



# Sudan



## General data

POPULATION, 2024  
**50,448,963**

PHYSICIANS/1000 INH. 2020-2022  
**N/A**

## Socioeconomic data

COUNTRY INCOME LEVEL, 2022

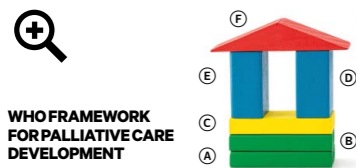
**Low**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**176**

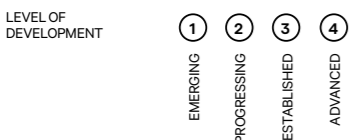
GDP PER CAPITA (US\$), 2023  
**2,183.44**

HEALTH EXPENDITURE, 2021  
**21.58**

UNIVERSAL HEALTH COVERAGE, 2021  
**44**



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

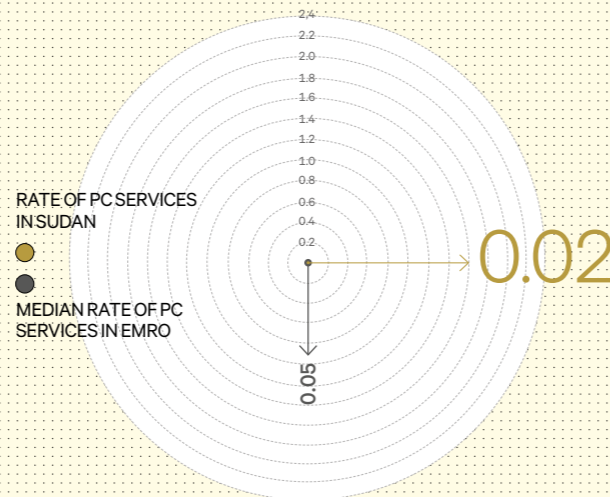


## F Provision of PC (Specialized Services)

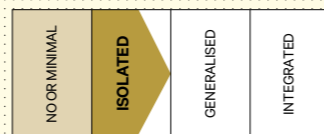
Total number of Specialized PC services **5**

Rate of PC services per 100,000 inhabitants **0.02**

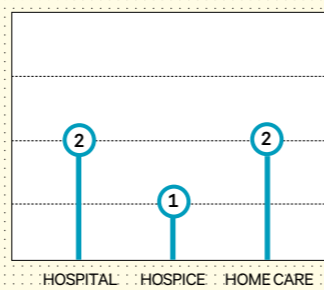
### Sudan in the context of EMRO



### Geographic distribution and integration of PC services



### Level of development of different types of PC services



### Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

**1**

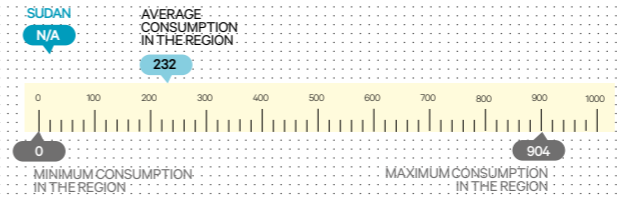


# Sudan

## D Use of essential medicines

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

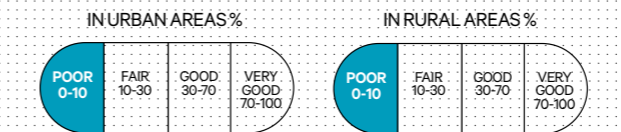
### Sudan in the context of EMRO



### 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



Existence of PC congresses or scientific meetings



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

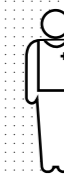
Data collected: December 2023-March 2024.  
Report validated by consultants: Yes  
Endorsed by National PC Association: N/A  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

