

EAPC Atlas of Palliative Care in the European Region 2025

Eduardo Garralda, Vilma A. Tripodoro, Julie Ling, Joanne Brennan, Álvaro Montero, Fernanda Bastos, Laura Monzón, Daniela Suárez, Juan José Pons and Carlos Centeno.



EUNSA



ics
Universidad
de Navarra

ATLANTES
GLOBAL OBSERVATORY OF
PALLIATIVE CARE



WHO Collaborating Centre
for the Global Monitoring of
Palliative Care Development

EAPC Atlas of Palliative Care in the European Region 2025

Eduardo Garralda, Vilma A. Tripodoro, Julie Ling, Joanne Brennan, Álvaro Montero,
Fernanda Bastos, Laura Monzón, Daniela Suárez, Juan José Pons and Carlos Centeno.



WITH THE
SCIENTIFIC
CONTRIBUTION
OF



WITH THE
SUPPORT OF



FUNDACIÓN
RAMÓN ARECES



FONDATION
L'ONTANO



EAPC Atlas of Palliative Care
in the European Region 2025

AUTHORS

Eduardo Garralda, Vilma A. Tripodoro, Julie Ling, Joanne Brennan, Álvaro Montero, Fernanda Bastos, Laura Monzón, Daniela Suárez, Juan José Pons and Carlos Centeno.

EDITORS

Eduardo Garralda, Álvaro Montero, and Carlos Centeno
University of Navarra
ATLANTES Global Observatory of Palliative Care
Institute for Culture and Society (ICS)
Campus Universitario
31009 Pamplona, Spain

CARTOGRAPHY

Juan José Pons and Álvaro Montero
University of Navarra
Department of Geography
Campus Universitario
31009 Pamplona, Spain

DESIGN AND PRODUCTION

Errea (www.somoserrea.es)

COVER ILLUSTRATION

María Expósito

EDITORIAL

Ediciones Universidad de Navarra, S.A. (EUNSA)
Campus Universitario
University of Navarra
31009 Pamplona, Spain
T 34 948 256 850
eunsa@eunsa.es
www.eunsa.es

SUBJECTS

Palliative Care | Hospice Care | Atlas European Region, EURO

SUGGESTED CITATION

APA style: Garralda, E., Tripodoro, V. A., Ling, J.; Brennan, J., Montero, Á., Bastos, F., Monzón, L., Suárez, D., Pons, J. J., & Centeno, C. (2025). *EAPC Atlas of Palliative Care in the European Region 2025*. Pamplona: EUNSA.

Vancouver style: Garralda, E., Tripodoro, V. A., Ling, J.; Brennan, J., Montero, Á., Bastos, F., Monzón, L., Suárez, D., Pons, J. J., & Centeno, C. (2025). *EAPC Atlas of Palliative Care in the European Region 2025*. Pamplona: EUNSA.

© 2025 EUNSA and the authors.

Some rights reserved. This Atlas may be used for non-commercial educational, advocacy, and scientific purposes, provided that the source is properly cited. Commercial use or reproduction without permission is not permitted.

THIRD-PARTY MATERIALS

Suppose you wish to reuse material from this work attributed to a third party, such as tables, figures or images. In that case, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from the infringement of any third-party-owned component in the work rests solely with the user.

GENERAL DISCLAIMERS

Boundaries and Geopolitical Designations

The boundaries, names, and designations used in this palliative care Atlas for the European region follow the cartographic guidelines of the World Health Organization (WHO). Their inclusion does not imply any judgment on the part of the authors or editors concerning the legal status of any country, territory, city, or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. This Atlas is intended solely to provide information on palliative care in the European region and does not aim to make statements on geopolitical matters.

Commercial Mentions and Responsibility

The mention of specific companies or certain manufacturers’ products does not imply that they are endorsed or recommended in preference to others of a similar nature that are not mentioned. The authors have taken all reasonable precautions to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the authors or the publishing institution be liable for damages arising from its use.

The study included 56 countries and territories from the European region (EURO) according to the World Health Organization: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Montenegro, The Netherlands, North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, the Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Türkiye, Turkmenistan, Ukraine, United Kingdom, Uzbekistan and Vatican City.



Authors

Eduardo Garralda

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain

Vilma A. Tripodoro

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain

Julie Ling

Technical Officer for Palliative Care at the WHO Regional Office for Europe
Past CEO, European Association for Palliative Care

Joanne Brennan

CEO, European Association for Palliative Care

Álvaro Montero

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain

Fernanda Bastos

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain

Laura Monzón Llamas

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain

Daniela Suárez

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain

Juan José Pons

University of Navarra
Department of Geography
Pamplona (Navarra), Spain.

Carlos Centeno

University of Navarra
Institute for Culture and Society (ICS)
ATLANTES Global Observatory of Palliative Care
Pamplona (Navarra), Spain



Introduction

Palliative care (PC) is integral to universal health coverage (UHC) as it alleviates suffering and enhances the quality of life. However, its accessibility and integration into European healthcare systems remain inconsistent even when its need is estimated to be approximately affecting 4,279,278 people every year (66,114 children). Evaluating PC development based on the new WHO conceptual framework offers critical insights into health system capacities, especially in addressing serious health-related suffering.

Objectives

This study aimed to depict the current situation of PC health policies, services, emphasising integration into health systems, including paediatric care, professional training programs, access to opioids and essential medicines, research and community empowerment. The ultimate goal was to identify gaps, foster advocacy, and support the inclusion of PC within UHC frameworks and benefits packages.

Methodology

The methodology for this project was refined from previous editions and followed several steps. First, **Building Networks of National Informants** involved forming a network of consultants from key organisations like national PC associations and experienced in-country informants. Consultants were selected based on expertise in PC and validated the data gathered. Second, the **set of WHO indicators were adapted to the European context** through an international workshop held in Barcelona. Third, **data Collection through the E-Course** utilised a free online course accredited by the University of Navarra, where consultants completed modules that introduced PC development dimensions and indicators, providing figures and narrative justifications and supporting documents for their responses. The fourth step, **analy-**

sis involved conciliation (compiling and harmonising in ATLANTES the diverse data from consultants with available literature to create country reports), **validation** (incorporating quantitative and qualitative data validated by the consultants in one single country report per country), and **endorsement** of validated reports by the national PC associations (when existing). Finally, the fifth step was the **comparative analysis** of indicators and resulting country reports presented in this EAPC Atlas of Palliative Care in Europe 2025.

Results

A potential network of European informants was built with around 791 in-country informants, most of which (n=524), had participated in a variety of EAPC publications including previous Atlases. In total, 200 in-country experts participated in the study (105 completed the accredited online e-course and 95 completed the e-survey), from 52 countries (3.57 participants per country on average, min 1-max 13). Only four countries failed to report data and were built based on AI tools and available literature: Azerbaijan, Vatican City, Tajikistan and Turkmenistan. Country reports were validated by the vast majority of participants for 49/56 countries (88%), and, furthermore, out of the 39 countries with a national PC Associations, 35 (91%) were endorsed.

This study identified 7,119 specialised PC services (median=24), corresponding to a median of 0.96 services per 100,000 inhabitants; and 524 paediatric services available in 41 countries (median=2.5) across the region. The consumption of opioids per million inhabitants per day ranged between less than 500 S-DDD in Central Asia to over 5,000 Statistically Defined Daily Dose (S-DDD) in Western Europe; being the regional median 2,983 S-DDD, and the average 4,959 S-DDD. The list of the WHO essential medicines is readily available in primary care at over 60% of

European countries, while Immediate Release (IR) oral morphine fully available in primary care in 50% of the countries. Thirty countries reported some sort of official accreditation of palliative medicine for physicians, 21 of which recognised PC as a specialty or sub-specialty. Nineteen countries and 21, respectively, reported mandatory teaching of PC in the majority of the country’s medical and nursing schools, and the region accounts for 121 full PC professors distributed in 23 countries (35 in the UK, 15 in the Netherlands and 14 in Germany). Regarding policies, 43/56 countries (76%) have included PC in the list of health services provided at the primary care level: 31 through the General Health Law, some more 12 through a government decree or law. There is a stand-alone national strategy in 21 countries, while in 12 additional countries it is included within other national plans, such as cancer, NCD, or general health plans, through a dedicated section. Just 13 countries report a well-defined and structured (scientific & technical) coordinating entity for PC within the Ministry of Health and only nine have developed a national PC law.

Nearly a 60% of European countries (n=33) documented at least one national conference specifically dedicated to PC every year, with multidisciplinary attendance, accessible for professionals from remote areas, and paediatric topics included. Estimations pointed out a high PC research production in 19 countries, 8 of which reporting very high rates and, coincidentally, existing PC-specific national research calls. There is a generalised and strong national and sub-national presence of PC advocacy and promoting patient rights in 33 countries (60%), and 16 countries report the existence of guidelines or policies on Advance Care Planning, while some eight report living wills and another eight, surrogate decisionmakers.



Conclusion

This fourth edition of the EAPC Atlas of Palliative Care in Europe 2025 highlights a situation where, despite noticeable progress since the last Atlas, limited provision of services, and limitations to essential medicines and PC education persists. Likewise, sub-regional patterns are still strongly correlated to countries’ income levels and geographic distribution.

Way forward

The Atlas findings highlight key priorities and opportunities to strengthen PC across the European region, emphasising health policies, service provision, access to medicines, research, education, and community empowerment. Utilising WHO indicators to establish continuous monitoring mechanisms and involving more countries is deemed critical for advancing PC development.

Recommendations for successful implementation include creating national PC strategies, incorporating PC into UHC packages, and expanding service availability with a focus on home-based and primary healthcare programs. Ensuring access to essential PC medications, enhancing PC education in medical training, fostering research, promoting peer learning, and empowering communities to advocate for PC services are essential steps toward progress. ●

| | | | |
|--|-----------|------------------------|------------|
| Presentation | 11 | Latvia | 288 |
| Foreword | 13 | Liechtenstein | 296 |
| Note from the authors | 15 | Lithuania | 304 |
| Network of collaborators | 17 | Luxembourg | 312 |
| The Atlas project | 22 | Malta | 320 |
| The institutions involved | 23 | Moldova | 328 |
| Aim and objectives | 26 | Monaco | 336 |
| | | Montenegro | 344 |
| Population and methods | 27 | Netherlands | 352 |
| Geopolitical context | 28 | North Macedonia | 360 |
| Socio-economic context | 30 | Norway | 368 |
| Palliative care needs across the WHO EURO | 33 | Poland | 376 |
| Methods of the project | 36 | Portugal | 384 |
| Abbreviations | 44 | Romania | 392 |
| | | Russian Federation | 400 |
| Palliative Care in the European Regions 2025: At a Glance | 45 | San Marino | 408 |
| | | Serbia | 416 |
| | | Slovakia | 424 |
| | | Slovenia | 432 |
| | | Spain | 440 |
| | | Sweden | 448 |
| | | Switzerland | 456 |
| | | Tajikistan | 464 |
| | | Türkiye | 472 |
| | | Turkmenistan | 480 |
| | | Ukraine | 488 |
| | | United Kingdom | 496 |
| | | Uzbekistan | 504 |
| | | Vatican City | 512 |
| | | Others | 521 |
| | | Kosovo | 522 |
| | | The way forward | 531 |
| | | | |
| COUNTRY REPORTS | 79 | | |
| Albania | 80 | | |
| Andorra | 88 | | |
| Armenia | 96 | | |
| Austria | 104 | | |
| Azerbaijan | 112 | | |
| Belarus | 120 | | |
| Belgium | 128 | | |
| Bosnia-Herzegovina | 136 | | |
| Bulgaria | 144 | | |
| Croatia | 152 | | |
| Cyprus | 160 | | |
| Czech Republic | 168 | | |
| Denmark | 176 | | |
| Estonia | 184 | | |
| Finland | 192 | | |
| France | 200 | | |
| Georgia | 208 | | |
| Germany | 216 | | |
| Greece | 224 | | |
| Hungary | 232 | | |
| Iceland | 240 | | |
| Ireland | 248 | | |
| Israel | 256 | | |
| Italy | 264 | | |
| Kazakhstan | 272 | | |
| Kyrgyzstan | 280 | | |

Presentation



Foreword



Jeroen Hasselaar
President of the European Association
for Palliative Care

The EAPC welcomes this new Atlas on palliative care in Europe. It aligns closely with our strategic objectives and our vision for equitable and accessible palliative care for all. We hope that it will find its way to professionals, policymakers, researchers and the broader public to improve palliative care across Europe. ●

EAPC Atlas of Palliative Care in the European Region 2025

The world needs palliative care more than ever as increasing numbers of people require such care. The European region is home to about 750 million people. The World Health Assembly resolution 67.19, ‘Strengthening palliative care as a component of comprehensive care throughout the life course’ was passed in 2014. , This called on nations to improve access to all that need it. Over a decade later the vast majority of those who need palliative care predominantly in low- and middle-income countries, still do not have access to it. The EAPC believes and advocates for access to palliative care to be a fundamental human right.

The EAPC supports member states in their efforts to achieve the best palliative care. Using the WHO regional classification, about 17,9% of adults are in need of palliative care are in the European Region (EURO). This need relates to malignant neoplasms (cancers) (40%), cerebrovascular diseases (14,9%), dementia (18%), and lung diseases (11,3%), amongst others. Nations in the region are at different stages of developing palliative care to be included as universal health care within their health systems.

In 2021, the WHO published *Assessing the development of palliative care worldwide: a set of actionable indicators* coordinated by the ATLANTES Global Palliative Care Observatory. The indicators build on previous work to identify key components that form the provision and implementation of a public health policy approach and allow a mechanism to identify strengths and challenges of a national approach to developing and implementing a national palliative care strategy.



“The EAPC welcomes this new Atlas on palliative care in Europe. It aligns closely with our strategic objectives and our vision for equitable and accessible palliative care for all”

EU Foreword



Julie Ling

Technical Officer, Health Workforce and Service Delivery Unit, World Health Organization, European Regional Office, Copenhagen, Denmark

The WHO European region

The ATLANTES team at the Global Observatory of Palliative Care at the University of Navarra is a World Health Organization (WHO) Collaborating Centre. Their work with WHO focuses on the mapping of palliative care development globally, with specific attention to each region. This collaboration has contributed to the production of this fourth edition of the European Association for Palliative Care (EAPC) Atlas of Palliative Care in Europe.

The World Health Organization Regional Office for Europe (WHO/Europe), based in Copenhagen, is one of six WHO regional offices. It supports 53 Member States across Europe and Central Asia in improving public health and achieving better health outcomes for all. It is estimated that each year, 9 million people in the European Region require palliative care—yet access remains a significant challenge. Palliative care is a vital component of Universal Health Coverage (UHC) and of human rights-based health systems.

In the WHO European Region, with a population of approximately 750 million people, the provision of palliative care is marked by significant diversity in access, quality, and integration into national health systems. The data presented in this latest edition of the EAPC Atlas includes original data from 49 countries, supplemented by relevant literature for the remaining countries and territories. It offers a comprehensive, comparative, and evolving picture of the state of palliative care in Europe.

As the Technical Officer for Palliative Care at the WHO Regional Office for Europe, I recognise the important role of the Atlas as both a reference document and an advocacy tool. The ATLANTES team has introduced a new meth-

odology, utilising established WHO palliative care indicators, enhanced data collection techniques, and multiple stages of validation. This process increases the reliability of the data and enables comparisons with previous editions (2007, 2013, 2019). Together, these editions offer a unique longitudinal overview of palliative care development in the region.

The Atlas provides detailed information on key dimensions of palliative care systems, as defined by WHO indicators: the empowerment of people and communities, the development of health policies, access to essential medicines (including morphine), the expansion of research and education, and the provision of specialised services. The inclusion of country-level profiles enables policymakers, researchers, and advocates to identify both areas of progress and critical gaps across the region.

Finally, I would like to thank the ATLANTES team for their work on this important resource. It will serve as a valuable tool to inform and support Member States in their efforts to integrate palliative care into all levels of health care, ensuring that no one in Europe is left behind in the face of serious illness. ●



“In the WHO European Region, with a population of approximately 750 million people, the provision of palliative care is marked by significant diversity in access, quality, and integration into national health systems”

EU Note from the authors

Evaluating the development of PC in countries provides a vital lens through which to assess the capacity of health systems to address the multifaceted needs of individuals experiencing Serious Health-Related Suffering (SHS). PC represents a cornerstone of UHC by focusing on alleviating suffering and improving quality of life, yet its integration and accessibility remain uneven across regions.

To accomplish a thorough evaluation, it was imperative to identify reliable indicators and methodologies capable of monitoring the breadth and impact of health policies on PC service provision. This includes measuring the integration of these services into broader health systems, the availability of paediatric palliative care (PPC), the development of undergraduate professional training programs, the accessibility and appropriate use of opioids and essential palliative medicines, and the empowerment of individuals and communities who benefit from these resources. These indicators serve as tools for analysis and reflect health systems' commitment to equity and inclusivity in care delivery.

This publication is the fourth edition of the EAPC Atlas, an achievement that sheds light on the current state and historic trends of PC in these countries and territories. The project was coordinated under the leadership of the EAPC with valuable collaboration from various stakeholders. The extensive data collection process aimed to compile actionable insights and define evidence-based strategies to enhance the study's impact, fostering advocacy efforts for the comprehensive inclusion of PC services in UHC frameworks and health benefits packages across the region.

The ATLANTES Global Observatory of Palliative Care, based at the University of Navarra, played a pivotal role in designing the evaluation process and compiling this report. This Atlas offers a unique and indispensable tool for understanding PC development in the European Region by systematically assessing resources, strengths, and opportunities. The insights from the selected indicators provide decision-makers with essential information to prioritise healthcare needs, address policy gaps, allocate resources effectively, and strengthen healthcare activities.

Beyond supporting decision-making, measurement also drives improvement. By standardising and tracking indicators, we can elevate the quality of PC services, raise awareness about its importance, mobilise essential resources, and foster greater transparency. All these efforts align with global UHC objectives, significantly reducing health inequities and improving access to care for vulnerable populations. The indicators proposed in this report not only serve as benchmarks for progress but also hold the potential to align with global Primary Health Care (PHC) measurement frameworks, enriching national and regional health planning efforts.

The report is structured to provide a detailed analysis and practical tools for action. The first section offers a comprehensive overview of each PC component, presenting comparative data to highlight existing gaps and opportunities for improvement in the short term. Country comparisons facilitate benchmarking, helping policymakers and stakeholders draw meaningful conclusions to guide future initiatives. In the second section, infographics are featured for each country and area, serving as visually engaging tools to support decision-making, promote innovative approaches, and strengthen advocacy for PC integration.



“Beyond supporting decision-making, measurement also drives improvement. By standardising and tracking indicators, we can elevate the quality of PC services, raise awareness about its importance, mobilise essential resources, and foster greater transparency”

EU Note from the authors

The work encapsulated in this Atlas reflects a collaborative and multidisciplinary effort. It establishes a baseline for developing a regional PC monitoring system, enabling periodic evaluations to track progress. The country-specific data in this publication result from meticulous data collection, drawing from available liter-

ature, contributions from national leaders and consultants, and consultations with WHO country offices and International, Regional and National Associations of Palliative Care. These efforts ensured depth and contextual accuracy, with findings reviewed and endorsed by key stakeholders. ●



ATLANTES Global Observatory of Palliative Care, from left to right: Juan José Pons, Álvaro Montero, Fernanda Bastos, Daniela Suárez, Vilma Tripodoro, Laura Monzón, Carlos Centeno, Eduardo Garralda and Jesús López Fidalgo.

EU Network of collaborators

On behalf of the project team and their supporting institutions, we express our gratitude to the organisations, institutions, associations, and professionals who made this project possible by contributing valuable time to provide information, feedback, and support. The following individuals participated in the training process and completed the survey as consultants or as reviewers, providing essential information on the development of PC in their respective countries and territories.

A potential network of European informants was built with around 791 in-country informants, most of which (n=524), had participated in a variety of EAPC publications including previous Atlases. In total, despite failing to find informants in four countries (where reports were built based on Artificial Intelligence tools and available literature), 200 in-country experts participated in the study: 105 completed the accredited online e-course and 95 completed the e-survey or thoroughly reviewed the reports. ●

TABLE 1. Collaborators who participated as key informants for their respective countries/territories and country's representatives

| Country | Name | Organisation |
|------------------------|------------------------------|--|
| Albania | Donjeta Bali | Mother Theresa University Hospital Center |
| | Gerla Koleci | ‘Mary Potter’ Palliative Care Center (Korca) |
| | Irena Laska | Mary Potter Palliative Care Centre (Korca) |
| | Enrik Zotaj | National working group for PC development |
| | Ilir Qefalia | National working group for PC development |
| Andorra | Marc Pascual | Hospital Nuestra Senyora de Meritxell de Andorra |
| Armenia | Anush Sargsyan | Institute of hematology of Yolyan, Pediatric palliative care department |
| | Artashes Tadevosyan | Armenian Pain Control and Palliative Care Association |
| | Anahit Papikyan | Open Society Foundations |
| Austria | Dietmar Weixler | Austrian Palliative Association |
| | Rainer Simader | Hospice Austria |
| | Sonja Thalinger | Hospice Austria |
| Belarus | Anna Gorchakova | Belarusian Children's Hospice |
| Belgium | Johan Menten | KU Leuven |
| | Karen Van Beck | UZ Leuven |
| | Johan Wens | University of Antwerp |
| Bosnia and Herzegovina | Zaim Jatic | University of Sarajevo |
| Bulgaria | Nikolay Radev Yordanov | Palliative Care Department / Comprehensive Cancer Centre-Vratsa |
| | Katija Culav | Croatian Society for Palliative medicine |
| | Julijana Franinovic Markovic | Croatian Society for Palliative medicine |
| | Sinisa Franjic | Independent Researcher |
| | Karmen Loncarek | University of Zagreb School of Medicine |
| | Ela Pejic | Primary health care Croatia, Palliative care |
| Cyprus | Vlasta Vucevac | Croatian Society for Palliative Medicine —Section of Paediatric Palliative Care— |
| | Sophia Nestoros | Cyprus Anticancer Society |
| | Kyriakos Stylianides | PASYKAF |
| | Ondrej Kopecky | Czech society of palliative medicine |
| | Martin Loucka | Center for Palliative Care |
| Czech Republic | Ondrej Slama | Czech Society for Palliative Medicine |
| | Lenka Vanova | Cesta domu |



Network of collaborators

| Country | Name | Organisation |
|---------|---------------------------------|--|
| Denmark | Emma Helledie | Aarhus University Hospital |
| | Mette Asbjørn Neergaard | Aarhus University Hospital |
| | Heidi Bergenholtz | National Knowledge Centre for Rehabilitation and Palliative Care (REHPA) |
| | Ane Bonnerup Vind | National Knowledge Centre for Rehabilitation and Palliative Care (REHPA) |
| | Thomas Gorlen | Lægerne Randersgade |
| | Mogens Groenvold | University of Copenhagen and Bispebjerg Hospital |
| | Lene Jarlbaek | University of Copenhagen |
| | Ann Dorthe Olsen Zwisler | University of Copenhagen |
| | Mette Raunkiær | Senior Researcher, Centre for Rehabilitation and Palliation, Denmark |
| Estonia | Kadri Suija | Tartu University Hospital and Estonian Cancer Society, Tartu, Estonia |
| Finland | Petra Auramo | Suomi Palliative Care Association |
| | Minna Hokka | University of Applied Sciences |
| | Tiina Hannele Saarto | University of Helsinki |
| | Juho T. Lehto | Tampere University |
| France | Julien Carretier | National Centre for Palliative Care and End of Life |
| | Sarah Dauchy | National Centre for Palliative Care and End of Life |
| | Thomas Gonçalves | National Centre for Palliative Care and End of Life |
| | Giovanna Marsico | National Centre for Palliative Care and End of Life |
| | Sophie Pennec | National end-of-life platform |
| | Sarah Carvallo | National end-of-life platform |
| | Sophie Aupet | National end-of-life platform |
| | Aurore Pernin | National end-of-life platform |
| | Catherine Roussel | French Society for Palliative Care Support |
| | Caroline Tete | French Society for Palliative Care Support |
| | Claire Barbier | French Society for Palliative Care Support |
| | Etienne Hubert | French Society for Palliative Care Support |
| | Claire Fourcade | French Society for Palliative Care Support |
| Georgia | Elene Janberidze | Georgian National Association for Palliative Care |
| | Irakli Vetsko | Children Hospice Georgia |
| Germany | Filipa Daniela Bastos Rodrigues | Malteser Deutschland |
| | Sickmüller Nunes | |
| | Frank Elsner | Aachen University |
| | Birgit Jaspers | Universitätsklinikum Bonn |
| | Friedemann Nauck | University of goettingen |
| Greece | Lukas Radbruch | German Association for palliative medicine |
| | Alexia Girardi | Greek Society for Pediatric Palliative Care |
| | Maria Bouri | University of West Attica |
| | Irene Panagiotou | Amalia Fleming Hospital |
| | Kyriako Mystakidou | National and Kapodistrian University of Athens |
| | Nikolas Politis | University hospital of Herakleion |
| | Aliki Tserkezezoglou | Galilee Palliative Care Unit, Spata |
| Hungary | Csilla Busa | Pécs University |



Network of collaborators

| Country | Name | Organisation |
|---------------|------------------------------|---|
| Hungary | Ágnes Csikós | Pécs University |
| | Csilla Busa | Pécs University |
| | Katalin Hegedus | Semmelweis University, Budapest |
| | Miklós Lukács | Hungarian Palliative Care Association |
| Iceland | Arna Einarsdóttir | Landspítali University Hospital |
| | Svandís Íris Hálfðánardóttir | Landspítali University Hospital |
| Ireland | Karen Charnley | All Ireland Institute of Hospice and Palliative Care (AIIPC) |
| | Paula O ´ Reilly | Irish Hospice Foundation. |
| | Karen Ryan | University College Dublin |
| Israel | Ron Sabar | Sabar Clinics Home Hospice, Pediatrics chapter EAPC Atlas 2019 |
| | Adir Shaulov | Hadassah Medical Center |
| Italy | Giulia Borghini | Italian Institute of Technology |
| | Moreno Crotti Partel | Palliative Care Federation |
| | Emanuele De Leo | ANTEA Hospice |
| | Carlo Peruselli | Italian Society for Palliative Care |
| | Melania Raccichini | ANT Italia ONLUS Foundation |
| | Mirjana Stampfer | International Association for Hospice and Palliative Care |
| | Silvia Varani | ANT Italia ONLUS Foundation |
| | Danila Zuffetti | Mosaico Servizi - Municipality of Lodi and various institutions and associations |
| Kazakhstan | Gulnara Kunirova | Kazakhstan Association for Palliative Care |
| | Yuliya Streletskaya | Head of the Centre for Respiratory Support, Palliative Care, and Rehabilitation at the Public Foundation Ömirge Sen |
| Kosovo | Dr Miranda Hoti | Universiteti I Prishtines |
| Kyrgyzstan | Aibek Mukambetov | Public Health Program at the Soros Foundation |
| | Taalaigul Sabyrbekova | Public Fund Ergene |
| | Milana Aibekova | Association of Hospice and Palliative Care of Kyrgyzstan |
| | Maral Turdumatova | Public Fund Ergene |
| | Olga Trukhanova | First Children's Hospice BCF |
| Latvia | Keiša Ķirse | Palliative Care Association in Latvia |
| | Julija Cirule-Galuza | Liepaja Regional Hospital |
| | Anda Jansone | Children ´ s Palliative Care Society |
| | Vilnis Sosars | Palliative Care Association of Latvia |
| Liechtenstein | Oertle Erika | Palliative Network Liechtenstein |
| | Ingrid Frommelt | Palliative Network Liechtenstein |
| | Michael Rogner | Palliative Network Liechtenstein |
| Lithuania | Aurelija Blazeviciene | Lithuanian University of Health Sciences |
| | Marius Ciurlionis | European Association for Palliative Care |
| Luxembourg | Frank Jacob | Association of Palliative Medicine Luxembourg |
| | Frederic Fogen | Centre Hospitalier de Luxembourg |
| | Helene Sarramagnan | OMEGA90 |
| | Nicole Weis | OMEGA90 |
| Malta | Bernadette Bonnici Kind | Hospice Malta |
| | Jurgen Arbela | Hospice Malta |
| | Kenneth Delia | Hospice Malta |



Network of collaborators

| Country | Name | Organisation |
|-----------------------------|--------------------------------|--|
| | Lara -Suzanne Farrugia | Hospice Malta |
| | John-Paul Tabone | Hospice Malta |
| | Gaëtan Saudemont | Princess Grace Hospital Centre |
| Monaco | | |
| Montenegro | Svetlana Stojanovic | Ordinacija opšte medicine ‘Neven’ |
| | Tamara Radojicic | ATLANTES Global Observatory of Palliative Care |
| Netherlands | Natasja Raijmakers | Integral Cancer Centre of the Netherlands |
| | Christine Cramer van der Welle | Palliative Care Netherlands |
| | Jeroen Hasselaar | Dutch Association for Palliative Care professionals Palliactief |
| | Agnes van der Heide | Erasmus University, Rotterdam |
| Norway | Ingeborg Skulberg | Norwegian Association for Palliative Medicine |
| | Dagny Haugen | University of Bergen |
| | Anja Lee | Oslo University Hospital |
| Poland | Agnieszka Kluczna | Institute of Sciences Medical University of Opole |
| | Aleksandra Kotlinska-Lemieszek | Gdansk Poznan University of Medical Sciences |
| | Wojciech Leppert | Poznan University of Medical Sciences |
| | Leszek Pawlowski | Gdansk Poznan University of Medical Sciences |
| Portugal | Cristina Galvão | Portuguese Association for Palliative Care |
| | Paula Sapeta | Portuguese Association for Palliative Care |
| | Catarina Simões | Portuguese Association for Palliative Care |
| | Catarina Pazes | Portuguese Association for Palliative Care |
| | Manuel Capelas | Universidade Católica Portuguesa |
| | Ana Carvalho | Compassionate Community |
| | Marília Dourado | University of Coimbra |
| | Edna Gonçalves | University of Porto |
| | Ana Ramos | Nursing School of Lisbon |
| | Carla Reigada | European Association for Palliative Care |
| | Tiago Villanueva | University of Lisbon |
| Republic of Moldova | Natalia Carafizi | Foundation Hospice Angelus Moldova |
| | Vadim Pogonet | Institute of Oncology, Republic of Moldova |
| Republic of North Macedonia | Lazo Jordanovski | Specialised hospital for geriatric and palliative medicine 13 November |
| | Lidija Veterovska Miljkovic | Macedonian gerontology institute |
| Romania | Vladimir Poroč | National Palliative Care Association (ANIP) |
| | Căruntu Adriana | National Palliative Care Association (ANIP) |
| | Malina Dumitrescu | National Palliative Care Association (ANIP) |
| | Flavia Hurducas | Hospice Casa Sperantei |
| | Nicoleta Mitrea | Hospice Casa Sperantei |
| | Ancuta Camelia | Hospice Casa Sperantei |
| | | |
| | | |
| Russia | Diana Nevzorova | Hospice Care Professionals Association |
| | Veronika Andreyevna Belova | Hospice Care Professionals Association |
| San Marino | Daniele Battelli | Ospedale de Stato |
| | Claudia Silvagni | Ospedale de Stato |
| Serbia | Tomi Kovacevic | Institute For Pulmonary Diseases of Vojvodina Sremska Kamenic |
| | Katarina Vojvodic | Institut of Public Health of Belgrade |
| Slovakia | Andrea Škripeková | National Institute of Oncology |



Network of collaborators

| Country | Name | Organisation |
|----------------|--------------------------|---|
| Slovenia | Maja Ebert Molar | Slovenian Palliative Care Society |
| | Nevenka Krcevski Skvarc | University Clinical Center Maribor |
| | Mateja Lopuh | General Hospital Jesenice |
| | Anamarija Meglič | University Children's Hospital Ljubljana |
| | Maja Seruga | University Medical Centre Maribor |
| | Erika Zelko | Public Health Care Centre, Ljubljana |
| | Andrej Žist | Slovenian Palliative Care Society |
| | Marjana Bernot | Slovenian Palliative Care Society |
| | Petra Gornik | Slovenian Palliative Care Society |
| | Stanislav Malačič | Slovenian Palliative Care Society |
| | Vesna Papuga | Slovenian Palliative Care Society |
| | Katja Kusek | Slovenian Palliative Care Society |
| Spain | Elia Martínez | Spanish Society for Palliative Care |
| | Alberto Alonso | Spanish Society for Palliative Care |
| | Pilar Barnestein-Fonseca | Instituto Cudeca, Fundación CUDECA |
| | Blanca Escat Juanes | Hospital Infanta Elena |
| | Salvador Martín Utrilla | Fundación Instituto Valenciano de Oncología |
| | Elena Oliete | Sociedad Valenciana de Medicina Paliativa |
| | Javier Resa | Hospital Hestia-Madrid |
| | Federico Talledo | Instituto de Investigación Sanitaria Valdecilla |
| | Eva Víbora-Martín | Cudeca Hospice |
| | Fátima Parra | Sociedad Española de Cuidados Paliativos Pediátricos (PedPa) |
| Sweden | Ricardo Martino Alba | Hospital Infantil Universitario Niño Jesús |
| | | |
| | Jonas Bergström | Swedish Association for Palliative Medicine (SFPM) |
| | Sofia Dettman | Swedish Association for Palliative Medicine (SFPM) |
| | Carl-Magnus Edenbrandt | Lundt university |
| | Staffan Lundström | Department of Oncology-Pathology, Karolinska Institutet |
| Switzerland | Anna Sandgren | Lundt university |
| | | |
| | Milenko Rakic | Federal Office for Public Health |
| | Lea Von Wartburg | Federal Office for Public Health |
| | Sofia Zambrano | Universitäres Zentrum für Palliative Care, Inselspital, Bern |
| | Philip Larkin | University of Lausanne |
| Türkiye | Claudia Gamondi | Lausanne University Hospital |
| | Steffen Eychmüller | Universitaes Zentrum fur Palliative Care, Inselspital, Bern |
| | | |
| | Rejin Kebudi | Department of Preventive Oncology Institute of Oncology, University of Istanbul |
| | Tezer Kutluk | Hacettepe University Faculty of Medicine and Cancer Institute |
| Ukraine | Sofiya Shunkina | Danylo Halytsky Lviv National Medical University, Lviv |
| United Kingdom | Joseph Clark | University of Hull |
| | Victoria Hewitt | Newcastle University |
| | Nancy Preston | International Observatorio on End of Life Care, Lancaster University |
| | | |
| | John Ellershaw | University of Liverpool |
| | Confidential | Members of the Association for Palliative Medicine of Great Britain and Ireland |
| | | |
| Uzbekistan | Norbaev Rustambek | Children Hospice Taskin |

EU The Atlas project

The EAPC Atlas of Palliative Care in Europe 2025 is an initiative led by the European Association for Palliative Care (EAPC) and implemented by the ATLANTES Global Observatory of Palliative Care at the Institute for Culture and Society, University of Navarra (Spain). In 2022, ATLANTES was designated as a WHO Collaborating Centre for the Global Monitoring of Palliative Care Development, and the Atlas project forms part of its official work plan as a Collaborating Centre.

Since 2022, ATLANTES—under the leadership and coordination of international palliative care associations—has conducted the Global Study on the Development of Palliative Care in every country of the world, using the methodology based on the WHO’s 2021 technical report *Assessing the Development of Palliative Care Worldwide: A Set of Actionable Indicators*.

The project benefits from the collaboration and scientific guidance of the International Association for Hospice and Palliative Care (IAHPC), the Worldwide Hospice Palliative Care Alliance (WHPCA), and the World Health Organization, particularly through its Regional Offices for Europe (EURO).

The ATLANTES Global Observatory of Palliative Care at the University of Navarra coordinated the development of this project, with Eduardo Garralda, Laura Monzón and Vilma Tripodoro serving as project leads. The core technical team was composed of Álvaro Montero, Fernanda Bastos, Daniela Suárez, Eduardo Garralda, Juan José Pons and Carlos Centeno. We also counted on the essential support of Julie Ling, former CEO of the European Association for Palliative Care (EAPC), and Joanne Brennan, current CEO.

The project was carried out under the supervision and guidance of key collaborators from the World Health Organization, including Julie Ling (WHO Europe), and Megan Doherty (WHO Headquarters, Geneva, Department of Service Delivery and Safety).

We are deeply grateful to the members of our Advisory Board for their invaluable guidance throughout the development of this Atlas. Their expertise and insight were instrumental in shaping this project. Our sincere thanks go to:

- Megan Doherty and Marie-Charlotte Bouësseau (WHO Geneva)
- Julie Ling (WHO EURO)
- Issimouha Dille Mahamadou (WHO AFRO)
- Lamia Mahmoud and Nahla Gafer (WHO EMRO)
- Mark Stoltenberg (Massachusetts General Hospital)
- Liliana De Lima, Katherine Pettus, and Hibah Osman (IAHPC)
- Emmanuel Luyirika and Eve Namisango (APCA)
- Stephen Connor (WHPCA)
- Joanne Brennan and Christine Harvey (EAPC)
- Julia Downing (ICPCN)
- José Luis Pereira (ICS–University of Navarra)
- Daniel Cobos Muñoz (Swiss Tropical and Public Health Institute Basel, Switzerland)

EU The institutions involved

THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (EAPC) Joanne Brennan



Established in 1988, the EAPC is a membership organisation committed to supporting the promotion and development of palliative care throughout Europe and beyond. Recognised by the Council of Europe, the EAPC aims to speak with ‘one voice and one vision’ on matters that are important in palliative care. To do so, we recognise the definition of palliative care set out by the World Health Organisation.

Respectful of the cultural and political diversity of our members, the EAPC provides a forum for all of those either working or with an interest in palliative care. The EAPC works in close collaboration with our members, research partners and other European and international agencies. Through our significant networks, we advocate, anticipate and proactively shape EU health and research policies on palliative care issues. We raise awareness about palliative care and the value and benefits it can have for individuals, healthcare services and communities.

The EAPC represents and is open to members from associations and individuals in Europe and throughout the world. Members are engaged in palliative care across the lifespan and trajectories from a range of perspectives: specialist and generalist clinical practice, professional groups and public, education, advocacy, and research.

Strategic Objectives

Organisational

Be an effective, multiprofessional and sustainable membership organisation, based in Europe.

