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General data

POPULATION, 2023
20,569,737

PHYSICIANS/1000 INH, 2020–2022
0.27

NURSES/1000 INH, 2020–2022
2.15

LIFE EXPECTANCY, 2022
66.70

Socioeconomic data

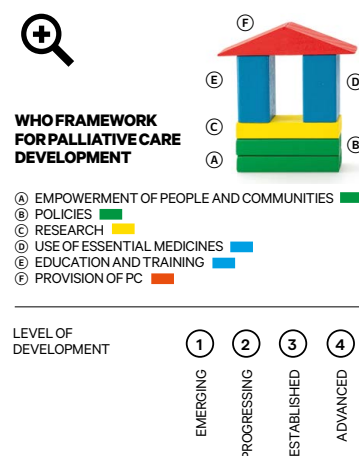
COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
154

GDP PER CAPITA (US\$), 2023
1,330.73

HEALTH EXPENDITURE, 2021
75.34

UNIVERSAL HEALTH COVERAGE, 2021
56



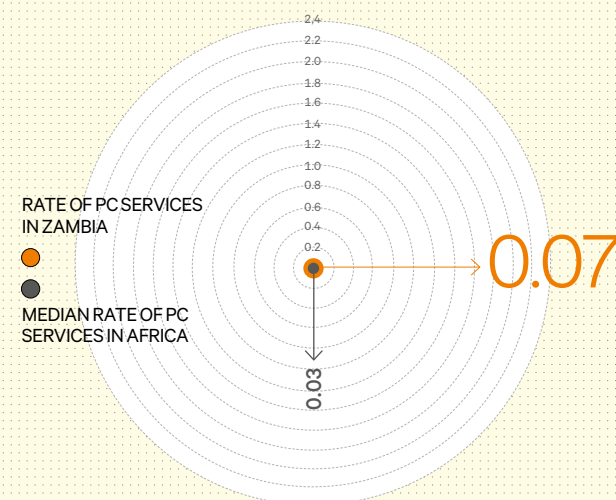
Zambia

F Provision of PC (Specialised Services)

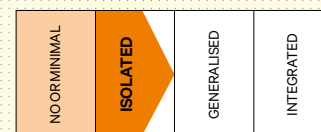
Total number of Specialised PC services
14

Rate of PC services per 100,000 inhabitants
0.07

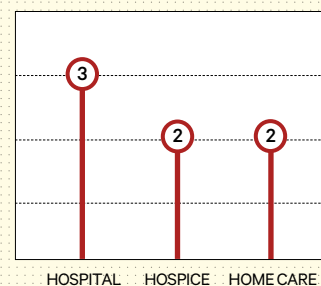
Zambia in the context of African continent



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

14

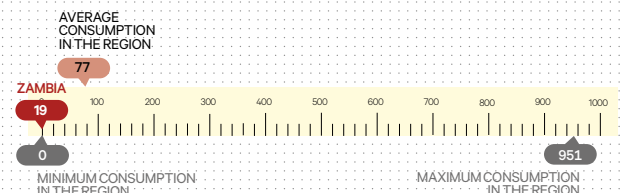
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Zambia

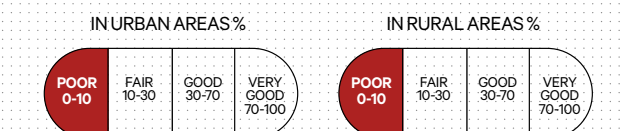
D Use of essential medicines

Opioids consumption (excluding methadone)
19
S-DDD/MILL INHABITANTS/DAY

Zambia 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: Zambia Hospice and Palliative Care Alliance (ZAHPCA).

Consultants: Cromwell Shalunga; Moses Mataa; Mwate Joseph Chaila; Patience Mbozi.

