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General data

POPULATION, 2023  
**67,438,106**

PHYSICIANS/1000 INH, 2020-2022  
**0.81**

NURSES/1000 INH, 2020-2022  
**-**

LIFE EXPECTANCY, 2022  
**67.42**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**165**

GDP PER CAPITA (US\$), 2023  
**1,224.49**

HEALTH EXPENDITURE, 2021  
**37.16**

UNIVERSAL HEALTH COVERAGE, 2021  
**43**



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



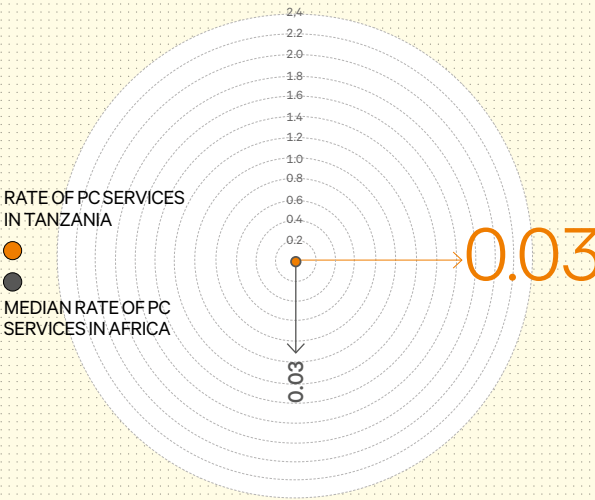
# Tanzania

⑥ Provision of PC (Specialised Services)

Total number of Specialised PC services  
**18**

Rate of PC services per 100,000 inhabitants  
**0.03**

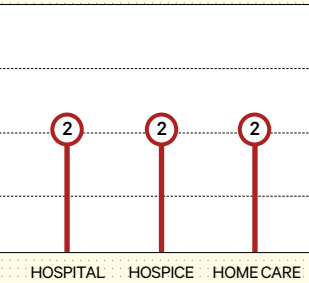
Tanzania in the context of African continent



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

**3**

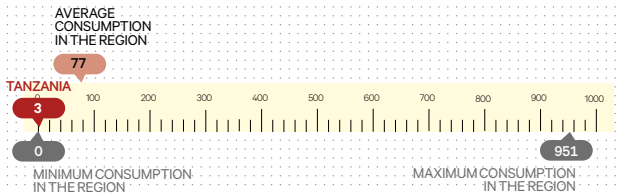
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# Tanzania

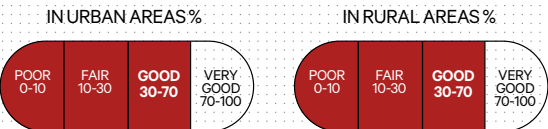
④ Use of essential medicines

Opiods consumption (excluding methadone)  
**3**  
S-DDD/MILL INHABITANTS/DAY

Tanzania 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



③ Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: Tanzania Palliative Care Association.  
Consultants: Elvis Miti.

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).