Education

- Contribute to the development and progression of PC competence and education.
- Increase PC awareness, knowledge and literacy for professionals, volunteers and society in general.

Research

- Build research and development capacity in PC.
- Facilitate and support palliative care research.
- Promote evidence informed PC practice.
- Disseminate palliative research findings.

Advocacy

- Facilitate and encourage palliative care leadership nationally and internationally.
- Lobby for the growth and integration of palliative care within health and social care systems.
- Champion equitable, appropriate and timely access to palliative care.
- Promote the integration of the patients and those close to them as well as public perspectives in palliative care practice, research and policy developments.
- Be actively involved in discussions with partners, shaping the definition of what palliative care is now and should be in the future.
- Support global advocacy organisations and other initiatives seeking to develop palliative care.
- Promote capacity building in palliative care through strong international partnerships.
- Collaborate with affiliated organisations and seek opportunities to foster new partnerships.

ATLANTES GLOBAL OBSERVATORY OF PALLIATIVE CARE WHO Collaborating Centre for the Global Monitoring of Palliative Care Development Prof. Carlos Centeno, Director



The ATLANTES Global Observatory of Palliative Care is committed to promoting the global development of palliative care (PC) with the aim of improving the quality of life of individuals facing serious and life-limiting illnesses. Through a combination of scientific research, international collaboration, and knowledge dissemination, ATLANTES seeks to integrate palliative care into health systems worldwide, ensuring its accessibility and sustainability.

As part of the Institute for Culture and Society at the University of Navarra (Spain), ATLANTES brings together a multidisciplinary team of researchers and professionals specialising in medicine, social sciences, public health, bioethics, and policy analysis. The observatory works closely with international experts, professional organisations, and policymakers to generate and translate evidence into actionable strategies.

EU The institutions involved

A central aspect of ATLANTES' work is fostering a positive perception of palliative care in both society and the medical profession. The observatory promotes a patient-centred approach based on the principles of human dignity, holistic support, and respect for the natural course of life. This includes not only medical care but also the psychosocial, emotional, and spiritual dimensions of well-being.

Since 2022, ATLANTES has been designated as a WHO Collaborating Centre for the Global Monitoring of Palliative Care Development, taking on specific commitments aligned with the World Health Organization's mission. These responsibilities include:

- 1. Evaluating and monitoring the development of palliative care services globally, using evidence-based methodologies to track progress and identify gaps in access and quality. This is carried out through regional and global Atlases, offering a comprehensive analysis of palliative care integration in different health systems.
- 2. Disseminating key findings and data to inform policy-makers, health authorities, and stakeholders, ensuring that palliative care becomes an integral part of national and international health planning.
- 3. Providing strategic guidance for the advancement of palliative care, by assessing trends, challenges, and policy frameworks that influence its implementation and sustainability.

As part of these efforts, ATLANTES collaborates closely with leading global institutions, including the World Health Organization (WHO), the International Association for Hospice and Palliative Care (IAHPC), the Worldwide Hospice Palliative Care Alliance (WHPCA), and regional palliative care networks.

By fulfilling these commitments, ATLANTES contributes to WHO's overarching goal of ensuring that palliative care is recognised as a fundamental component of health services worldwide. A particular focus is placed on low- and middle-income countries where palliative care remains scarce, and on fostering capacity-building initiatives that empower local healthcare providers.

Through its continued research, advocacy, and collaboration, the ATLANTES Global Observatory of Palliative Care remains dedicated to advancing the field, shaping global policy, and reinforcing the importance of compassionate, high-quality care for all individuals facing serious illnesses.

THE INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE (IAHPC)

Katherine Pettus



The International Association for Hospice and Palliative Care (IAHPC) is a global membership organisation officially chartered in the US since 2000. It is a non-state actor in official relations with the World Health Organization (WHO) and a civil society organisation in consultative status with the UN Economic and Social Council (ECOSOC). These official accreditations entitle the IAHPC to participate, by invitation, in official meetings of the multilateral organisations and specialised agencies of the UN, and in technical consultations on specific projects executed by Secretariat staff.

The IAHPC's vision is "a world free from health-related suffering," and its mission is to "serve as a global platform to inspire, inform, and empower individuals, governments, and organisations to increase access to, and optimise the practice of, palliative care." The global board of directors supervises the organisation's four pillars of work: education, advocacy, research, and communications.

The IAHPC has collaborated closely with regional palliative care organisations and has recently focused on strengthening national associations and partnering with academic institutions to advance global palliative care integration and quality care provision at the national level.

IAHPC members are regularly invited to participate in research projects such as the GAP Project to develop Essential and Expanded Palliative Care Packages and a Manual on the Use of Essential Medicines. Forthcoming projects will be associated with work plans agreed under its accreditation relationships with WHO and UN ECOSOC organisations, as well as the International Narcotics Control Board.

Pallipedia, the IAHPC Calendar of Events, and the Directory of Services—regularly updated by IAHPC staff—provide palliative care workers, professional associations, and the global public with valuable resources at no charge. This includes information published by institutional partners, including the dissemination of the ATLANTES Atlases through institutional websites, social and traditional media, and regularly scheduled webinars, courses, or conferences.

EU The institutions involved

The IAHPC has played a key role in building the network of contributors who made the Global Survey possible by:

- Refining the indicators and consulting on the ATLANTES survey methodology.
- Sharing membership lists by region to facilitate member participation in ATLANTES surveys.
- Extending membership benefits to all individuals who participated in the ATLANTES surveys.

The IAHPC collaborates with ATLANTES by supporting national-level palliative care planning based on the GAP Essential and Expanded Palliative Care Packages and the ATLANTES Global Survey indicators and baseline assessment. The ATLANTES Regional Atlases will serve as a key resource for individual and academic researchers, advocates, and national palliative care organisations whose members will take the forthcoming six-module IAHPC/PROESA course on the GAP Essential Packages.

THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE (WHPCA)

Dr. Stephen R. Connor, Executive Director



The Worldwide Hospice Palliative Care Alliance (WHPCA) is an international non-governmental organisation focusing exclusively on hospice and palliative care development worldwide. We are a network of national and regional hospice and palliative care associations and affiliate organisations.

The WHPCA was formed in 2008 as a global voice for palliative care provider organisations through a series of global summits at regional conferences starting in 2005. The WHPCA is in official relations with the World Health Organization (WHO) and holds consultative status with the United Nations through its Economic and Social Council (ECOSOC). This enables us to influence global health policy at WHO and UN meetings.

Our primary advocacy focus is on ensuring the inclusion of palliative care within the UN Sustainable Development Goals, particularly Goal 3: Improving Health and Well-Being, specifically under target 3.8, achieving Universal Health Coverage (UHC). WHPCA played a key role in ensuring palliative care was recognised as an essential compo-

nent of the UHC continuum (Promotion–Prevention–Treatment–Rehabilitation–Palliative Care).

Today, the WHPCA has over 500 organisational members across 103 countries. Organisational membership is free, and all WHPCA resources are accessible on our website: <https://thewhpca.org>.

Mission

To improve access to timely, quality palliative care globally and reduce serious health-related suffering through impactful collaboration with the global health community. We believe that no one with a life-limiting condition, such as cancer, organ failure, or HIV, should endure unnecessary pain and distress.

Vision

A world with universal access to hospice and palliative care.

Key Facts

- The WHPCA is a registered charity in the UK, where our secretariat is based.
- Over 70 million people require palliative care annually, including more than 27 million at the end of life. Over 20 million of these individuals die in avoidable pain and distress.
- Pain management is fundamental to hospice and palliative care. The WHPCA actively works to improve access to essential medications. Currently, about 80% of the world's population lacks adequate access to the medications required to manage pain and other symptoms.
- The WHPCA upholds a patient-centred approach, addressing the physical, psychological, social, practical, legal, and spiritual needs of patients and their families.
- The WHPCA advocates for the integration of hospice and palliative care into national and regional health systems and supports organisations in achieving this goal.
- We collaborate with partner organisations to support patients, families, and caregivers in alleviating pain and distress while promoting quality of life.

Strategic Plan Goals 2024-2025

- **Strategic Goal 1:** Advocate for the inclusion of palliative care services under universal health coverage at all levels, including primary care.
- **Strategic Goal 2:** Work with member organisations to build leadership and management capacity, enhance evidence-based advocacy and policy skills, provide technical assistance, and strengthen communication capabilities. ●



Aim and objectives

For the fourth time in Europe, this work aimed to implement a set of actionable indicators for evaluating PC development in the European Region. The goal was to consolidate the monitoring of the development of palliative care in the Member States.

The objectives were to:

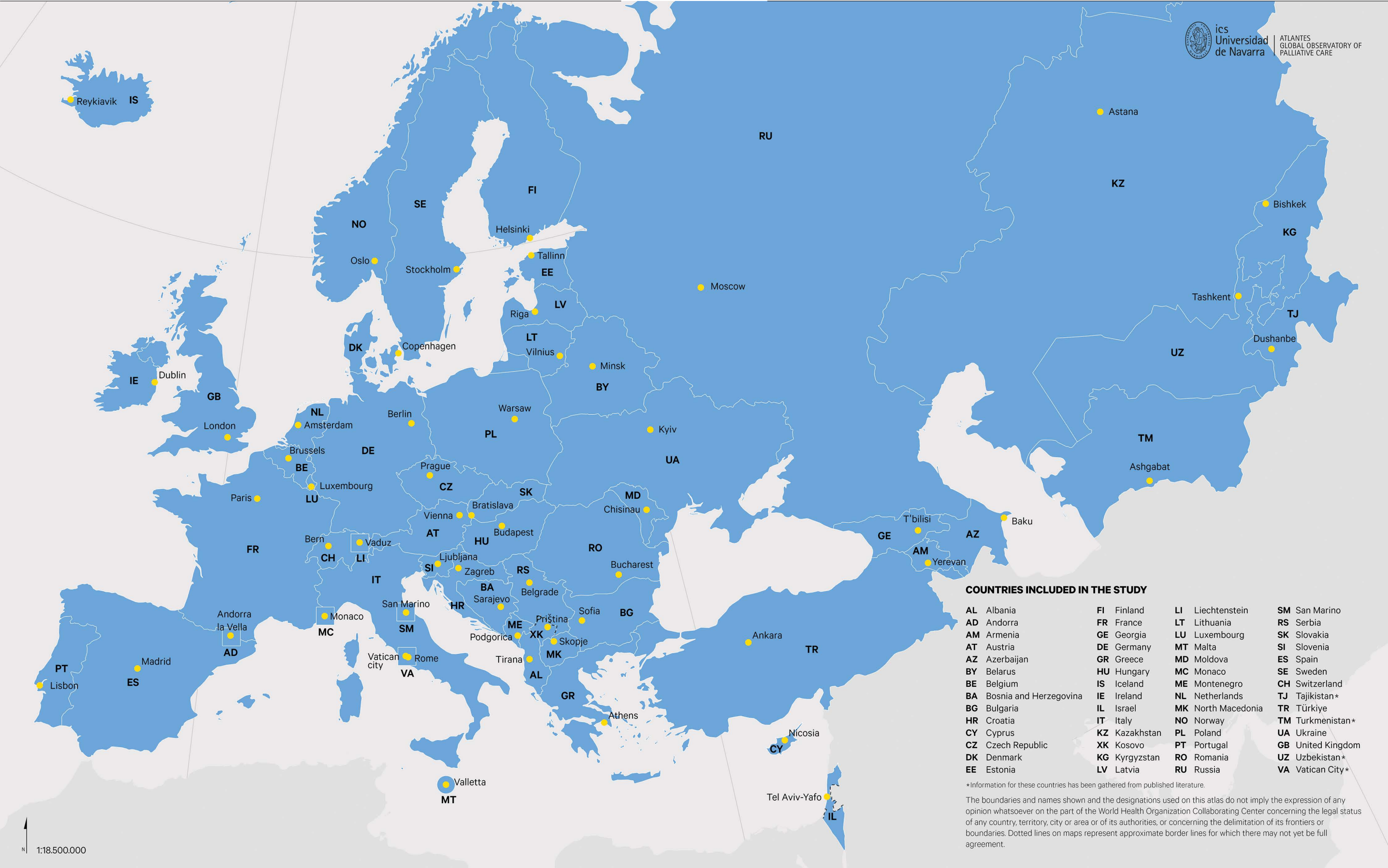
- Implement a set of WHO quantitative and qualitative indicators to monitor PC development in the WHO-EURO.
- Identify areas for improvement in the development of PC in the regions.
- Present updated, reliable, evidence-based information and comprehensive analysis on PC development regionally.
- Provide open-access data on PC development in each country of the WHO-EURO to facilitate discussion and benchmarking. ●



This Atlas presents the most relevant information to palliative care development in a way that is clear, accessible, and easy to interpret for professionals, policymakers, and the general public.

Population and methods

EU Geopolitical context



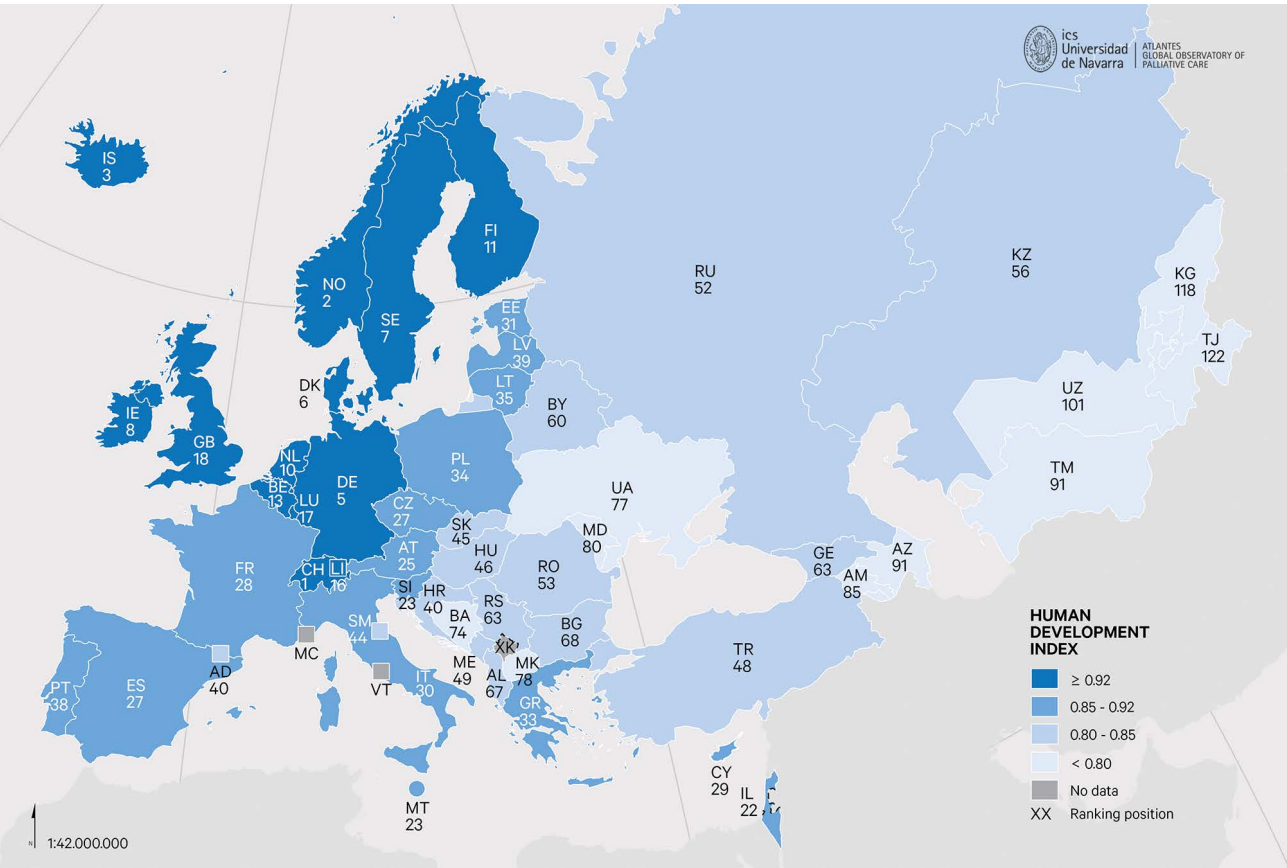
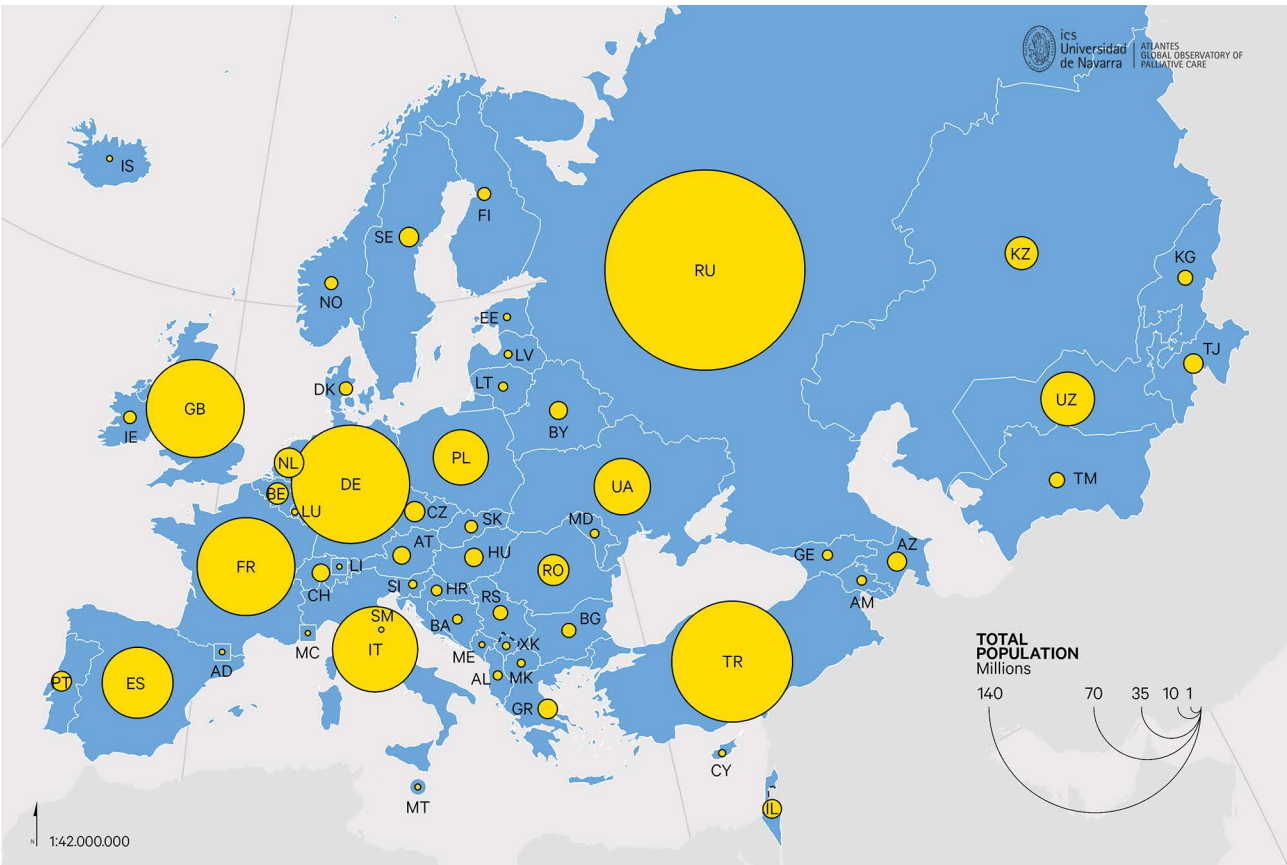
EU Geopolitical context

EU Socioeconomic context

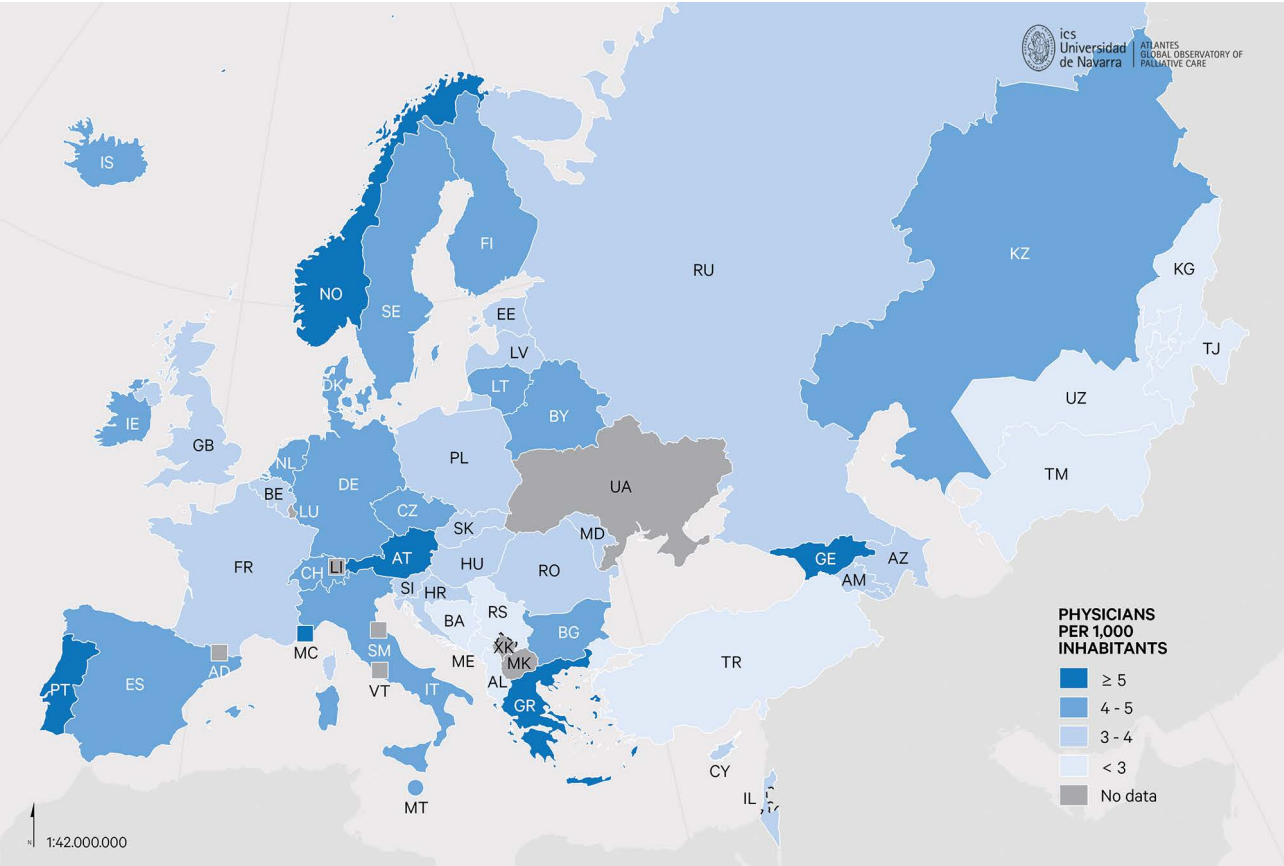
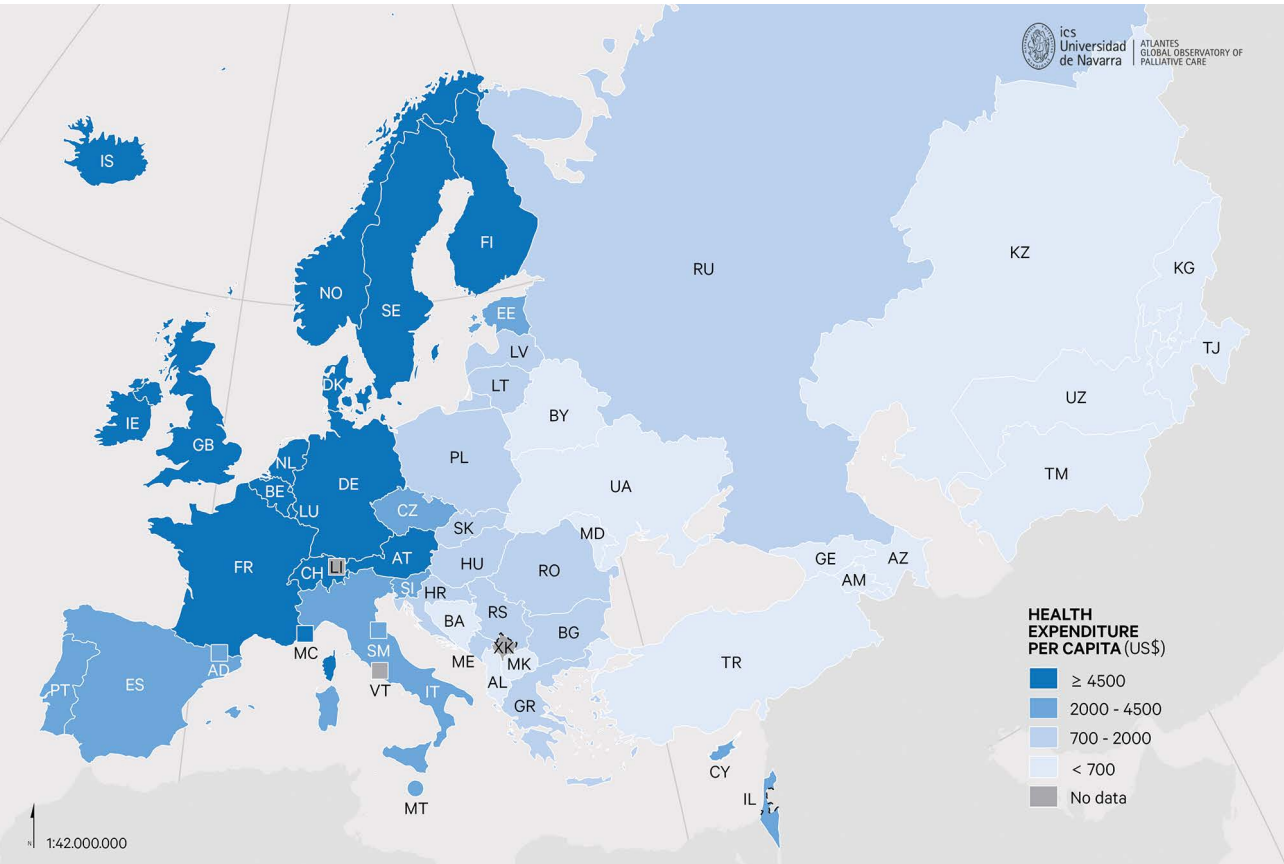
TABLE 2. Demographic and economic overview of the European Region

| Country or Area | Population total 2023 | Health expenditure total (Per capita, US\$), 2021 | Income Levels 2022 | Human development index rank | Physicians per 1000 Inhabitants |
|---------------------|-----------------------|---|---------------------|------------------------------|---------------------------------|
| Albania | 2,745,972 | 464.74 | Upper middle income | 67 | — |
| Andorra | 80,856 | 3,505.99 | High income | 40 | — |
| Armenia | 2,990,900 | 613 | Upper middle income | 85 | — |
| Austria | 9,131,761 | 6,505 | High income | 25 | 5.43 |
| Azerbaijan | 10,153,958 | 249 | Upper middle income | 91 | — |
| Belarus | 9,178,298 | 468 | Upper middle income | 60 | — |
| Belgium | 11,787,423 | 5,680.231 | High income | 13 | 3.24 |
| Bosnia-Herzegovina | 3,185,073 | 692 | Upper middle income | 74 | — |
| Bulgaria | 6,446,596 | 1,040 | High income | 68 | 4.29 |
| Croatia | 3,859,686 | 1,384 | High income | 40 | 3.61 |
| Cyprus | 1,344,976 | 2,990 | High income | 29 | 3.55 |
| Czech Republic | 10,864,042 | 2,498.52 | High income | 32 | 4.25 |
| Denmark | 5,946,952 | 7,382 | High income | 6 | — |
| Estonia | 1,370,286 | 2,094.50 | High income | 31 | 3.44 |
| Finland | 5,583,911 | 5,488 | High income | 11 | 4.38 |
| France | 68,287,487 | 5,380.88 | High income | 28 | 3.34 |
| Georgia | 3,715,483 | 417 | Upper middle income | 63 | 5.33 |
| Germany | 83,280,000 | 6,626.00 | High income | 9 | 4.52 |
| Greece | 10,405,588 | 1,845.78 | High income | 33 | 6.37 |
| Vatican City | — | — | — | — | — |
| Hungary | 9,592,186 | 1,382 | High income | 46 | 3.30 |
| Iceland | 393,349 | 6,716 | High income | 3 | 4.41 |
| Ireland | 5,307,600 | 6,764.26 | High income | 8 | 4.06 |
| Israel | 9,756,600 | 4,339 | High income | 22 | 3.65 |
| Italy | 58,993,475 | 3,350 | High income | 30 | 4.10 |
| Kazakhstan | 20,330,104 | 403 | Upper middle income | 56 | — |
| Kosovo | 1,756,366 | — | Upper middle income | — | — |
| Kyrgyzstan | 7,099,750 | 73 | Lower middle income | 118 | 2.15 |
| Latvia | 1,877,445 | 1,898 | High income | 39 | 3.38 |
| Liechtenstein | 39,850 | — | High income | 16 | — |
| Lithuania | 2,871,585 | 1,859 | High income | 35 | 4.50 |
| Luxembourg | 666,430 | 7,636 | High income | 17 | — |
| Malta | 552,747 | 3,642 | High income | 23 | 4.28 |
| Monaco | 38,956 | 8,634.26 | High income | — | — |
| Montenegro | 616,177 | 985 | Upper middle income | 49 | 2.77 |
| Netherlands | 17,877,117 | 6,539 | High income | 10 | 3.91 |
| North Macedonia | 1,827,816 | 560 | Upper middle income | 78 | — |
| Norway | 5,519,594 | 9,163 | High income | 2 | 5.17 |
| Poland | 36,687,353 | 1,159 | High income | 34 | 3.39 |
| Portugal | 10,578,174 | 2,747 | High income | 38 | 5.77 |
| Republic of Moldova | 2,457,783 | 410 | Upper middle income | 80 | 3.25 |
| Romania | 19,059,479 | 963 | High income | 53 | 3.47 |
| Russian Federation | 143,826,130 | 936 | High income | 52 | — |
| San Marino | 33,860 | 4,131.94 | High income | 44 | — |
| Serbia | 6,623,183 | 919.17 | Upper middle income | 63 | 2.84 |
| Slovakia | 5,426,740 | 1,685 | High income | 45 | 3.68 |
| Slovenia | 2,120,461 | 2,775 | High income | 23 | 3.33 |
| Spain | 48,347,910 | 3,234.29 | High income | 27 | 4.48 |
| Sweden | 10,536,632 | 6901 | High income | 7 | — |
| Switzerland | 8,888,093 | 10,897.45 | High income | 1 | 4.44 |
| Tajikistan | 10,389,799 | 73 | Lower middle income | 122 | 2.13 |
| Türkiye | 85,325,965 | 441 | Upper middle income | 48 | 2.17 |
| Turkmenistan | 7,364,438 | 565.26 | Upper middle income | — | 2.14 |
| Ukraine | 37,732,836 | 368 | Upper middle income | 77 | — |
| United Kingdom | 68,350,000 | 5,738.48 | High income | 18 | 3.17 |
| Uzbekistan | 35,652,307 | 157 | Lower middle income | 101 | 2.81 |

EU Socioeconomic context



EU Socioeconomic context



EU Palliative care needs across the WHO EURO

As the global population continues to age, there is a corresponding rise in non-communicable diseases (NCDs) alongside the continued presence of chronic and infectious diseases. This trend is contributing to a growing need for palliative care (PC) worldwide, and Europe is no exception.

For this edition of the ATLAS, we estimate the number of people in Europe –and in each individual country– who experience serious health-related suffering (SHS) each year. To do this, we focus on individuals who die from life-threatening or life-limiting conditions.

Our estimates are based on data from 2015, drawn from the International Association for Hospice and Palliative Care (IAHPC) Global Data Platform. This year was selected because it offers the most complete and recent dataset available for this analysis. We apply the methodology

developed by the Lancet Commission on Palliative Care and Pain Relief (Knauth et al., 2018), which defines SHS as suffering linked to a need for palliative care.

The Commission’s approach uses global mortality data across 20 key health conditions. It adjusts for the prevalence of physical and psychosocial symptoms known to cause significant suffering. For each condition, a specific multiplier was developed to estimate the proportion of people likely to benefit from palliative care. These multipliers form the basis for estimating the overall need for palliative care in the population. The need for PC for the total population and for children in a given year is presented by country and broken down by disease group. The ATLAS estimates that in 2015, 4,279,278million people in Europe experienced SHS (66,114 of them being children under the age of 15). ●

FIGURE 1. Main health conditions requiring palliative care

| Main health conditions requiring PC ¹ | TOTAL SHS (people died in 2015 needing PC across participating countries, in millions) | |
|--|--|--|
| | 0 | 250,000500,000750,0001,000,0001,500,0002,000,000 |
| Cancer | 1,818,424 (42.5%) | |
| Cerebrovascular diseases | 738,226 (17.3%) | |
| Dementia | 333,755 (7.8%) | |
| Lung diseases | 311,535 (7.3%) | |
| Non-ischemic heart disease | 183,778 (4.3%) | |
| Injury | 158,498 (3.7%) | |
| Liver disease | 134,003 (3.1%) | |
| Chronic ischemic heart disease | 121,129 (2.8%) | |
| Atherosclerosis | 113,743 (2.7%) | |
| CNS Degenerative disease | 78,617 (1.8%) | |
| Leukemia | 61,486 (1.4%) | |
| HIV | 57,460 (1.3%) | |
| Renal Failure | 45,595 (1.1%) | |
| Tuberculosis | 40,503 (0.9%) | |
| Low birth weight & prematurity | 26,944 (0.6%) | |
| Congenital malformations | 24,901 (0.6%) | |
| Musculoskeletal disorders | 17,393 (0.4%) | |
| Malnutrition | 6,652 (0.2%) | |
| Inflammatory disease of the CNS | 4,643 (0.1%) | |
| Heart Failure | 1,994 (0.0%) | |
| TOTAL | 4,279,278 (100%) | |

¹ Source: The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.

