



General data

POPULATION, 2023
18,143,378

PHYSICIANS/1000 INH, 2020–2022
–

NURSES/1000 INH, 2020–2022
–

LIFE EXPECTANCY, 2022
59.11

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
192

GDP PER CAPITA (US\$), 2023
597.46

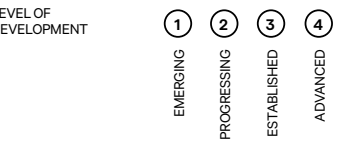
HEALTH EXPENDITURE, 2021
0

UNIVERSAL HEALTH COVERAGE, 2021
27



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



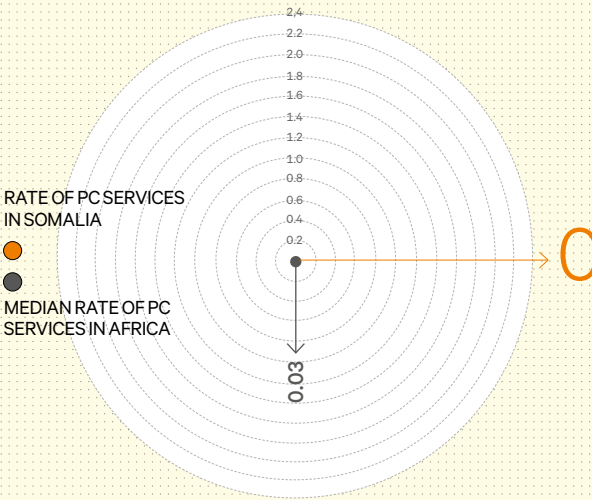
Somalia

F Provision of PC (Specialised Services)

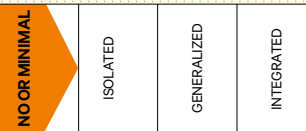
Total number of Specialised PC services
0

Rate of PC services per 100,000 inhabitants
0

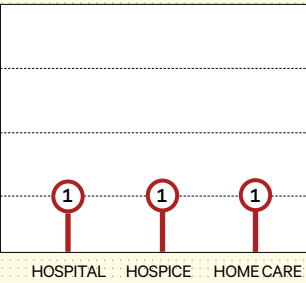
Somalia in the context of African continent



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
0

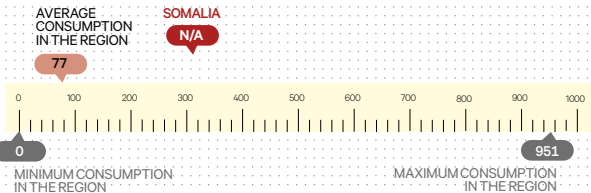


Somalia

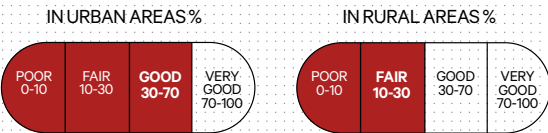
D Use of essential medicines

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

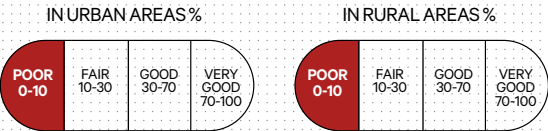
Somalia in the context of African continent



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: Confidential.

Data collected: From December 2023 to March 2024.
Date validated by consultants: No
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
0/31

Nursing schools with mandatory PC teaching
0/6

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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Somalia

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>	There are various groups and organizations dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors. These groups work towards advocating for the needs and rights of these individuals, raising awareness about palliative care, and improving the quality of life for those facing serious illnesses.
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>	Somalia does not have a national policy or guideline addressing advance care planning, surrogate decision-making, or living wills related to end-of-life care. Unlike other countries that have developed frameworks to support individuals in expressing their preferences regarding life-sustaining treatments and to guide health-care professionals accordingly, Somalia has not established such provisions. Key national health documents, including the 2022–2027 Somali Health Sector Investment Case and the Essential Package of Health Services (EPHS), do not reference any policies related to advance care planning or end-of-life decision-making.
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>	The Somalia Health Sector Strategic Plan 2022–2026 (HSSP III) and the Somali National Development Plan 2020–2024 do not explicitly mention palliative care as a key focus. However, palliative care is briefly referenced in the Essential Package of Health Services as a proposed intervention related to cancer management. This includes essential palliative care and pain control measures, such as oral immediate-release morphine and medications for managing associated symptoms.

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Somalia

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>	Palliative care is briefly referenced in the Essential Package of Health Services as a proposed intervention related to cancer management. This includes essential palliative care and pain control measures, such as oral immediate-release morphine and medications for managing associated symptoms. While primary health units are not currently included in this scope, the documents note that extending palliative care services to lower levels of care would be an optimal goal if resources allow.
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>There is no coordinating entity.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Does not have concrete functions or resources (budget, staff, etc.).</div>	

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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>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	<div>In Somalia, palliative care remains at a very early stage of development. Consequently, no national congresses or scientific meetings dedicated specifically to palliative care have been recorded to date. The field has yet to gain sufficient recognition or momentum as a specialised area within the national health agenda to justify the organisation of such events.</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>	<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 Somalia that met all 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 Somalia.</div>

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Somalia

<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>3</div><div></div></div><div>Good: Between 30% to 70%.</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div>	<div>The Somali Essential Medicines List (2019), endorsed by the Federal Ministry of Health and WHO, includes a comprehensive section on medicines for pain and palliative care. It features core analgesics such as paracetamol and ibuprofen, as well as opioid options including morphine (immediate and slow-release), codeine, and transdermal fentanyl. Crucially, the list also includes a broad range of adjuvant medicines essential to palliative care: antiemetics (ondansetron, metoclopramide), anxiolytics (midazolam, diazepam), antipsychotics (haloperidol), antidepressants (amitriptyline), anticholinergics (hyoscine), corticosteroids (dexamethasone), and laxatives (lactulose, senna). This reflects a policy-level understanding of comprehensive symptom management. However, the document does not specify whether these medicines are routinely available in primary care settings—urban or rural. Thus, while the regulatory framework exists, the practical accessibility of these essential medicines at the facility level remains uncertain.</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>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>	<div>In the country, oral or liquid morphine is not available; only injectable morphine is provided. Its use is primarily limited to cancer patients, and availability is restricted to specific situations.</div>

AF Somalia

<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>0/31</p> <p>0/31</p> <p>0/6</p> <p>0/6</p>	<p></p> <p>In the country, palliative care is not included in the medical or nursing school curricula, either as a compulsory subject or an optional course.</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 specializa- tion for palliative care physicians.</p>	

AF Somalia

<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></p> <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p>	<p>The availability of specialized palliative care in Somalia is highly limited, primarily due to challenges such as a fragile health-care system and resource constraints. While the healthcare system is developing and working toward improvement, no dedicated or specialized palliative care services currently exist. In some cases, healthcare staff may provide care for patients with severe illnesses, but these efforts are minimal and not part of a structured or specialized system.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>SOMALIA 0</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>0 ← 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></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>There is no evidence of specialised paediatric palliative care services or trained professionals in Somalia.</p>