⑤ Education & Training

Medical schools with mandatory PC teaching  
**3/9**

Nursing schools with mandatory PC teaching  
**2/4**

Recognition of PC specialty  
**2**

② Policies

National PC plan or strategy  
**3**

Responsible authority for PC in the Ministry of Health  
**3**


Inclusion of PC in the basic health package at the primary care level  
**1**

① Empowerment of people and communities





Groups promoting the rights of PC patients  
**3**

Advanced care planning-related policies  
**1**

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<b>Ind1</b> 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 Tanzania, the Tanzania Palliative Care Association (TPCA), established in 2004, plays a central role in advocating for palliative care and collaborates with government actors to support integration into national health strategies. The East African Public Health Palliative Care Congress, founded in 2019, further promotes palliative care through a public health lens focused on non-communicable diseases. A wide range of institutions are involved in promoting patient rights and palliative care access, including NGOs such as Agakan Hospital, CCP, PASADA, Seliani Hospital, and the UZIMA Project. Faith-based organisations and government institutions like Ocean Road Cancer Institute, Bugando Medical Centre, and Kilimanjaro Christian Medical Centre also contribute actively. Pilot initiatives are underway in Lindi and Mtwara regions through referral and regional hospitals.
<b>Ind2</b> 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.	Efforts have been made at the advocacy level by NGOs such as the Palliative Care Trainers and Researchers Network of Tanzania, Palliative Care Works from the UK, UZIMA Project in Ndanda (Mtwara), CCP Medicine in Dar es Salaam, Seliani Hospice in Arusha, Muheza Hospice in Tanga, KCMC, BMC, Agakhan, ORCI, and others. Despite these initiatives, there is no recognized or operational system to advocate for patients' rights in palliative care. There is, however, an unpublished policy from 2016 that addresses advance care planning. Current efforts are focused on updating this policy and its accompanying guidelines, with the potential for formal approval and implementation sometime in 2025.
<b>Ind3</b> 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 stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC.	Palliative Care has a dedicated section in the Health Sector Strategic Plan, the National Cancer Control Strategy (NCCS)- (2013-2022), National Operational Guideline for Community-Based Health Services (2021), and the National Noncommunicable Disease Strategy (2008-2018). In addition, palliative care is a strategic priority in the latest Health Sector Strategic Plan (2021-2026). The Strategic plan and action plan for the prevention and control of non-communicable diseases in Tanzania 2016 – 2020 and other sources state the existence of a National Palliative care Policy Guidelines.

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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.	
<b>Ind4</b> 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.	Palliative care is notably absent from key national health policies in Tanzania, including the Public Health Act 20091, the 2015 Essential Package of Health Services Country Snapshot, and the Universal Health Insurance Act of 2023.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section)..	There exists a Palliative Care Desk in Ministry of Health in Dodoma.
5.2. The national authority has concrete functions, budget and staff.	 Does not have concrete functions or resources (budget, staff, etc.).	

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<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every 3 years.</p>	<p>Since 2023, the East African Public Health Palliative Care Congress has hosted annual events focused on palliative care. The first Congress, held on October 6-7, 2023, at MUHAS University, addressed The Role of Palliative Care in Non-communicable Diseases (NCDs) and Rare Diseases in Tanzania. The second Congress, set for October 3-4, 2024, in Dar es Salaam, will focus on Palliative Care in NCDs and Advanced HIV in Tanzania.</p>
<p><b>Ind7</b></p> <p>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.</p>	<p>●●2●●</p> <p>Reflects a limited number of articles published.</p>	<p>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 29 peer-reviewed articles on palliative care in Tanzania that met the inclusion criteria for this indicator.</p>
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</p> <p><b>3</b></p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>77</p> <p>TANZANIA</p> <p>3</p> <p>0</p> <p>0</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> <p>951</p>

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<p><b>Ind9</b></p> <p>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.</p> <p>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.</p>	<p>●●●3●</p> <p>Good: Between 30% to 70%.</p> <p>●●●3●</p> <p>Good: Between 30% to 70%.</p>	<p>According to the 2021 National Essential Medicines for Tanzania include 23 palliative care medicines. Of those, eight can be stored and prescribed in all levels of Health care (dispensary, Health Centre, District Hospital, Regional Referral Hospital, Tertiary Hospital) and by any level of expertise (Assistant Clinical Officer, Clinical Officer, Assistant Medical Officer, Medical Officer, Specialist). Other seven medicines are available since the Health Center level, and four in district hospitals (as morphine and methadone) which can be prescribed by assistant Medical Officer. Therefore 19 medicines should be available in primary level facilities.</p>
<p><b>Ind10</b></p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>●●2●●</p> <p>Fair: Between 10% to 30%.</p> <p>●●2●●</p> <p>Fair: Between 10% to 30%.</p>	<p>Morphine is only available at district hospitals or higher-level care facilities in Tanzania.</p>



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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.