EU

Palliative care needs across the WHO EURO

TABLE 3. Palliative care needs of people who die each year with serious health-related suffering (SHS) in selected countries of the WHO European region (in thousands)

| Country | Heart Failure | Tuberculosis | HIV | Cancer | Leukemia | Dementia | Inflammatory disease of the CNS | CNS degenerative diseases | Cerebro-vascular diseases | Non-ischemic heart disease |
|---------------------|---------------|--------------|--------|-----------|----------|----------|---------------------------------|---------------------------|---------------------------|----------------------------|
| Albania | 0.00 | 0.01 | 0.03 | 4.46 | 0.13 | 0.73 | 0.02 | 0.11 | 3.04 | 0.35 |
| Armenia | 0.00 | 0.09 | 0.12 | 7.11 | 0.12 | 0.77 | 0.01 | 0.04 | 2.25 | 0.54 |
| Austria | 0.01 | 0.07 | 0.05 | 18.10 | 0.78 | 1.89 | 0.02 | 1.14 | 3.33 | 2.38 |
| Azerbaijan | 0.00 | 0.04 | 0.34 | 8.64 | 0.24 | 1.25 | 0.13 | 0.18 | 5.73 | 0.72 |
| Belarus | 0.00 | 0.87 | 1.20 | 17.29 | 0.59 | 3.17 | 0.03 | 0.29 | 12.80 | 1.68 |
| Belgium | 0.05 | 0.11 | 0.05 | 25.27 | 1.00 | 6.59 | 0.03 | 1.81 | 4.65 | 1.02 |
| Bosnia&Herzegovina | 0.00 | 0.12 | 0.00 | 6.29 | 0.10 | 1.54 | 0.01 | 0.24 | 4.69 | 1.87 |
| Bulgaria | 0.00 | 0.09 | 0.10 | 16.03 | 0.36 | 3.04 | 0.03 | 0.42 | 14.12 | 5.06 |
| Croatia | 0.01 | 0.04 | 0.01 | 12.27 | 0.39 | 0.97 | 0.01 | 0.61 | 4.88 | 1.03 |
| Cyprus | 0.00 | 0.01 | 0.00 | 1.67 | 0.09 | 0.21 | 0.00 | 0.09 | 0.38 | 0.16 |
| Czech Republic | 0.07 | 0.13 | 0.01 | 23.66 | 0.82 | 2.38 | 0.03 | 0.90 | 6.31 | 1.66 |
| Denmark | 0.02 | 0.04 | 0.02 | 14.20 | 0.49 | 3.00 | 0.01 | 0.76 | 2.14 | 0.51 |
| Estonia | 0.00 | 0.03 | 0.05 | 3.29 | 0.13 | 0.11 | 0.00 | 0.12 | 0.68 | 0.50 |
| Finland | 0.01 | 0.05 | 0.00 | 10.69 | 0.33 | 7.11 | 0.01 | 0.92 | 2.81 | 0.80 |
| France | 0.23 | 0.84 | 0.45 | 148.48 | 6.33 | 39.39 | 0.16 | 9.62 | 22.24 | 6.87 |
| Georgia | 0.00 | 0.15 | 0.20 | 6.44 | 0.14 | 1.38 | 0.02 | 0.08 | 6.73 | 2.12 |
| Germany | 0.33 | 0.70 | 0.41 | 202.11 | 7.85 | 32.83 | 0.16 | 14.04 | 37.08 | 19.59 |
| Greece | 0.00 | 0.09 | 0.26 | 25.43 | 1.41 | 7.86 | 0.03 | 0.70 | 12.44 | 2.29 |
| Hungary | 0.01 | 0.11 | 0.01 | 28.54 | 0.84 | 2.72 | 0.03 | 0.68 | 8.00 | 3.23 |
| Iceland | 0.00 | 0.00 | 0.00 | 0.50 | 0.01 | 0.17 | 0.00 | 0.04 | 0.09 | 0.02 |
| Ireland | 0.01 | 0.02 | 0.01 | 7.70 | 0.26 | 1.72 | 0.01 | 0.55 | 1.24 | 0.25 |
| Italy | 0.39 | 0.96 | 0.93 | 150.44 | 6.15 | 28.80 | 0.21 | 8.53 | 40.58 | 14.92 |
| Kazakhstan | 0.02 | 2.27 | 0.28 | 27.75 | 1.15 | 2.69 | 0.19 | 0.46 | 9.67 | 1.76 |
| Kyrgyzstan | 0.01 | 0.66 | 0.16 | 3.46 | 0.14 | 0.03 | 0.07 | 0.23 | 3.26 | 0.51 |
| Latvia | 0.00 | 0.08 | 0.09 | 5.42 | 0.19 | 0.21 | 0.01 | 0.14 | 3.30 | 0.74 |
| Lithuania | 0.02 | 0.22 | 0.01 | 7.58 | 0.26 | 0.27 | 0.02 | 0.23 | 3.78 | 0.51 |
| Luxembourg | 0.00 | 0.00 | 0.00 | 0.90 | 0.04 | 0.18 | 0.00 | 0.07 | 0.17 | 0.05 |
| Montenegro | 0.00 | 0.00 | 0.01 | 1.23 | 0.03 | 0.21 | 0.00 | 0.01 | 1.12 | 0.12 |
| Netherlands | 0.09 | 0.12 | 0.03 | 39.95 | 1.34 | 12.05 | 0.03 | 2.53 | 6.51 | 1.30 |
| Norway | 0.02 | 0.04 | 0.01 | 9.92 | 0.33 | 2.70 | 0.01 | 0.69 | 1.84 | 0.31 |
| Poland | 0.01 | 0.55 | 1.11 | 84.13 | 2.39 | 13.84 | 0.10 | 1.97 | 29.09 | 8.61 |
| Portugal | 0.04 | 0.27 | 0.51 | 24.36 | 0.88 | 4.06 | 0.03 | 1.43 | 8.28 | 1.35 |
| Republic of Moldova | 0.00 | 0.29 | 0.09 | 5.63 | 0.14 | 0.13 | 0.02 | 0.10 | 4.31 | 1.06 |
| Romania | 0.06 | 1.15 | 0.21 | 45.15 | 1.29 | 1.62 | 0.06 | 1.02 | 28.96 | 7.87 |
| Russian Federation | 0.03 | 18.07 | 38.22 | 309.93 | 7.49 | 13.42 | 1.00 | 1.68 | 262.33 | 40.18 |
| Serbia | 0.02 | 0.12 | 0.03 | 20.97 | 0.60 | 1.40 | 0.03 | 0.94 | 9.05 | 7.88 |
| Slovakia | 0.01 | 0.04 | 0.00 | 12.38 | 0.37 | 1.54 | 0.01 | 0.36 | 3.13 | 0.78 |
| Slovenia | 0.01 | 0.02 | 0.00 | 5.53 | 0.18 | 0.15 | 0.00 | 0.16 | 1.31 | 0.48 |
| Spain | 0.15 | 0.45 | 0.78 | 95.52 | 3.44 | 27.61 | 0.10 | 5.54 | 18.32 | 7.47 |
| Sweden | 0.05 | 0.07 | 0.01 | 20.07 | 0.76 | 7.15 | 0.01 | 1.19 | 4.17 | 1.33 |
| Switzerland | 0.01 | 0.04 | 0.04 | 15.27 | 0.58 | 5.71 | 0.01 | 1.23 | 2.38 | 1.58 |
| Tajikistan | 0.01 | 0.24 | 0.81 | 3.65 | 0.11 | 0.52 | 0.42 | 0.29 | 3.48 | 0.72 |
| North Macedonia | 0.00 | 0.03 | 0.00 | 3.59 | 0.09 | 0.05 | 0.00 | 0.12 | 2.64 | 1.65 |
| Türkiye | 0.06 | 0.79 | 0.36 | 90.13 | 3.21 | 30.00 | 0.46 | 3.78 | 28.53 | 9.42 |
| Turkmenistan | 0.01 | 0.47 | 0.00 | 3.81 | 0.13 | 0.44 | 0.11 | 0.15 | 3.73 | 0.67 |
| Ukraine | 0.02 | 6.66 | 9.82 | 86.22 | 2.19 | 1.97 | 0.27 | 0.65 | 67.32 | 7.88 |
| United Kingdom | 0.16 | 0.51 | 0.21 | 144.61 | 4.88 | 57.90 | 0.15 | 10.22 | 24.52 | 4.17 |
| Uzbekistan | 0.05 | 2.74 | 0.39 | 12.66 | 0.71 | 0.29 | 0.55 | 1.59 | 10.82 | 7.83 |
| Totals | 1,994 | 40,503 | 57,460 | 1,818,424 | 61,486 | 333,755 | 4,643 | 78,617 | 738,226 | 183,778 |

Source: <https://iahcp.org/what-we-do/research/global-data-platform-to-calculate-shs-and-palliative-care-need/database/>

EU

Palliative care needs across the WHO EURO

| Chronic ischemic heart disease | Lung diseases | Liver disease | Renal Failure | Low birth weight & prematurity | Congenital malformations | Injury | Atherosclerosis | Musculo-skeletal disorders | Mal-nutrition | SHS total | SHS children |
|--------------------------------|---------------|---------------|---------------|--------------------------------|--------------------------|---------|-----------------|----------------------------|---------------|-----------|--------------|
| 0.28 | 0.47 | 0.23 | 0.10 | 0.11 | 0.11 | 0.26 | 0.26 | 0.01 | 0.00 | 10,710 | 308 |
| 0.46 | 0.88 | 0.73 | 0.12 | 0.12 | 0.11 | 0.33 | 0.17 | 0.01 | 0.00 | 13,982 | 300 |
| 0.97 | 2.82 | 1.86 | 0.50 | 0.06 | 0.16 | 1.34 | 1.49 | 0.15 | 0.00 | 37,112 | 181 |
| 1.25 | 1.54 | 2.67 | 0.48 | 1.72 | 0.64 | 0.92 | 0.24 | 0.01 | 0.02 | 26,753 | 2,936 |
| 3.02 | 1.24 | 0.16 | 0.23 | 0.10 | 0.22 | 3.27 | 0.45 | 0.00 | 0.00 | 46,605 | 359 |
| 0.76 | 6.29 | 2.05 | 0.61 | 0.08 | 0.18 | 2.14 | 2.19 | 0.37 | 0.23 | 55,469 | 284 |
| 0.43 | 1.10 | 0.57 | 0.22 | 0.05 | 0.05 | 0.52 | 0.42 | 0.03 | 0.00 | 18,251 | 112 |
| 1.70 | 2.73 | 1.78 | 0.49 | 0.15 | 0.14 | 0.95 | 1.30 | 0.03 | 0.01 | 48,509 | 347 |
| 0.72 | 1.74 | 1.10 | 0.23 | 0.02 | 0.06 | 0.84 | 0.69 | 0.09 | 0.00 | 25,717 | 92 |
| 0.08 | 0.40 | 0.10 | 0.07 | 0.01 | 0.02 | 0.11 | 0.14 | 0.03 | 0.00 | 3,577 | 21 |
| 1.68 | 3.72 | 2.21 | 0.46 | 0.08 | 0.11 | 1.61 | 1.66 | 0.13 | 0.23 | 47,844 | 190 |
| 0.27 | 3.45 | 0.95 | 0.17 | 0.06 | 0.09 | 0.59 | 0.92 | 0.23 | 0.01 | 27,937 | 121 |
| 0.28 | 0.23 | 0.29 | 0.14 | 0.00 | 0.02 | 0.22 | 0.17 | 0.03 | 0.00 | 6,283 | 22 |
| 0.55 | 1.22 | 1.32 | 0.12 | 0.02 | 0.11 | 0.90 | 0.84 | 0.14 | 0.00 | 27,966 | 89 |
| 3.14 | 20.90 | 10.54 | 2.48 | 0.58 | 1.15 | 10.72 | 12.20 | 2.60 | 3.42 | 302,357 | 1,683 |
| 0.82 | 1.43 | 1.12 | 0.27 | 0.16 | 0.13 | 0.54 | 0.32 | 0.02 | 0.00 | 22,077 | 358 |
| 9.22 | 39.50 | 18.16 | 5.53 | 0.60 | 1.09 | 10.43 | 19.64 | 2.00 | 0.22 | 421,489 | 1,556 |
| 1.52 | 5.08 | 1.30 | 0.86 | 0.14 | 0.17 | 0.98 | 1.22 | 0.07 | 0.00 | 61,866 | 339 |
| 1.91 | 4.74 | 3.32 | 0.50 | 0.17 | 0.18 | 1.68 | 1.50 | 0.24 | 0.02 | 58,430 | 329 |
| 0.02 | 0.10 | 0.02 | 0.01 | 0.00 | 0.00 | 0.03 | 0.02 | 0.01 | 0.00 | 1,065 | 6 |
| 0.26 | 1.89 | 0.46 | 0.14 | 0.05 | 0.11 | 0.41 | 0.48 | 0.14 | 0.00 | 15,710 | 155 |
| 5.45 | 27.98 | 12.49 | 5.46 | 0.38 | 0.87 | 7.14 | 9.41 | 1.95 | 0.54 | 323,567 | 1,095 |
| 1.49 | 15.18 | 0.47 | 2.33 | 0.99 | 0.87 | 4.91 | 0.66 | 0.00 | 0.13 | 73,270 | 2,549 |
| 0.67 | 1.11 | 1.89 | 0.21 | 0.69 | 0.44 | 0.93 | 0.13 | 0.06 | 0.01 | 14,652 | 1,549 |
| 0.48 | 0.31 | 0.48 | 0.13 | 0.03 | 0.04 | 0.46 | 0.20 | 0.04 | 0.00 | 12,358 | 71 |
| 0.81 | 0.64 | 0.90 | 0.11 | 0.03 | 0.05 | 0.78 | 0.36 | 0.05 | 0.00 | 16,636 | 97 |
| 0.03 | 0.19 | 0.09 | 0.02 | 0.00 | 0.00 | 0.08 | 0.09 | 0.01 | 0.01 | 1,931 | 6 |
| 0.08 | 0.15 | 0.05 | 0.04 | 0.01 | 0.00 | 0.07 | 0.08 | 0.00 | 0.00 | 3,211 | 20 |
| 0.93 | 8.38 | 1.56 | 0.53 | 0.15 | 0.30 | 2.17 | 2.64 | 0.55 | 0.02 | 81,177 | 400 |
| 0.31 | 2.28 | 0.37 | 0.17 | 0.03 | 0.09 | 0.69 | 0.81 | 0.15 | 0.10 | 20,855 | 98 |
| 5.27 | 9.85 | 8.86 | 1.19 | 0.53 | 0.65 | 6.78 | 4.32 | 0.44 | 0.10 | 179,786 | 1,272 |
| 0.61 | 4.63 | 1.98 | 0.39 | 0.06 | 0.11 | 1.31 | 1.48 | 0.26 | 0.07 | 52,111 | 206 |
| 0.88 | 0.79 | 2.98 | 0.17 | 0.12 | 0.15 | 0.70 | 0.15 | 0.02 | 0.00 | 17,730 | 331 |
| 4.28 | 6.82 | 9.16 | 2.50 | 0.37 | 0.31 | 2.62 | 2.56 | 0.03 | 0.10 | 116,133 | 935 |
| 34.86 | 28.13 | 0.47 | 3.86 | 3.90 | 4.31 | 47.78 | 13.05 | 0.01 | 0.01 | 828,722 | 10,364 |
| 1.00 | 3.66 | 1.17 | 1.11 | 0.23 | 0.11 | 1.03 | 1.60 | 0.13 | 0.01 | 51,080 | 424 |
| 0.71 | 0.94 | 1.63 | 0.26 | 0.10 | 0.11 | 0.91 | 0.44 | 0.05 | 0.03 | 23,814 | 241 |
| 0.20 | 0.52 | 0.48 | 0.10 | 0.02 | 0.02 | 0.41 | 0.37 | 0.05 | 0.00 | 10,016 | 36 |
| 2.66 | 24.24 | 7.60 | 2.61 | 0.34 | 0.58 | 4.22 | 6.85 | 2.54 | 0.17 | 211,194 | 927 |
| 0.86 | 3.65 | 1.06 | 0.34 | 0.06 | 0.15 | 1.39 | 2.18 | 0.28 | 0.09 | 44,862 | 193 |
| 0.57 | 2.52 | 1.03 | 0.33 | 0.08 | 0.17 | 1.20 | 1.00 | 0.29 | 0.06 | 34,115 | 211 |
| 0.52 | 1.17 | 1.33 | 0.27 | 2.04 | 0.78 | 1.31 | 0.09 | 0.01 | 0.19 | 17,948 | 4,282 |
| 0.19 | 0.63 | 0.20 | 0.14 | 0.05 | 0.02 | 0.19 | 0.21 | 0.00 | 0.00 | 9,798 | 89 |
| 4.05 | 22.24 | 5.62 | 4.22 | 4.10 | 4.82 | 8.90 | 4.19 | 1.02 | 0.70 | 226,595 | 13,503 |
| 0.66 | 0.50 | 2.23 | 0.30 | 1.07 | 0.49 | 0.93 | 0.09 | 0.01 | 0.02 | 15,821 | 2,315 |
| 17.31 | 7.48 | 0.45 | 1.10 | 0.93 | 1.11 | 12.98 | 2.36 | 0.02 | 0.01 | 226,764 | 2,479 |
| 3.77 | 34.20 | 10.53 | 1.52 | 0.95 | 1.19 | 5.86 | 9.18 | 2.93 | 0.09 | 317,550 | 2,012 |
| 3.16 | 1.88 | 8.01 | 2.45 | 5.39 | 2.31 | 3.95 | 2.93 | 0.15 | 0.03 | 67,874 | 10,618 |
| 121,129 | 311,535 | 134,003 | 45,595 | 26,944 | 24,901 | 158,498 | 113,743 | 17,393 | 6,652 | 4,279,278 | 66,114 |

Knaul FM, Farmer PE, Krakauer EL, et al. Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: The Lancet Commission report. Lancet 2018; 391(10128): 1391-454 <http://www.thelancet.com/commissions/palliative-care>
Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, Jiang Kwete X, Arreola-Ornelas H, et. al. Technical Note and Data Appendix for “Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: The Lancet Commission report”. Background Document. Miami: University of Miami Institute for Advanced Study of the Americas. Available at: <https://miami.edu/lancet>

EU Methods of the project

In 2021, a consensus-building process led by ATLANTES and coordinated by WHO was conducted to identify a refined set of indicators to monitor the development of PC programs in different contexts, especially in countries where PC is at an initial stage of development. The straight set was chosen from a long list of validated indicators used in different settings worldwide. The consensus was reached by a panel of international experts representing all WHO regions through a series of meetings, group work, and a two-round Delphi process. The group agreed upon a working concept of PC development and fed it into an updated conceptual model. The technical report titled *Assessing the Development of Palliative Care Worldwide: A Set of Actionable Indicators* presents a set of palliative care indicators that Member States can universally apply to monitor and evaluate the provision of PC services¹.

The proposed model highlights six essential components required to provide optimal PC for those people with severe health-related suffering (Figure 2):

- 1. Empowerment of people and communities.
- 2. Robust health policies related to PC.
- 3. PC-related research.
- 4. Use of essential PC medicines.
- 5. Education and training for health workers and volunteers providing PC.
- 6. Provision of PC within integrated health services.

The WHO established a set of 14 PC indicators using the updated PC development conceptual model (Table 4). These indicators were applied to each country by gathering information from participants known as experts. The project for each country involved a national cross-sectional observational study. Each country was profiled individually and presented in this final report. The data included quantitative outcomes along with supplementary qualitative information. Each country produced and validated its national report.

The set of 14 indicators for assessing palliative care (PC) in the European region was reviewed through a structured discussion and rating process, focusing on both relevance and feasibility within the regional context.

This process took place during a pre-congress workshop held in Barcelona in 2024, involving 27 participants from 18 countries. The majority of attendees represented national palliative care associations, ensuring a wide range of perspectives from across Europe.

As a result of these discussions: The wording of several indicators was revised for clarity and alignment with national contexts. Additional attributes were added to strengthen the indicators' specificity and applicability. Two new indicators were introduced for inclusion in the final evaluation list:

- Inclusion of palliative care topics in national research funding calls.
- General availability of various opioids, in different formulations, at the primary care level.

A full report of the workshop discussions and outcomes is available here:



Figure 2. The WHO's new framework for Palliative care Development: The House of Palliative Care.

EU Methods of the project

TABLE 4. WHO indicators

| | Core | Strategic |
|---|------|-----------|
| Empowerment of people and communities | | |
| 1 Existence of groups dedicated to promote the rights of patients in need of palliative care, their families, their caregivers and disease survivors | ✓ | ✓ |
| 2 Existence of national policy or guideline addressing advance care planning of medical decisions for use of life-sustaining treatment or end-of-life care | | ✓ |
| Health policies | | |
| 3 Existence of a current national palliative care plan, programme, policy or strategy with defined implementation framework | ✓ | ✓ |
| 4 Inclusion of palliative care in the list of health services provided at the primary care level in the national health system | | ✓ |
| 5 Existence of national coordinating authority for palliative care (labelled as unit, branch, department) in the Ministry of Health (or equivalent) responsible for palliative care | | ✓ |
| Research | | |
| 6 Existence of congresses or scientific meetings at the national level specifically related to palliative care | ✓ | |
| 7.1 Palliative care research on the country estimated by peer reviewed articles | | ✓ |
| 7.2 Inclusion of palliative care topics in national research calls | ✓ | |
| Use of essential medicines | | |
| 8 Reported annual opioid consumption —excluding methadone— in Defined Daily dosis for statistical purposes (S-DDD) | ✓ | ✓ |
| 9 Availability of essential medicines for pain and palliative care at all levels of care | | ✓ |
| 10.1 General availability of immediate-release oral morphine (liquid or tablet) at the primary care level | | ✓ |
| 10.2 General availability of different opioids and in different formulations at the primary care level | ✓ | |
| Education and training | | |
| 11 Proportion of medical and nursing schools with palliative care formal education in undergraduate curricula | ✓ | ✓ |
| 12 Specialisation in palliative medicine for physicians | ✓ | |
| Integrated palliative care services | | |
| 13 Number of specialised palliative care programmes in the country per population | ✓ | ✓ |
| 14 Number of specialised palliative care programmes for paediatric population in the country | ✓ | |

Source: Assessing the development of palliative care worldwide: a set of actionable indicators. WHO, 2021.

EU Methods of the project

ATLANTES structured the research process in four steps (Figure 2):

1. Building an informant network
2. Data collection through the E-Course
3. Analysis: conciliation, validation and endorsement of National associations
4. Results dissemination

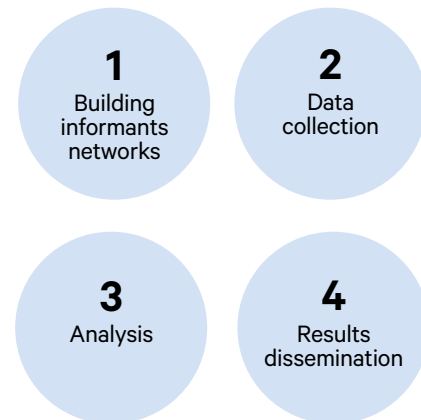


Figure 2. Methodology scheme in four steps

1. BUILDING NETWORKS OF NATIONAL INFORMANTS

Since January 2024, ATLANTES has built a network of consultants among the following organisations: WHO Regional Office EURO, the IAHP, the WHPCA, the EAPC, and the National PC associations. In each country, data were agreed upon by at least two consultants who met two or more of the selection criteria:

1. More than 5 years of PC professional experience
2. Identified as PC National Champion for an International or National Association
3. Participation in previous Atlas studies
4. Publications on PC development
5. Member of a PC organisation
6. High interest in PC development

Experts were asked whether they consented to having their data made public in upcoming publications.

2. DATA COLLECTION THROUGH THE E-COURSE

A free, asynchronous, tutored online course accredited by the University of Navarra was created. This e-course carries one European Credit Transfer and Accumulation System (ECTS) credit (25 hours) and comprises seven units. The first unit includes a didactic guide with general information such as overall objectives, course modules, methodology, resources, and critical dates. The second unit gathers the socio-demographic information of the participants necessary for granting official certification. Units three to six feature short videos introducing PC development dimensions, a measurement framework, supporting PDF documents, and a questionnaire. Each question corresponds to a WHO indicator within its dimension and includes a multiple-choice option to determine the country's level of development in that indicator. After selecting the level, participants were prompted to provide a narrative justification and uploaded supporting documents to validate their responses. The final unit contains Benin's country report, the outcome of the first pilot project validating the WHO conceptual framework. The course was available in English.

PC experts were invited through official emails, following specific selection criteria. By October 2024, invitations were shared via social media and international PC association websites to expand the reach and capacity-building potential. Additional incentives, like free International IAHP membership, were offered upon course completion (Figure 3).

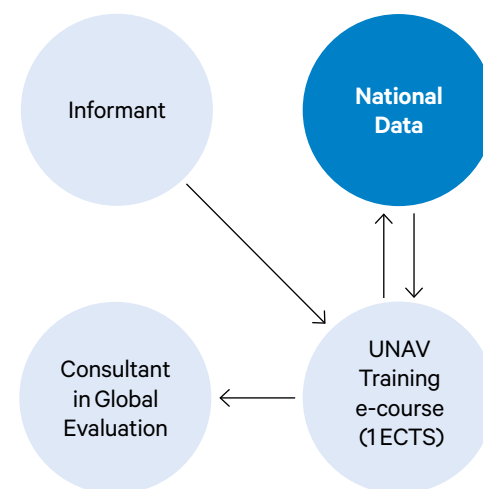


Figure 3. Data Collection through the E-Course with experts from each country.

EU Methods of the project

A total of 791 key informants were contacted, of whom **105 participated in the online course, 92 through e-surveys or reviewing thoroughly the reports (64.1 % female). Initially, the study included 56 countries and areas within the WHO-EU region.** In most territories, two or more key informants contributed to the study. The network of key informants comprised professionals from diverse scopes and fields of action in PC, ensuring a comprehensive and multidisciplinary perspective that underpins the thoroughness and validity of the study.

Each country included at least 2 informants who met two or more of the following selection criteria:

1. Over 5 years of professional experience in PC,
2. Identified as a National PC Champion by international or national associations,
3. Participant in previous studies,
4. Member of a National or Regional Association,
5. Publications on national development and
6. Engagement of national PC development.

Experts' Palliative Care Expertise Profile

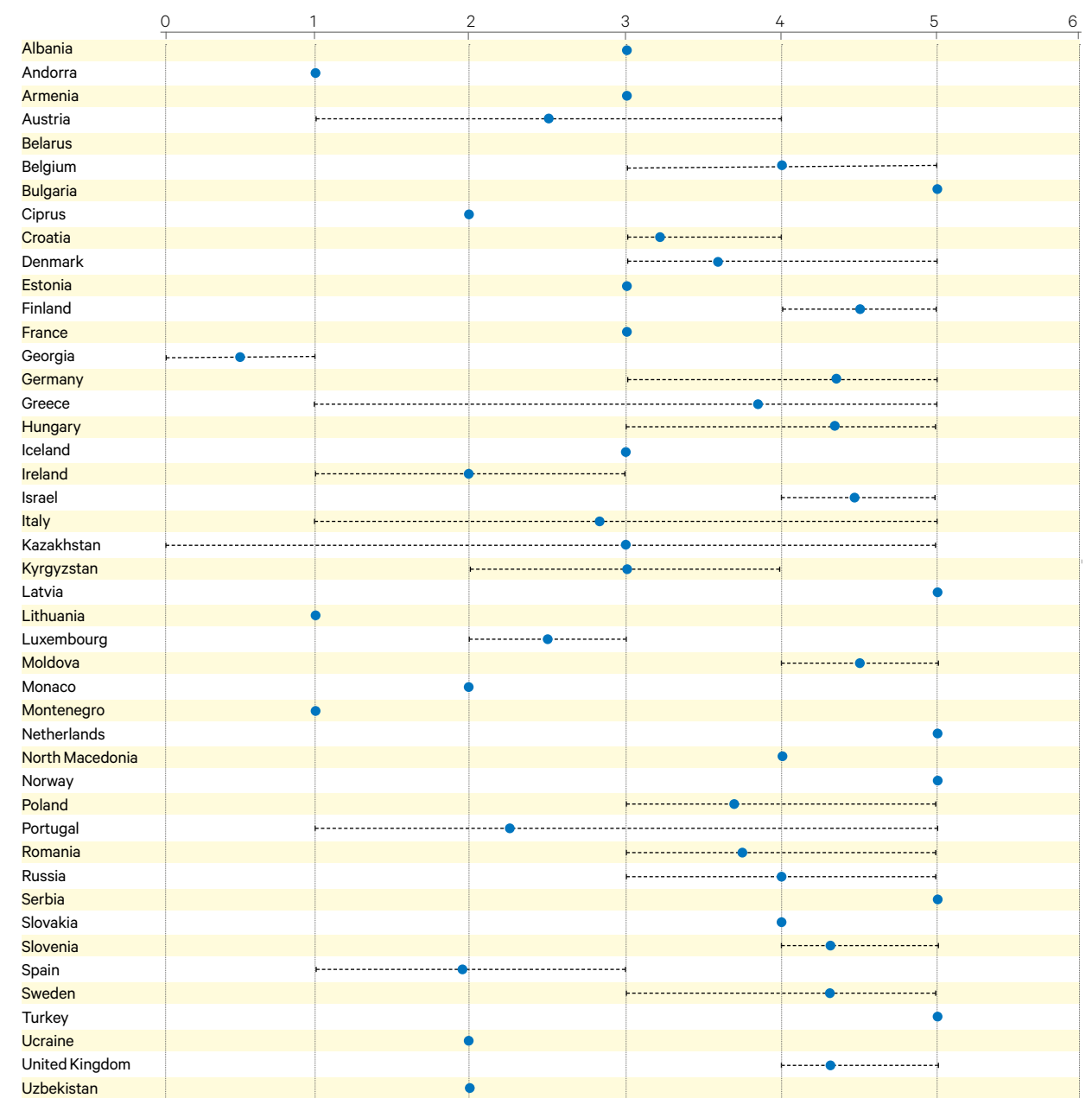
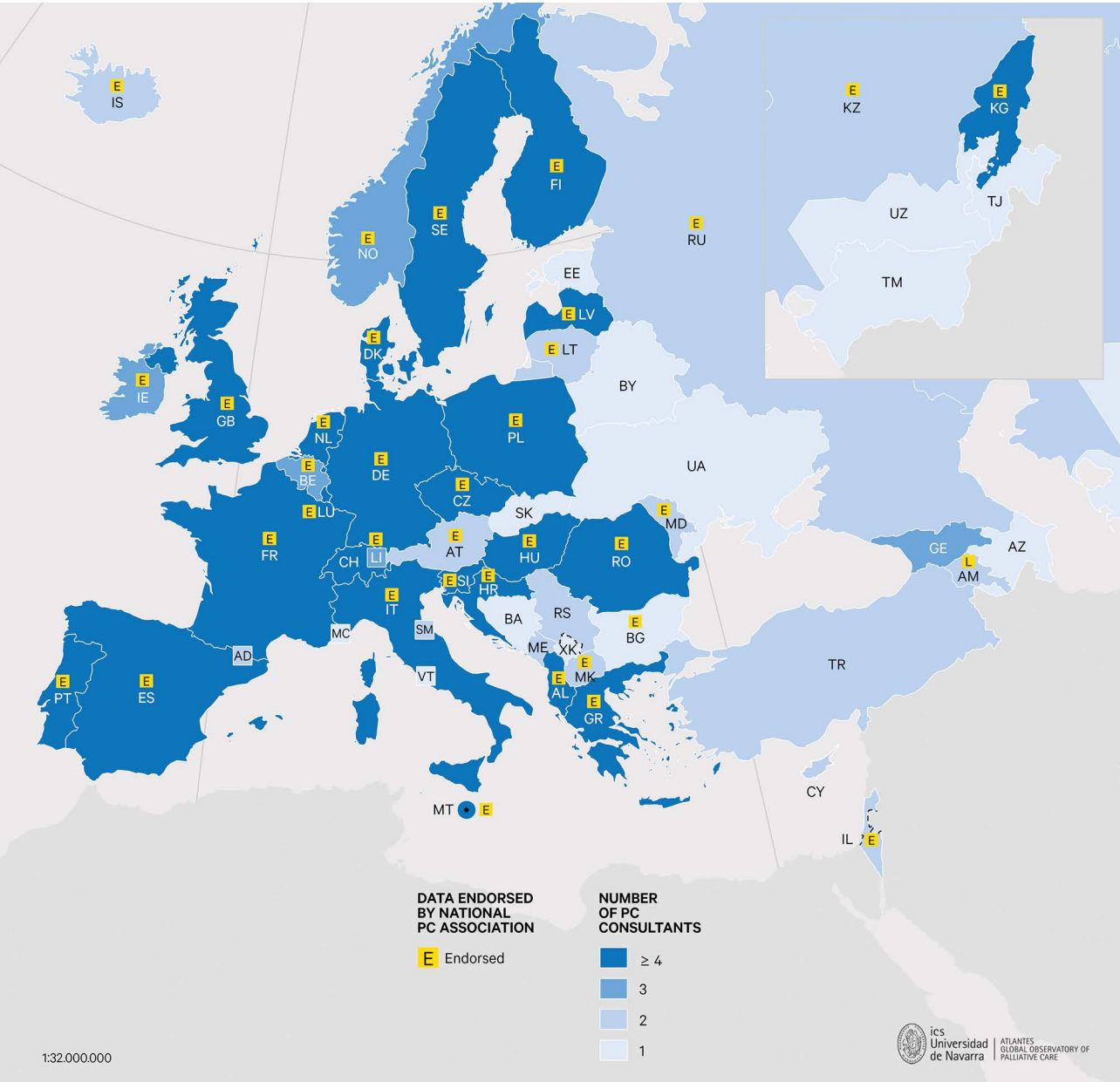


Figure 4. Experts' palliative care expertise profile according to selection criteria (Average score, Max.Score, Min.Score).

EU Methods of the project



Network of collaborators.

EU Methods of the project

3. ANALYSIS: CONCILIATION, VALIDATION AND ENDORSEMENT OF NATIONAL ASSOCIATIONS

Data has been collected through online questionnaires and compiled into a structured country-wise database. A total of 56 country reports have been produced, including 52 reports with conciliated information from key informants and four reports based on a literature review (specifically for the, Vatican City, Tajikistan and Turkmenistan). The path of the collected data is shown in Figure 5.

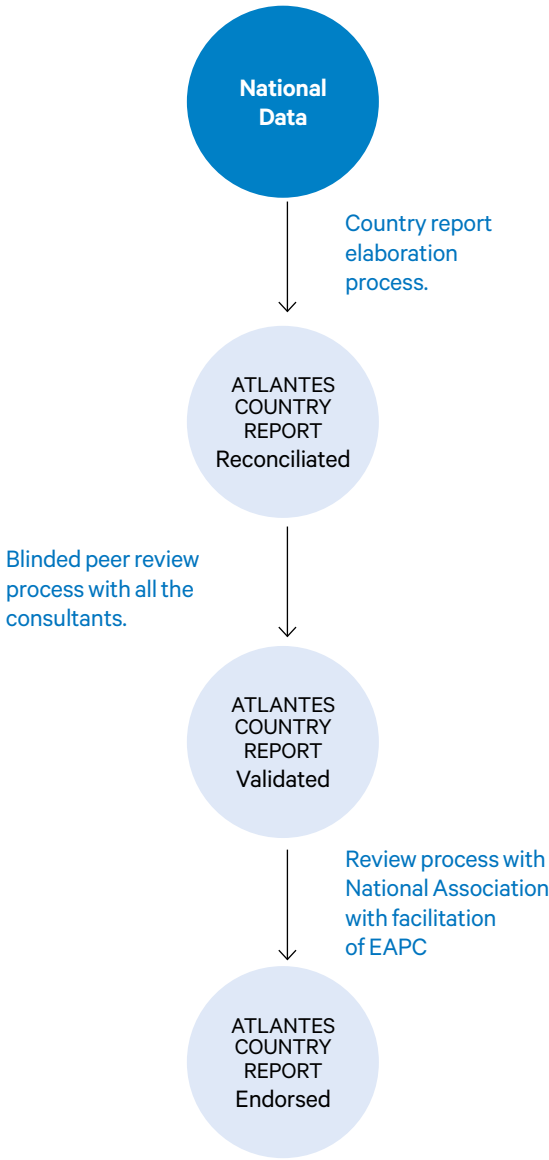


Figure 5. The path of the collected data.

Initially, all consultant inputs have been conciliated for each indicator to ensure consistency. Subsequently, the gathered information has been supplemented with available literature, with a level assigned to each indicator and a valid justification for the assignment. As a result, structured Country Reports have been developed, incorporating assigned levels of PC development and a narrative contextualisation for each assessed indicator. Key informants have validated these reports (originals, and further experts based on each reports’ needs) and, when possible, they have been endorsed by National PC Associations. Each report lists the validation level, the consultants’ names and the national associations’ involvement.

The 16 indicators used to assess palliative care development across European countries were based on a range of data sources and scoring methods, adapted to the context of each country. The collection and calculation methods varied depending on the nature of the indicator.

Scored on a 1–4 Integer Scale

The following indicators were assessed using a single integer score ranging from 1 (lowest level of development) to 4 (highest level):

- 1. Groups promoting the rights of patients
- 2. Policies related to advance care planning
- 4. Inclusion of palliative care in the basic health package at the primary care level
- 6. Existence of palliative care congresses or scientific meetings
- 7. Number of palliative care-related research articles
- 7.1 Inclusion of palliative care in national research funding calls
- 7.2 Recognition of palliative care as a medical specialty

Scored as Median Values

The following indicators were calculated as median scores, potentially resulting in decimal values between 1 and 4. This approach was used when more than one data point informed the score:

- 3. Existence of a national palliative care plan or strategy
- 5. Presence of a responsible authority for palliative care within the Ministry of Health
- 9. Overall availability of essential medicines for pain and palliative care at the primary care level
- 10. Availability of immediate-release oral morphine at the primary care level
- 10.1 General availability of different opioids in multiple formulations
- 13. Provision of palliative care via specialised services

Based on Quantitative Consumption Data

Indicator 8, which focuses on opioid consumption, was derived from statistical data rather than qualitative scoring. It measures Defined Daily Doses for Statistical Purposes (S-DDD) per million inhabitants per day, based on

EU

Methods of the project

the average consumption of narcotic drugs (excluding methadone) during the years 2020–2022. This method provides a standardised measure to compare opioid availability and use across countries.

Source: Narcotic Drugs 2022: Estimated World Requirements for 2023 – Statistics for 2021 International Narcotics Control Board https://digitallibrary.un.org/record/4061663/files/E_INCB_2023_2-EN.pdf

Cartography

Alvaro Montero developed the cartography under the supervision of Professor Juan José Pons from the Department of History, History of Art and Geography of the University of Navarra. The software used for map construction is ArcGIS Pro 3.3.2. The digital coverages used for the country boundaries is adapted to a small scale and one was obtained from ESRI ArcGISOnline repository and other one from WHO ArcGIS Hub repository; on the other hand, the disputed borders and areas were obtained from WHO ArcGIS Hub repository. For the cities, a point map was used from Esri ArcGIS Online. The projection used for all the maps is ETRS 1989 LAEA, with the central meridian at 10°.

The scale is 1:18 500 000 for the Geopolitical Map, 1:42 000 000 for the smaller context maps and 1:32.000.000 for the several types of maps utilised for thematic representation. Choropleth and symbol maps are used for categorical and quantitative variables. Proportional symbol maps and chart maps are used for quantitative data. In terms of stylistic representation, ‘ranges’ of constant colours have been adopted and used throughout this publication: ‘blue’ for choropleths and ‘yellow’ for symbols and charts.

Boundaries and geopolitical designations

The boundaries, names, and designations used in this EAPC Atlas of Palliative Care in the European Region follow the cartographic guidelines of the World Health Organization (WHO). Their inclusion does not imply any judgment on the part of the authors or editors concerning the legal status of any country, territory, city, or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. This Atlas is intended solely to provide information on palliative care in the European region and does not aim to make statements on geopolitical matters.

Commercial mentions and responsibility

The mention of specific companies or certain manufacturers’ products does not imply that they are endorsed or recommended in preference to others of a similar nature that are not mentioned.

The authors have taken all reasonable precautions to verify the information contained in this publica-

tion. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the authors or the publishing institution be liable for damages arising from its use.

4. RESULTS DISSEMINATION

The upcoming release of the new EAPC Atlas of Palliative Care in the European Region 2025 marks a new milestone in advancing PC across the region. This comprehensive Atlas, to be launched at the 19th World Congress in Helsinki, Finland (29–31 May 2025), is the result of a collaborative effort by healthcare professionals, policymakers, and other stakeholders. It provides critical insights and data to support us all in improving PC services. By disseminating this valuable resource, the Atlas seeks to enhance awareness, inform policy development, and foster collaboration among countries to ensure accessible, high-quality PC for all who need it. The presentation at the EAPC Congress will serve as a platform to engage the global PC community and highlight the ongoing efforts to address challenges in the WHO Europe.

Limitations and constraints

The Atlas includes comprehensive data from 52 European countries and territories. However, four countries—**Azerbaijan, Vatican City, Tajikistan, and Turkmenistan**—are not fully represented due to limited data availability. For most countries, information was gathered through a combination of:

- Input from key informants
- Review of available literature
- Validation and amendment by at least one in-country expert

In only four cases was the data based solely on published literature, without direct input from national experts. This limited engagement has been linked to two main factors:

- The criteria used to select key informants
- The limited or non-existent palliative care activity in some of these countries

This study is based on official documents, perspectives and knowledge from national experts, WHO’s regional PC key persons and trained consultants. Although this methodology is widely accepted for data collection, the data are still considered estimates. Consequently, the accuracy and precision of the data can be challenging to verify on occasion. However, it remains the best and most up-to-date information available in the region.

Based in Spain, the ATLANTES Global Observatory of Palliative Care contributed their experience and knowledge from previous international Atlas studies (overall

EU

Methods of the project

previous editions of the EAPC Atlas of Palliative Care in Europe). Nevertheless, the implementation of WHO’s new indicators and the limited evidence regarding exploring PC activity within national health systems should be considered.

