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The article “*The increased need for palliative cancer care in Sub-Saharan Africa*” prompted a more comprehensive review of palliative care in Malawi [1]. Following discussion and insights from the current literature, it became clear that there was a need to update the evidence on the state of palliative care reported from Malawi. By publishing progress made, we support early engagement with local expert opinion to ensure the availability of accurate information for reporting in future publications of this type.

Using the WHO public health framework for developing palliative care, we here re-assess and report the progress made in policy, education, medication and implementation as of the time of the article. In 2014, the *National Palliative Care Policy*, including several policy goals and a coordination system was presented. As part of this nationwide policy, palliative care was integrated into the curriculum for medical students and nursing students and in 2018 a Bachelor of Science program for palliative medicine welcomed its first cohort of fifteen students. Postgraduate training in palliative care is included in the Masters in Medicine (MMed), as part of the Family Medicine programme. In the last ten years, a growing number of doctors, nurses and clinical officers have completed Masters level training in palliative medicine, although this is currently only available outside the country. A small number of doctoral students have conducted and published palliative care research from Malawi [2].

Low cost immediate release oral morphine was initiated for use across Malawi in 2002, following considerable advocacy from palliative care providers acting as ‘local champions’. The Ministry of Health is responsible for the ongoing procurement of the raw materials, whilst morphine availability is monitored by a national task force led by the Palliative Care Association of Malawi (PACAM). PACAM is mandated “to provide support and care for people with life-threatening conditions that cannot be cured”. Additional research is required to report the barriers and facilitators for patient level access to both morphine other essential palliative care medicines and supplies listed within the Lancet Commission low cost Essential Package for palliative care [3].

According to Clark et al. (2020), who reviewed the level of palliative care development of 198 countries, Malawi ranked among the 15% of countries with the highest degree of integration in 2017 [4]. This degree of integrating, namely “*Category 4b: Palliative care at advanced stage of integration*”, is seen in government policy, Bachelor and Master education, and the availability and distribution of medication. This is particularly notable, given that Malawi is the only low income country in the world to achieve this categorisation. With this in mind, palliative care structures in Malawi can be used as example for low- and middle-income countries, as international criteria were met with limited resources.

Declaration of competing interest

Nothing to declare.

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