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General data

POPULATION, 2023
60,414,495

PHYSICIANS/1000 INH, 2020-2022
0.81

NURSES/1000 INH, 2020-2022
1.04

LIFE EXPECTANCY, 2022
66.49

Socioeconomic data

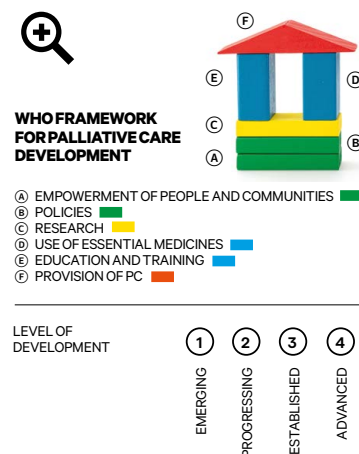
COUNTRY INCOME LEVEL, 2022
Upper middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
107

GDP PER CAPITA (US\$), 2023
6,022.54

HEALTH EXPENDITURE, 2021
583.68

UNIVERSAL HEALTH COVERAGE, 2021
71



South Africa

F Provision of PC (Specialised Services)

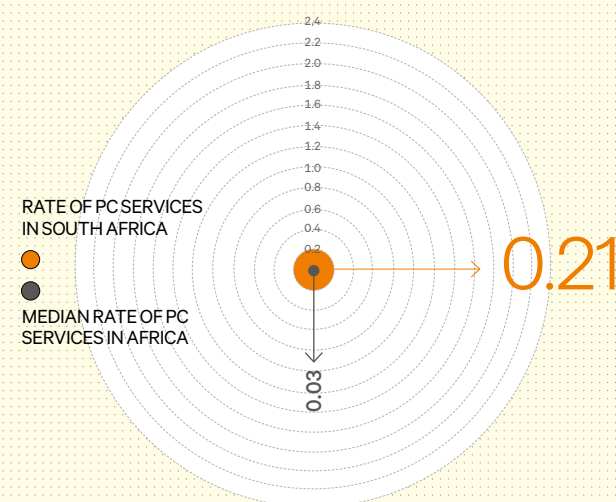
Total number of Specialised PC services

122

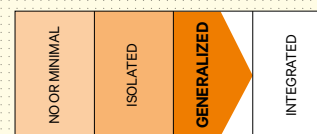
Rate of PC services per 100,000 inhabitants

0.21

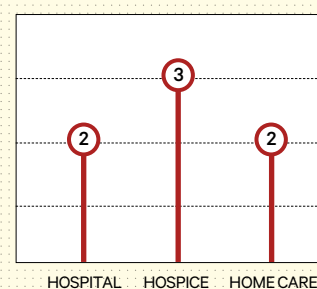
South Africa in the context of African continent



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

33

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South Africa

D Use of essential medicines

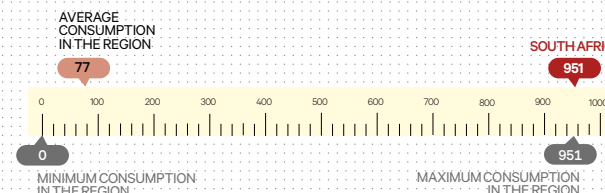


Opioids consumption (excluding methadone)

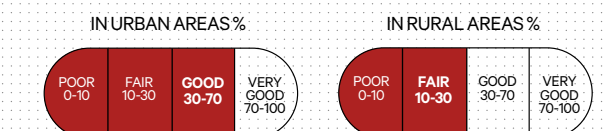
951

S-DDD/MILL INHABITANTS/DAY

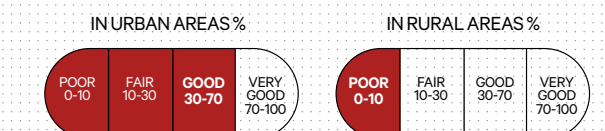
South Africa in the context of African continent



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: Association of Palliative Care Centres (APCC).
Consultants: Clint Cupido; Liz Gwyther; Neo Tlaleng Tlebere.