Source:

1. Assessing the development of palliative care worldwide: a set of actionable indicators. Geneva: World Health Organization, 2021. <https://www.who.int/publications/i/item/9789240033351>
2. Tripodoro VA, Ray A, Garralda E, Bastos F, Montero Á, Béjar AC, Pons JJ, Bouésseau MC, Centeno C. Implementing the WHO Indicators for Assessing Palliative Care Development in Three Countries: A Do-It-Yourself Approach. J Pain Symptom Manage. 2025 Jan;69(1):e61-e69.
3. Report for the Pre-congress workshop on the Application of the WHO methodology for the Assessment of palliative care development worldwide: a set of practical indicators

INTEGRATING PC INTO RESPONSES TO HEALTH EMERGENCIES IN THE WHO EURO REGION

Following lessons learned from the COVID-19 pandemic, the WHO’s Fourteenth General Programme of Work, 2025–2028 (GPW 14), establishes a bold agenda to realign the world towards achieving health-related Sustainable Development Goals while promoting health equity and building resilience in health systems within our increasingly turbulent world¹. Grounded in WHO’s mission to promote, provide, and protect health and well-being for all, along with its commitment to gender equality, universality, and human rights, the new strategy outlines six strategic objectives that address the pressing health challenges and crises of our time: tackling health risks linked to our rapidly changing climate; preventing disease through collective action on health determinants; advancing PHC and essential health system capacities to enhance efforts aimed at common goals and progress towards (Universal Health Coverage (UHC)); improving health service coverage and financial protection; and fortifying prevention, preparedness, and response to health emergencies.

Achieving **these objectives will necessitate that PC, focused on preventing and relieving pain, other physical and psychological symptoms, and social and spiritual suffering, is regarded as a vital component of health emergency responses and meaningfully integrated into all such efforts**². The WHO EURO Region has experienced significant humanitarian crises, including disease outbreaks, natural disasters, and conflicts. Such crises have resulted in widespread displacement, physical and psychological trauma, and heightened vulnerability among women, children, the impoverished, and those who are chronically ill. The severity and intensity of suffering emphasises the urgent need for humanitarian response organisations to incorporate PC into their initia-

tives and interventions. At the same time, governments in increasingly at-risk areas must build resilient healthcare systems that integrate PC at all levels of service provision, ensuring adaptability to their local needs.

Across countries and territories in this Region, Ministries of Health (MoH), public and private healthcare institutions, and humanitarian response organisations must take coordinated action to ensure that palliative care (PC) is integrated into responses to humanitarian crises and health emergencies. The following actions are essential to achieve this goal:

Ensure that national policies:

- Include access to PC for everyone as part of basic, essential, and universally accessible health care;
- Require both foreign and domestic humanitarian response organisations to incorporate PC as one of the key interventions;
- Enable foreign humanitarian response organisations to provide controlled medicines in the WHO Essential Package of Palliative Care for Humanitarian Emergencies and Crises for use in such instances.

Ensure that all domestic humanitarian response programmes and teams:

- receive training in PC and the importance not only of saving lives but also of preventing and relieving physical, psychological, social and spiritual suffering;
- are equipped with all items in the WHO Essential Package of Palliative Care for Humanitarian Emergencies and Crises;
- are enabled to recruit local mental health care providers to provide culturally and linguistically appropriate acute psychosocial care, long-term psychosocial support for survivors and bereaved family members, and culturally appropriate care counselling for foreign humanitarian responders.

In summary, the WHO Essential Package of Palliative Care for Humanitarian Emergencies and Crises provides a structured approach to delivering essential PC services in challenging environments, ensuring that patients receive the necessary care to manage their symptoms and improve their quality of life. ●

Source:

1. **A Global Health Strategy for 2025-2028** - advancing equity and resilience in a turbulent world: fourteenth General Programme of Work A Global Health Strategy for 2025–2028
2. Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises: a WHO guide. Geneva: World Health Organization; 2018. <https://iris.who.int/bitstream/handle/10665/274565/9789241514460-eng.pdf?sequence=1>

EU

Abbreviations

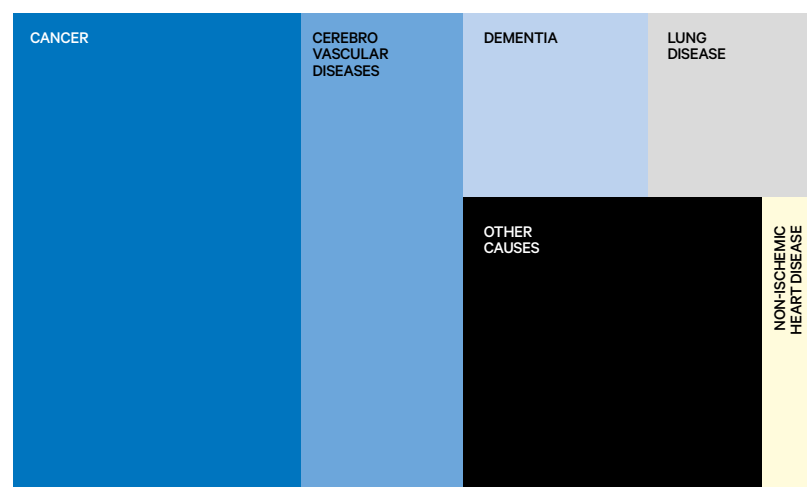
| | |
|---------------|--|
| ACP | Advance Care Planning |
| AD | Advance Directives |
| EAPC | European Association for Palliative Care |
| EML | Essential Medicines List |
| ArcGIS | Geographic Information System software |
| HIS | Health System Information |
| IAHPC | International Association for Hospice and Palliative Care |
| ICS | Institute for Culture and Society (Universidad de Navarra) |
| LMICs | Low- and Middle-Income Countries |
| MoH | Ministry of Health |
| NGOs | Nongovernmental Associations |
| NCDs | Non-Communicable Diseases |
| NLM | National Library of Medicine |
| OPD | Outpatient Department |
| PHC | Primary health care |
| PC | Palliative care |
| PPC | Paediatric palliative care |
| SAR | Special Administrative Region |
| S-DDD | Defined daily doses for statistical purposes per million inhabitants per day |
| SDGs | Sustainable Development Goals |
| SHS | Serious Health-related Suffering |
| UHC | Universal health coverage |
| UN | United Nations |
| WHO | World Health Organisation |
| WHPCA | Worldwide Hospice Palliative Care Alliance |

Palliative Care in the
European Region 2025:
At a Glance

Over 4 million people faced SHS in the European region

| CONDITION | SHS IN THOUSANDS |
|----------------------------|---------------------|
| Cancer | 1,818,424 |
| Cerebrovascular diseases | 738,226 |
| Dementia | 333,755 |
| Lung disease | 311,535 |
| Non-ischemic heart disease | 183,778 |
| Other causes | 893,560 |
| Total | 4,279,278 |

¹ Source: The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.



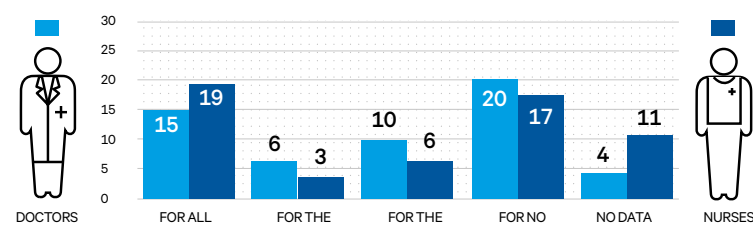
Education and Training

21/56

countries officially recognise PC as a medical specialty or subspecialty through national regulatory authorities.

DIPLOMAS

9/56 have other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position).



Research

33/56

countries host national PC conferences every year.

8/56

countries have advanced level of peer reviewed articles focusing on PC research: Belgium, Denmark, Germany, Ireland, Netherlands, Spain, Sweden and United Kingdom.

Health Policies

| LEVEL | CONTENT | COUNTRIES |
|-------|---|-----------|
| 4 | Actualised, evaluated or audited in last 5 years | 15 |
| 3 | Actualised but not evaluated or audited in last 5 years | 9 |
| 2 | Developed over 5 years ago | 11 |
| 1 | Not known or does not exist | 12 |

PALLIATIVE CARE LAWS

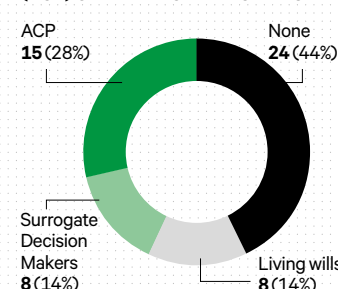
| | YEAR | NAME |
|------------|------|---|
| France | 1999 | Loi n° 99-477 du 9 juin 1999 visant à garantir le droit à l'accès aux soins palliatifs. |
| Belgium | 2002 | Wet van 14 juni 2002 betreffende de palliatieve zorg (& Amendement 2016 Pal Zorg) |
| Luxembourg | 2009 | Loi du 16 mars 2009 relative aux soins palliatifs, à la directive anticipée et à l'accompagnement en fin de vie et modifiant. |
| Italy | 2010 | Legge 38/2010 - Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore. |
| Portugal | 2012 | Lei n.º 52/2012 de 5 de setembro - Lei de Bases dos Cuidados Palliativos. |
| Germany | 2015 | Gesetz zur Verbesserung der Hospiz- und Palliativversorgung in Deutschland (HPG) vom 1. Dezember 2015. |
| Armenia | 2020 | Law of the Republic of Armenia on Palliative Care. |
| Albania | 2021 | Ligji Nr. 156/2014 - Për Kujdesin Palliativ në Republikën e Shqipërisë. |
| Austria | 2022 | Bundesgesetz über die Einrichtung eines Hospiz- und Palliativfonds- Hospiz- und Palliativfondsgesetz. |

Empowerment people and communities

33/56

have a strong national and sub-national presence of PC advocacy and promoting patient rights.

NATIONAL POLICY OR GUIDELINE ON ADVANCE CARE PLANNING (ACP) OR ADVANCE DIRECTIVES



Specialised services

7119

specialised PC services.

0,96 services per 100,000 inh on average.

524

paediatric services present in 41 countries.

TOTAL SPECIALISED SERVICES

7119 specialised PC services (0.96 services per 100,000 inh.).

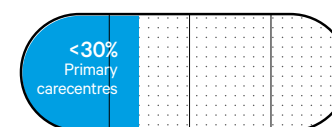
| | | | | | | | |
|--------------------|------|-----------------|------|----------------|------|-------------|------|
| Ukraine | 0.23 | Malta | 0.72 | United Kingdom | 1.27 | Austria | 3.68 |
| Estonia | 0.22 | Slovakia | 0.64 | Andorra | 1.24 | Lithuania | 2.51 |
| Kazakhstan | 0.18 | Georgia | 0.62 | Israel | 1.16 | Switzerland | 2.10 |
| Belarus | 0.15 | Romania | 0.56 | Germany | 1.13 | Sweden | 1.90 |
| Bosnia-Herzegovina | 0.09 | Armenia | 0.53 | Croatia | 1.06 | Netherlands | 1.85 |
| Tajikistan | 0.09 | Moldova | 0.49 | Denmark | 1.06 | Norway | 1.83 |
| Kyrgyzstan | 0.07 | Turkiye | 0.49 | Iceland | 1.02 | Czech Rep | 1.68 |
| Greece | 0.04 | Slovenia | 0.47 | Italy | 1.00 | Ireland | 1.64 |
| Turkmenistan | 0.01 | Bulgaria | 0.39 | Cyprus | 0.97 | Belgium | 1.54 |
| Azerbaijan | 0.01 | North Macedonia | 0.38 | Hungary | 0.96 | Finland | 1.52 |
| Uzbekistan | 0.01 | Serbia | 0.26 | Latvia | 0.96 | Luxembourg | 1.50 |
| Kosovo | 0.00 | Albania | 0.25 | Spain | 0.96 | Poland | 1.42 |
| | | | | France | 0.90 | Portugal | 1.42 |

Monaco, Liechtenstein and San Marino reported 7.70, 7.53, and 5.91, respectively.

Use of Medicines

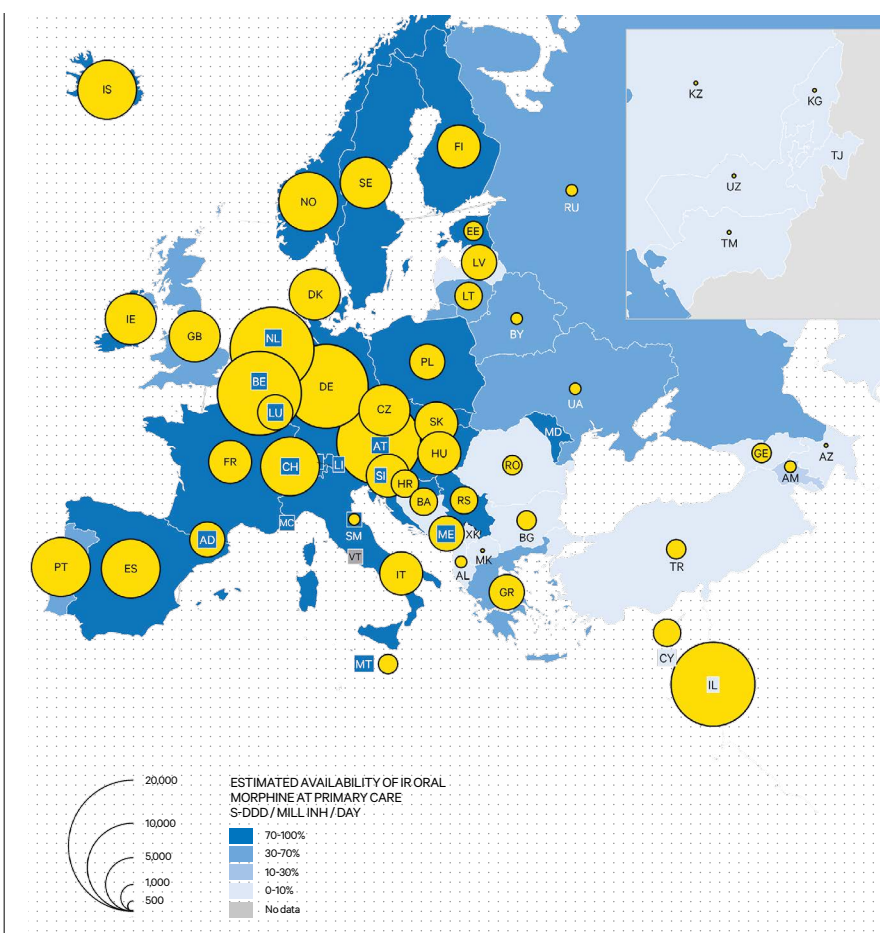
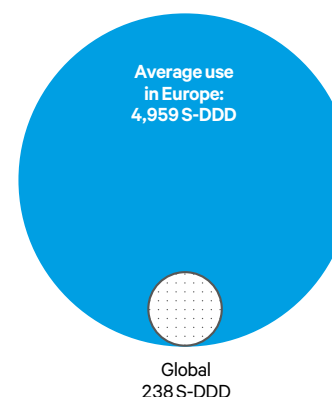
18/56

countries report available Immediate Release Oral Morphine in less than 30% of health facilities at the primary care level.

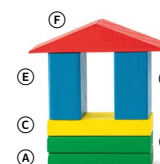


26/56 report very good availability of different opioids and in different formulations.

USE OF OPIOIDS



GLOBAL FRAMEWORK FOR THE DEVELOPMENT OF PALLIATIVE CARE IN COUNTRIES AND AREAS (WHO, 2021)



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

- LEVEL OF DEVELOPMENT
- (1) EMERGING
 - (2) PROGRESSING
 - (3) ESTABLISHED
 - (4) ADVANCED

Thematic maps

EU Map 1: Empower people and communities

The empowerment of people and communities relates to the capacity of a country to empower individuals, families and communities as partners in the development of health and social services as well as in the engagement in shared decision-making about their own health. This entails the availability of advocacy resources to protect and enhance the participation of patients and caregivers in the development of palliative care programmes.

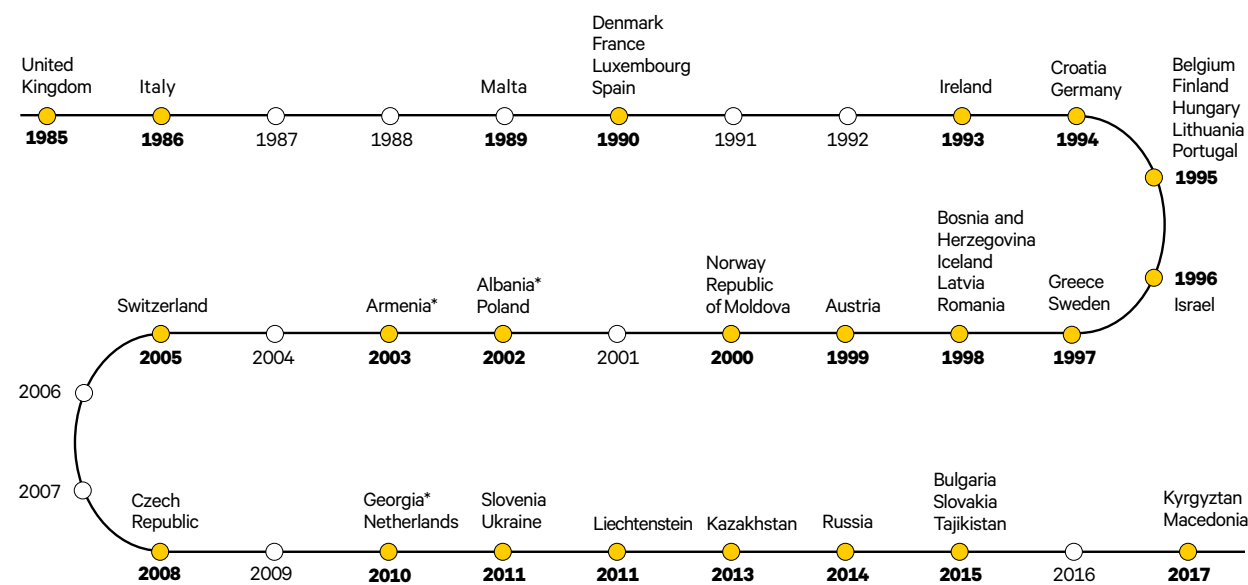
GROUPS DEDICATED TO PROMOTING THE RIGHTS OF PATIENTS IN NEED OF PALLIATIVE CARE, THEIR CAREGIVERS, AND DISEASE SURVIVORS

Across Europe, the most reported groups promoting the rights of patients in need of palliative care (and their families), are the professional national PC associations. There exist, to date, at least one national association in 39 countries, and some countries have more than one: Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Netherlands, Norway, Poland,

Portugal, Romania, Slovenia, Sweden, UK. Furthermore, main groups advocating for palliative care include children associations (present, at least, in Belgium, Croatia, Denmark, Greece, Ireland, Kazakhstan, Kyrgyzstan, Latvia, Netherlands, Norway, Slovenia, Spain, Switzerland, UK), as well as PC nursing societies, reported in countries like Croatia, Denmark, Poland, Portugal, Spain, Sweden, Türkiye and UK, to cite some.

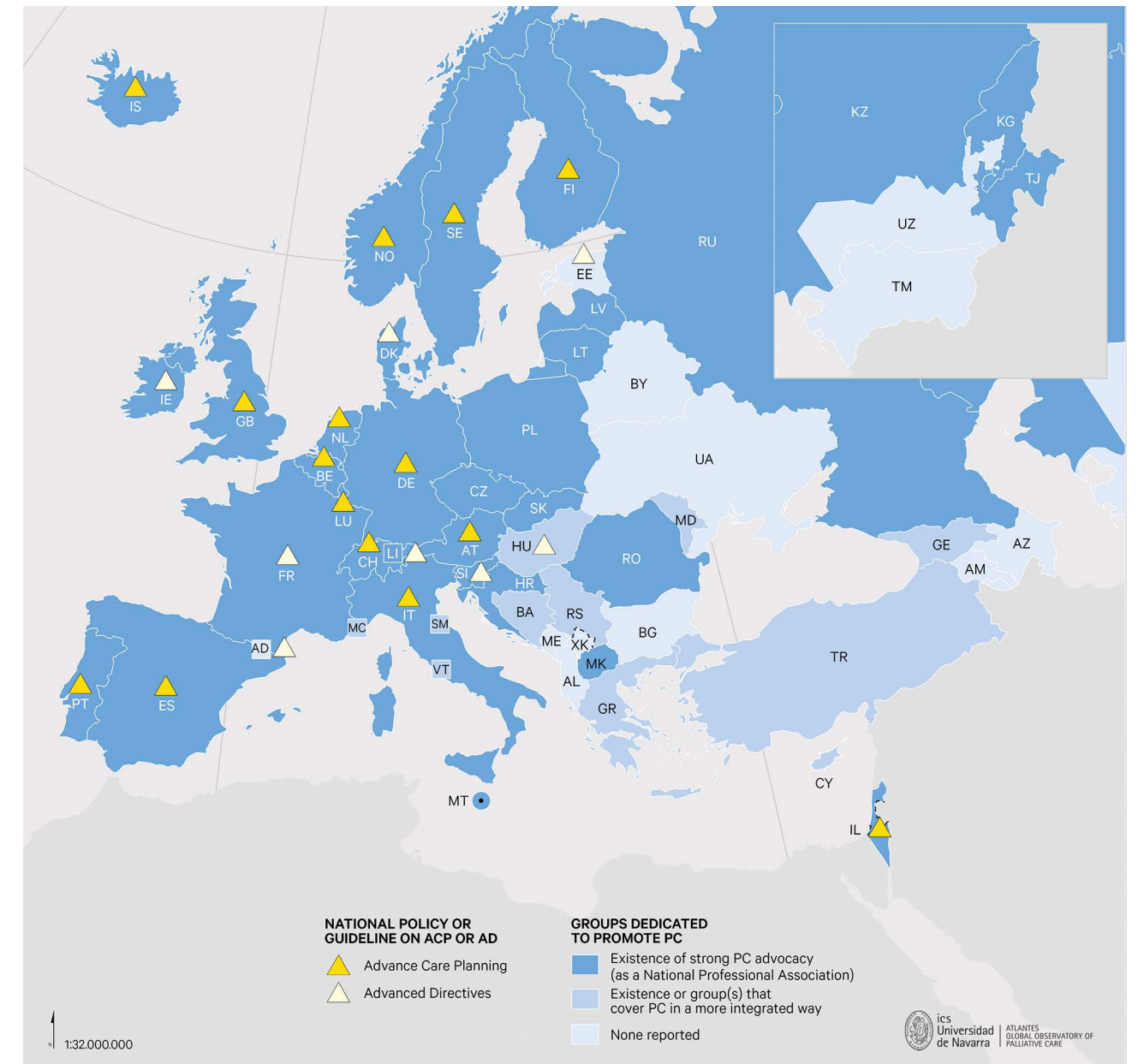
There is also documented activity of patients' organisations in Denmark, Estonia, France, Greece, Hungary, Iceland, Ireland, Israel, Norway, Poland, Portugal, San Marino, Serbia, Switzerland, UK, with particular relevance of groups fighting cancer in Croatia, Cyprus, Denmark, Hungary, Iceland, Ireland, Kyrgyzstan, Lithuania, Moldova, Poland, Portugal, Romania, San Marino, Spain, or Serbia. Other countries also report great activity held by NGOs (Kazakhstan, Kosovo, Moldova, North Macedonia, Russia, also for children, Serbia, Tajikistan, Türkiye, Ukraine). In others, advocacy is very much sporadic and dependent on individual professionals.

Time line of National Associations' creation



* Limited activity reported

EU Map 1: Empower people and communities



Map 1. Empowerment of people and communities.

EU Map 1: Empower people and communities

NATIONAL POLICY OR GUIDELINE ON ADVANCE CARE PLANNING OR ADVANCE DIRECTIVES

The partnership of individuals, families, and communities in the development of health services may be reflected in national policies that promote their engagement in shared decision-making about their own health. This shared-decision making can be a reality in the form of Advance Care Planning, Living wills, or Surrogate Decision-makers.

Advance Care Planning enables individuals to define goals and preferences for future medical treatment and care, to discuss these goals and preferences with family and health-care providers, and to record and review these preferences if appropriate*. **Living Wills** (or Advance Directives) is a legal document that specifies the type of medical care that an individual does or does not want in the event they are unable to communicate their wishes. Finally, surrogate decision-maker policies. These agents, also known as health care proxies or health care agents—are individuals who are legally designated to act on behalf of patients who are unable to make decisions about their own care. These policies ensure that when a per-

son becomes incapacitated, there is a recognised advocate who can make informed decisions aligned with the patient's preferences.

In Europe, 15 countries (predominantly Western countries), have national policies or guidelines regulating advance care planning: Austria, Belgium, Finland, Germany, Iceland, Israel, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. A further eight reported living wills and another eight Surrogate Decision Making policies.

Although many countries have legal frameworks or official recommendations supporting advance care planning (ACP), its implementation remains inconsistent across the region. ACP is a recent development in Belgium and Iceland. In Israel, it is used only to a limited extent. In Italy, implementation is hindered by inadequate training, low awareness, and the lack of standardised procedures. In Poland and Sweden, ACP is not commonly recognised or applied in clinical practice. In Portugal and Spain, ACP is still in development, with efforts ongoing to improve implementation and raise public and professional awareness. ●

Key notes on some countries

AUSTRIA

The VSD Vorsorgedialog® is a legal instrument for the advance care planning process. This process is especially designed for people living in care homes or those who want to die in their own homes. Additional to the VSD Vorsorgedialog® process there exist specific other advance directive documents: Patientenverfügung; Vorsorgevollmacht, and other legal instruments for advance care planning like the “living wills” and the “power of attorney”.

SWEDEN

There is one national policy addressing ACP of medical decisions for use of life-sustaining treatment or end-of-life care from the National Board of Health and Welfare, SOSFS 2011:7. There are no possibilities for patients or relatives to write legally binding AD or “living wills”; the concept ACP is used in the everyday care process and is formulated in the National Program for PC (Adult and children), the National PC Pathway (including discussion between health care staff and the person and/or relatives around the transition to PC, wishes and goals of care and documented in the medical record), the National guidelines and the National Board of Health and Welfare's terms/concepts related to PC.

UNITED KINGDOM

All four nations have policy and guidance on advance care planning: NHS England, Health Improvement Scotland, NHS Wales, and NHS Northern Ireland. The UK's National Institute for Health and Care Excellence has published guidance on ACP: “Advance Care Planning: Guidance for care home managers”, “Decision making and mental capacity: Quality Standard 2, Advance Care Plans”, and NHS England has also issued Advance decisions to refuse treatment (living will). In Paediatrics there is a national Advance care plan document with supported website and education.

* Rietjens JA, Sudore RL, Connolly M, van Delden JJ, Kuhnle E, Ayoub LH, et al. Definition and recommendations for advance care planning: an international consensus supported by the European Association for Palliative Care. *Lancet Oncol*. 2017;18(9):e543–51

EU Map 2: Health policy related to PC

The political commitment and leadership expressed in governance and policy frameworks (strategies, standards, and guidelines) is essential to palliative care development. It includes the development of a legal framework and regulations that guarantee the rights of patients, access to palliative care services and essential medicines, and the financing and inclusion of palliative care in the National Health Service and benefits package. It also includes health system design and health care organisation, in addition to stewardship and multi-stakeholder action.

NATIONAL PALLIATIVE CARE POLICIES OR STRATEGIES

Twenty-five countries have established national PC strategies or plans in the last 5 years (nine not audited), some twenty-one also accompanied by national PC law/legislation/government decrees on PC: Austria, Denmark, France, Germany, Iceland, Ireland, Israel, Italy, Lithuania, Luxembourg, Malta, Netherlands, North Macedonia, Norway, Portugal, Romania, Russian Federation, Slovakia,

Spain, Sweden. Few further countries (namely Belgium (Flanders region), Czech Republic, Greece, Poland and Slovenia) have national plans in preparation. Other countries have a dedicated PC section within another national plan such as for cancer, non-communicable diseases or HIV. This is the case for Albania, Bulgaria, Croatia, Czech Republic, Finland, Kazakhstan, Latvia, Liechtenstein, Moldova, San Marino, Serbia, Slovenia, Switzerland, Tajikistan, Türkiye, Ukraine, Uzbekistan.

Key notes on some countries

AUSTRIA

Financing Law (*Bundesgesetz über die Einrichtung eines Hospiz- und Palliativfonds–Hospiz- und Palliativfondsgesetz*) defined the financing mechanisms and introduced new quality criteria and indicators for hospice and palliative care institutions, as well as for staff education. The Austrian National Public Health Institute (*Gesundheit Österreich GmbH, GÖG*) monitors and evaluates progress on behalf of the Federal Ministry for Social Affairs, Health, Care and Consumer Protection.

NORWAY

Norway has established the ‘National Action Program for Palliative Care in Cancer Care’ (*Nasjonalt handlingsprogram for palliasjon i kreftomsorgen*), which provides national professional guidance for PC in the context of cancer care. While the Action Program is under the Cancer Programs, it is designed for use independent of diagnosis. The program's online version was published five years ago, and an active workgroup is continuously revising and updating it. Additionally, the ongoing implementation of the Report to the Storting (Norwegian Parliament) (White Paper) No. 24 (2019-2020) entitled “PC - We Shall All Die One Day. But All Other Days We Shall Live,” outlines the broader framework for PC in Norway.

ROMANIA

PC is recognised and incorporated into various policies like the National Palliative Care Program 2024 (administered by the National Health Insurance House and providing funding for PC services) or the Emergency Ordinance 106/2024 for amending and supplementing Law 95/2006 regarding the health reform (in which provisions for PC as part of the national healthcare system were incorporated). There are also amendments to some normative acts whose main scope is to draft the normative framework for the implementation of the National Program of PC in units with beds, at home and in outpatients and its development through health insurance companies, in accordance with the provisions of Law no. 293/2022 for the prevention and fight against cancer.

EU Map 2: Health policy related to PC

National palliative care laws across Europe

| Country | Year | Law |
|------------|------|---|
| France | 1999 | <i>Loi n° 99-477 du 9 juin 1999 visant à garantir le droit à l'accès aux soins palliatifs</i> (Law No. 99-477 of 9 June 1999 aimed at guaranteeing the right to access palliative care.) |
| Belgium | 2002 | <i>Wet van 14 juni 2002 betreffende de palliatieve zorg (& Amendement 2016 Pal Zorg)</i> (Law of 14 June 2002 on palliative care (& Amendment 2016 Pal Zorg)) |
| Luxembourg | 2009 | <i>Loi du 16 mars 2009 relative aux soins palliatifs, à la directive anticipée et à l'accompagnement en fin de vie et modifiant</i> (Law of 16 March 2009 on palliative care, advance directives and end-of-life support, amending) |
| Italy | 2010 | <i>Legge 38/2010 - Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore</i> (Law 38/2010 - Provisions to ensure access to palliative care and pain therapy) |
| Portugal | 2012 | <i>Lei n.º 52/2012 de 5 de setembro - Lei de Bases dos Cuidados Paliativos</i> (Law no. 52/2012 of 5th September - Basic Law on Palliative Care) |
| Albania | 2014 | <i>Ligji Nr. 156/2014 - Për Kujdesin Paliativ në Republikën e Shqipërisë</i> (Law No. 156/2014-On Palliative Care in the Republic of Albania) |
| Germany | 2015 | <i>Gesetz zur Verbesserung der Hospiz- und Palliativversorgung in Deutschland (HPG) vom 1. Dezember 2015</i> (Law on improving hospice and palliative care in Germany (HPG) of 1 December 2015) |
| Armenia | 2020 | Հայաստանի Հանրապետության օրենք՝ Պալիատիվ մարզում ծառայությունների մասին (Law of the Republic of Armenia on Services in Palliative Care) |
| Austria | 2022 | <i>Bundesgesetz über die Einrichtung eines Hospiz- und Palliativfonds - Hospiz- und Palliativfondsgesetz</i> (National Hospice and Palliative Care Financing Law) |

INCLUSION OF PALLIATIVE CARE IN THE LIST OF PRIORITY SERVICES FOR UNIVERSAL HEALTH COVERAGE IN THE NATIONAL HEALTH SYSTEM

In 31 European countries Palliative care is included in the list of health services provided at the primary care level in the General Health Law, and in further 12 PC is recognised within government laws or decrees. In 43 countries (76%), PC is part of the basic package of basic healthcare services for Universal Health Coverage. This package has as its goal the completion of SDG3.8, through which all persons should be able to have access to quality essential health services without facing financial hardship.

The way palliative care is included within general healthcare laws and governmental decrees varies significantly. Approaches range from designating specific responsibilities to general physicians, mandating its provision across all primary care settings, integrating it into pension schemes or insurance plans, or focusing on medication reimbursement. Additionally, policies may address the training requirements of professionals delivering basic care, the availability of services in primary care centres, or simply by classifying palliative care as part of the essential services offered by the public healthcare system.

By a Governmental decree

| |
|----------------|
| Andorra |
| Armenia |
| Austria |
| Czech Republic |
| Georgia |
| Ireland |
| Kazakhstan |
| Monaco |
| Portugal |
| Slovenia |
| Switzerland |
| Türkiye |

By General Health Law

| | |
|---------------|----------------|
| Belarus | Lithuania |
| Belgium | Luxembourg |
| Bosnia-Herz. | Malta |
| Bulgaria | Moldova |
| Croatia | Montenegro |
| Denmark | Netherlands |
| France | Norway |
| Germany | Poland |
| Greece | Romania |
| Hungary | Russian Fed. |
| Iceland | San Marino |
| Israel | Serbia |
| Italy | Spain |
| Latvia | Sweden |
| Liechtenstein | Ukraine |
| | United Kingdom |

EU Map 2: Health policy related to PC

Key notes on some countries

BULGARIA

Article 96, items 2 and 3 of the Health Act stipulate that "Palliative medical care is provided by general practitioners, medical institutions offering outpatient and inpatient care, and hospices." Additionally, "The requirements for the provision of palliative medical care are specified by an ordinance issued by the Minister of Health."

FRANCE

PC is one of the priority services and its importance is recognised by law in the context of supporting people at the end of their lives and alleviating the suffering from serious illnesses. Legal context includes 1st) Law of June 9, 1999, 2nd) National plan for the development of PC (most recent, 2021-2024), and 3rd) the Law Claeys-Leonetti (2016). Services and priorities in the health system highlight a) accessibility: PC must be available both in hospital and at home, through mobile teams or specialised units; b) Training: Training of health professionals in PC is encouraged to meet growing needs, and 3rd) Territorial equality.

POLAND

Hospice and PC services are included in the catalogue of the guaranteed services within Polish public healthcare system. The beneficiary (patient) is entitled to guarantee healthcare services in the scope of palliative and hospice care). Act of 27 August 2004 on health care services financed from public funds (Art. 15 sec. 2 item 11: 2.). When patients with PC needs do not fulfil the referral criteria for specialised PC, the primary care physician is obliged to deliver care (PC approach) as per ACT of 27 October 2017 on primary care – art. 2.

NATIONAL AUTHORITY FOR PALLIATIVE CARE WITHIN THE GOVERNMENT OR THE MINISTRY OF HEALTH

Very few countries report a coordinating entity for palliative care, well-defined and structured (scientific and technical): Austria, France, Germany, Italy, Luxembourg, Netherlands, Norway, Poland, Portugal, Russian Federation, Slovakia, and Switzerland. Five countries report a responsible person/branch/ in the MoH, but with an incomplete structure (as per lacking scientific or technical section): Hungary, Iceland, Ireland, Lithuania, Slovenia, Türkiye, United Kingdom. ●

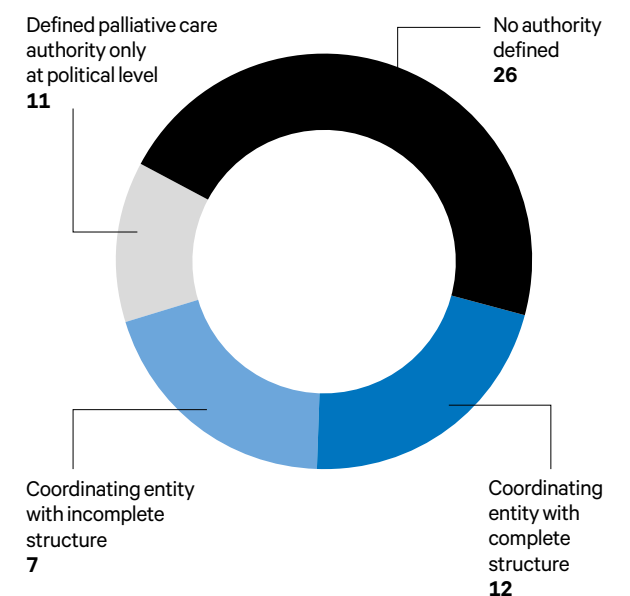
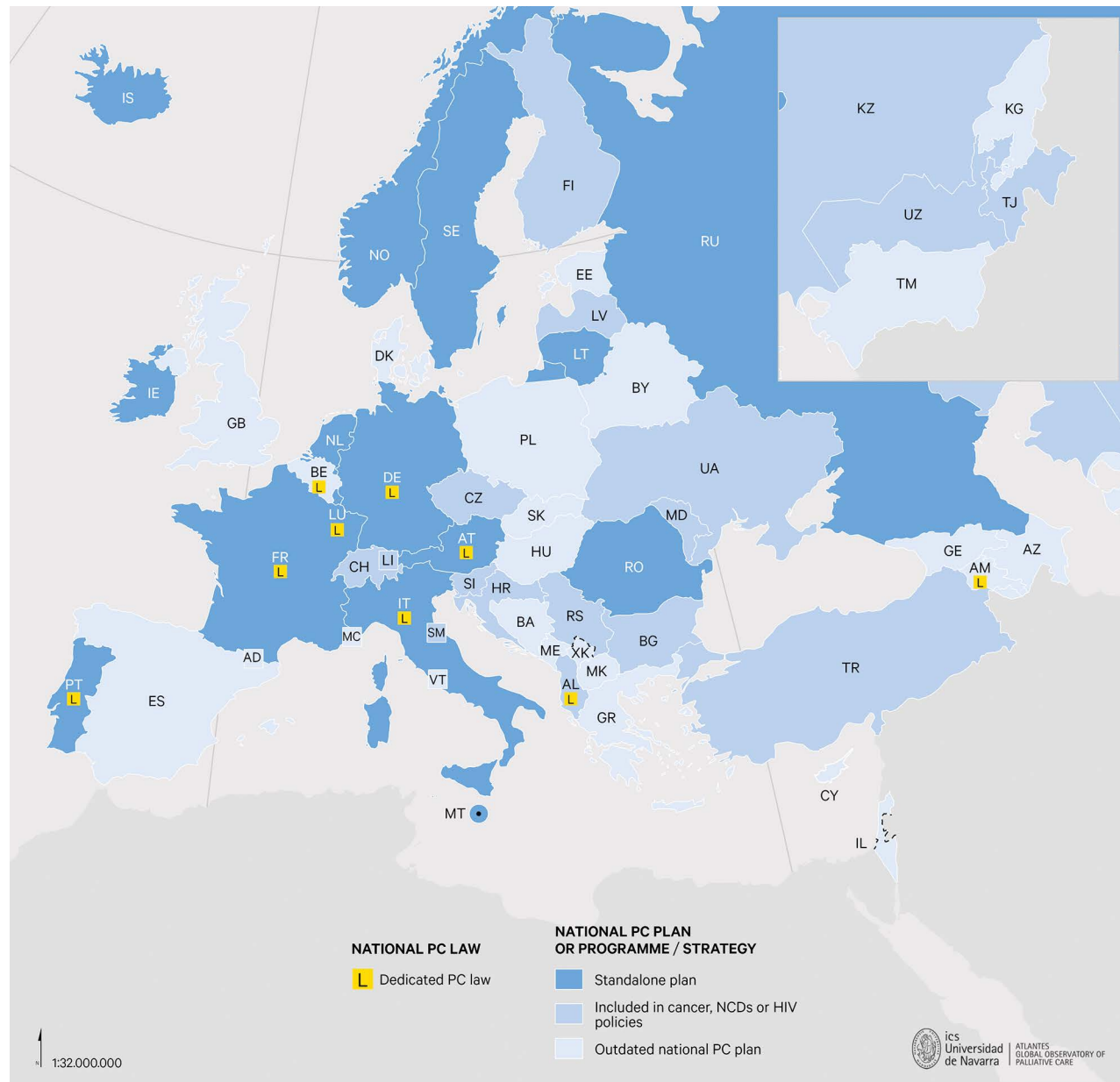


Figure 6. Responsible authority for PC within the Ministries of Health.