3/9

NA/9

2/4

NA/4



In three out of nine medical schools, palliative care is taught mandatory. These include the Kilimanjaro Christian Medical University College (KCMUCo), International Medical and Technological University (IMTU), and the Muhimbili University of Health and Allied Sciences (MUHAS). Regarding nursing schools, two teach palliative care to future nurses: 1st) Muhimbili University of Health and Allied Sciences (MUHAS), and 2nd) Kilimanjaro Christian Medical University College (KCMUCo).

Ind12

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



There is no process for specializa-tion for palliative care physicians but exists other types of professional training diplomas without official and national recogni-tion (i.e., advanced training courses or masters in some universities or insti-tutions).

The International Medical Technology University, which had provided a postgraduate diploma course in Palliative Care for over a decade, was closed over 10 years ago due to administrative and policy challenges. Other Palliative Care Courses are offered in Muhimbili University of Health and Allied Sciences (MUHAS) in Dar-Es-Salaan (Introductory Course in Palliative Care), in Kilimanjaro Christian Medical University College in Kilimanjaro (introductory course to Palliative Care), in Ocean Road Cancer Institute, Dar-Es-Salaan, in Palliative Care Works UK (Workshop on scaling up Palliative Care in South East Zone of Tanzania), in PARADA (Children's Palliative Care course), and in Seliani, Arusha (introductory course).

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Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPH-IC reach and is delivered through different ser-vice delivery platforms.
- 13.2. Are available in HOSPITALS (public or private), such as hospi-tal PC teams (consulta-tion 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 pri-mary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



No or minimal provi-sion of palliative care specialized services or teams exist in the country.



Ad hoc/ in some parts of the country.



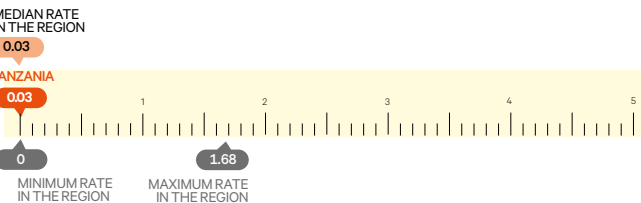
Ad hoc/ in some parts of the country.



Ad hoc/ in some parts of the country.

There are a number of specialized palliative care services in 18 hospitals across the country: the Muhimbili Hospital, Kili-manjaro Christian Medical Center, Nyangao Referral Hospital, Ndanda Referral Hospital, Sokoine Regional Hospital, Ligula Regional Hospital, Aga Khan Hospital, Bugando Medical Cen-ter (facility-based care), Ocean Road Cancer Institute, Pasto-ral Activities and Services for people with AIDS Dar es Salaam Archdiocese (PASADA)Hospices: Muheza HospiceHome-based care services, The Community Center for Preventive Medicine, Faraja Hospice and Palliative Care Program, Bugando Medical Center (Community based-care), UZIMA Project Ndanda Com-munity Palliative Care (funded by Missio Munich from Germa-ny), Kilimanjaro Christian Medical Center, Selian Lutheran Hos-pital Hospice, and the Arusha Lutheran Medical Center (ALMC). The number of specialized palliative care services or teams (overall) in the country per population is 0.03.

RATE OF SPECIALISED PC SERVICES/100,000 INH



18  
← 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.



No or minimal pro- vision of palliative care specialized services or teams for children exists in country.

3

PPC  
TEAMS

Palliative care services for children are offered in the The Faraja Hospice, the Muhimbili Hospital and the Pastoral Activities and Services for people with AIDS Dar es Salaam. The Faraja Hos-pice & Palliative Care Program (FHPCP) started in August 20122 and recognized by the Ministry of Health as a CBHC in 2017. Faraja now provides a range of services, including home-based palliative care for adults and children.