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



8/8

Nursing schools with mandatory PC teaching



0/120

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 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 Association of Palliative Care Centres (APCC), formerly the Hospice Palliative Care Association was founded in 1987. With 69 members, APCC delivers palliative care nationally through inter-disciplinary teams of trained professionals. Its members adhere to standards accredited by the Council for Health Service Accreditation of Southern Africa and the International Society for Quality in Health Care. The APCC provides education, accredited training, and quality assurance programmes. The Association of Palliative Care Practitioners of South Africa (PalPrac) leads the National Palliative Care Advisory Group. Other key organisations include CANSA, the Cancer Alliance, CanSurvive, Living With Cancer, PATCH, and PaedsPal, supporting cancer and paediatric palliative care. Community-based hospices and initiatives such as Abundant Life Palliative Care promote advocacy and public engagement. Despite strong efforts, legal advocacy remains underdeveloped.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	In South Africa, the National Health Act of 2003 provides guidance on surrogate decision-makers for patients incapable of making decisions. Although it was originally designed for patients with mental illness rather than for palliative care, it can legally be applied to guide palliative care teams. Additionally, the Health Professions Council of South Africa's Guidelines for Good Practice offer more comprehensive guidance. Specifically, the Ethical Guidelines on Palliative Care include clear instructions on advance care planning, assisting patients in drafting advance directives or living wishes, and emphasizing the importance of regular reviews. PalPrac and PaedsPal provide guidance on Advance Care planning for adults and children.
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.	 Developed over 5 years ago.  There is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC.	The National Policy Framework and Strategy for Palliative Care (NPFSPC) 2017-2022 was approved by the National Health Council in 2017, providing a framework for integrating palliative care into the health system. The policy includes monitoring and evaluation indicators (page 53), and a national audit of services was conducted in 2019. The National Palliative Care Coordinator within the Department of Health is responsible for tracking progress against these indicators. A review and update of the policy is planned for 2025. At the provincial level, the Western Cape Province developed a Palliative Care Strategy during the COVID-19 response in 2020, allocating funding for 20 nursing posts, demonstrating progress in service expansion. Additionally, palliative care is incorporated into the National Cancer Control Program (2017-2022), which also requires updating to align with evolving healthcare needs.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators exist, but have not been updated (implemented out of the determined period).	
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.	 Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.	South Africa's intent to integrate palliative care into primary health care services is documented in the National Health Insurance (NHI) Bill, which references "comprehensive service health" that includes palliative care. However, this integration has not yet been formalized or fully implemented within the 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, staff and budget.	A National Palliative Care Coordinator was appointed and funded for three years through donor support, during which service audits were conducted, palliative care guidelines were updated, morphine use was monitored, and basic training was supported. However, after the initial funding ended, the position remained vacant for a period before the coordinator was reappointed, again with donor-dependent funding. Additionally, a group of palliative care leaders who contributed to drafting the National Policy Framework and Strategy for Palliative Care formed an advisory group. However, this group operates voluntarily, without formal government appointment or dedicated resources.

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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></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every 3 years.</div>	<div>South Africa has a history of hosting national palliative care conferences. The Hospice Palliative Care Association of South Africa (now APCC) previously held annual conferences, but these were discontinued in 2017 due to funding constraints. In 2023, a consortium of NGOs, including APCC, the Association of Palliative Care Practitioners (PalPrac), and three children's palliative care organizations (PaedsPal, Umduduzi, and PATCH-SA), organized a national South African Palliative Care Conference with the aim of establishing it as a regular event every 1–2 years. Additionally, palliative care topics have been included in other medical conferences, such as the Physicians Refresher Course at UCT (2024), the Heart Failure Association of South Africa Conference (2023), and Pain SA (2023).</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 114 peer-reviewed articles on palliative care in South Africa 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>951</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>SOUTH AFRICA</div><div>951</div></div></div><div><div>0</div><div>951</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>