EU Map 2: Health policy related to PC



Map 2. Health Policy related to Palliative Care

Key notes on some countries

NETHERLANDS

The Steering Group of the National Palliative Care Programme, established by the government, is crucial in guiding the implementation and development of PC policies in the Netherlands. One steering group member, also serves as the Team Coordinator for PC and Spiritual

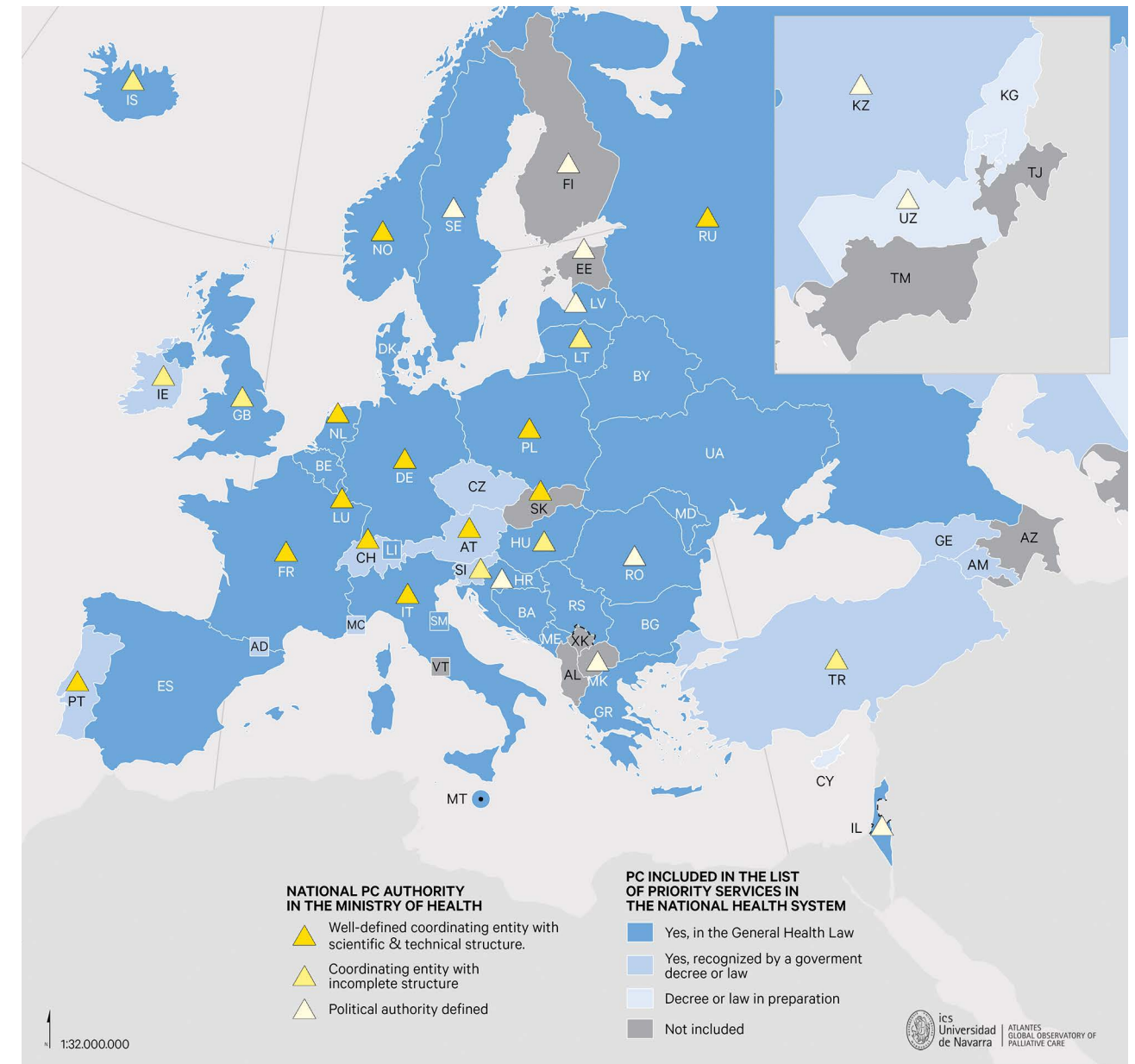
Care at the MoH, Welfare and Sport. Its involvement ensures a cohesive approach to integrating palliative and spiritual care services within the national healthcare framework. There is a broad government support for PC in general, also from the parliament, as part of human care. Scientific advisory tasks and research are performed via a

related research programme (Palliatie II) with an independent committee.

GERMANY

Though not all federal states have a national authority, some do have rather prominent ones (e.g North Rhine-Westfalia has a staff position

EU Map 2: Health policy related to PC



Map 2. Health Policy related to Palliative Care

related to PC at the state MoH, which works closely with two coordinating and networking offices (ALPHA Rheinland and ALPHA Westfalen). Another example; Bavaria has an active coordinating office at the federal MoH. Also, the State of Lower Saxony has a coordination agency. Organised on the state level, the coordinating offices are part of the ministry, and are included in the budgets. In addition, there is a unit for the

elderly, dementia, hospice and PC: Referat 301 in the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which is budgeted and staffed as regular part of the ministry.

RUSSIA

The working body of the MoH PC branch on federal level consists of 1) an institute of Chief Specialists,

embedded in the healthcare system, supervising provision and development of PC on their territorial unit; 2) a Profile Commission on PC of MoH of Russia, consisting of the Chief Specialists and prominent PC advocates, and 3) Federal Scientific and Practical Centre for Palliative Medical Care of the Sechenov University of the MoH since 2019 (role of coordination hub, monitor centre for availability and quality of PC provision).

EU Map 3: Research

Research aims at improving the level of scientific evidence to guide the care of people and decisions about the organisation of health services. Three indicators measure the extent to which countries are progressing with regard to PC research: a) existence of congresses or scientific meetings at the national level specifically related to palliative care, b) palliative care research on the country estimated by peer-reviewed articles, and c) inclusion of PC topics in National Research calls.

EXISTENCE OF CONGRESSES OR SCIENTIFIC MEETINGS AT THE NATIONAL LEVEL SPECIFICALLY RELATED TO PALLIATIVE CARE

Thirty-three countries (60%) report holding at least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance (nurses, psychologists, chaplains), accessible for professionals from remote areas, and paediatric topics included. Eight countries report one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years. Amongst countries where there are national PC congresses, although some have a rather short trajectory (such

is the case for Andorra, 2023, Liechtenstein since 2022, Malta 2024, or Serbia 2023), many European countries have already a long trajectory like the Czech Republic or Sweden (since 2010), or longer (France since 1991, Greece since 1998, Romania since 2000). It is the case also for the UK, Ireland, Poland, Germany, Spain and others. Furthermore, a number of countries report an intense congress or conference activity arguably due to the existence of several PC associations but also to an increasing interest and need to gain evidence on PC: Austria, Belgium, Czech Republic, Denmark, Finland, France, Greece, Germany, Hungary, Ireland, Italy, Israel, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Russia, Spain, Sweden, Switzerland and the United Kingdom.

PALLIATIVE CARE RESEARCH ON THE COUNTRY ESTIMATED BY PEER-REVIEWED ARTICLES

The perception of PC research on the country estimated by peer-reviewed articles varies greatly across European countries. Around two thirds report a low or very low production (37 countries), whilst 17 countries estimate a considerable-extensive amount of palliative care-related research papers.

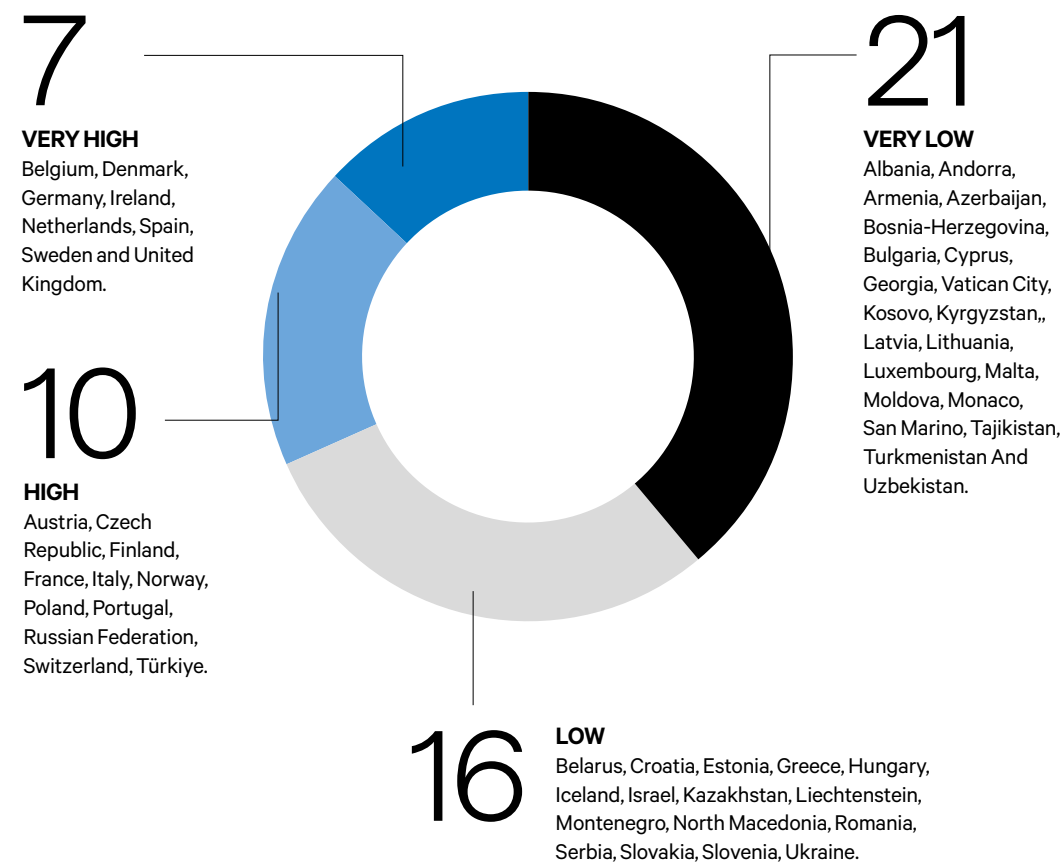
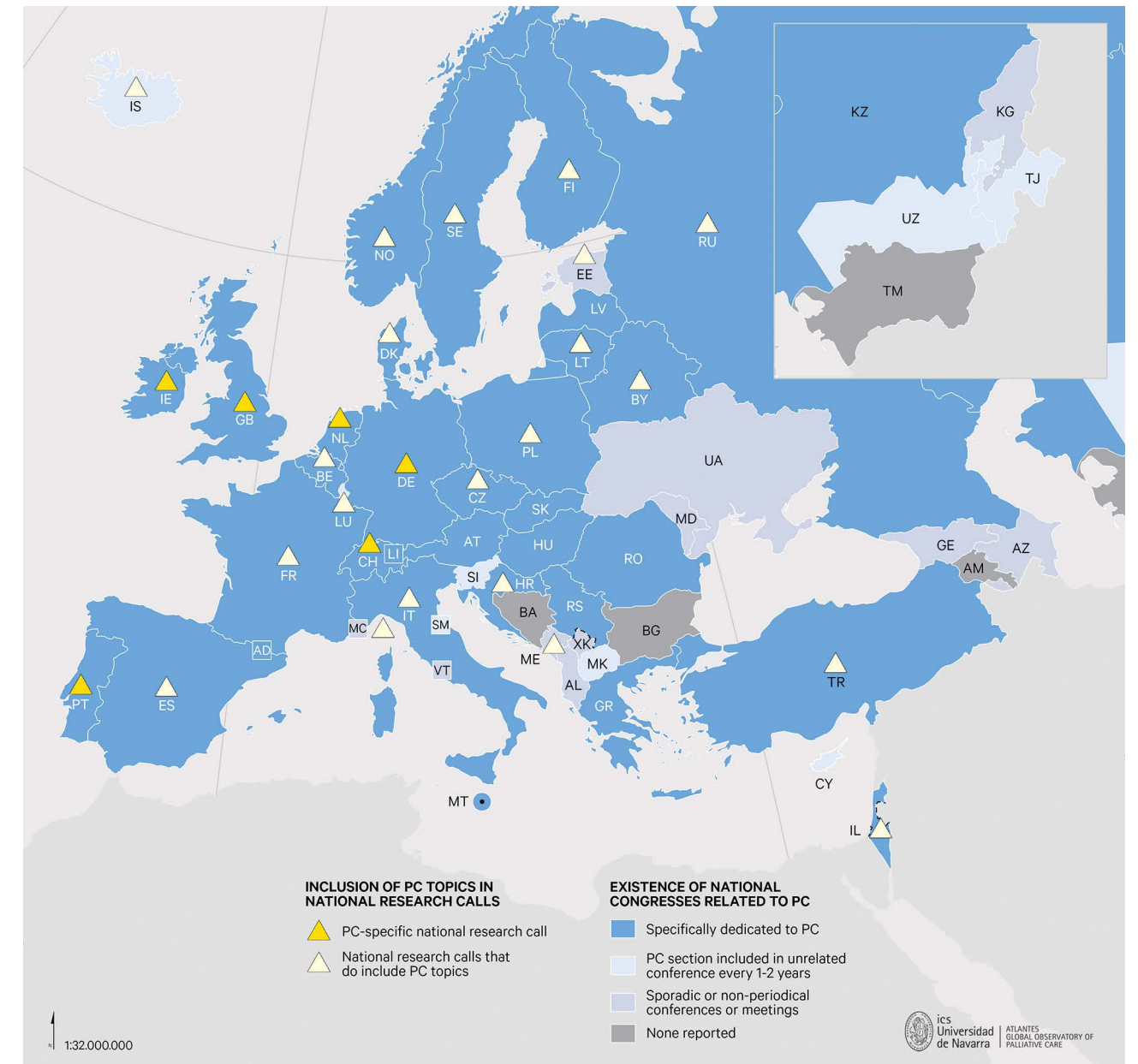


Figure 7. Perception of the production of PC-related peer-reviewed articles

EU Map 3: Research



Map 3. Research

EU

Map 3: Research

INCLUSION OF PC TOPICS IN
NATIONAL RESEARCH CALLS

Six countries have palliative care-specific national research calls: Germany, Ireland, Netherlands, Portugal, Switzerland and the United kingdom. ●

Palliative care-specific national research calls

| Country | Description |
|----------------|---|
| Germany | Palliative care, though with fewer resources than other medical fields, is part of national research. Some supporting institutions are: 1st) Federal Ministry of Education and Research (PC calls publicly funded in 2015 and 2020); 2nd) the German Research Foundation (under private law, central self-governing research funding organisations); 3rd) German Association for Palliative Medicine (including research and awarding grants and prizes); 4th) the PC Research Network (fostering collaboration between universities, clinics, and others); etcetera. |
| Ireland | In 2024, the Health Research Board issued a call for Collaborative Research Networks 2024: Dementia and Palliative care, where palliative care researchers could submit research proposals to a range of funders on the island including the Health Research Board, Irish Research Council and Higher Education Authority, but the calls are for research grants and are not palliative care specific. |
| Netherlands | The Palliantie. Meer dan Zorg program is a funding initiative by ZonMw (Netherlands Organisation for Health Research and Development). Launched in 2014, it focuses on promoting collaboration, innovation, and the implementation of best practices. The program supports research projects addressing the needs and wishes of patients, ensuring integration of PC into regular healthcare services and provided as close to home as possible. In 2021, Palliantie II 2021 to 2026 was launched. All papers from Dutch authors can be posted on ‘Science summarised’ on the website Palliaweb, and researchers are organised in PALZON. |
| Portugal | Besides some training grants, there are annual education and research grants like the Isabel Correia de Levy education and research grants, which is privately funded and managed by the Portuguese National Association for Palliative Care (APCP). |
| Switzerland | Currently there are no dedicated programmes to PC, but within the National Research Programme "End of life", of the Swiss National Science Foundation, 33 research teams studied aspects of the end of life in Switzerland. The recommended measures in the report "Better care and treatment for people at the end of life", adopted by the Federal Council, are based, on findings by the National Research Programme ‘End of Life’. Furthermore, 4.4 million CHF were made available by the Stanley Thomas Johnson Foundation and the Gottfried and Julia Bangerter-Rhyner Foundation, through five calls, to support 34 research projects and to award four fellowships for an education and research stay abroad. The network ‘PC Switzerland’ is a cross-disciplinary association of researchers from all parts of Switzerland. |
| United Kingdom | UK Research and Innovation has regular funding calls for which palliative care clinical, social and applied health research are eligible. Palliative Care research received a low proportion of funds disbursed, but there is regular and predictable funding. |

EU

Map 4: Essential Medicines

This chapter focuses on the availability and access to essential medicines for palliative care across all levels of the health system, with special emphasis on the use of opioids for the management of pain and other symptoms, supported by respective risk management strategies. This list of essential medicines includes non-opioids and non-steroidal anti-inflammatory medicines; opioids analgesics; and medicines for other common symptoms in palliative care.

This list of essential medicines as defined in the WHO

| | |
|--|--|
| Acetylsalicylic acid | Docusate sodium |
| Ibuprofen | Fluoxetine |
| Paracetamol: acetaminophen | Haloperidol |
| Codeine, | Hyoscine butylbromide |
| Fentanyl | Hyoscine hydrobromide |
| Morphine. Therapeutic alternatives: hydromorphone, oxycodone | Lactulose |
| | Loperamide |
| Methadone | Metoclopramide |
| Amitriptyline | Midazolam |
| Cyclizine | Ondansetron. Therapeutic alternatives: dolasetron, granisetron, palonosetron, tropisetron. |
| Dexamethasone | |
| Diazepam | |

To measure availability and accessibility, the following measures have been explored: a) Reported annual opioid consumption –excluding methadone– in oral morphine equivalence (OME) per million inhabitants/day, b) Availability of essential medicines for pain and palliative care in the country at the primary level, c) General availability of immediate-release oral morphine (liquid or tablet) at the primary level, and d) availability of different opioids and in different formulations at the primary level.

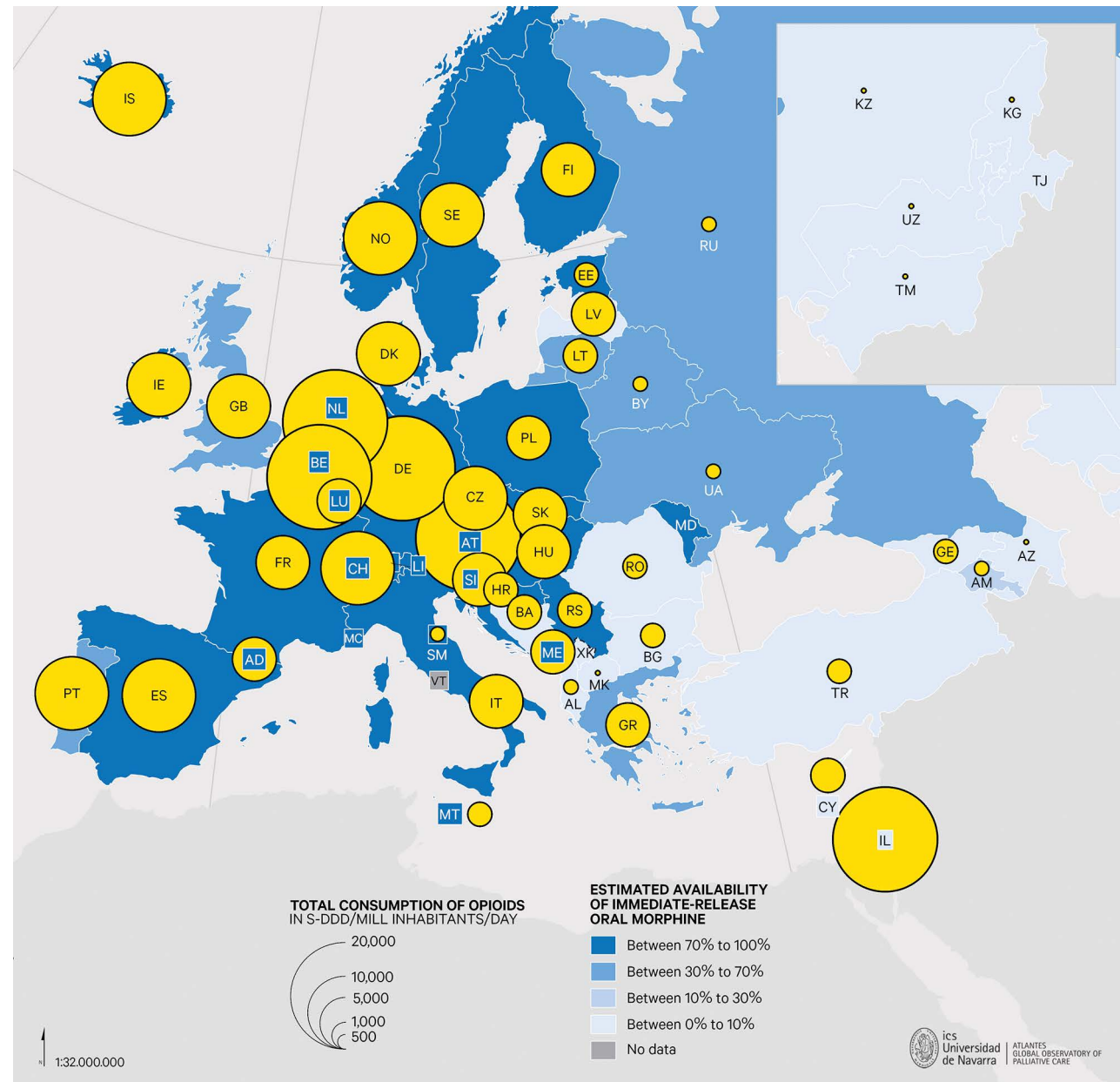
REPORTED ANNUAL OPIOID CONSUMPTION –
EXCLUDING METHADONE – IN ORAL MORPHINE
EQUIVALENCE (OME) per million inhabitants/day

According to the INCB, the average consumption of the six different strong opioids **morphine, codeine, fentanyl, hydromorphone, buprenorphine, and oxycodone**, 2020–2022, in defined daily doses per million inhabitants per day (2022) varies greatly across Europe. Use of opioids ranges from 6 S-DDD in Turkmenistan to 19,773 S-DDD in Austria. On average, Europe presents a consumption of 4,959 S-DDD, substantially higher than the world’s average, calculated in 238 S-DDD.

Average consumption of opioids in DDD
(S-DDD) for statistical purposes 2020–2022

| Quartile | Country | S-DDD |
|----------|--------------------|--------|
| Q1 | Austria | 19,773 |
| Q1 | Israel | 16,761 |
| Q1 | Germany | 15,252 |
| Q1 | Netherlands | 15,074 |
| Q1 | Belgium | 14,915 |
| Q1 | Spain | 14,252 |
| Q1 | Switzerland | 11,299 |
| Q1 | Iceland | 11,172 |
| Q1 | Portugal | 10,618 |
| Q1 | Norway | 9,997 |
| Q1 | Denmark | 9,193 |
| Q1 | Sweden | 8,204 |
| Q2 | United Kingdom | 6,999 |
| Q2 | Czech Republic | 6,808 |
| Q2 | Ireland | 6,615 |
| Q2 | France | 6,414 |
| Q2 | Finland | 6,391 |
| Q2 | Slovakia | 6,123 |
| Q2 | Italy | 4,813 |
| Q2 | Slovenia | 4,394 |
| Q2 | Hungary | 4,360 |
| Q2 | Luxembourg | 4,354 |
| Q2 | Andorra | 3,975 |
| Q2 | Greece | 3,950 |
| Q2 | Montenegro | 3,564 |
| Q3 | Latvia | 2,402 |
| Q3 | Poland | 2,349 |
| Q3 | Croatia | 2,335 |
| Q3 | Bosnia-Herzegovina | 2,300 |
| Q3 | Lithuania | 1,783 |
| Q3 | Serbia | 1,637 |
| Q3 | Cyprus | 1,632 |
| Q3 | Estonia | 1,300 |
| Q3 | Georgia | 1,176 |
| Q3 | Romania | 1,042 |
| Q3 | Malta | 963 |
| Q3 | Türkiye | 778 |
| Q3 | Bulgaria | 754 |
| Q4 | Russian Federation | 574 |
| Q4 | Belarus | 465 |
| Q4 | Albania | 421 |
| Q4 | San Marino | 338 |
| Q4 | Ukraine | 132 |
| Q4 | Armenia | 81 |
| Q4 | North Macedonia | 80 |
| Q4 | Kazakhstan | 36 |
| Q4 | Kyrgyzstan | 36 |
| Q4 | Azerbaijan | 30 |
| Q4 | Uzbekistan | 14 |
| Q4 | Turkmenistan | 6 |

EU Map 4: Essential Medicines



Map 4. Essential Medicines

EU Map 4: Essential Medicines

GENERAL AVAILABILITY OF IMMEDIATE-RELEASE ORAL MORPHINE (LIQUID OR TABLET) AT THE PRIMARY LEVEL

30/56 countries reported a very good availability (in over 70% of the country's primary healthcare centres) of Immediate Release Oral Morphine. On the contrary, **eighteen countries** pointed out a lack of generalised availability of oral morphine: Albania, Armenia, Azerbaijan, Bosnia-Herzegovina, Bulgaria, Cyprus, Georgia, Israel, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, North Macedonia, Romania, Tajikistan Türkiye, Turkmenistan, Uzbekistan.

opioid medications are not provided at the primary health-care level, specialists can only issue a prescription, and the medications can only be obtained at specialised pharmacies. Lastly, in Uzbekistan, oral morphine is currently available only at the Taskin Children's Hospice and it has not yet been procured for use in other institutions.

AVAILABILITY OF DIFFERENT OPIOIDS AND IN DIFFERENT FORMULATIONS AT THE PRIMARY LEVEL

26/56 countries informed of a generalised availability of different opioids, and in different formulations, in over 70% of primary healthcare centres. The diverse opioids refer to the main six opioids (morphine, codeine, Buprenorphine, oxycodone, hydromorphone and fentanyl) and in these diverse formulations: transdermal (via patches), injectable (intravenous, subcutaneous or peridural), anal (via suppositories), and oral; and the speed of action could be immediate-release and sustained-release. These countries are Andorra, Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, Germany, Hungary, Iceland, Ireland, Israel, Italy, Liechtenstein, Luxembourg, Monaco, Montenegro, Netherlands, Norway, Poland, San Marino, Serbia, Slovenia, Spain, Sweden, Switzerland. ●

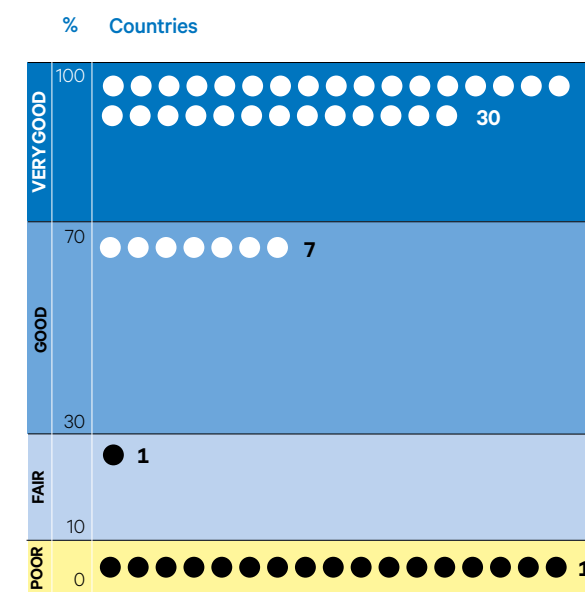


Figure 8. General availability of immediate-release oral morphine (liquid or tablet) at the primary level

The reasons for this unavailability vary country to country. In Albania, for example, morphine is only prescribed by oncologists for cancer patients; in Armenia, though added to the list of essential medicines, they are largely overregulated; and in Bulgaria, only parenteral morphine is available for pain management. In Cyprus, it is only available in hospitals and oncology centres, with few private pharmacies having very short amounts of stock, and only upon a doctor's prescription and patients' payment. Across Central Asia, countries face a series of noticeable challenges. In Kazakhstan, even if between 2016 to 2018, tableted morphine was produced by a local pharmaceutical company, due to the fact that physicians did not prescribe to patients, big amounts of morphine were discarded and destroyed. The local company terminated production of oral morphine due to financial losses. Oral dosage forms are not available, a slow-release oral morphine formulation has been registered, imported in a small amount in the country, but not included in clinical protocols. In Kyrgyzstan,

EU Map 4: Essential Medicines

Key notes on the availability of different opioids in some countries

BELGIUM

Commonly prescribed opioids and their formulations include: Tramadol: Available in IR and SR tablets, capsules, and oral drops; Morphine: Offered in IR and SR tablets, oral and injectable forms; Oxycodone: Available in IR and SR tablets and capsules; Fentanyl: Primarily administered via transdermal patches (other formulations include lozenges and injectable forms, though these are less common in primary care, and Lollipops and intra-oral spray not available); Buprenorphine: Available as sublingual tablets and transdermal patches; Piritramide, available in injectable form; Tilidine: A synthetic opioid painkiller available in oral formulations, commonly prescribed for moderate to severe pain; and Tapentadol: Available in IR and SR tablets.

CZECH REPUBLIC

The availability of weak and strong opioids is very good in the Czech Republic. Doctors of all specialties are authorised to prescribe weak opioids (codeine, tramadol) and strong opioids (morphine, oxycodone, hydromorphone, fentanyl TDS and buprenorphine TTS) and these drugs are more than 90% covered by health insurance. The prescription of methadone and tapentadol is restricted to certain medical specialties (including palliative medicine).

ITALY

Availability of various opioids in different formulations at the primary care level in urban areas is relatively high. Estimates suggest that about 80%-90% of facilities have access to essential opioids in multiple formulations, such as oral tablets, patches, and injectable solutions. Urban centres have comprehensive healthcare services, ensuring morphine, oxycodone, fentanyl, and buprenorphine for pain and PC. However, factors such as regulatory processes, prescription monitoring, and awareness can influence the distribution and usage of opioids. Occasional administrative and logistical barriers might slightly impact supply. In rural areas, availability is lower due to challenges in logistics, infrastructure, and healthcare workforce distribution. It is estimated that 60%-70% rural healthcare facilities have access to these opioids.

CROATIA

A wide range of opioids is generally available throughout Croatia in diverse formulations, including transdermal patches, injectable solutions, oral liquids, and both slow-release and immediate-release tablets. The primary factor affecting access to these medications is not their availability but rather the distribution of healthcare services within the public health network.

ICELAND

Availability is very good; however, the use of different opioids/different formulations is probably variable depending on the training and experience of the medical staff. No difference between urban and rural areas. Every year the Icelandic Agency of Medications publishes a list of most often prescribed medicines, and its formulations. The Icelandic Medicines Agency publishes if medicines are not available in the country and also when they become available again.

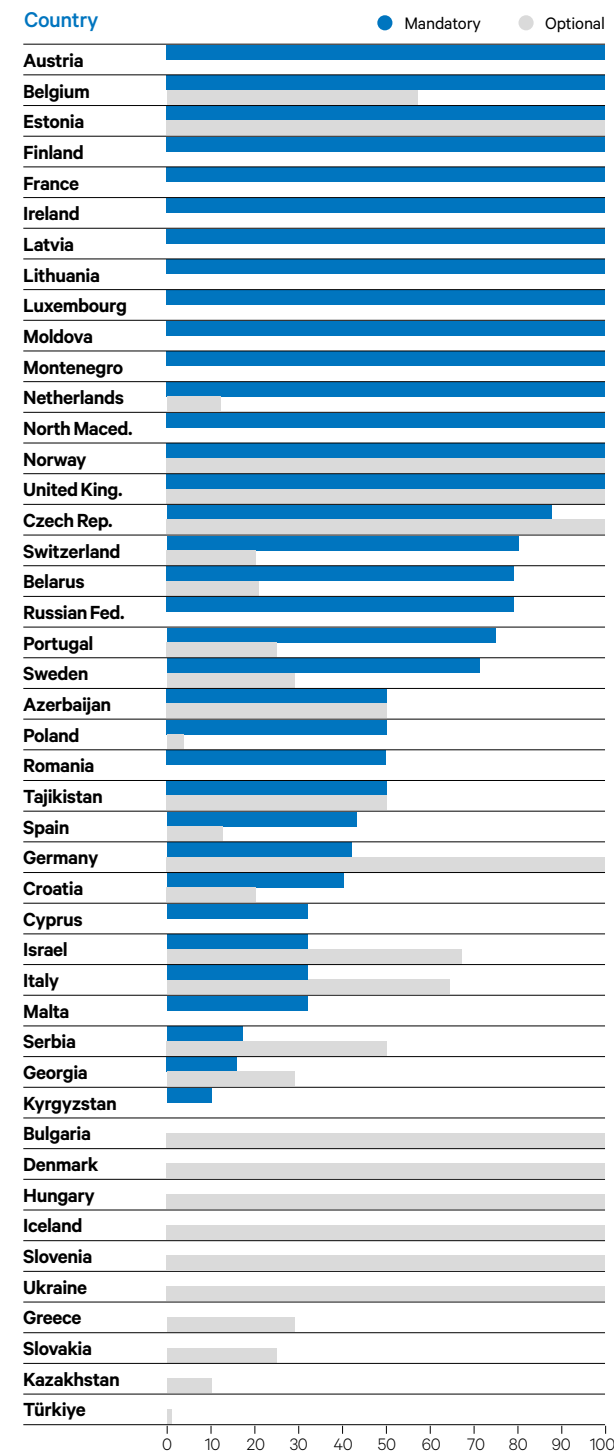
POLAND

In Poland, different opioids in different formulations are available in healthcare settings. Any registered physician (including primary care physicians) is authorised to prescribe opioid analgesics. Nurses with appropriate training can also write prescriptions for opioids from tier II of the analgesic ladder.

EU Map 5: Palliative Care Education

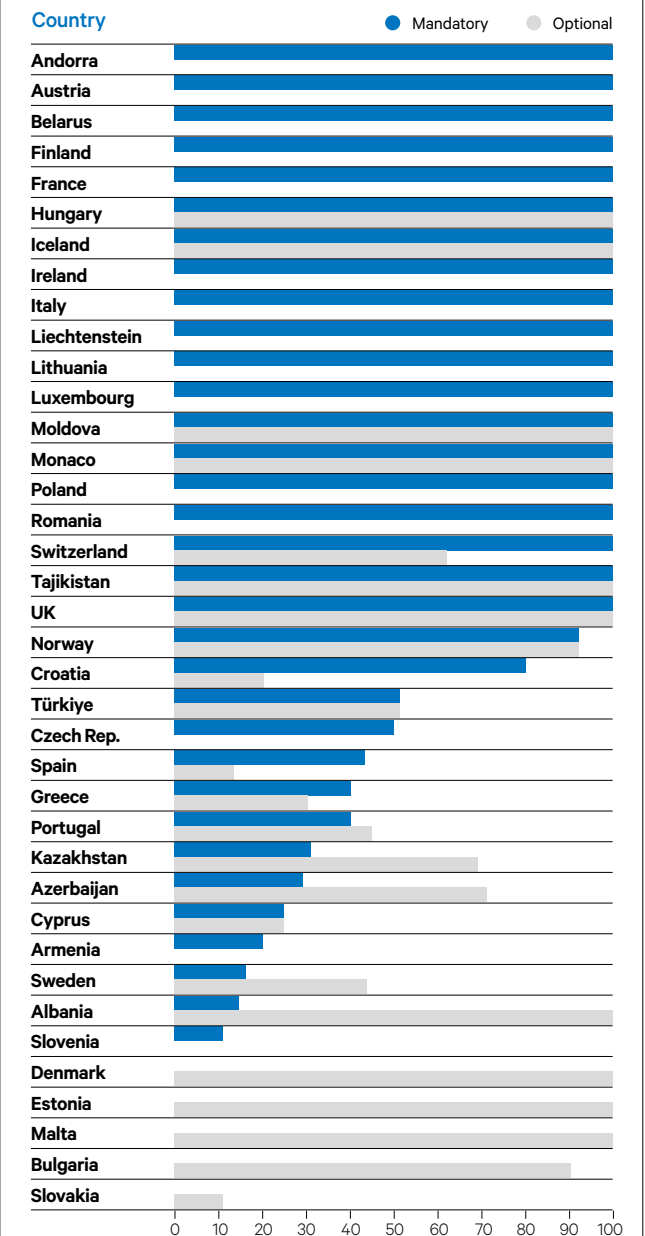
This chapter presents the availability of undergraduate education resources (integrated into curricula) in medicine and nursing schools, and the existence of a specialisation in palliative medicine. In only 15 countries all students receive mandatory palliative care teaching in their medical schools

Palliative Care Teaching in Medical Schools



(either as a separate or a combined module), and in the majority of countries less than 50% of the medical schools do teach mandatory palliative care. Somewhat similar happens with optional teaching of palliative care as nearly two thirds of countries report scarce presence in their medical schools.

