

# Key Findings in Africa Palliative Care Development Assessment 2025

1. Palliative care is well established in only five of the African regions 54 countries with the rest having no or isolated provision of care.
2. For the first time, 108 African specialists have been trained in the WHO's new framework to monitor palliative care, strengthening the continent's autonomy and creating a network of multipliers able to turn data into action in every country.
3. Specialised palliative care services in Africa have risen from 648 in 2017 to 902 today — a 39% increase — yet with an average of just 0.06 services per 100,000 people, far from meeting the continent's needs.
4. For children, there are 102 specialised palliative care services across 21 African countries, yet 57% are concentrated in South Africa, Zambia and Uganda.
5. Despite recent advancements, nine countries — Angola, Burundi, Central African Republic, Chad, Equatorial Guinea, Eritrea, Guinea-Bissau, São Tomé and Príncipe, Somalia, and South Sudan — still have no specialised palliative care services
6. Across Africa, palliative care is gaining policy traction: 10 countries have stand-alone national strategies, 25 have embedded it in broader health plans, and six are preparing policies — including Chad, Djibouti, Guinea-Bissau, Lesotho and Niger, where it had never been included before.
7. Twenty-six African countries now have a national authority for palliative care within their Ministries of Health — eight more than in 2017 — yet only Benin, Malawi, Rwanda and Uganda have fully structured coordination bodies. While the overall number has increased, Equatorial Guinea, Lesotho, The Gambia and Zambia have lost their previous national authority status, highlighting the fragility of such institutional arrangements.
8. Despite persistent publication barriers, palliative care publications in indexed journals are on the rise across Africa; however, only 7% originate from francophone and lusophone countries, which together represent just over half of the continent's nations.
9. Average opioid consumption in Africa stands at just 77 S-DDD per million inhabitants per year — far below the global average of 238 S-DDD. In 76% of

countries, oral morphine is available in fewer than 10% of urban primary care centres, and in 85% of countries this shortage extends to rural areas. Mauritius, Morocco, Namibia and Rwanda are notable exceptions, with over 70% urban availability.

**10.** Zimbabwe is the only African country with a national policy on Advance Care Planning.

**11.** Palliative care education is gaining ground across Africa: Malawi, Namibia, Zimbabwe, Uganda and Kenya have integrated it into both medical and nursing curricula, while Morocco and Ghana have achieved full integration in medical and nursing schools respectively. Since 2017, medical schools have increased from 41 to 50 countries and nursing schools have more than doubled, with palliative care now taught in 23 countries — all medical students in 10 of them and all nursing students in seven.

## Recommendations:

- 1. To support and expand the training of national experts** in the WHO's palliative care monitoring framework, building a continent-wide network capable of transforming data into action and strengthening local autonomy.
- 2. To increase investment in specialised palliative care services**, addressing the critical gap of only 0.06 services per 100,000 people, despite a 39% growth since 2017.
- 3. To prioritise the development of children's palliative care services**, ensuring equitable distribution across all regions and addressing current concentration in just a few countries.
- 4. To ensure that no country is left behind**, by supporting the establishment of specialised palliative care services in the nine African countries where they are still absent.
- 5. To advance national policy frameworks for palliative care**, by adopting stand-alone strategies or integrating palliative care into broader health plans, particularly in countries where it has never before been included.
- 6. To strengthen national leadership and coordination**, by establishing or reinforcing dedicated palliative care authorities within Ministries of Health and ensuring their sustainability over time.
- 7. To promote equitable participation in palliative care research**, supporting publication from francophone and lusophone countries and addressing systemic barriers to scientific visibility.

8. **To ensure equitable access to essential palliative care medicines**, by increasing the availability of oral morphine and other opioids, especially in primary care settings in both urban and rural areas.
9. **To promote person-centred care through the development of Advance Care Planning policies**, ensuring legal and ethical frameworks that respect the preferences of patients and families.
10. **To institutionalise palliative care education** in all medical and nursing schools, building a skilled workforce by making palliative care a standard component of undergraduate training across the continent.