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General data

POPULATION, 2023
48,109,006

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
-

LIFE EXPECTANCY, 2022
66.70

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
171

GDP PER CAPITA (US\$), 2023
2,183.44

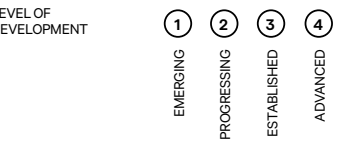
HEALTH EXPENDITURE, 2021
21.59

UNIVERSAL HEALTH COVERAGE, 2021
44



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

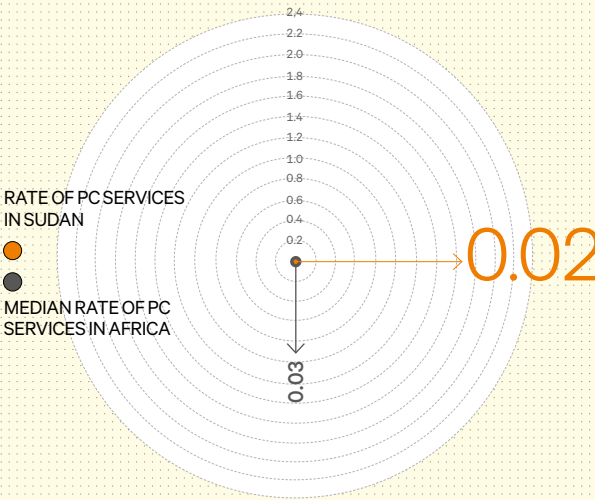


Sudan

F Provision of PC (Specialised Services)



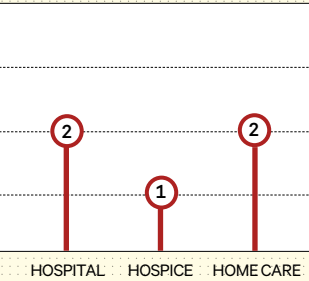
Sudan in the context of African continent



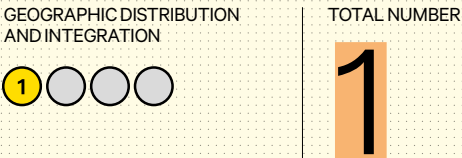
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



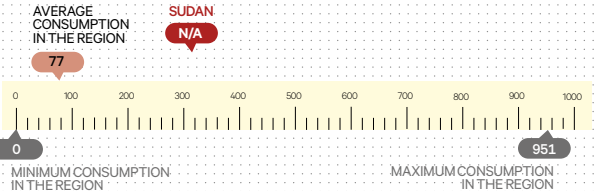
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Sudan

D Use of essential medicines



Sudan 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



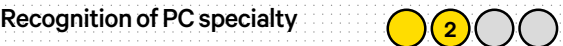
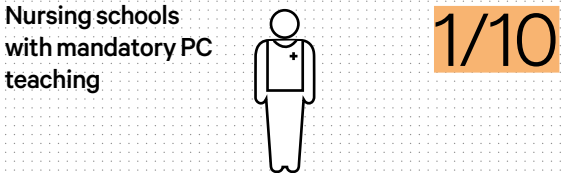
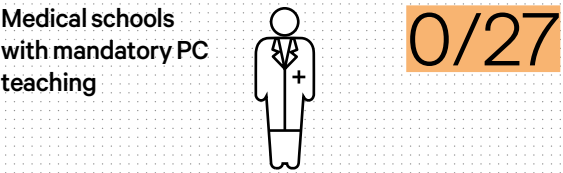
Existence of PC congresses or scientific meetings



National Association: No.
Consultants: Halima Ibrahim Malik Ali; Nahla Gafer; Confidential.

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







B Policies




A Empowerment of people and communities



AF Sudan

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	In Sudan, several champions have emerged in the field of palliative care since 2010. The Palliative Care Unit at Khartoum Oncology Hospital, in collaboration with the Federal Ministry of Health, plays an active role in promoting palliative care at the national level. In addition, the Comboni Palliative Care Volunteers, based within a higher education institute, engage directly with communities to support awareness and care initiatives.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	Sudan does not have a standalone policy or guideline specifically addressing advance care planning for life-sustaining treatment or end-of-life decisions, nor is it explicitly included in broader frameworks such as the National Cancer Control Programme.
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.	 Actualized in last 5 years, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is included as a strategic component in Sudan's National Cancer Control Strategies (2012–2016 and 2023–2030) and is also referenced in Non-Communicable Disease surveillance documents, which include a few related indicators. However, Sudan does not have a standalone national palliative care policy, plan, or programme with a defined implementation framework.