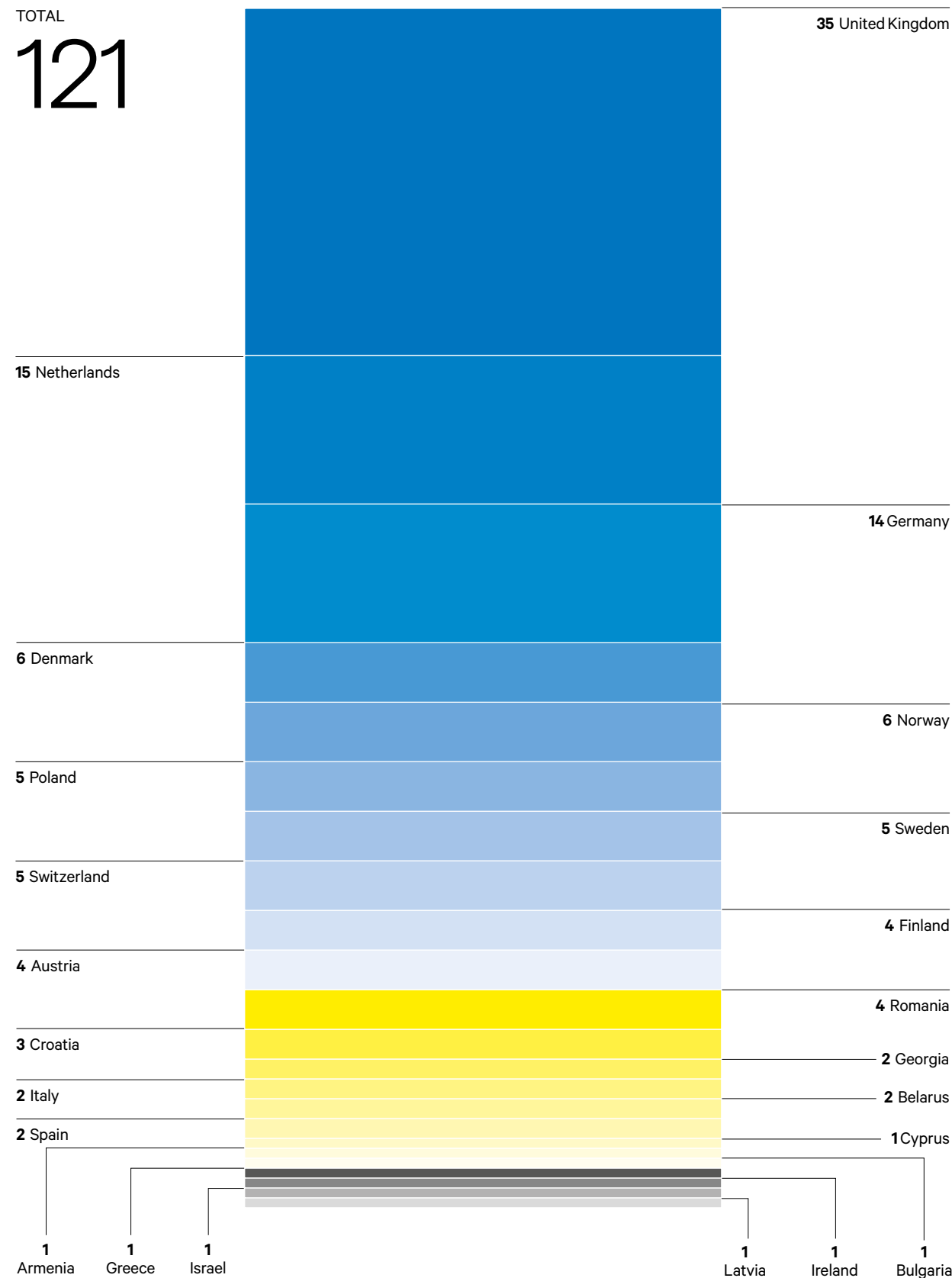
Palliative Care Teaching in Nursing Schools



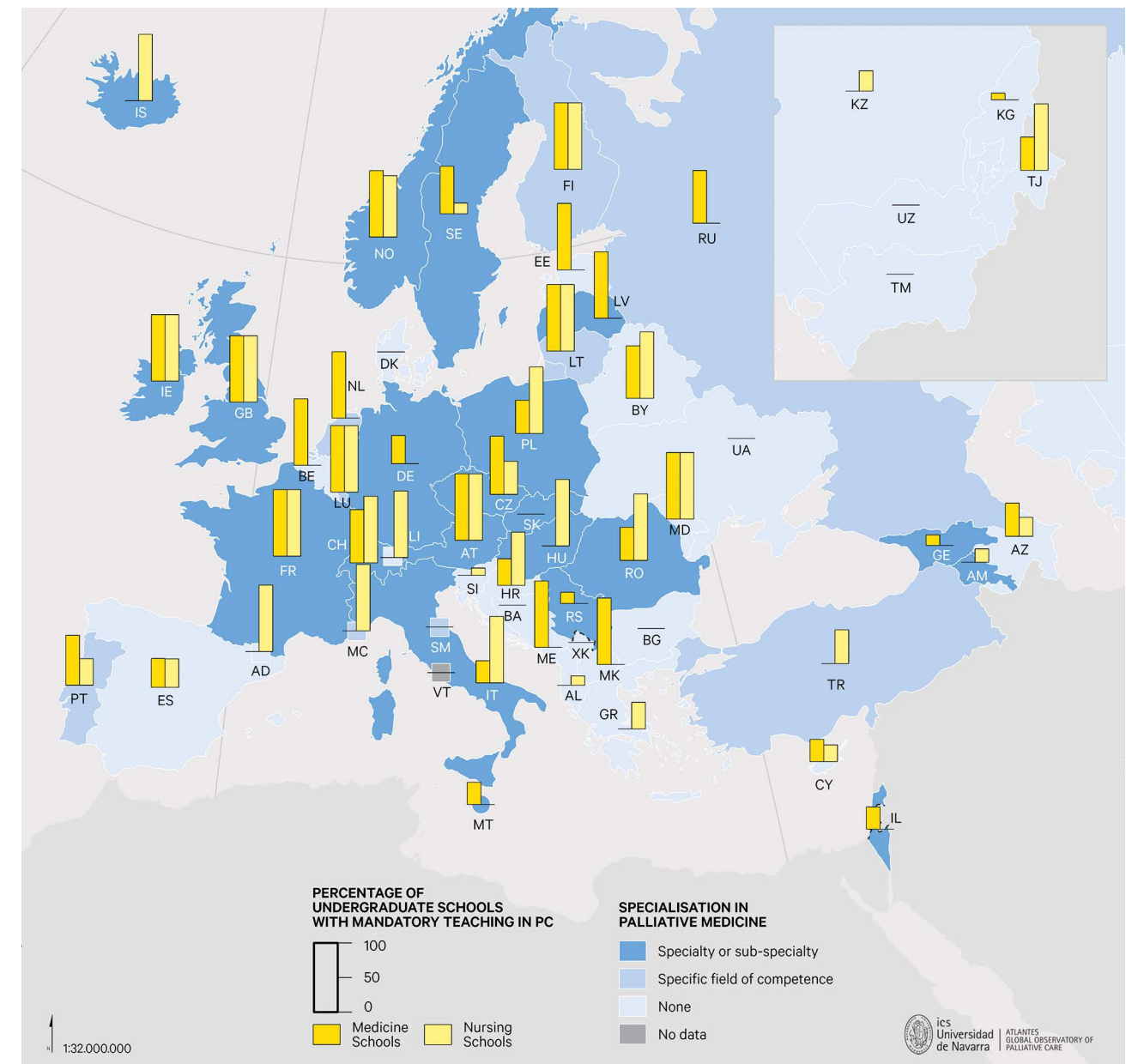
In 19 countries, 100% of the nursing schools teach mandatory palliative care versus 24 where less than 50% of the schools teach it (and further eleven countries with no available information). Ten countries teach palliative care optionally at all their nursing schools.

EU Map 5. Palliative Care Education

Full professors in Palliative Care



EU Map 5. Palliative Care Education



Map 5. Palliative Care Education.

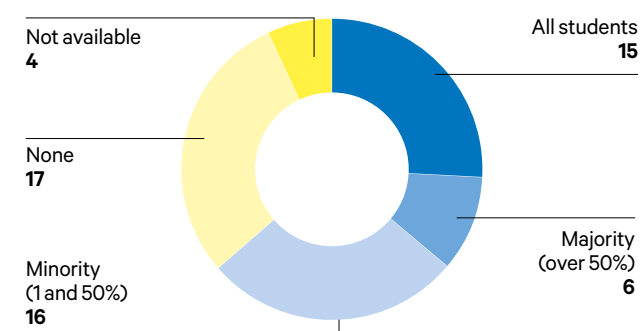


Figure 9. Proportion of future physicians across Europe receiving mandatory palliative care

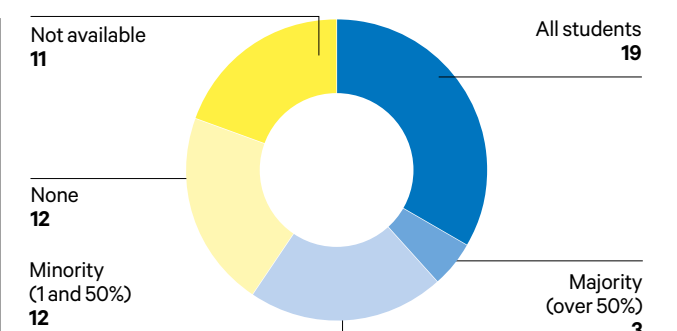


Figure 10. Proportion of future nurses across Europe receiving mandatory palliative care teaching in



Map 5. Palliative Care Education

SPECIALISATION IN PALLIATIVE MEDICINE FOR PHYSICIANS

Palliative medicine is a speciality or subspecialty (another denomination equivalent) recognised by competent national authorities in 21 countries (38% of European countries). Where specialisation does not exist, there are other forms of recognised palliative care education (certification of the professional category or of the job position

of palliative care physician). Overall, 30 countries (54%), have some sort of specialisation on palliative medicine for physicians. In nine further countries, there are other types of professional training diplomas without official, national recognition (i.e., advanced training courses or masters in some universities), and in 16 countries there is no recognition at all for palliative care. ●

Specialisation in palliative medicine for physicians

| Country | Description |
|------------|--|
| Armenia | Sub-specialty, a 1295-hour course (400 hours of theory and 895 hours of practice) for specialised training. |
| Austria | Specialty (Spezialisierung) |
| Czech Rep. | Palliative medicine is recognised by law as a subspecialty for physicians and its required training lasts twelve months. |
| France | France establishes it as a Special Field of Competence with a "University Diploma of Specialised Training in Palliative Care". |
| Georgia | Palliative medicine is recognised as a subspecialty within the medical field. This classification was established by Order No. 136/n, issued on April 18, 2007, by the Minister of Labour, Health and Social Protection of Georgia. The order, titled "On Determining the List of Medical Specialties, Related Medical Specialties and Subspecialties" officially defines the status of palliative medicine. |
| Germany | Palliative medicine is a subspecialty (Zusatzbezeichnung Palliativmedizin), but the qualification level is rather low. Some federal states require only 4 weeks theoretical courses for training and an oral exam, though many physicians take the longer road and work at least six months in a specialist service. |
| Hungary | It was accredited as a sub-specialty by the Decree on the continuing professional training of medical specialists, dentists, pharmacists and psychologists (23/2022 EMMI rendelet). In Annex 1 to the EMMI Decree No 23/2012 (IX. 14.), it is listed at the “List of medical licences”. |
| Iceland | In 2015, Palliative Medicine was recognised as a subspecialty to Internal medicine. Since 2023 it is a subspecialty to internal medicine or it can be an add-on specialty to another clinical specialty. |
| Ireland | Palliative Medicine is a speciality in the Republic of Ireland (Higher specialist training in palliative medicine outcome-based education – obe curriculum). |
| Israel | Since 2015 there is a sub-specialty in palliative medicine for physicians, under the Israel Medical Association (see the list of specialties and subspecialties). Since 2013 (two years earlier than physicians), there is a palliative specialty for nurse practitioners. |
| Italy | The long process of implementing the art. 8 of law 38/2010 concluded with the establishment of the specialisation school in ‘Medicine and Palliative Care’ starting from the 2021-2022 academic year (art. 5-ter of the Legislative Decree of 19 May 2020, no. 34, converted with law no. 77 of 2020). |
| Latvia | Palliative care is a subspecialty under the name ‘Palliative Care Specialist’ study course at Rīga Stradiņš University, Department of Residency. |
| Malta | Palliative medicine was recognised as a medical specialty in Malta since 2003. This means that healthcare professionals can pursue specialised training and certification in palliative medicine. |
| Norway | Palliative medicine was recognised as a formal area of competence since 2011. In 2020, the Norwegian Parliament decided to establish either an independent medical specialty or an add-on specialty. |
| Poland | Palliative medicine is a recognised specialty for physicians since 1999. sThe updated document on specialisations for physicians in Poland is the Regulation of the Minister of Health of May 4, 2023. |



Map 5. Palliative Care Education

| | |
|----------------|---|
| Romania | PC subspecialty training is organised by the National institute for the Management of Healthcare Services. It was regulated by Order no.418/2005 for the approval of the National Catalogue of complementary studies, palliative care being one of the sub specialty certifications for physicians with clinical specialties. |
| Serbia | Specialisation in Palliative Medicine was officially established on 2013. It is included in the Faculty of Medicine University of Belgrade since 2013 and in Faculty of Medical Sciences University of Kragujevac since 2022. |
| Slovakia | Palliative medicine was recognised as a sub-specialisation in Slovakia since 2012. The accreditation of the palliative medicine program is managed by the Department of Palliative Care at the Slovak Health University in Bratislava. |
| Sweden | Palliative medicine was recognised as an add-on speciality in Sweden in 2015 by the National Board of Health and Welfare/the government. |
| Switzerland | There is a nationally recognised specialist medical qualification (<i>Schwerpunkt</i>) in palliative medicine. These so-called <i>Schwerpunkte</i> are subspecialties and are considered a confirmation of structured and controlled further training in the field of clinical and non-clinical medicine. |
| United Kingdom | Palliative medicine is a speciality under the name: Specialist training and Consultant in Palliative Care. |

EU

Map 6. Integrated Health Services

This chapter refers to the **capacity of the national health and social system to meet the needs of adults and children with serious health-related suffering**. This entails services integrated into primary care and specialised services (hospice, home care, hospital, and outpatient), its interaction with other areas of the health system, accessibility and commitment to private sector providers.

OVERALL LEVEL OF PALLIATIVE CARE PROVISION

For this study, we explored whether there exist in European countries, a system of specialised palliative care services or teams that has a geographic reach and is delivered through different service delivery platforms. Different levels were possible depending on whether a country had:

1. No or minimal provision of palliative care specialised services or teams,
2. Isolated provision (only in some geographic areas),
3. Generalised provision (in many parts of the country but with some gaps.
4. Integrated provision (specialised palliative care services or teams systematically provided).

According to these definitions, only 17 countries reported an integrated provision of palliative care.

Overall level of Palliative Care provision

| Level 1. Emerging | Level 2. Progressing | Level 3. Established | Level 4. Integrated |
|-------------------|-----------------------|----------------------|---------------------|
| 1. Azerbaijan, | 1. Albania | 1. Andorra | 1. Austria |
| 2. Vatican City | 2. Armenia | 2. Croatia | 2. Belgium |
| 3. Kosovo | 3. Belarus | 3. Cyprus | 3. Denmark |
| 4. Kyrgyzstan | 4. Bosnia&Herzegovina | 4. Czech Republic | 4. France |
| 5. Montenegro | 5. Bulgaria | 5. Finland | 5. Germany |
| 6. Tajikistan | 6. Estonia | 6. Hungary | 6. Ireland |
| 7. Turkmenistan | 7. Georgia | 7. Italy | 7. Israel |
| 8. Uzbekistan | 8. Greece | 8. Latvia | 8. Liechtenstein |
| | 9. Iceland | 9. Moldova | 9. Lithuania |
| | 10. Kazakhstan | 10. Monaco | 10. Luxembourg |
| | 11. North Macedonia | 11. Portugal | 11. Malta |
| | 12. Serbia | 12. Romania | 12. Netherlands |
| | 13. Slovakia | 13. Russia | 13. Norway |
| | 14. Slovenia | 14. Spain | 14. Poland |
| | 15. Türkiye | 15. United Kingdom | 15. San Marino |
| | | 16. Ukraine | 16. Sweden |
| | | | 17. Switzerland |

PALLIATIVE CARE
SPECIALISED SERVICES

Specialised PC services or teams refer to health care services/teams whose main activity is the provision of PC. These services/teams often provide care for patients with complex needs or severe suffering and, therefore, require staff with specialised training. For the purpose of this comparative study, within a service, if there are teams identified with distinct functions (such as some teams dedicated to Home Care and others to Hospital Care), these teams are counted as separate services. If a service's staff performs different roles, like attending to both home and hospital care, it is regarded as a single service.

The number of specialised services detected in this Atlas has increased to 7119 specialised PC services (average 0.96

services per 100,000 inhabitants across the region), reflecting an improvement compared to the 2019 Atlas (6387 services, 0.80 services per 100,000 inhabitants). The number of services varies from nearly inexistent provision in countries like Azerbaijan, Uzbekistan, or Kosovo (though some notable advances have been reported), to countries that exceeded the 2010 EAPC standard of 2 services every 100,000 inhabitants*. This would be the case of countries such as Switzerland, Austria or little populated countries like San Marino, Liechtenstein or Monaco. However, more interestingly, a big number of countries near that ratio: Sweden, the Netherlands, Norway, Czech Republic, Ireland, Belgium, Finland or Luxembourg. ●

EU

Map 6. Integrated Health Services

Palliative Care Specialised Services

| Quartile | Country | N | Services per 100,000 inhab. |
|----------|--------------------|-------|-----------------------------|
| Q1 | Monaco | 3 | 7.70 |
| Q1 | Liechtenstein | 3 | 7.53 |
| Q1 | San Marino | 2 | 5.91 |
| Q1 | Austria | 336 | 3.68 |
| Q1 | Lithuania | 72 | 2.51 |
| Q1 | Switzerland | 187 | 2.10 |
| Q1 | Sweden | 200 | 1.90 |
| Q1 | Netherlands | 331 | 1.85 |
| Q1 | Norway | 101 | 1.83 |
| Q1 | Czech Republic | 182 | 1.68 |
| Q1 | Ireland | 87 | 1.64 |
| Q1 | Belgium | 182 | 1.54 |
| Q1 | Finland | 85 | 1.52 |
| Q1 | Luxembourg | 10 | 1.50 |
| Q1 | Poland | 522 | 1.42 |
| Q1 | Portugal | 150 | 1.42 |
| Q2 | United Kingdom | 865 | 1.27 |
| Q2 | Andorra | 1 | 1.24 |
| Q2 | Israel | 113 | 1.16 |
| Q2 | Germany | 941 | 1.13 |
| Q2 | Croatia | 41 | 1.06 |
| Q2 | Denmark | 63 | 1.06 |
| Q2 | Iceland | 4 | 1.02 |
| Q2 | Italy | 592 | 1.00 |
| Q2 | Cyprus | 13 | 0.97 |
| Q2 | Hungary | 92 | 0.96 |
| Q2 | Latvia | 18 | 0.96 |
| Q2 | Spain | 463 | 0.96 |
| Q3 | France | 615 | 0.90 |
| Q3 | Malta | 4 | 0.72 |
| Q3 | Slovakia | 35 | 0.64 |
| Q3 | Georgia | 23 | 0.62 |
| Q3 | Romania | 107 | 0.56 |
| Q3 | Armenia | 16 | 0.53 |
| Q3 | Moldova | 12 | 0.49 |
| Q3 | Türkiye | 415 | 0.49 |
| Q3 | Slovenia | 10 | 0.47 |
| Q3 | Bulgaria | 25 | 0.39 |
| Q3 | North Macedonia | 7 | 0.38 |
| Q3 | Serbia | 17 | 0.26 |
| Q4 | Albania | 7 | 0.25 |
| Q4 | Ukraine | 87 | 0.23 |
| Q4 | Estonia | 3 | 0.22 |
| Q4 | Kazakhstan | 37 | 0.18 |
| Q4 | Belarus | 14 | 0.15 |
| Q4 | Bosnia-Herzegovina | 3 | 0.09 |
| Q4 | Tajikistan | 9 | 0.09 |
| Q4 | Kyrgyzstan | 5 | 0.07 |
| Q4 | Greece | 4 | 0.04 |
| Q4 | Turkmenistan | 1 | 0.01 |
| Q4 | Azerbaijan | 1 | 0.01 |
| Q4 | Uzbekistan | 3 | 0.01 |
| Total | | 7,119 | 0.96 |

📍

Key notes on some countries

AUSTRIA

There are 336 specialised PC services; 296 specialised adult (as per the PC directory by Hospiz Österreich), and 38 paediatric ones. The diverse adult teams are distributed as follows: 176 teams (sometimes including volunteer hospice teams), 57 home care teams, 18 inpatient hospices and 45 palliative care units. Per regions, Voralberg has 10 services, Tirol 41, Salzburg 21, Karntern 35, Steiermark 50, Oberösterreich 36, Niederösterreich 68, Burgenland 8, and Vienna 27. Austria has a system for specialised hospice and PC provision that also counts on day hospices and volunteer hospice PC teams that do operate across the country. These day hospices and Volunteer hospice teams are legally part of the Austrian specialised Hospice and PC services and, with those included, the number would increase up to the 400 services. Furthermore, recently, some new three services were founded in Austria.

FINLAND

Specialised PC services are provided across the vast majority of Finland, with 85 services available. These services include outpatient units, in-hospital consultation teams, PC wards, hospices, and hospital-at-home teams. However, there are still some gaps in rural areas. Consultation teams are available in all large hospitals, including all university hospitals and central hospitals within the 21 counties of Finland. Inpatient specialised PC is primarily arranged through PC and end-of-life care wards, which offer services similar to those of hospices, in addition to the four dedicated hospices. Specialised PC at home is organised through hospital-at-home units. The criteria for these services are outlined in the Recommendation on the Provision and Improvement of PC Services by the Ministry of Social Affairs and Health. While hospital-at-home services are increasingly available nationwide, some gaps still remain in certain areas.

EU Map 6. Integrated Health Services

Key notes on some countries

POLAND

According to data from the National Health Fund database for May 2023, 522 PC services, overall financed by National Health Fund operate in Poland: 177 facilities providing palliative medicine outpatient services, 593 home palliative care teams for adults, 254 inpatient hospices, 81 home care hospices for children and 20 perinatal PC teams. Almost half of these services deliver PC in various settings. 450 (84.4%) PC units are exclusively for adults, 26 (4.9%) — exclusively for children and 54 (10.1%) — for both adults and children. The number of hospital-based PC teams in hospitals is very low. This type of services for patients who are admitted to various inpatient units and need specialist PC consultations are not financed by the National Health Fund. The National Health Fund signed 593 contracts for (PC) home care for adults and 80 for children in 2023.

SERBIA

There are 17 specialised services with Palliative Medicine Specialist or a trained professional: General Hospital Kikinda (6 beds with Specialist); Health Center Uzice, Unit Pozega, (12 beds with Specialist); General Hospital Leskovac, Unit Vlasotince (10 beds Specialist); the General hospital Prokuplje (5 beds with Specialist); the General Hospital Pozarevac (12 beds with Specialist); University Clinical Center Kragujevac, (10 beds); General Hospital Cuprija (10 beds, with trained HCP); the University Clinical Center of Novi Sad (22 beds with consultative Specialist); the Institute for Pulmonary Diseases of Vojvodina (Palliative consultation team with Specialist, 10 beds);

the Specialised hospital for internal diseases Vrnjacka Banja (Unit with 12 beds with Specialist); Institute for geriatrics and PC Department for home treatment, nursing and PC, Belgrade (with specialist); and the Institute for Oncology and radiology of Serbia, Belgrade (HCP with PC education). Furthermore, there are four centers with palliative wards or dedicated beds (58 beds, 630 discharged patients in 2023): Klinikal center Dr Dragisa Misovic (10 beds), KC Zvezdara (30 beds), KC Zemun (13 beds), and KC Bezanijaska kosa (5 beds). In Belgrade, there is one institution for geriatric and PC on primary healthcare level providing home care. Besides, there is a variety of services led by doctors from other specialties, with palliative care skills. Primary healthcare, through the Primary healthcare center - Dom zdravlja, offers home care services for long-term conditions with immobilization, injured patients, discharge from the hospital, and PC. In Serbia, 159 public primary healthcare centres provide PC but not with specialised teams.

PORTUGAL

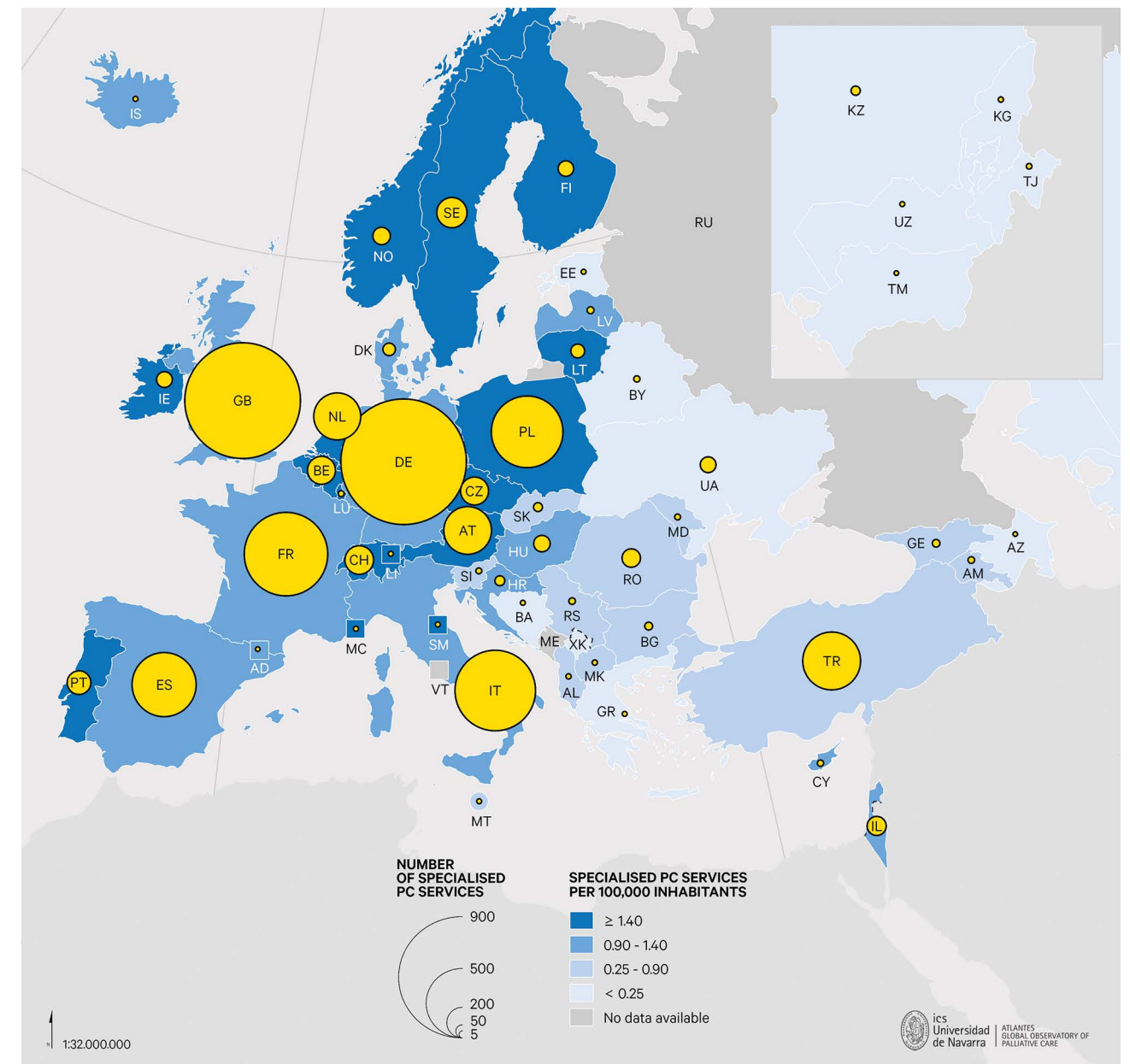
According to the Directory of specialised PC services by the Portuguese Observatory of Palliative Care, 150 specialised services operate in Portugal (including islands). However, some of the teams accounted for are extensions within the same teams meaning that two teams may be operated by the same professionals. Considering this, there are 52 hospital support teams, 38 units, 48 community support teams (home teams), and 12 paediatric teams; with greater number of services in Northern Region and Lisbon area

(up to 97 teams), 24 in Centro, 12 in Alentejo, 7 in Algarve, 6 in Açores and 3 in Madeira. While there are no hospices in Portugal, there are in-patient “long term care units” in the National Continuing Care Network, for dependent people; however most do not have the support of a PC team. In geographic terms, there are more teams in Northern Portugal and Lisbon, with most hospitals and health centres. In Algarve, there are two public hospitals and three primary health care centres, all of which have PC teams covering the region; and, in Alentejo, there are public Local Health Units all with different model-type services.

ROMANIA

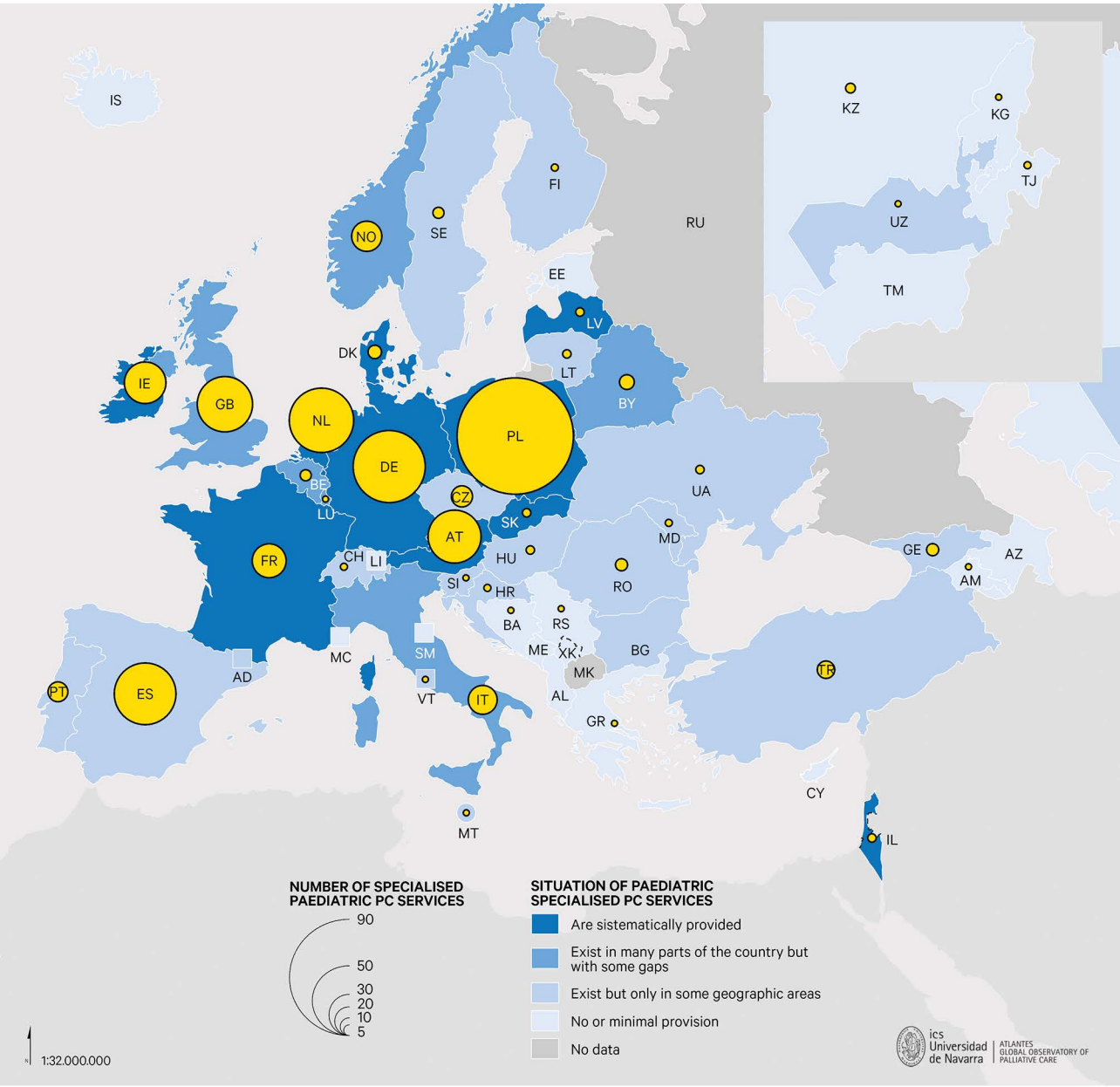
There are 87 PC inpatient units in Romania distributed in 30/42 counties (1985 beds). From these, 44 are in public system, 12 private non-profit and 31 private. Of the total of 1985 PC beds in public and private inpatient units, 904 (45.54%) provide services unrestricted in terms of patient accessibility (free at the point of service provision) and 1081 (54.46%) beds are in the private system (paid or co-paid). There exist also 6 free-standing hospices, all in charitable non-governmental organisations (2 hospices have distinct inpatient units for adults and children) and 9 palliative home care services in 6/42 counties - 5 charitable and 4 for-profit private organisations. In total, 107 services provide palliative care in the country. PC is a newly regulated field in Romania, and providers are not equally distributed nationwide. At national level there are still counties where these services are still absent.

EU Map 6. Integrated Health Services



Map 6.1. Specialised palliative care services across Europe.

EU Map 6. Integrated Health Services



Map 6.2. Specialised palliative care services for children

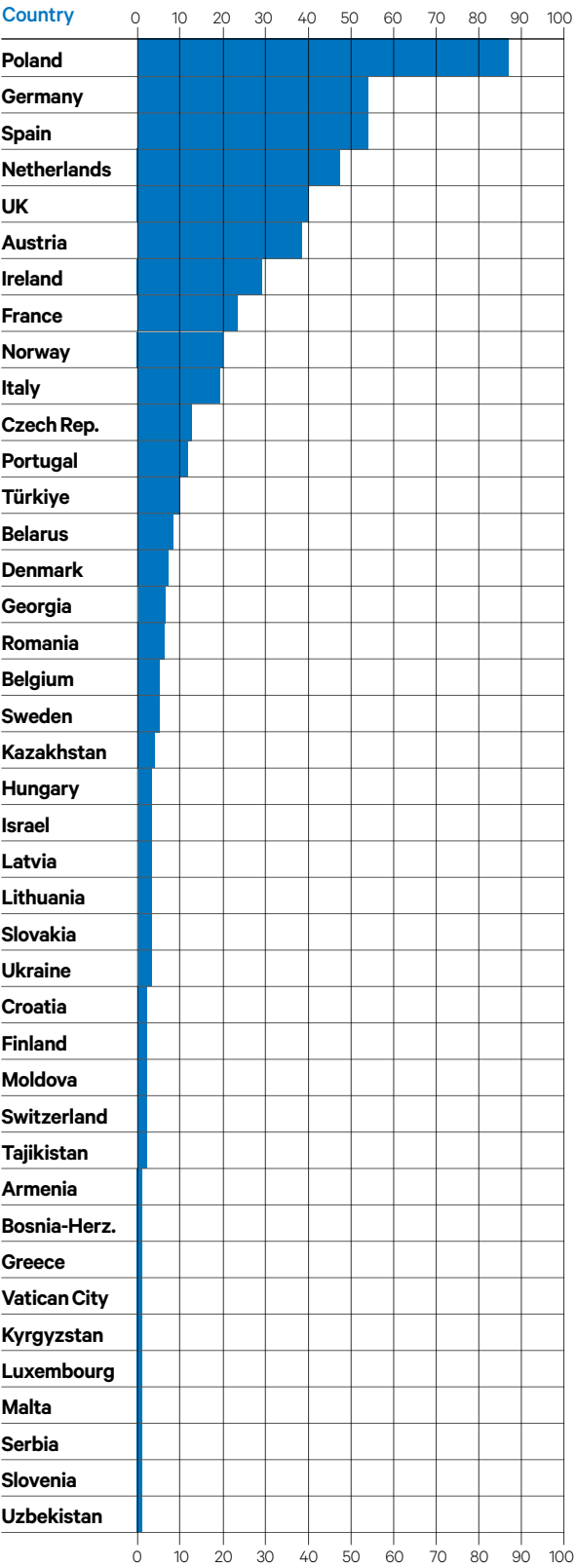
EU Map 6. Integrated Health Services

PAEDIATRIC SPECIALISED PALLIATIVE CARE SERVICES

Only ten countries reported a level of advanced integration, meaning that specialised palliative care services or teams for children are systematically provided across the country. These countries include Austria, Denmark, France, Germany, Ireland, Israel, Latvia, the Netherlands, Poland, and Slovakia.

In total, Europe is home to 524 paediatric palliative care services across 41 countries. These range from isolated services — as seen in Armenia, Bosnia and Herzegovina, Greece, Kyrgyzstan, Serbia, Slovenia, and Uzbekistan — to countries where such provision is more widespread, with a reasonable number of specialised teams. Examples of the latter include Poland, Germany, Spain, the Netherlands, and the United Kingdom.