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
0/6

Nursing schools with mandatory PC teaching
0/98

Recognition of PC specialty
2

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
1



Inclusion of PC in the basic health package at the primary care level
3

A Empowerment of people and communities





Groups promoting the rights of PC patients
3

Advanced care planning-related policies
1

AF Zambia

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.	Zambia's palliative care advocacy is marked by fragmentation and financial instability. Previously active organizations, like the Palliative Care Alliance of Zambia (PCAZ), ceased operations due to funding cuts from major donors like CRS and PEPFAR. However, the Zambia Hospice and Palliative Care Alliance (ZAHPCA) is emerging as the key coordinating body, supported by the Zambia Medical Association. ZAHPCA aims to formalize its status as the national palliative care organization, conducting training for healthcare workers and driving advocacy efforts. Other groups, such as the Zambia Cancer Society, Teal Sisters, and Kayula Children's Cancer Foundation, advocate for cancer patients and survivors, indirectly supporting palliative care needs. The absence of local funding and limited government support poses significant challenges. While there is progress, Zambia's palliative care advocacy remains limited but emerging, with ZAHPCA positioned to become the central force for future development.
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.	Zambia's National Palliative Care Strategic Plan outlines general palliative care activities but lacks specific policies on advance care planning (ACP), end-of-life care, and life-sustaining treatments. There are no formal guidelines for living wills, advance directives, or surrogate decision-making. In practice, next of kin are often listed as proxy decision-makers, but decisions frequently default to parents or close relatives, even for adults. This highlights a significant gap in Zambia's policy framework for patient autonomy and 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.	 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.	Zambia has a National Palliative Care Strategic Plan (2021-2026), officially endorsed and launched by the Ministry of Health. The plan provides a framework for implementing palliative care at all levels of care, including integration into medical and nursing education. However, limited funding has hindered its implementation and evaluation. Despite ongoing efforts, meaningful progress has been minimal due to the absence of dedicated government funding. Effective execution of the strategy will require a deliberate financial commitment from the government to support palliative care programs nationwide.

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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.	 Included in the essential list of services recognized by a government decree or law but not in the General Health Law.	The Public Health Act does not mention palliative care, however, palliative care is formally included in Zambia's National Health Strategic Plan (2022-2026), National Health Policy (2011), and the National Palliative Care Strategic Plan (2021-2026) as a core service at the primary care level. The plans emphasize the integration of promotive, preventive, curative, palliative, and rehabilitative services within the national health system. Additionally, the Health Sector Monitoring and Evaluation Framework (2022-2026) identifies palliative care as a key element of Universal Health Coverage (UHC), with specific indicators to track its progress. However, while palliative care is officially recognized as part of Zambia's health package, implementation is incomplete. The services have not been fully integrated into primary healthcare delivery across the country.
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.).	Previously, Zambia had a Palliative Care Unit within the Department of Clinical Care and Diagnostics (DCCD) under the Ministry of Health, led by Dr. Abidan Chansa. However, this position was abolished about a year ago, and there is currently no palliative care representation within the Ministry. Moreover, the unit had already faced operational challenges, including the lack of a dedicated budget, technical personnel, and support structures, relying instead on cross-program funding (e.g., the National Cancer Program) to sustain activities.

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Zambia

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

In Zambia, palliative care-specific conferences are not held regularly. While palliative care is occasionally discussed within broader scientific conferences, the Palliative Care Association of Zambia (PCAZ) organized two events: one in November 2022 focused on cancer patient medical bills and another in November 2023 addressing end-of-life care for chaplains. The irregularity of these events is primarily due to financial constraints, as conferences rely on sponsorships for attendance and organization. Many potential attendees are unable or unwilling to pay registration fees, reflecting a lack of awareness of their importance.

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.



Reflects a limited number of articles published.

A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified 18 peer-reviewed articles on palliative care in Zambia that met the inclusion criteria for this indicator.

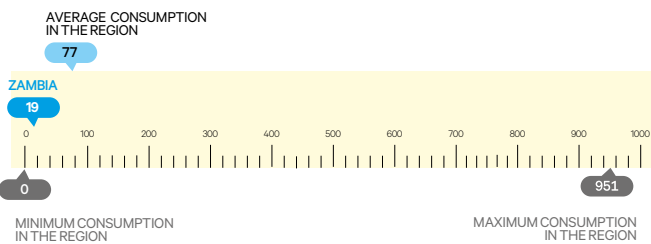
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.



COUNTRY VS REGION



AF

Zambia

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.



Poor: Between 0% to 10%.

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.



Poor: Between 0% to 10%.