## E Education & Training

Medical schools with mandatory PC teaching **0/27**



Nursing schools with mandatory PC teaching **1/10**



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 **1**

## A Empowerment of people and communities

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





Advanced care planning-related policies **1**





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People & Communities





<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</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>Since 2010, several champions have emerged in the field of palliative care in Sudan. The Palliative Care Unit at Khartoum Oncology Hospital, in collaboration with the Federal Ministry of Health, plays an active role in promoting palliative care nationally. Additionally, the Comboni Palliative Care Volunteers, based at a higher education institution, engage directly with communities to support awareness and care initiatives.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>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 incorporated into broader frameworks such as the National Cancer Control program.</p>

Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>  <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Palliative care is incorporated 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 several related indicators. However, Sudan lacks a standalone national palliative care policy, plan, or program with a clearly defined implementation framework.</p>
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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
<p><b>Ind4</b></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>Not at all.</p>	<p>No evidence found.</p>
<p><b>Ind5</b></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>There is no coordinating entity.</p>  <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>Sudan does not currently have a national authority—such as a unit or department within the MoH—responsible for palliative care. Although the Palliative Care Unit at Khartoum Oncology Hospital has initiated dialog with the Ministry to establish an official coordinating body, the process remains incomplete and has been further impeded by the ongoing conflict.</p>

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Research





<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>Sudan does not hold 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” program, and the first pediatric palliative care workshop by ICPCN in 2013. In 2018, a two-week workshop was conducted 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.</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>Reflects a limited number of articles published.</p>	<p>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, identified 14 peer-reviewed articles on palliative care in Sudan that met the inclusion criteria for this indicator.</p>

Medicines

<p><b>Ind8</b></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 Sudan

Medicines

<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>Fair: Between 10% to 30%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>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 centralised 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 reside—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.</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>Poor: Between 0% to 10%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>In Sudan, oral morphine is available only at three cancer centers: the Radiation and Isotope center Khartoum (RICK), Soba University Hospital (SUH), and the National Cancer Institute at the University of Gezira (NCI-UG). Access is restricted to official working hours and is 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, necessitating monthly travel to obtain medication. Outside Khartoum and Wad Medani, availability is absent, posing significant barriers for patients in rural areas. Tramadol is more widely accessible due to its lower regulatory classification but does not substitute morphine for 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 centers.</p>



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Education & Training

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.

0/27

1/27

1/10

1/10



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 to fourth-year medical students, providing some exposure. In nursing, Comboni College is the sole institution with a dedicated program, introducing a fifth-year specialization 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.

Ind12

Existence of an official specialization process in palliative medicine for physicians, recognized 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).

Palliative medicine is not formally recognized as a standalone specialty or subspecialty by national health authorities in Sudan. However, it is integrated into the oncology specialization for physicians through the Medical Specialization Board. Oncology registrars receive introductory training and clinical rotations at the palliative care unit. In parallel, Dr Nahla Gafer, in collaboration with international partners, has led efforts to establish a national diploma in palliative care for all health professionals.

EM Sudan

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.
- 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 (specialized 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 specialized PC services or teams in the country.



Isolated provision: Exists but only in some geographic areas.



Ad hoc/ in some parts of the country.



Not at all.



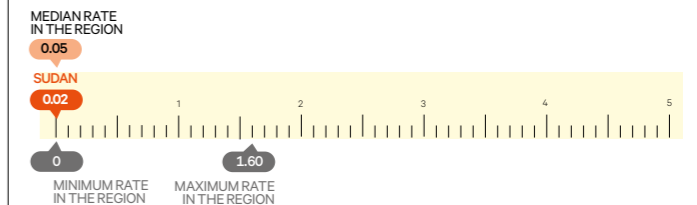
Ad hoc/ in some parts of the country.

1

PPC TEAMS

In Sudan, palliative care services are primarily delivered through hospital-based programs within oncology centers. The Radiation Isotopic center 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.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



5 ← 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.
- 14.2. Number of pediatric specialized PC services or teams in the country.



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

Palliative care services in Sudan are primarily provided for adults. However, one nurse at Khartoum Oncology Hospital has completed a diploma in pediatric palliative care in Uganda and is currently employed at the facility.