Number of Specialised Paediatric PC Services



EU Map 6. Integrated Health Services

Key notes on some countries

ALBANIA

In Albania, the only dedicated facility is the Onco-hematology hospital in Tirana, the capital city. This hospital primarily provides curative treatments, with very basic palliative care.

ANDORRA

Andorra lacks a specialised children's palliative care team within its borders. Instead, the country's general palliative care team collaborates closely with a specialised children's palliative care service in neighbouring Catalonia, Spain, to provide comprehensive care for paediatric patients.

ARMENIA

There is only one service provider currently operating but there are 32 palliative care services operating not only in Yerevan but also in the regions of Armenia 32.

AUSTRIA

They exist 38 specialised palliative care services for children.

BELARUS

There are eight palliative care teams.

BELGIUM

Paediatric PC for children/adolescents is provided through 5 paediatric liaison teams (PLTs), each of which is attached to a university hospital. They support the hospital team that looks after the patient based on their own paediatric multidisciplinary expertise.

BULGARIA

Children with oncological diseases receive treatment in specialised hospital facilities within university hospitals, where palliative care is also provided for paediatric patients. Specialised paediatric oncology care, including palliative services, is available at university hospitals in major cities such as Sofia, Varna, Plovdiv, Stara Zagora, and Pleven. Palliative care for children is performed by specialists through day hospitals and individual beds on wards and in cooperation with mobile palliative teams in the primary care. The two existing NGOs provide palliative care services only for adult cancer patients.

CZECH REPUBLIC

The Czech Republic has established a paediatric palliative care infrastructure. This includes four hospital-based specialist palliative care teams, some of which care to both adult and paediatric populations.

DENMARK

There are seven paediatric palliative care units: two paediatric hospices (one in Seeland and one in Jutland), and one paediatric palliative care team in each of the five Danish regions.

FINLAND

In Finland, there are two specialised palliative care teams for children, but their resources are limited, and are not available throughout the country.

FRANCE The French national territory is covered by 23 Regional Paediatric Palliative Care Resource

Teams (ERRSPP= *équipe ressource régionale de soins palliatifs pédiatriques*), supplemented by 3 intra-hospital teams in Paris. This system is financed by the health system. These teams can be mobilised for all children in palliative care in the various health establishment.

GEORGIA

There are six paediatric palliative care teams in Georgia (one non-governmental hospice that is free of charge for female patients).

GERMANY

There are 36 paediatric palliative care outpatient teams and 17 inpatient hospices for children; 53 in total. According to other data provided at the ministry, there is 68 services: 47 paediatric palliative care outpatient teams, 17 inpatient hospices, and 4 palliative care units.

GREECE

Only one specialised service run by an NGO and another one is currently under preparation to run by the University of Athens Palliative Care Unit.

VATICAN CITY

Tough no physically in Vatican, Bambino Gesù Hospital, which is the Vatican's pediatric hospital, opened a new PC center near Rome in March 2022. It is the largest palliative care center for children in Italy, with 30 beds.

HUNGARY

One inpatient centre for children (5 beds), two home care services for children (In Pécs, there is the Sze-

mem Fénye Alapítvány – the Light of My Eyes Foundation for sick children, the Public Foundation for children oncology and hospice at the university of Pécs, and in Budapest, the Tabitha Pediatric Hospice House).

ICELAND

There are very experienced nurses and physicians providing care to children at Landspítali University hospital.

IRELAND

Laura Lynn Ireland's Children's Hospice provides an Inpatient Unit in Dublin and home care services to certain areas. There are three Children's Palliative Medicine consultants located in Children's Health Ireland PC. Adult PC services also support the care of children and young people in need. All community support PC teams provide care to adults and children and are linked locally to a paediatrician and centrally with Children's Hospital Ireland. While few programs exist in hospitals, some private home care contractors provide service for children. Ten regions and 2 autonomous provinces established the Regional Reference Centre of Pain Therapy and PC for children; in another 2 there are centres working in specialist PPC.

KAZAKHSTAN

In Kazakhstan there are three specialised palliative care services: one Charitable Children's Hospice in Almaty with one mobile team (18 beds), and 2 palliative care departments in major cities Astana and Shymkent (40 beds). In addition, there are 41 individual beds (not wards or units) in regional children's hospitals where personnel has not been trained in palliative care.

KYRGYZSTAN

The children's hospice in Bishkek opened in 2016 thanks to the efforts of a charitable foundation. The hospice provides PC to children and is staffed by doctors, nurses, psychologists, and volunteers who provide all-around support to children and their families. Although there is just one hospice, there are palliative care departments to assist patients.

LATVIA

Two specialised palliative care services for children have been established in Latvia: at the Children's Clinical University Hospital and Liepāja Regional Hospital in collaboration with the Children's Palliative Care Society.

LITHUANIA

There are three specialised palliative care services for children: two specialised departments in university hospitals – Vilnius and Kaunas – with inpatient units and day care centres, tailored to meet the needs of children, and a children hospice in Vilnius, with a strong development in Klaipeda.

LUXEMBOURG

Luxembourg provides paediatric palliative care through the Paediatric Clinic at Centre Hospitalier de Luxembourg (CHL), the only dedicated facility for children.

MALTA

Puttinu Cares Foundation is a children's cancer support group, officially set up in 2002. It is a non-profit-making NGO. Among its various aims it seeks to advocate on behalf of affected children and their families by representing their needs; to promote models of good care and practice; and to support families

with a national information service. Malta has recently appointed a paediatric palliative care consultant at the Mater Dei hospital, responsible for offering palliative care for children who are either nearing death or suffer from long-period disease. There are some hospital beds and some community outreach.

MOLDOVA

In Moldova, there are only two institutions with beds that provide paediatric palliative care: 1. Institutul Mamei si Copilului (Institution of Mother and Child) – A state medical institution that offers general paediatric medical care, including palliative care beds, and 2. Fundatia Hospice Angelus Moldova – A free-standing paediatric hospice providing specialised paediatric PC services. All seven University Medical Centers have specialised PC comfort teams for children. There is a countrywide spread of organisations offering inpatient respite and hospice care. Same holds for home care teams offering PC for children and their families (Center of Expertise in Paediatric PC). There are 12 organisations offering inpatient respite care for seriously ill children and their families.

NORWAY

Norway is home to 19 public hospital trusts, of which 17 provide a dedicated PC service for children, along with one hospice-like department (Nordre Åsen).

POLAND

PC for children in Poland is delivered mainly by home hospices. There are only a few in-patient settings that deliver palliative care for children. In total in 2023 in database of the National Health Fund 81 contracts for palliative care for children were reported.

EU Map 6. Integrated Health Services

EU Map 6. Integrated Health Services

PORTUGAL

According to *Relatório de implementação do Plano Estratégico para o Desenvolvimento dos Cuidados Paliativos Biénio 2021-2022*, 6 paediatrics PC teams provided palliative care. According to the most recent directory, up to 12 teams provide for palliative care for children (not accounting for adult PC services also admitting children).

ROMANIA

There are 4 PC services for children in Romania, 3 private (ONG) one in public hospital.

RUSSIA

There are around 500 services providing PC for children (250 being home care teams).

SERBIA

There is one specialised team for paediatric PC that started to work in Belhospice Cenet in Belgrade since 2023.

SLOVAKIA

The mobile hospice 'Plamienok' in Bratislava, established in 2003, is a pioneering non-profit organisation that commenced providing home hospice care services back in 2004. The mobile hospice 'Svetielko pomoci', in Košice, founded in 2011, is a non-profit organisation dedicated to providing home hospice care and supporting families in eastern Slovakia.

SLOVENIA

There is one team for Palliative Care for Children, University Children's Hospital Ljubljana.

SPAIN

According to the Evaluation Report 'Paediatric Palliative Care in the National Health System: Care Criteria', 2022, produced by the Paediatric Palliative Care Association, interdisciplinary PC services for children are available in 14 regions, and operated by 45 specialised teams. Latest data suggest there are 53 services/teams registered, almost all mixed units, providing care both in hospital and at home. Only two provide care exclusively at home. There is an intermediate care centre in Barcelona, with convalescence, respite, admissions for family instruction, and admissions for symptom control.

SWEDEN

There is only one specialised PC ward/hospice for children in Sweden, called Lilla Erstagården, localised within the private foundation Ersta clinic. There is one specialised PC home care service in Sweden, called Sjukhusansluten Avancerad Barnsjukvård i Hemmet, localised at the Karolinska University Hospital. Both these services are located in Stockholm. In the rest of the country children in need of specialised PC are cared for in their homes or in a PC ward/hospice by a specialised PC service for adults in collaboration with the Department for children's diseases at the local hospital.

SWITZERLAND

The FOPH commissioned an in-depth study of palliative care needs, with a focus on new-borns, children and adolescents (ref. short report), and conducts a survey every three to five years in order to monitor and measure the development of regulatory requirements, care structures and palliative care services in Switzerland.

TAJIKISTAN

A nurse-led City Nursing Hospital, funded by the Dushanbe City Authority, has 12 beds used for palliative care—four for men, four for women, and, since 2023, four for children.

TÜRKIYE

There are around 10 specialised palliative care services for children. the number of the beds for children patients has increased up to 181 beds.

UKRAINE

There are several palliative care units in Ukraine for children: 1) Mobile hospice for children, Western Ukrainian Specialised Children's Medical Centre, 2) Nadvirna First Children's Hospice, and 3) Children's City Polyclinic No. 6 Compass in Odesa.

UNITED KINGDOM

Specialist Paediatric PC teams exist in some paediatric hospitals and children's hospices. There is still significant disparity of access ranging from no service to a fully functioning service. There are around 38 children's hospices and the provision at home is patchy - about 30% of services have 24-hour home care provision.

UZBEKISTAN

One specialised palliative care service is available in Taskin hospice. Furthermore, in accordance with Presidential Decree No. PQ-693 dated October 31, 2023, 120 paediatric palliative care beds are planned to be established across Uzbekistan by 2025. (lex.uz)

Country reports

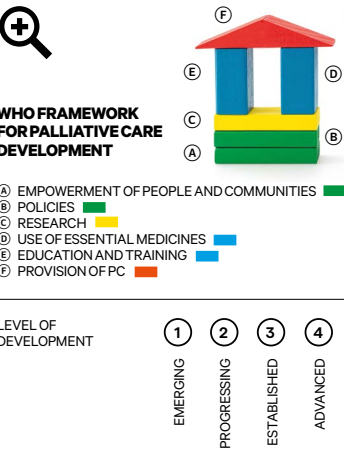


General data

POPULATION, 2023
2,745,972
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,575
HEALTH EXPENDITURE (% GDP), 2021
7.27
UNIVERSAL HEALTH COVERAGE, 2021
64



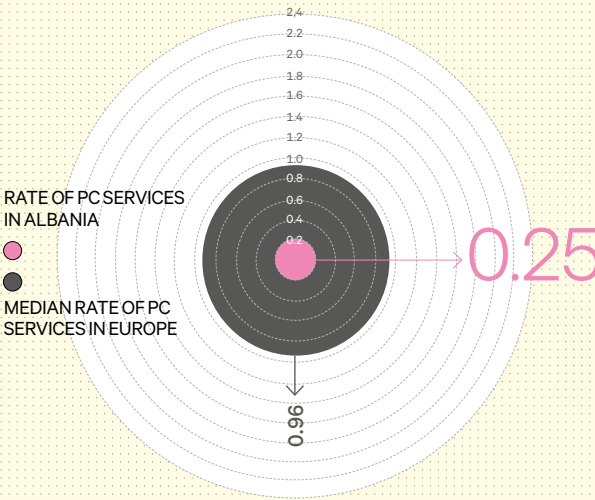
Consultants: Dr. Donjeta Alia (Bali); Dr. Gerla Koleci; Enrik Zotaj; Ilir Qefalia and Irena Laska.
National Association: Albanian Family Health Care Association.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Albania

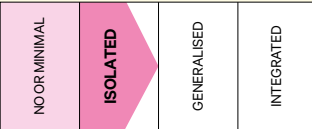
F Provision of PC (Specialised Services)

Total number of Specialised PC services
7
Rate of PC services per 100,000 inhabitants
0.25

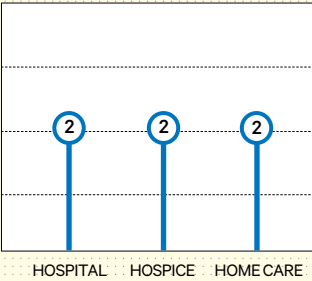
Albania in the context of European region



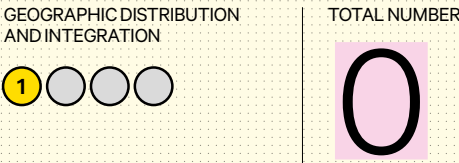
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

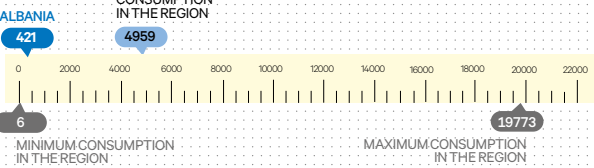


Albania

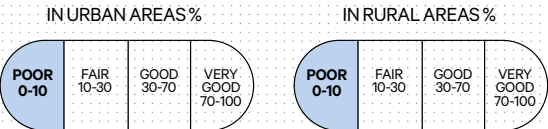
D Use of essential medicines

Opiods consumption (excluding methadone)
421
S-DDD/MILL INHABITANTS/DAY

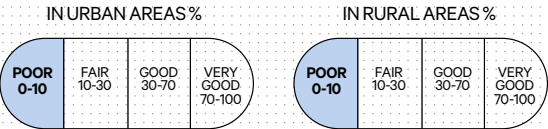
Albania in the context of European region



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
1

Existence of PC congresses or scientific meetings
2

E Education & Training

Medical schools with mandatory PC teaching
0/2

Nursing schools with mandatory PC teaching
1/7

PC Full Professors
0

Recognition of PC specialty
1

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
2

Advanced care planning-related policies
1




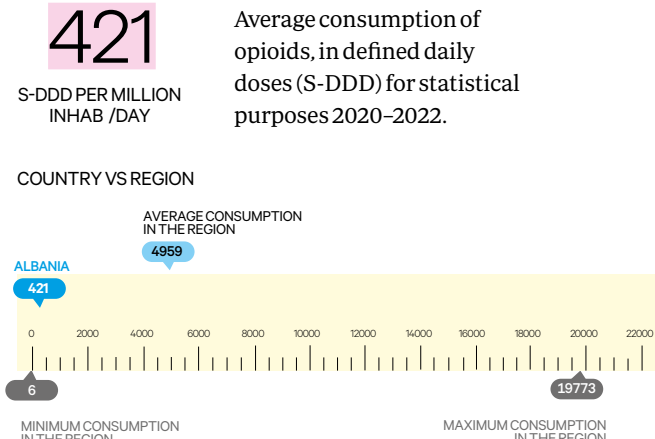
EU Albania

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | Although there is since 2002 the Albanian Palliative Care Association (<i>SHOQATA Shqiptare e Kurave Palliative</i>), only the palliative care pioneers offering this service are also promoting palliative care, the right of patients in need and the challenges that caregivers are facing. There are three or four organisations which offer adult palliative care and can, sporadically, with consultants' recommendation, offer paediatric palliative care. |
| 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. | There does not exist any national policy or guideline on advance care planning in Albania. Most of the patients do not know their diagnoses, so they cannot express their values or preferences for treatment and the care they need to receive. It only exists the jure law (not yet known by many health care providers). |
| 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 dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | In Albania, there is not any national palliative care plan, but palliative care is included at the national plan for cancer control 2022-2030. There is a law for palliative care which legally gives access to all the patients with NCD, but to date, palliative care is only offered for cancer patients and only for patients living in the areas where PC is established (three regions). Furthermore, there are not indicators to monitor and evaluate progress. |







EU Albania

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | Palliative care is included in the list of health services as a service offered by Oncologist or by Palliative Care Specialists at Home, but it is not offered to patients in need because there is lack of knowledge of palliative by the health care providers, lack of specialisation on palliative care for general physicians and other specialists and lack of other resources. The only hospice in Albania is Mary Potter, a daily, not 24/7 service. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is not any national authority for palliative care in the Ministry of Health or other Health Institutions. |



EU Albania

| | | |
|---|--|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p> | The first Palliative Care conference was organized in 2002 by "Mary Potter Palliative Care Centre. There are organized four ELNEC training in the year of 2013, 2015, 2023 and 2024, and nowadays palliative care pioneers/providers are organizing periodically meetings, and sporadic workshops or trainings. |
| Ind7:1 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>Minimal or non-existent number of articles published on the subject.</p> | A few articles were found for the years 2018 and 2019, as well as <i>Need assessment for Palliative Care in Albania</i> , made by the no-longer active Albanian Palliative Care Association. |
| Ind7:2 Inclusion of PC topics in national research calls. |  <p>There are no national research calls at all.</p> | No evidence found. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div> <div>421</div> <div>S-DDD PER MILLION INHAB /DAY</div> </div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>ALBANIA: 421</p> <p>AVERAGE CONSUMPTION IN THE REGION: 4959</p> <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 19773</p> | |







EU Albania

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | At the primary care level, General Physicians cannot prescribe opioids, but they are allowed to prescribe ibuprofen, paracetamol. In Albania, only oncologists can prescribe opioids. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | No one in the Primary Health Care can use morphine or other opioids. They are prescribed only by Oncologists' recommendation, or by palliative care specialists for patients with tumor; meanwhile all the other diseases not related to malignancies are not eligible. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Although there are different opioids and formulations in Albania, only the oncologists or the palliative care providers are allowed to prescribe them. |

EU Albania

| | | |
|--|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/ regulations concerning PC education</p> | <p>0/2</p> <p>0/2</p> <p>1/7</p> <p>7/7</p> <p>0</p> <p>No</p> | <p></p> <p>There are two medical schools in Albania, one public and one private. Palliative care is not a compulsory teaching in those schools but some topics are integrated in the oncology curricula. There are seven public Nursing schools in Albania, one of which offers palliative compulsorily in Bachelor level. In other schools, palliative care is integrated in other curricula as geriatrics and oncology. Palliative care is an optional teaching in Master level.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>Palliative care in the country lacks formal specialisation or a plan towards the accreditation. However, healthcare providers, including both specialists and general physicians, receive regular palliative care training from experienced practitioners in the field. While a first-level Master's Course in palliative care is offered at the Nursing School, it has not attracted any students or registrations to date.</p> |

EU Albania

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Isolated provision: Exists but only in some geographic areas.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> | <p>Albania is home to three specialised teams (part of two organisations, ‘Mary Potter’ in the south east part of the country and “Sue Ryder” in the Capital and another city nearby capital). Each of the three provides both home and day care and there is a fourth team, the Oncology service at home (public), in the capital. Palliative care units in public hospitals (over 11 reported in the EAPC Atlas 2019), are no longer functioning. In total, there are seven services, representing 0.25 specialised services per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>ALBANIA 0.25</p> <p>0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3.68</p> <p>7 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Ad hoc/ in some parts of the country.</p> <p> PPC TEAMS</p> | <p>The country currently lacks specialised pediatric palliative care services. For children with serious illnesses, the only dedicated facility is the Oncohematology hospital in Tirana, the capital city. This hospital primarily provides curative treatments, with very basic palliative care offered only to those who choose to remain hospitalized until the end of life. Notably, the services do not extend to home-based care, limiting options for families who prefer to care for their children outside the hospital setting.</p> |



General data

POPULATION, 2023
80,856
PHYSICIANS / 1,000 INH, 2021
-

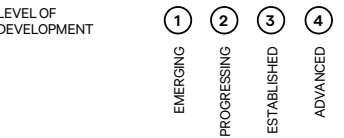
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
46,818
HEALTH EXPENDITURE (% GDP), 2021
8.33
UNIVERSAL HEALTH COVERAGE, 2021
79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



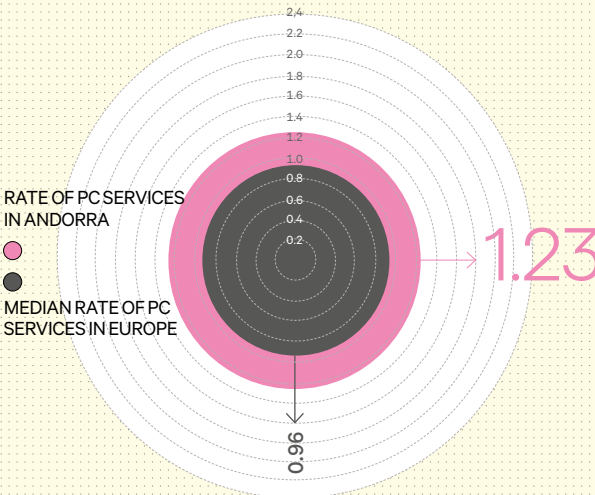
Consultants: Marc Pascual
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Andorra

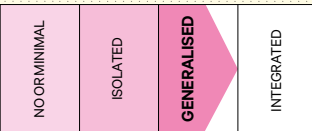
F Provision of PC (Specialised Services)

Total number of Specialised PC services
1
Rate of PC services per 100,000 inhabitants
1.23

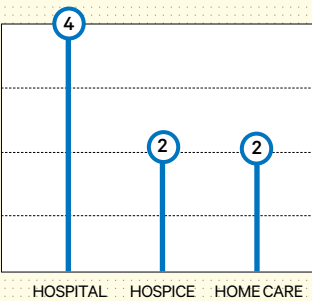
Andorra in the context of European region



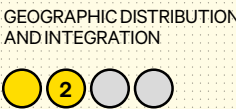
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER

0

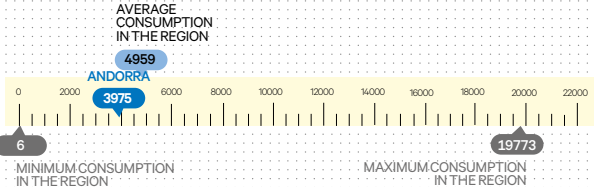


Andorra

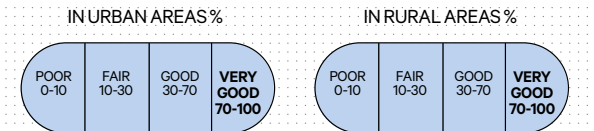
D Use of essential medicines

Opioids consumption (excluding methadone)
3,975
S-DDD/MILL INHABITANTS/DAY

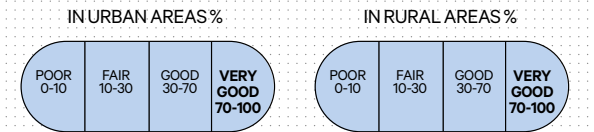
Andorra in the context of European region



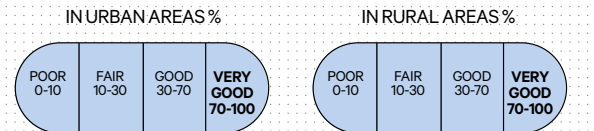
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
0/0

Nursing schools with mandatory PC teaching
1/1

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

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
1

Advanced care planning-related policies
3

EU Andorra

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Only isolated activity can be detected. | Some sporadic activities towards sensitization to palliative care such as the workshop organized by the SAAS (Andorra Health-care System) to enhancing home care and empowering patients and families in healthcare decision-making, or the conference by the Crèdit Andorrà Foundation on palliative care and support for the families of the sick. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | An advance care directive law was issued in 2019 (<i>Decret del 6-03-2019 d'aprovació del Reglament que regula el funcionament del Registre Nacional de Voluntats Anticipades</i> .) This came along with a registry of advance directives or living wills in the Health Ministry, which is available from the Electronic Patient Record. The general population has the right to issue and register their living will, which will be automatically available for healthcare professionals nationwide. Advance care planning is embedded in the Electronic Patient Record, although its use is scarce. Currently (2024), a Chronic Complex Patient and High Complexity Patient programme is underway, and this should implement a systematic advance care planning system to encourage the included patients to discuss the advance care planning. |
| 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. |  Developed over 5 years ago.  Not known or does not exist neither standalone nor is included in another national plan. | There is scarce mention of palliative care in health-related legislation, and there is no specific palliative care plan. The general health law does not contain specific reference to palliative care. |

EU Andorra

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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 recognised by a government decree or law but not in the General Health Law. | There is mention of the palliative care role of primary care healthcare professionals included in the essential list of services recognised by a governmental decrees but not in the General Health Law. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is no specific coordinating authority for palliative care at the Ministry of Health. |



EU Andorra

| | | |
|---|---|---|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div> | <div>In 2023, the First National Palliative Care Congress was held in Andorra (<i>I Jornada de Cures Pal·liatives d'Andorra</i>). The second congress is scheduled to take place in 2025.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>Minimal or non-existent number of articles published on the subject.</div></div> | <div>No peer-reviewed articles on palliative care over the past five years.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>There are no national research calls at all.</div></div> | <div>No evidence found.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div><div>3,975</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>ANDORRA</div><div>3975</div></div><div><div>6</div><div>MINIMUM CONSUMPTION IN THE REGION</div></div><div><div>19773</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> | |


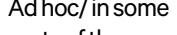
EU Andorra

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All primary care services have the availability of essential medicines for pain, including opioids, although they are not in stock, but on demand. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All primary care services have the availability of essential medicines for pain, including opioids, although they are not in stock, but on demand. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All primary care services have the availability of essential medicines for pain, including opioids, although they are not in stock, but on demand. |

EU Andorra

| | | |
|---|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>0/0</p> <p>0/0</p> <p>1/1</p> <p>0/1</p> <p>0</p> <p>No</p> | <p></p> <p>There is only one nursing school in Andorra. Palliative care is part of the formal training, with a specialised teacher (nurse specialist in palliative care). However, no module or subject was identified with the term “palliative care” and there are not full professors, but one specialised nurse with Master degree in Palliative care.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>There are neither medical school nor medical specialty processes in Andorra.</p> |

EU Andorra

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> | <p>Andorra has one specialised palliative care team, comprising a full-time doctor, a part-time doctor, two nurses, a part-time social worker, and a part-time oncology psychologist. This hospital-based team provides comprehensive palliative care services to inpatients, through an outpatient clinic, and home visits across most of the country, excluding a remote rural area. While Andorra lacks a dedicated hospice, a residential care facility has allocated several beds for end-of-life palliative care. These beds are managed by non-specialised medical staff but operate under the guidance of the hospital's palliative care team. In total, Andorra has one palliative care service, equating to 1.18 services per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ANDORRA</p> <p>1.23</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>1 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p> | <p>Andorra lacks a specialised children's palliative care team within its borders. Instead, the country's general palliative care team collaborates closely with a specialised children's palliative care service in neighboring Catalonia, Spain, to provide comprehensive care for pediatric patients. When hospitalization is necessary, children receive care from the adult palliative care team in coordination with the hospital's pediatric service and the Catalan children's palliative care experts. While Andorra has no dedicated children's hospice, an agreement with Spain allows referrals to a pediatric hospice in Catalonia when needed. The Andorran palliative care team offers home-based care for children throughout most of the country, excluding a remote rural area.</p> |



General data

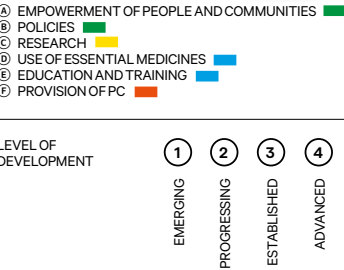
POPULATION, 2023
2,990,900
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,053
HEALTH EXPENDITURE (% GDP), 2021
12.34
UNIVERSAL HEALTH COVERAGE, 2021
68



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



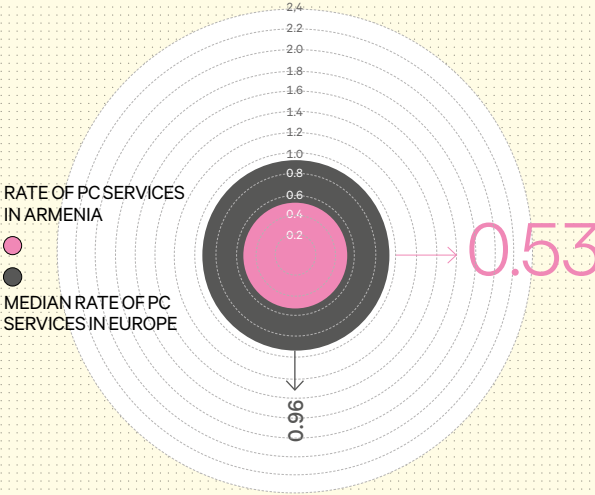
Consultants: Anush Sargsyan; Artashes Tadevosyan and Anahit Papikyan.
National Association: Armenian Pain Control and Palliative Care Association.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Armenia

F Provision of PC (Specialised Services)

Total number of Specialised PC services
16
Rate of PC services per 100,000 inhabitants
0.53

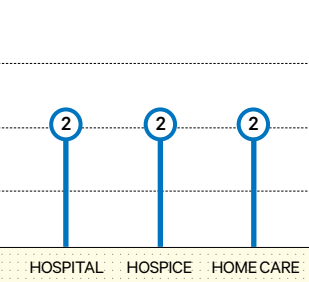
Armenia in the context of European region



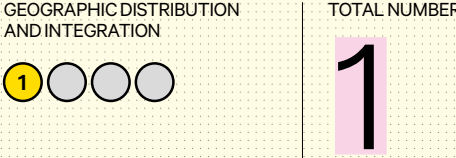
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

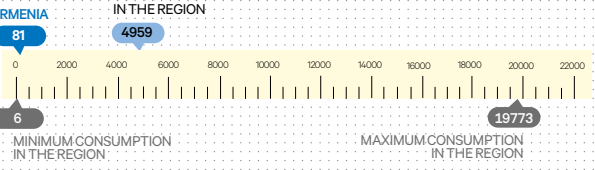


Armenia

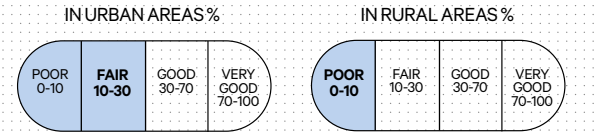
D Use of essential medicines

Opioids consumption (excluding methadone)
81
S-DDD/MILL INHABITANTS/DAY

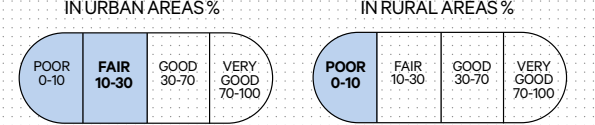
Armenia in the context of European region



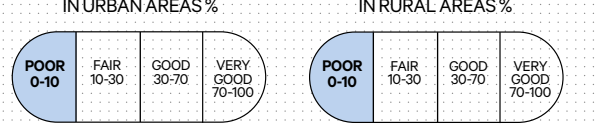
Overall availability of essential medicines for pain and PC at the primary level



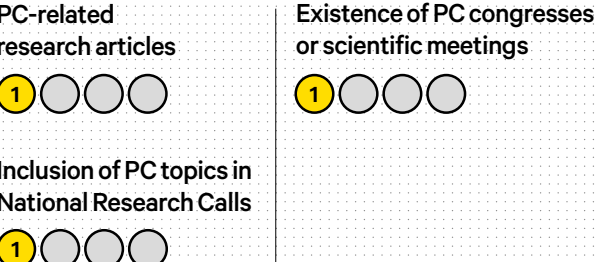
General availability of immediate-release oral morphine at the primary level



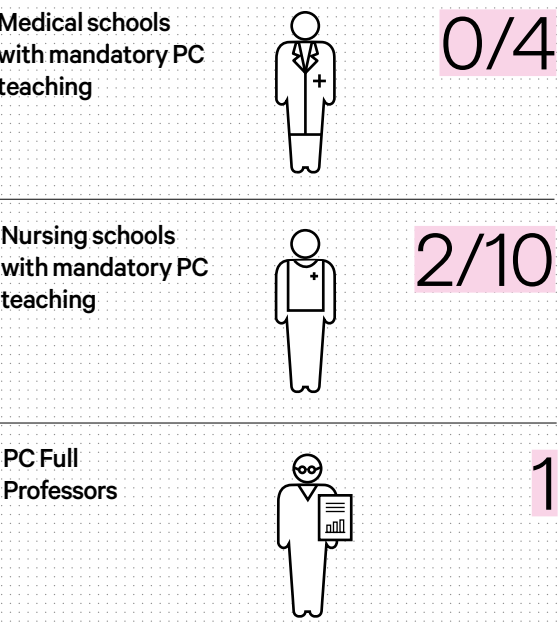
General availability of different opioids and in different formulations at the primary level



C Research

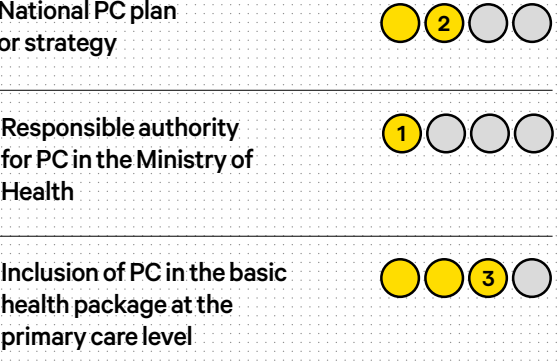


E Education & Training

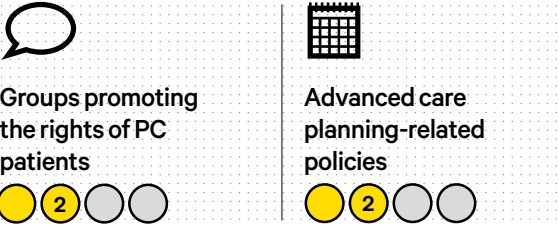


Recognition of PC specialty





B Policies







A Empowerment of people and communities



EU Armenia

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | They do exist groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors, but their influence and activity seems limited. The Pain Control and Palliative Care Association was established in 2003. Others include the HENARAN charitable foundation, established in 2017 by cancer survivors, actively supporting cancer patients, survivors, and their families; and the Armenian Cancer Patient Advocates Alliance (ACPAA), also formed to prevent cancer and provide support to patients. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | In 2014, the Ministry of Health issued guidelines on organizing palliative care services for doctors and nurses, and a comprehensive framework for palliative care activities was approved (Minister of Health of the Republic of Armenia. Approval of clinical guideline on prescription of narcotics and psychotropic medication for pain syndrome management within the framework of palliative medical care provision and service. Order N2910-A. 11 Dec 2014.). These policies provide standards and training to ensure quality care at the end of life. |
| 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. |  Developed over 5 years ago.  A national palliative care plan is in preparation. | The Government of Armenia approved the National Strategy on Palliative Care for Adults and the 2017-2019 Action Plan. However, as of 2015, the government had yet to approve the national strategy developed by a working group. This strategy includes the development of national standards, the recognition of palliative care as a subspecialty, and the inclusion of palliative care qualifications. Additionally, progress has been made in integrating palliative care into the health system, including training for healthcare providers and the establishment of service providers. |

EU Armenia

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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 recognised by a government decree or law but not in the General Health Law. | According to Order No. 45-N of the Minister of Health of the Republic of Armenia dated 18.10.2017: Palliative care is provided 7 days a week, 24 hours a day. Palliative care services are provided in primary health care centres during the centre's working hours, including home visits. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.) | Although the National Authority in the Ministry of Health is responsible for palliative care in Armenia and has concrete functions, including policy development and implementation, however, specific details on budget and staff are not provided in the available literature. |



EU Armenia

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div> | Armenia has hosted initiatives to improve palliative care awareness and practice, including educational courses and integration into professional training programmes. However, specific congresses or scientific meetings dedicated exclusively to palliative care were not explicitly mentioned. Some of the organized initiatives, including past ones, are: the International conference on palliative care in November 2013, and International educational-research activities such as the CODE-YAA 2024 summer schools. |
| Ind7:1 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. | <div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject.</div> | Some scientific articles were retrieved between 2018 and 2022. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div>1</div><div></div><div></div><div></div></div> <div>There are no national research calls at all.</div> | Palliative care does not feature prominently in national research calls or funding initiatives. The focus remains on curative and preventive healthcare rather than palliative and supportive care. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>81</div><div>S-DDD PER MILLION INHAB /DAY</div><div>COUNTRY VS REGION</div><div><div>ARMENIA</div><div>81</div><div>4959</div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> | |






EU Armenia

| | | |
|---|---|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div>2</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Armenia has made progress in this area. The Ministry of Health approved clinical guidelines for prescribing narcotics and psychotropic substances for pain management in 2014. However, as of 2015, there were still overly restrictive government regulations on accessing strong pain medication. Data on the exact percentage of health facilities offering these medications, particularly in urban versus rural areas, is not readily available. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>2</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Access to pain and palliative care medications in Armenia is restricted, with oral morphine added to the essential medicines list but remaining largely unavailable due to regulatory barriers. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | The availability of various opioids in Armenia is limited, with significant regulatory restrictions impacting access. |

EU Armenia

| | | |
|--|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/ regulations concerning PC education</p> | <p>0/4</p> <p>0/4</p> <p>2/10</p> <p>0/10</p> <p>1</p> <p>Yes</p> | <p></p> <p>As of 2015, the mandatory curriculum in medical schools did not include any specific instruction on palliative care. Independent groups have been providing palliative care and pain management training for oncologists since at least 2012, but it is neither systematic nor mandatory. Two nursing schools in Armenia teach mandatory palliative care. Yerevan State Medical University has a postgraduate course in Palliative care for 4 months, and two-weeks postgraduate trainings for primary care physicians.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Yes, palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>The subspecialty consists of a 1,295-hour course (400 hours of theory and 895 hours of practice), focused on specialised training. Currently, palliative care students undergo retraining directly alongside patients.</p> |

EU Armenia

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> | <p>39 medical organisations have licenses for the delivery of palliative care in hospitals and outpatient, 16 of which provide services within the framework of a state order in Yerevan and in various regions of the Republic.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ARMENIA 0.53</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>16 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>1</p> <p>PPC TEAMS</p> | <p>The number of specialised palliative care services in Armenia is limited, with only one service provider currently operating. However, taking into account non-specialised services, as of 2024, there are 32 palliative care services operating not only in Yerevan but also in the regions of Armenia 32.</p> |



General data

POPULATION, 2023

9,131,761

PHYSICIANS / 1,000 INH, 2021

5.43

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

56,033

HEALTH EXPENDITURE (% GDP), 2021

12.1

UNIVERSAL HEALTH COVERAGE, 2021

85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Rainer Simader; Sonja Thalinger and Dietmar Weixler.