Essential medicines for pain and palliative care are not routinely available at the primary care level in Zambia. While official reports from the Zambia Medicines and Medical Supplies Agency (ZAMMSA) indicate that drug availability at the central warehouse meets the WHO benchmark of 70%, distribution across the country remains uneven. Provinces like Lusaka and the Southern Provinces have achieved full medicine distribution, but other regions are still in progress. At the primary level, most WHO-recommended essential medicines for palliative care, including critical pain management drugs, are often absent. Patients often rely on family members to procure medications from urban pharmacies or higher-level facilities, particularly from Cancer Diseases Hospital and tertiary hospitals.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Immediate-release oral morphine is not available at the primary care level in Zambia. Primary healthcare centers rely on the central government medical supply system, but morphine is not included on the approved essential medicines list for these facilities. Instead, common painkillers like paracetamol and ibuprofen are provided. Key barriers include: Lack of awareness among staff regarding the importance of morphine, limited prescribers at primary care centers, especially in rural areas where staffing shortages persist, restricted availability of morphine to first-level hospitals and above, excluding primary-level facilities. The situation is particularly critical in hard-to-reach rural areas, where access to morphine is non-existent.

AF Zambia

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.

0/6

6/6

0/98

98/98



None of Zambia's 6 medical schools or 98 nursing schools have a compulsory, dedicated module on palliative care. However, all schools offer optional education on palliative care, often integrated within broader courses on oncology and non-curable disease management. Exposure to palliative care is limited and lacks depth, as it is typically addressed as a "by-the-way" topic with insufficient focus. The Master of Science in Palliative Care is available at the University of Zambia, offering specialized training for healthcare professionals. The National Palliative Care Strategic Plan (NPCSP) (2021-2026) highlights the importance of integrating palliative care into pre-service education for medical and nursing students. It proposes creating standardized curricula and formal palliative care modules for health professionals. The strategy emphasizes training healthcare providers to ensure equitable access to palliative care, with specific plans to increase the number of trained healthcare workers and establish a training framework for palliative care delivery.

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 specialization 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).

Zambia currently lacks an official specialization process in palliative medicine for physicians recognized by national authorities. However, professional training opportunities exist through advanced diplomas or master's programs. The University of Zambia offers a Master of Science in Palliative Care, an interprofessional program open to doctors, nurses, social workers, and other health professionals with relevant degrees. For physicians specifically seeking palliative care specialization, postgraduate training occurs outside Zambia, primarily in Kenya and Uganda, through collaborations between the Zambian government, the Palliative Care Association of Zambia, and the African Palliative Care Association. This approach has been in place for over 20 years.

AF Zambia

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.



Isolated provision: Exists but only in some geographic areas.



In a growing number of private hospitals.



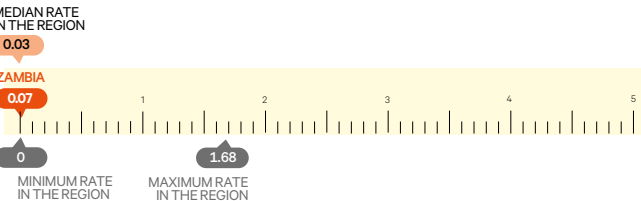
Ad hoc/ in some parts of the country.



Ad hoc/ in some parts of the country.

In Zambia, there are 14 specialized palliative care services, limited and primarily concentrated in tertiary-level hospitals, mission hospitals, and a few hospices. Services are largely restricted to cancer patients and are not routinely available. Key facilities providing palliative care include the Cancer Diseases Hospital (Lusaka), the Livingstone Central Hospital, the Ndo-la Teaching Hospital, the Mazabuka General Hospital, the Kitwe Teaching Hospital, the Mumpanshya Mission Hospital, the Our Lady's Hospice (Kalingalinga), the Chilanga Hospice, the Choma General Hospital and the University Teaching Hospital (UTH) Pediatric Units. Historically, Zambia had 13 hospices in 2015, but most became inactive due to funding challenges. Currently, only 3 hospices provide institutionalized care, largely supported by faith-based organizations like the Catholic Church. Private facilities also contribute to palliative care services, both for-profit and non-profit. Furthermore, home care services can be found at Bushemi Clinic (Lusaka).

RATE OF SPECIALISED PC SERVICES/100,000 INH



14
← 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.

14

PPC TEAMS

In Zambia, palliative care services for children are integrated within existing adult services.