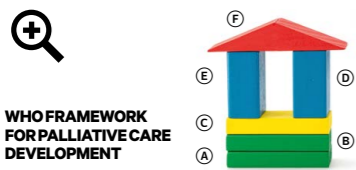


General data

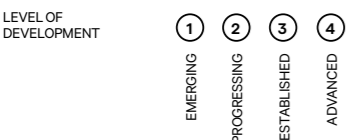
POPULATION, 2024
19,009,151
PHYSICIANS/1000 INH. 2020-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Low
HUMAN DEVELOPMENT INDEX RANKING, 2023
192
GDP PER CAPITA (US\$), 2023
597.46
HEALTH EXPENDITURE, 2021
N/A
UNIVERSAL HEALTH COVERAGE, 2021
27



- A EMPOWERMENT OF PEOPLE AND COMMUNITIES
- B POLICIES
- C RESEARCH
- D USE OF ESSENTIAL MEDICINES
- E EDUCATION AND TRAINING
- F PROVISION OF PC

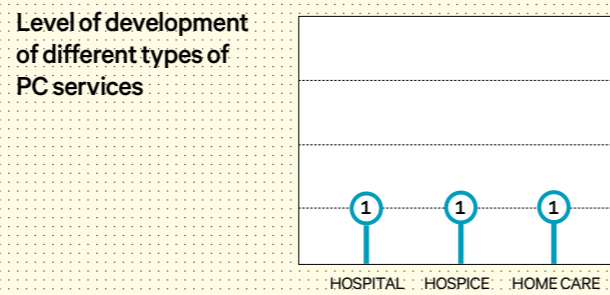
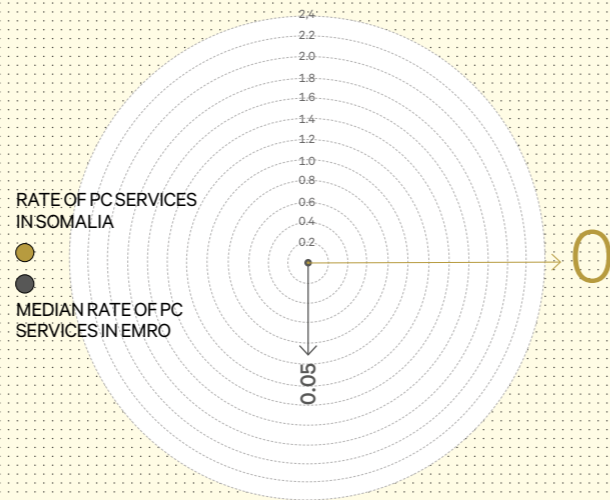


Somalia

F Provision of PC (Specialized Services)

Total number of Specialized PC services **0**
Rate of PC services per 100,000 inhabitants **0**

Somalia in the context of EMRO



Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**
TOTAL NUMBER **0**

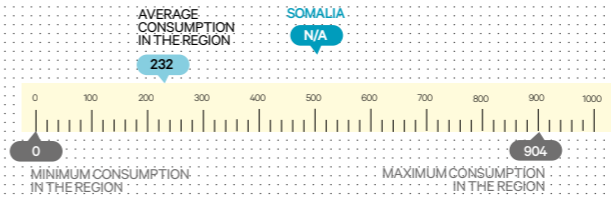


Somalia

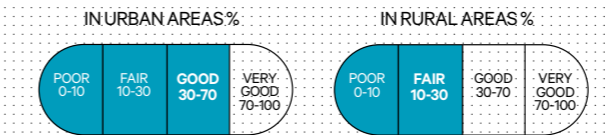
D Use of essential medicines

Opioids consumption (excluding methadone) **N/A**
S-DDD/MILL INHABITANTS/DAY

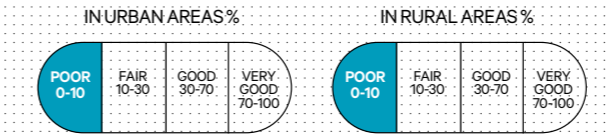
Somalia in the context of EMRO



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 **1**
Existence of PC congresses or scientific meetings **1**

National Association: No
Consultants: Confidential
Data collected: December 2023-March 2024.
Report validated by consultants: No
Endorsed by National PC Association: N/A.
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching **0/31**

Nursing schools with mandatory PC teaching **0/6**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**



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

A Empowerment of people and communities



Groups promoting the rights of PC patients **3**
Advanced care planning-related policies **1**

