierra Leone. However, two national physicians are pursuing specialization through alternative routes. One has completed Family Medicine and acquired additional palliative care experience and training abroad, while the other is specializing in Internal Medicine, which cannot be completed locally due to the absence of a formal palliative care training program.</div>

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<div>Ind13</div> <div><div>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.</div><div>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.</div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div>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.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div>	<div><div>1</div><div></div><div></div><div></div></div> <div>No or minimal provision of palliative care specialized services or teams exist in the country.</div> <div><div>2</div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div>2</div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div>2</div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div>	<div>Sierra Leone currently has a small but growing palliative care network. The Connaught Palliative Care Unit (CPCU), established in 2018 at the Connaught Hospital in Freetown, serves as the primary government provider of palliative care, offering inpatient, outpatient, and limited home-based care. It also supports pediatric patients at the Ola During Children's Hospital and has been instrumental in mentoring and training palliative care teams in five regional district hospitals (Makeni, Bo, Kenema, Port Loko, and Moyamba). Additionally, the Shepherd's Hospice, a private institution in Freetown, provides inpatient hospice care and home-based services for patients with life-threatening illnesses, such as cancer and HIV/AIDS. Currently, the country has 2 hospital-based services (1 adult and 1 pediatrician), 1 hospice, 2 home-based services. Efforts are ongoing to expand palliative care teams nationwide and to establish an integrated system. However, challenges in staffing, funding, and resources continue to limit the scale and reach of services.</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div>MEDIAN RATE IN THE REGION</div><div>0.03</div><div>SIERRA LEONE</div><div>0.06</div><div>0</div><div>1.68</div><div>MINIMUM RATE IN THE REGION</div><div>MAXIMUM RATE IN THE REGION</div></div><div>5</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div>
<div>Ind14</div> <div><div>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.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div>	<div><div>1</div><div></div><div></div><div></div></div> <div>No or minimal provision of palliative care specialized services or teams for children exists in country.</div> <div><div>1</div></div> <div>PPC TEAMS</div>	<div>There is one specialized palliative care team within the children's oncology unit at Ola During Children's Hospital in Freetown, which provides inpatient, home-based, and follow-up care. The team collaborates with the Connaught Palliative Care Unit and is supported by training initiatives led by the Ministry of Health's Directorate of Non-Communicable Diseases. However, this service appears to be concentrated in Freetown, with no information on similar services across other regions or service delivery platforms in the country.</div>