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South Africa

<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> <div>Good: Between 30% to 70%.</div> <div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	<div>In South Africa, pain and palliative care medicines are included in the Essential Medicines List (EML), which covers all levels of health facilities. The EML includes a dedicated chapter on palliative care, specifying essential medications. While institutions providing palliative care generally have access to pain medications, including morphine, their availability at the primary level can be inconsistent. Shortages occasionally occur, and access to certain schedule medicines, such as morphine, often depends on whether a doctor is regularly available at the clinic.</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></div><div></div><div>3</div><div></div></div></div> <div>Good: Between 30% to 70%.</div> <div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>The availability of immediate-release oral morphine at the primary care level in South Africa varies significantly across provinces. The Western Cape Province has implemented a project to enhance access to palliative care and ensure the availability of medications, including liquid morphine. However, in other provinces, especially in rural areas, access is inconsistent, with little to no use of morphine reported. Challenges include irregular procurement and inconsistent storage of morphine powder required to constitute liquid morphine.</div>

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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.

8/8

4/8

0/120

0/120



In South Africa, all **eight medical schools include palliative care education in their curricula**, though the amount of training varies significantly. The median is 27.5 hours, with a range of 4 to 46 hours dedicated to palliative care. Efforts are underway to standardize palliative care education through collaborations between academics at these institutions. Additional optional blocks and programs in palliative care are available at four medical schools. On the other hand, palliative care is not included in the South African Nursing Council (SANC) accredited undergraduate training curriculum.

Ind12

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



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

The Health Professions Council of South Africa (HPCSA) has approved Palliative Medicine as a subspecialty. Specialists in Oncology, Family Medicine, Internal Medicine, and Emergency Medicine are eligible to pursue a two-year fellowship through the MPhil in Palliative Care program. The first cohort of fellows is expected to begin training in 2026. In addition to the subspecialty, recognized postgraduate qualifications in palliative care include: 1st) Postgraduate Diploma in Palliative Medicine, and 2nd) Master of Philosophy (MPhil) in Palliative Care.

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Ind13

- 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.
- 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.
- 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 primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



Generalized provision: Exists in many parts of the country but with some gaps.



Ad hoc/ in some parts of the country.



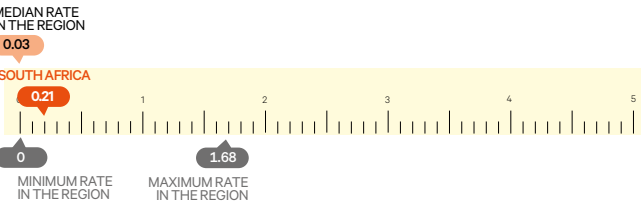
Found in many parts of the country.



Ad hoc/ in some parts of the country.

Over the past decade, the number of hospices has declined from 201 in 2011 to 69 currently registered with the Association of Palliative Care Centers. There are about 15 hospital-based palliative care teams in the state sector. Most private hospitals claim to offer palliative care through physicians, some employing nurses trained in palliative care. Each province has at least two registered hospices: Gauteng (18), Western Cape (16), KwaZulu-Natal (14), Eastern Cape (6), North West (4), Mpumalanga (3), Free State (3), Northern Cape (3), Limpopo (2). Of these, 30 provide in-patient and 65 offer home care. Sixteen provide pediatric care, plus seven specialist pediatric palliative organizations. According to APCC 2023/24 data (54 members), 36,664 clients were cared for, including 18,780 patients (51%) and 17,884 household members (49%).

RATE OF SPECIALISED PC SERVICES/100,000 INH



122

← 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.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

33

PPC TEAMS

Out of the nine provinces, only six have at least one service dedicated to providing care for children. Across these provinces, there are 26 generalist children's palliative care services, supported by 103 clinicians—primarily doctors and nurses—who hold qualifications in Pediatric Palliative Care and integrate this expertise into their practice. Additionally, there are seven specialized Pediatric Palliative Care organizations delivering focused care in this field: 1st) Sunflower House (Free State)-NGO, 2nd) Paedspal (Cape Town) - NGO, 3rd) Butterfly Hospice (Paarl) NGO, 4th) Umduduzi (KZN)-NGO, 5th) Lambano (JHB) - NGO, 6th) Butterfly House (KZN)-NGO, and 7th) Stepping Stone Hospice & Care Services (GP)-NGO.