AF Sudan

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
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.	 Not at all.	
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 no coordinating entity.  Does not have concrete functions or resources (budget, staff, etc.).	Sudan does not currently have a national authority—such as a unit or department within the Ministry of Health—responsible for palliative care. Even though the Palliative Care Unit at Khartoum Oncology Hospital initiated dialogue with the Ministry to establish an official body for coordination, the process remains incomplete and has been further hindered by the ongoing conflict.

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Sudan



<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>Sudan does not have congresses or scientific meetings exclusively dedicated to palliative care. Nonetheless, palliative care activities have gradually increased. Notable events include a 2016 workshop by the Arab Association for Palliative Care Medicine under the ‘Awareness Without Borders’ programme, and the first paediatric palliative care workshop by ICPCN in 2013. In 2018, a two-week workshop was held in collaboration with the University of Edinburgh. More recently, palliative care has been featured in broader forums such as the 2022 Khartoum Cancer Workshop and the Gastrointestinal Surgical Conference. However, these inclusions remain occasional and lack regularity.</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 14 peer-reviewed articles on palliative care in Sudan 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>No Data Reported for Sudan.</div>

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Sudan

<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>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div> <div><div><div></div><div>1</div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>The availability of essential medicines for pain and palliative care at the primary level in Sudan faces considerable challenges. Only 30% of the population is covered by public health services, insurance, or sickness funds, and 78% of essential medicines are primarily supplied to state hospitals through centralized procurement. Sudan relies entirely on imported medicines, with local manufacturers producing only 5% of essential medication needs. A study in Khartoum—home to 25% of PHC facilities but not representative of rural areas, where 67% of the population lives—reported an overall availability of essential medicines at 36.8%, significantly below the 48.6% national average in 2018 and the WHO’s 80% target. Analgesics, critical for pain management, were available in only one-third of surveyed facilities. Affordability is also a major barrier, with medicine costs often exceeding daily wages.</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>1</div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div><div></div><div>1</div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>In Sudan, oral morphine is available only at three cancer centres: the Radiation and Isotope Centre Khartoum (RICK), Soba University Hospital (SUH), and the National Cancer Institute at the University of Gezira (NCI-UG). Access is limited to official working hours, and unavailable outside these institutions. Regulatory restrictions and licensing laws limit the broader distribution of strong opioids. Prescriptions are issued for a maximum of one month, requiring monthly travel to access medication. Outside Khartoum and Wad Medani, availability is absent, posing a barrier for patients in rural areas. Tramadol is more widely available due to its lower regulatory classification but is not a substitute for morphine in managing severe pain. Recent efforts to import ready-made liquid morphine have not resulted in wider distribution. Oral morphine remains free of charge for cancer patients at the designated centres.</div>

AF Sudan

<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>0/27</p> <p>1/27</p> <p>1/10</p> <p>1/10</p>	<p></p> <p>Sudan has 95 medical and health colleges, including 27 medical and 10 nursing schools. Formal palliative care education remains limited, with minimal integration into undergraduate curricula. At the University of Khartoum, the Faculty of Medicine offers an optional palliative care course for fourth-year medical students, providing some exposure. In nursing, Comboni College is the only institution with a dedicated programme, introducing a fifth-year specialisation in palliative care nursing in June 2022. At the University of Gezira, palliative care is briefly addressed within oncology lectures for BSc nursing students but is not formally integrated into the 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 for specialisation for palliative care physicians but exists other types of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities or institutions).</p>	<p>Palliative medicine is not formally recognised as a standalone specialty or subspecialty by national health authorities in Sudan. However, it is integrated into the oncology specialisation for physicians through the Medical Specialization Board.</p>

AF Sudan

<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> Not at all.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>In Sudan, palliative care services are primarily delivered through hospital-based programmes within oncology centres. The Radiation Isotopic Centre Khartoum (RICK) and the National Cancer Institute offer comprehensive care, including outpatient, inpatient, and home-based support. Soba Hospital focuses on inpatient care, while Oncology East Hospital provides outpatient services. A hospice initiative is currently under development in Port-Sudan, with plans to offer both outpatient and home-based care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>SUDAN 0.02</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>5 ← 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>Palliative care services in Sudan are primarily provided for adults. However, one nurse at Khartoum Oncology Hospital has completed a diploma in paediatric palliative care in Uganda and is currently working at the facility.</p>