EM Somalia

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p></p> <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.</p>	<p>There are various groups and organizations dedicated to promoting the rights of patients requiring palliative care, their caregivers, and disease survivors. These groups work towards advocating for the needs and rights of these individuals, raising awareness of palliative care, and improving the quality of life for those facing serious illnesses.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	<p>Somalia does not have a national policy or guideline addressing advance care planning, surrogate decision-making, or living wills related to end-of-life care. Unlike other countries that have developed frameworks to support individuals in expressing their preferences regarding life-sustaining treatments and to guide health-care professionals accordingly, Somalia has not established such provisions. Key national health documents, including the 2022–2027 Somali Health Sector Investment Case and the Essential Package of Health Services (EPHS), do not reference any policies related to advance care planning or end-of-life decision-making.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p>	<p></p> <p>Do not know or does not exist.</p>	<p>The Somalia Health Sector Strategic Plan 2022–2026 (HSSP III) and the Somali National Development Plan 2020–2024 do not explicitly mention palliative care as a key focus. However, palliative care is briefly referenced in the Essential Package of Health Services as a proposed intervention related to cancer management. This includes essential palliative care and pain control measures, such as oral immediate-release morphine and medications for managing associated symptoms.</p>
<p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p></p> <p>Not known or does not exist neither standalone nor is included in another national plan.</p>	



EM Somalia

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>Do not know or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Not at all.</p>	<p>Palliative care is briefly referenced in the Essential Package of Health Services as a proposed intervention related to cancer management. This includes essential palliative care and pain control measures, such as oral immediate-release morphine and medications for managing associated symptoms. While primary health units are not currently included within this scope, the documents note that extending palliative care services to lower levels of care would be an optimal goal, resources permitting.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>There is no coordinating entity.</p> <p></p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>There is no authority defined.</p>

EM Somalia

Research





<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p></p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>In Somalia, palliative care remains at a very early stage of development. Consequently, no national congresses or scientific meetings dedicated specifically to palliative care have been recorded to date. The field has yet to gain sufficient recognition or momentum as a specialized area within the national health agenda to justify the organization of such events.</p>
<p>Ind7</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></p> <p>Minimal or non-existent number of articles published on the subject in that country.</p>	<p>The average consultant perceives that the number of published articles is minimal or non-existent.</p>

Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>N/A.</p>
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EM Somalia

Medicines

<p>Ind9</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></p> <p>Good: Between 30% to 70%.</p> <p></p> <p>Fair: Between 10% to 30%</p>	<p>The Somali Essential Medicines List (2019), endorsed by the Federal Ministry of Health and WHO, includes a comprehensive section on medicines for pain and palliative care. It features core analgesics such as paracetamol and ibuprofen, alongside opioids including morphine (immediate and slow-release), codeine, and transdermal fentanyl. Importantly, the list also includes a broad range of adjuvant medicines essential for palliative care: antiemetics (ondansetron, metoclopramide), anxiolytics (midazolam, diazepam), antipsychotics (haloperidol), antidepressants (amitriptyline), anticholinergics (hyoscine), corticosteroids (dexamethasone), and laxatives (lactulose, senna). This demonstrates policy-level recognition of comprehensive symptom management. However, the document does not specify whether these medicines are routinely available in primary care settings, whether urban or rural. Thus, while the regulatory framework is in place, the practical accessibility of these essential medicines at the facility level remains uncertain.</p>
<p>Ind10</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></p> <p>Poor: Between 0% to 10%.</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>In the country, oral or liquid morphine is unavailable; only injectable morphine is provided. Its use is primarily restricted to cancer patients and limited to specific clinical situations.</p>

EM Somalia

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)

0/31



In Somalia, palliative care is not included in the medical or nursing school curricula, either as a compulsory subject or an optional course.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.

0/31

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).

0/6

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

0/6

Ind12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.



There is no process on specialization for palliative care physicians.

No evidence found.

EM Somalia

Provision of PC / Specialized Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams exist in the country.

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.



Not at all.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

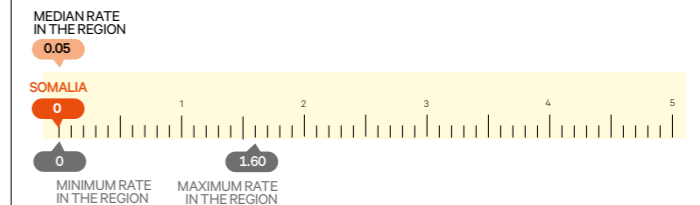


Not at all.

13.5. Total number of specialized PC services or teams in the country.

The availability of specialized palliative care in Somalia is severely limited, primarily due to challenges such as a fragile healthcare system and resource constraints. Although the healthcare system is developing and striving for improvement, no dedicated or specialized palliative care services currently exist. Occasionally, healthcare staff may provide care for patients with severe illnesses; however, these efforts are minimal and lack a structured or specialized framework.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



← SPECIALIZED PALLIATIVE CARE SERVICES



Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric specialized PC services or teams in the country.



PPC TEAMS

There is no evidence of specialized pediatric palliative care services or of trained professionals in Somalia.