National Association: Hospiz Österreich, Austrian Palliative Association

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Austria

F Provision of PC (Specialised Services)

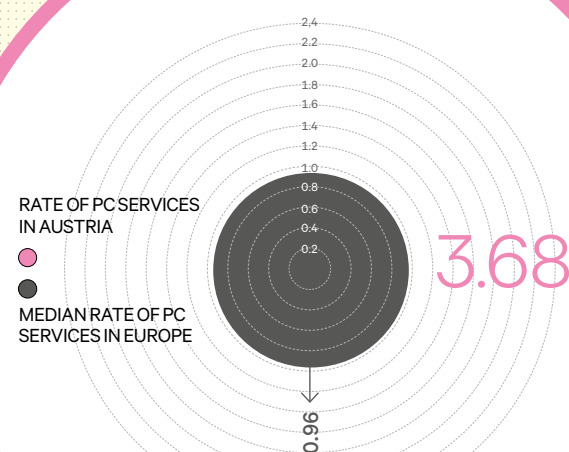
Total number of Specialised PC services

336

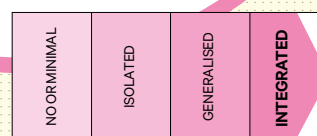
Rate of PC services per 100,000 inhabitants

3.68

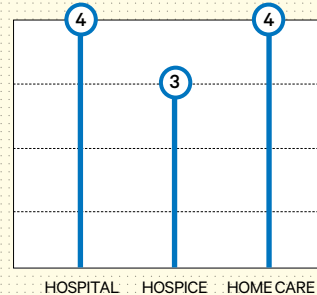
Austria in the context of European region



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

38



Austria

D Use of essential medicines

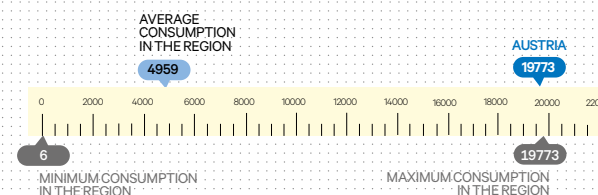


Opioids consumption (excluding methadone)

19,773

S-DDD/MILL INHABITANTS/DAY

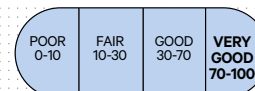
Austria in the context of European region



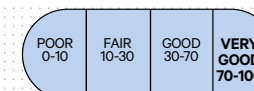
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

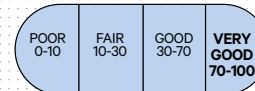


IN RURAL AREAS %

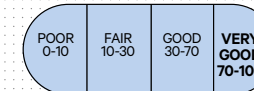


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

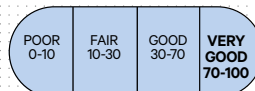


IN RURAL AREAS %

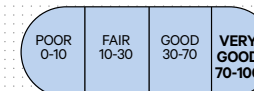


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



8/8

Nursing schools with mandatory PC teaching



80/80

PC Full Professors



4

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Austria

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | In Austria, there are two national associations: 1) Hospice Austria (<i>Hospiz Österreich</i>), the umbrella organisation of Hospice and Palliative Care organisations and institutions, and 2) the Austrian Palliative Care Association, which is the scientific and professional organisation. Both organisations focus on patients' needs and act towards the goal that every person living and dying in Austria has access to hospice and palliative care. Additional organisations who foster and advocate patients' rights regarding hospice and palliative care: a) Austrian Medical Association, interest group for family caregivers; and b) The Austrian National Public Health Institute; the institution responsible for researching and planning public healthcare in Austria, that acts as the national competence and funding centre for the promotion of health. Within this organisation Palliative Care is well promoted and liaises with Hospice Austria. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | The VSD Vorsorgedialog® is a legal instrument for the advance care planning process. This process is especially designed for people living in care homes or those who want to die in their own homes. Additional to the VSD Vorsorgedialog® process there exist specific other advance directive documents: Patientenverfügung; Vorsorgevollmacht, and other legal instruments for advance care planning like the 'living wills' and the 'power of attorney'. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | Within the Austrian Health Structural Plan (by the federal ministry for Social Affairs, Health, Care and Consumer Protection) the Specialised Hospice and Palliative Care Provision and its evaluation is defined. Additionally in 2022, the National Hospice and Palliative Care Financing Law (<i>Bundesgesetz über die Einrichtung eines Hospiz- und Palliativfonds - Hospiz- und Palliativfondsgesetz</i>); defined financing and, according to the law, the new quality criteria and indicators regarding hospice and palliative care institutions and staff education. The Austrian National Public Health Institute (<i>Gesundheit Österreich GmbH, GÖG</i>) monitors and evaluates the progress on behalf of the federal ministry for Social Affairs, Health, Care and Consumer Protection. |

EU Austria

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The Indicators to monitor and evaluate progress are currently implemented. | |
| 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 recognised by a government decree or law but not in the General Health Law. | Palliative care is included in the essential list of services recognised by a government decree or law. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | Based on the Hospice and Palliative Care Fund Act, which entered into force as from 1 January 2022, the federal government supports the provinces in the implementation of an Austria-wide, needs-based hospice and palliative care offer, organized according to uniform criteria. |

EU

Austria



| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | Several national study days and conferences take place in Austria such as the Multidisciplinary National Palliative Care Conference by the Austria Palliative care association (biannual; including paediatric hospice palliative care), the Multidisciplinary national study day of HOSPICE AUSTRIA (annual, including paediatric hospice and palliative care; the National hospice volunteers Symposium by HOSPICE AUSTRIA (annual) and the National Multidisciplinary Paediatric Hospice and Palliative Care Network conference (annual). |
| Ind7:1 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. | <div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p> | |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div>2</div><div></div><div></div></div> <p>Although there are national research calls, no PC topics are ever included.</p> | The Hospice and Palliative Fund Act (<i>Hospiz- und Palliativfondsgesetz</i>) promotes Palliative Care in the form of special-purpose grants and funds education and training initiatives but not research. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>19,773</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>AUSTRIA</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div> |

EU



Austria

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | The availability of pain and palliative care medications as defined in the WHO Model List of Essential is generally very good across health facilities at the primary care level in urban areas, similarly to rural areas. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | The availability of immediate-release oral morphine is generally very good across health facilities at the primary care level in urban areas, similarly to rural areas, across Austria. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | General availability of different opioids and in different formulations is generally very good at the primary level either at urban and rural contexts. |

EU Austria

| | | |
|--|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>8/8</p> <p>0/8</p> <p>80/80</p> <p>0/80</p> <p>4</p> <p>Yes</p> | <p></p> <p>Six universities had mandatory palliative care teaching. At another university, there was already a voluntary course that was recently to be introduced on a mandatory basis in the next years. At another university, the degree programme in human medicine was still so new that in the summer semester of 2023, for the first time, a cohort would reach the clinical section in which palliative care was to be integrated on a mandatory basis. All eight universities were expected to offer mandatory palliative care courses in the near future. There are three full professors (Stefan Lorenzl, Eva Masel, Rudolf Likar), and, the fourth professorship, was recently announced in Tirol although the position is still vacant to date. Some legislation, Spezialisierung Palliativpflege, regulates palliative care education in the country.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Yes, palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine is a sub-specialty since 2017 and is included in the list of specialisations (Spezialisierung: https://www.aerztekammer.at/)</p> |

EU Austria

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>There are 336 specialised palliative care services; 296 specialised adult and 38 for children. The diverse adult teams are distributed as follows: 176 teams (sometimes including volunteer hospice teams), 57 home care teams, 18 inpatient hospices and 45 palliative care units. Per regions, Vorarlberg has 10 services, Tirol 41, Salzburg 21, Karnten 35, Steiermark 50, Oberösterreich 36, Niederösterreich 68, Burgenland 8, and Vienna 27. Austria has a system for specialised hospice and palliative care provision that also counts on day hospices and volunteer hospice palliative care teams that do operate across the country. These day hospices and Volunteer hospice teams are legally part of the Austrian specialised Hospice and Palliative Care services and, with those included, the number would increase up to the 400 specialised palliative care services. Furthermore, recently, some new three services were founded in Austria.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>AUSTRIA 3.67</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>336</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>38</p> <p>PPC TEAMS</p> | <p>They exist 38 specialised palliative care services for children (https://www.kinder-hospiz.at/fachwelt/paediatrische-hospiz-und-palliativversorgung/abgestuftes-versorgungskonzept/)</p> |



General data

POPULATION, 2023
10,153,958
PHYSICIANS / 1,000 INH, 2021
-

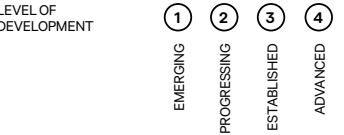
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
7,125
HEALTH EXPENDITURE (% GDP), 2021
4.70
UNIVERSAL HEALTH COVERAGE, 2021
66



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



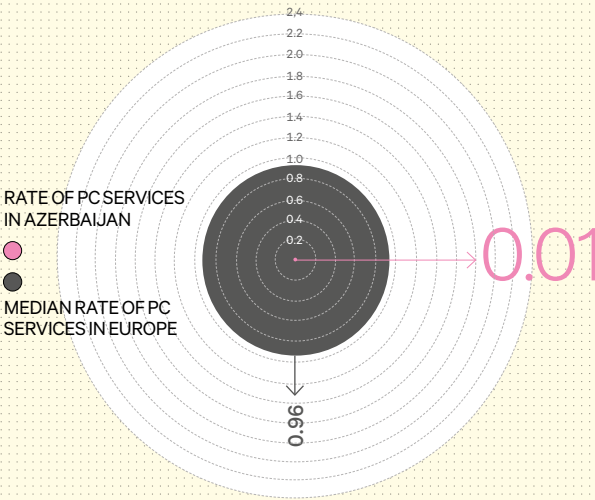
Consultants: Data gathered through literature and AI tools.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Azerbaijan

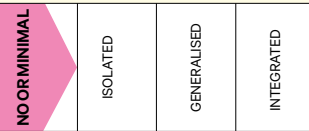
F Provision of PC (Specialised Services)

Total number of Specialised PC services
1
Rate of PC services per 100,000 inhabitants
0.01

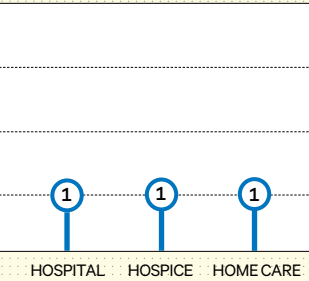
Azerbaijan in the context of European region



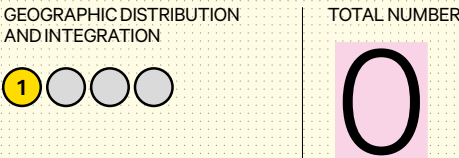
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

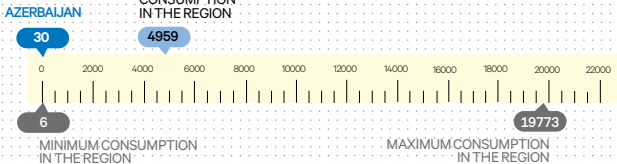


Azerbaijan

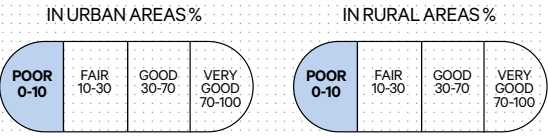
D Use of essential medicines

Opioids consumption (excluding methadone)
30
S-DDD/MILL INHABITANTS/DAY

Azerbaijan in the context of European region



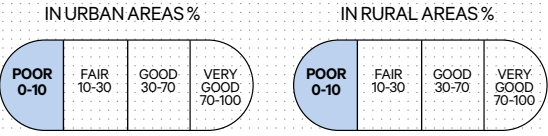
Overall availability of essential medicines for pain and PC at the primary level



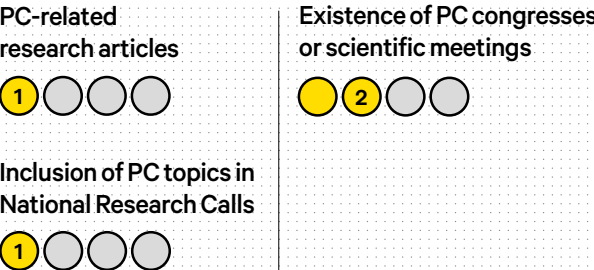
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
1/2

Nursing schools with mandatory PC teaching
2/7

PC Full Professors
0

Recognition of PC specialty
1

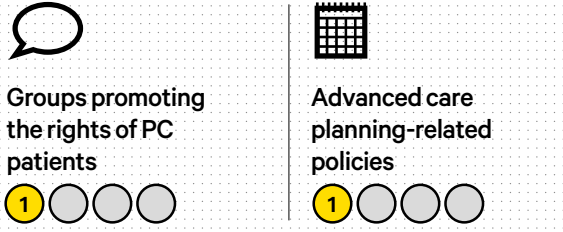
B Policies

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



EU Azerbaijan

| | | |
|---|--|--------------------|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Only isolated activity can be detected. | No evidence found. |
| 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. | No evidence found. |
| 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. |  Not known or does not exist.  Not known or does not exist neither standalone nor is included in another national plan. | No evidence found. |

EU Azerbaijan

| | | |
|---|---|--------------------|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | No evidence found. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | No evidence found. |



EU Azerbaijan

| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div>2</div><div></div><div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div> | No evidence found but “a seminar on “Development of palliative care in Azerbaijan” held in PHRC: On August 22, 2016 the Public Health and Reforms Centre (PHRC) of the Ministry of Health held a seminar dedicated to <i>Prospects for the development of palliative care in Azerbaijan</i> . The main goal of the seminar was to inform event participants about the current status and human/technical resources for providing services in the field of palliative care in Azerbaijan, discuss the ways to establish these services and potential opportunities. |
| Ind7:1 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. | <div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or nonexistent number of articles published on the subject.</div> | One paper entitled <i>Barriers to the Early Integration of Palliative Care in Pediatric Oncology in 11 Eurasian Countries</i> , published in 2020, was found. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div>1</div><div></div><div></div><div></div></div> <div>There are no national research calls at all.</div> | No evidence found. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>30</div><div>S-DDD PER MILLION INHAB /DAY</div><div>COUNTRY VS REGION</div><div><div><div>AZERBAIJAN</div><div>30</div></div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div></div> | |







EU Azerbaijan

| | | |
|---|---|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability. |

EU Azerbaijan

| | | |
|--|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>1/2</p> <p>1/2</p> <p>2/7</p> <p>5/7</p> <p>0</p> <p>No</p> | <p></p> <p>There is a lack of comprehensive palliative care education and training programmes in nursing schools in Azerbaijan. According to the EAPC Atlas 2019, 2 nursing school teaches PC mandatory and another 5 teach palliative care in combination with other disciplines.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>No evidence found.</p> |

EU Azerbaijan

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p> Not at all.</p> <p> Not at all.</p> <p> Not at all.</p> | <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>0.01</p> <p>0</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>1 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p> PPC TEAMS</p> | |



General data

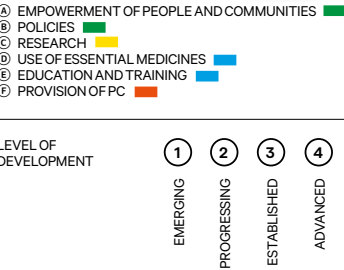
POPULATION, 2023
9,178,298
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
7,829
HEALTH EXPENDITURE (% GDP), 2021
6.57
UNIVERSAL HEALTH COVERAGE, 2021
79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



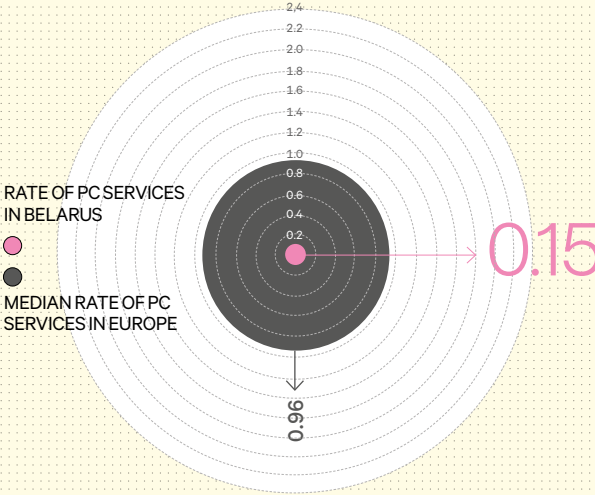
Consultants: Anna Gorchakova.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Belarus

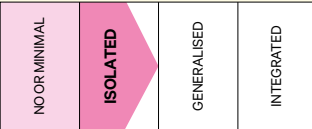
F Provision of PC (Specialised Services)

Total number of Specialised PC services
14
Rate of PC services per 100,000 inhabitants
0.15

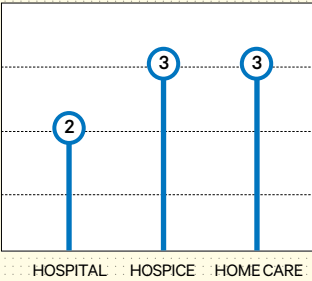
Belarus in the context of European region



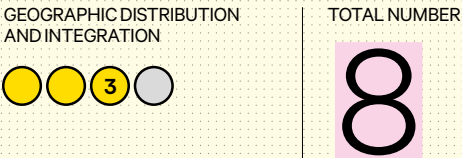
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

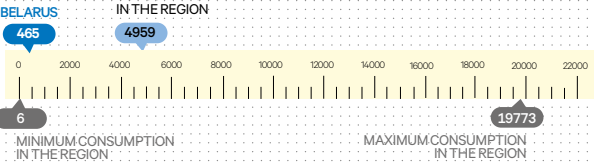


Belarus

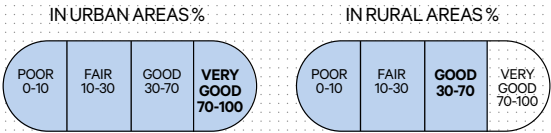
D Use of essential medicines

Opiods consumption (excluding methadone)
465
S-DDD/MILL INHABITANTS/DAY

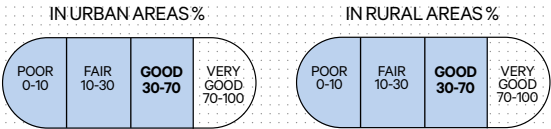
Belarus in the context of European region



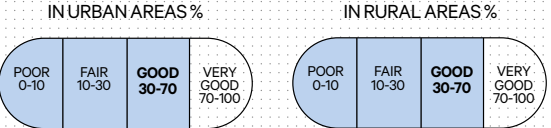
Overall availability of essential medicines for pain and PC at the primary level



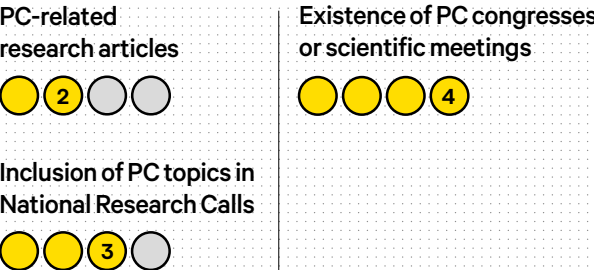
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
15/19

Nursing schools with mandatory PC teaching
15/15

PC Full Professors
2

Recognition of PC specialty
1

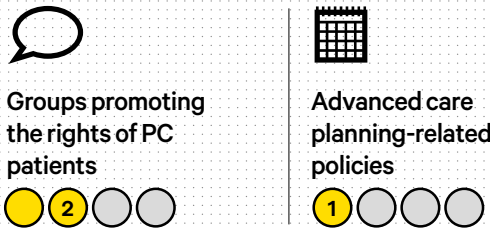
B Policies

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
4





A Empowerment of people and communities



EU Belarus

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | No further evidence was found about groups dedicated to promoting the rights of patients in need of palliative care but the existence of the Belarusian Children's Hospice (BCH) and training activities. |
| 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. | No evidence found. |
| 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. |  Not known or does not exist.  Not known or does not exist neither standalone nor is included in another national plan. | No evidence was found but for the information of palliative care being formally introduced into the National Healthcare Law in 2014. |







EU Belarus

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care, as per chapter 3, paragraph 16th, is defined in the General Health Law as one of the essential services to be provided and available in primary health care in the public health system. |
| 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 authority defined.  There are concrete functions but do not have a budget or staff. | While there is no dedicated palliative care department within the Ministry of Health, a principal specialist for palliative care has been appointed. This specialist oversees both adult and paediatric palliative care services. Despite having specific responsibilities, the position lacks a dedicated budget and additional support staff. |



EU Belarus

| | | |
|---|--|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div> | <div>Palliative care meetings and congresses are held every year.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div></div><div>2</div><div></div><div></div></div><div>Reflects a limited number of articles published.</div></div> | <div>A few articles under the Assessing Doctors' Attitudes on Palliative Treatment (ADAPT) Research Group, were found. Recently it was launched new three-year project, <i>Building effective advocacy mechanisms to better protect the rights of children with severe disabilities and life-limiting conditions in Belarus</i>. It will be conducted by a UK-based charity, together with local partners.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</div></div> | <div>They do exist national research calls that do include palliative care topics (either scarce or more frequent), such as the Health-prom project, recently launched.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div><div>465</div><div>S-DDD PER MILLION INHAB / DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div><div><div></div><div>6</div></div><div>465</div></div><div><div><div></div><div>4959</div></div><div>AVERAGE CONSUMPTION IN THE REGION</div></div></div><div><div>0200040006000800010000120001400016000180002000022000</div><div>MINIMUM CONSUMPTION</div><div>MAXIMUM CONSUMPTION</div></div></div></div> | |

EU Belarus

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The annual reports of the Ministry of Public health and structural divisions in regions, reports of regional palliative offices and survey results. By resolution of the Ministry of Health (Formulary of Medicines), in page 189, paragraph 10.2 the list of medications for pain, including opioids, are listed as authorized for sale in the country. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | The annual reports of the Ministry of Public health and structural divisions in regions, reports of regional palliative offices and survey results. Also the EAPC Atlas of palliative care in Europe 2019 and the GH0 by the WHO reported general availability of oral morphine in the public health sector in 2021. By resolution of the Ministry of Health (Formulary of Medicines), in page 189, paragraph 10.2 the list of medications for pain, including opioids, are listed as authorized for sale in the country. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | |

EU Belarus

| | | |
|--|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>15/19</p> <p>4/19</p> <p>15/15</p> <p>0/15</p> <p>2</p> <p>Yes</p> | <p></p> <p>In Belarus, palliative care education is integrated into the healthcare system with varying degrees of implementation across levels. The country has 19 medical educational institutions, comprising 15 medical colleges and 4 medical universities. While medical colleges include a compulsory palliative care program in their curriculum, medical universities have not yet fully incorporated it, offering it only as an additional course. Postgraduate education provides the sole opportunity for doctors to receive formal training in palliative care. Although there is no specific legislation regulating palliative care teaching, the Ministry of Health has approved teaching plans for both nursing schools and universities. These plans outline palliative care courses for both doctors and nurses, demonstrating a structured approach to palliative care education despite the lack of uniform implementation across all levels of medical education.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>It was deemed as a Special Field of Competence, under the denomination of Postgraduate course for physicians on the basis of the Belarussian Academy of Postgraduate education (EAPC Atlas of Palliative Care in Europe, 2019).</p> |

EU Belarus

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Found in many parts of the country.</p> <p> Found in many parts of the country.</p> | <p>Belarus has established a network of specialised palliative care services across the country. There are 14 specialised palliative care teams, equating to 0.15 teams per 100,000 inhabitants. Each region features a palliative care office overseen by the Republic Centre of Palliative Medical Care for Children. The country's palliative care infrastructure also includes hospices and inpatient facilities for palliative care patients. In total, Belarus has six state-run palliative care teams for adults, six state-run teams for children, and two additional teams for children operated by non-governmental organisations (NGOs). This information is regularly updated through annual reports on the palliative care system and services.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>BELARUS 0.15</p> <p>0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p>14 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p> PPC TEAMS</p> | <p>There are 1 827 758 children population and there are, according to the Annual reports of Ministry of public health, eight palliative care teams.</p> |



General data

POPULATION, 2023
11,787,423
PHYSICIANS / 1,000 INH, 2021
3.24

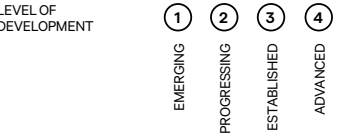
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
54,700
HEALTH EXPENDITURE (% GDP), 2021
11.04
UNIVERSAL HEALTH COVERAGE, 2021
86



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



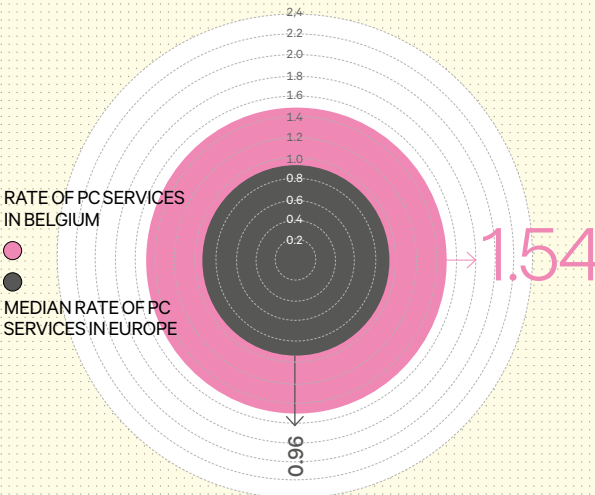
Consultants: Karen Van Beek; Johan Wens; and Johan Menten.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Belgium

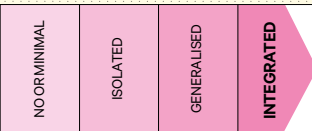
Provision of PC (Specialised Services)

Total number of Specialised PC services
182
Rate of PC services per 100,000 inhabitants
1.54

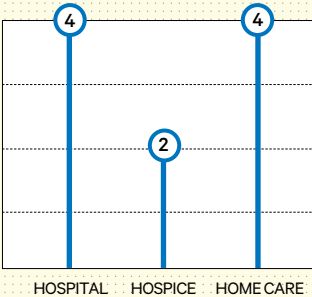
Belgium in the context of European region



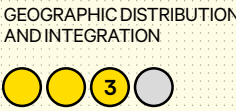
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER

5

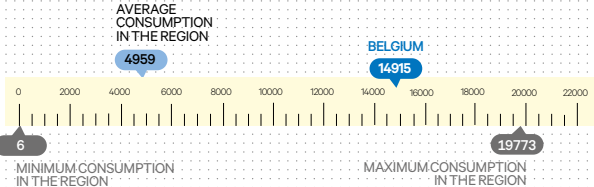


Belgium

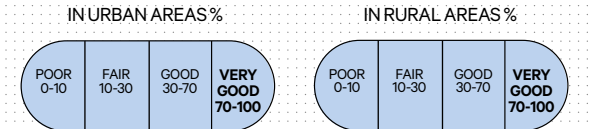
Use of essential medicines

Opioids consumption (excluding methadone)
14,915
S-DDD/MILL INHABITANTS/DAY

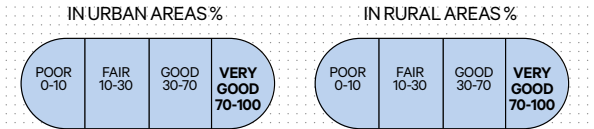
Belgium in the context of European region



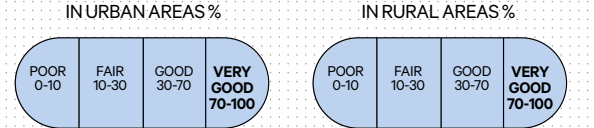
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



Education & Training

Medical schools with mandatory PC teaching
1/7

Nursing schools with mandatory PC teaching
0/23

PC Full Professors
0

Recognition of PC specialty
2

Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1





Inclusion of PC in the basic health package at the primary care level
4

Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
4

EU Belgium

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | Several associations exist: 'Palliative Care Flanders', The Walloon Federation of Palliative Care (FWSP), and The Brussels Federation for palliative care. In Flanders (Dutch speaking part of Belgium), the sub-nationwide association organises yearly a palliative care conference. Guidelines about various topics in palliative care are initiated and published (www.pallialine.be) in Dutch. However, as such, there are no adult association groups of patients/family members advocating for palliative care (https://vlaamspatientenplatform.be/nl). On the contrary, it existed one for children as well as several groups founded by parents who lost a child: e.g. https://lucasforlife.be/ , https://berrefonds.be/ . In the French part, the Walloon Federation of Palliative Care (FWSP) promotes palliative care and issued guidelines in French. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | There is an 'ACP' and an 'ACP for people living with dementia' guideline, in Dutch, not updated (published in 2015 and 2016). The French guideline on ACP is recent (2024). The law on patients' rights (2002) was adapted in 2024, where the definition and use of ACP is enshrined: 5) definition: the continuous thought and communication process between the patient the professional(s) and, at the patient's request, the next of kin with the aim of discussing values, life goals and preferences of current and future care; 6) advance living will: the recording in writing (paper or electronically) of the patient's will in case the patient can no longer decide alone; 7) confidant: a person assisting a patient in exercising his rights as a patient; and 8) representative: a person who exercises the patient's rights if the patient is unable to exercise his rights as a patient himself. |
| 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, and actively evaluated or audited.  A national palliative care plan is in preparation. | Although a national palliative care plan or strategy does not exist, a policy in the form of laws and other official government documents does exist, including three related laws: 1st) a law on patients' rights; 2nd) law on palliative care (mainly describing eligible patients for Palliative Care); and 3rd) law on euthanasia. Furthermore, there exists a national regulation regarding a palliative lump sum, that can be requested by the GP within the last 3 expected months of life and in which case co-payments by the patient will no longer apply. In the federal law 2002, an evaluation cell is appointed in Article 8 whose task is to regularly evaluate palliative care needs and the quality of solutions. Its findings are submitted to the legislative Chambers every two years in the form of an evaluation report (latest in 2022). Its members were appointed by royal decree of 3 February 2003 (amended latter in further decrees), and was renewed in 2023. At a sub-national level, it is to mention that in Flanders, |







EU Belgium

| | | |
|---|---|--|
| 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). | a national palliative care plan is in preparation to make a consortium of all the stakeholders to be the contact organ for the government about Palliative care planning and evaluation. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care may be provided in hospitals, in homes for the elderly (HFEs), in rest and nursing homes (RNHs) and at home. All Belgian general hospitals and a number of isolated G (geriatric) and SP (chronic illnesses) departments have a mobile palliative care team. All RNHs and some HFEs (more than 60 beds) are obliged to offer palliative care. In quite a number of RNHs, at least one member of staff actively deals with palliative care support on a part-time basis. In Belgium, various measures have been introduced to support the provision of palliative care in the home environment (1st) financial, through the abolition of the non-refundable part of certain home visits and the fixed palliative care fee; 2nd) support for carers, through the option of taking palliative leave; and 3rd) specialist care facilities, through palliative day centres and multidisciplinary teams supporting carers providing home care. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | The governance of PC presents a complex, multi-tiered structure without a dedicated department at either the federal or regional level. While the federal Minister of Social Affairs and Health, in collaboration with the Federal Public Service (FPS) Public Health, oversees the broader healthcare system, including hospital financing and regulation of palliative support teams, regional ministers of Welfare and Public Health are responsible for more localized aspects such as prevention policies, residential care centres, and home care settings. This decentralized approach extends to PC, with each region managing its own services. Notably, Flanders is currently undergoing a transition in its PC system, led by Ms. Anneleen Craps, a director at the Ministry. Despite absence of a specific PC department within the Flemish MoH, this transition is supported by dedicated staff and budget, underscoring the importance placed on improving end-of-life care. |



EU Belgium

| | | |
|---|---|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year. | There is no national congress (at the country level), however there is a yearly Flemish conference for health care providers and a two-yearly research conference on palliative care, organised in cooperation with the Dutch palliative care organisation Palliatief. Usually there are around 500-600 participants. Likewise, the Walloon palliative care federation organizes every two years a symposium for all health care providers working in palliative care. |
| Ind7:1 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. |  Denotes an extensive number of articles published on this subject. | The end-of-life-care research group in Brussels (EOLC) alone published from 2020-2024 367 articles and the Academic Expert Centre for Palliative Care of the KU Leuven had 167 articles the last 5 years (of which some overlap with articles published in the EOLC research group). |
| Ind7.2 Inclusion of PC topics in national research calls. |  They do exist national research calls that do include palliative care topics (either scarce or more frequent). | The Belgian Healthcare Knowledge Centre is an independent research centre that provides scientific advice on topics related to health care. The topics are generally asked for by the public authorities, universities, associations, and have produced several studies: 1) The role of 'intermediate palliative care' in Belgium; 2) Palliative care - an exploratory study of categorisation tools based on patients' needs and their value for entitlement, 3) Organisation of palliative care in Belgium; 4) Paediatric palliative care Planned study; and 5) Appropriate care at the end of life. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div>14,915</div> <div>S-DDD PER MILLION INHAB / DAY</div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> <div>COUNTRY VS REGION</div> <div></div> |


EU Belgium

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The Belgian healthcare system ensures that the WHO Essential Medicines are accessible through primary care facilities. However, data detailing the exact percentage of primary care facilities stocked with the full range of WHO-recommended PC medications are not readily available. Belgium has a well-established PC framework that integrates PC services into primary health care and has implemented measures to monitor medicine availability. The Federal Agency for Medicines and Health Products launched PharmaStatus, an online app providing up-to-date information on the availability of medicines. This tool aids patients, healthcare professionals, and the pharmaceutical industry in managing and mitigating the impact of medicine shortages. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | In Belgium, immediate-release oral morphine is available at the primary care level. The country's healthcare system ensures that essential medications, including those for pain management, are accessible to patients through primary care facilities and pharmacies. There are no specific data found for Belgium regarding availability of immediate-release oral morphine at the primary level, but as a high-income nation with a well-developed healthcare infrastructure, it is reasonable to infer that Belgium ensures the availability of immediate-release oral morphine at the primary care level. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Commonly prescribed opioids and their formulations include: Tramadol: Available in IR and SR tablets, capsules, and oral drops; Morphine: Offered in IR and SR tablets, oral and injectable forms; Oxycodone: Available in IR and SR tablets and capsules; Fentanyl: Primarily administered via transdermal patches (other formulations include lozenges and injectable forms, though these are less common in primary care, and Lollipops and intra-oral spray not available); Buprenorphine: Available as sublingual tablets and transdermal patches; Piritramide: Marketed under the trade name Dipidolor, available in injectable form; Tilidine: A synthetic opioid painkiller available in oral formulations, commonly prescribed for moderate to severe pain; and Tapentadol: Available in IR and SR tablets. |

EU Belgium

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>1/7</p> <p>4/7</p> <p>0/23</p> <p>N/A</p> <p>0</p> <p>No</p> | <p></p> <p>At the KU Leuven faculty of medicine palliative medicine is compulsory at several levels: 1st) Bachelor classes: Quality practice with the basics of palliative care plus examination; 2nd) Master classes: case based learning about palliation and end of life care; 3rd) End of life care - spiritual care and examination; 4th) Geriatrics: end of life care and care planning in frail elders plus examination; and 5th) Religion, meaning and philosophy of life. Furthermore, palliative care teaching is optional in four universities: Antwerp, Brussels, Ghent, and Leuven. For example, at the University of Antwerp, all students in their second master are offered a 3-day elective course in palliative care, in which knowledge in all facets of primary and specialised palliative care is provided. Furthermore, during the training to become a general practitioner, there is an inter-university training cluster in palliative care that is jointly organized by the 4 Flemish universities. Regarding nursing schools, there are 23 in total: 11 in Flanders and 12 in the French speaking part; none teaching PC mandatory. Although there are no full professors, since October 2024 there is one Chair 'Social Dying and Grief Medicine' at the Antwerp University, a chair 'Dignified end of life' at the free university of Brussels; and -until 2022- one palliative care professor at the free university of Brussels.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities.</p> |

EU Belgium

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>Belgium's palliative care system comprises 182 services (1.59 per 100,000 inhabitants), structured through three regional federations (Flemish, Brussels, and Walloon) and 30 palliative care networks. Key components include: 28 Multidisciplinary Guidance Teams (MBEs) for home care, distributed across the country (15 in Flanders, 9 in Wallonia, 1 in the German-speaking region, and 3 in Brussels). These MBEs, composed of health-care professionals, provide comprehensive support to patients, families, and primary care providers. The system also includes Palliative Care Units in approximately 50 hospitals, with 379 recognised beds in 6-12 bed units, and one stand-alone hospice. Hospital Support Palliative Care Teams are present in all 103 Belgian general hospitals, integrating palliative care principles across departments. For children and adolescents, five Pediatric Liaison Teams (PLTs) are attached to university hospitals. Additionally, Flanders hosts 5 day care centres for palliative care. This structured network ensures widespread access to specialised services.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 BELGIUM 1.54</p> <p>0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION</p> <p>182 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p>5 PPC TEAMS</p> | <p>Paediatric PC for children/adolescents is provided through 5 paediatric liaison teams (PLTs), each of which is attached to a university hospital. They support the hospital team that looks after the patient on the basis of their own paediatric multidisciplinary expertise. After discharge, they provide continuity and ensure the link between the hospital team, the family and care providers, as well as the facilities where children stay. Hospitals treating children with severe chronic illnesses without a recognised paediatric liaison function may use PLTs and must have a cooperation contract. During the eol care phase, the PLTs try to ensure that this takes place in the child's home environment. Mobile PC teams, such as the "Globul'Home" (Queen Fabiola Children's University Hospital), while the PLTs from Ghent and Leuven (Koester and Kites) operate in the university hospitals of Gent and Leuven.</p> |



General data

POPULATION, 2023
3,185,073
PHYSICIANS / 1,000 INH, 2021
-

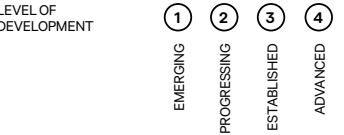
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,638
HEALTH EXPENDITURE (% GDP), 2021
9.56
UNIVERSAL HEALTH COVERAGE, 2021
66



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ② USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑦ PROVISION OF PC



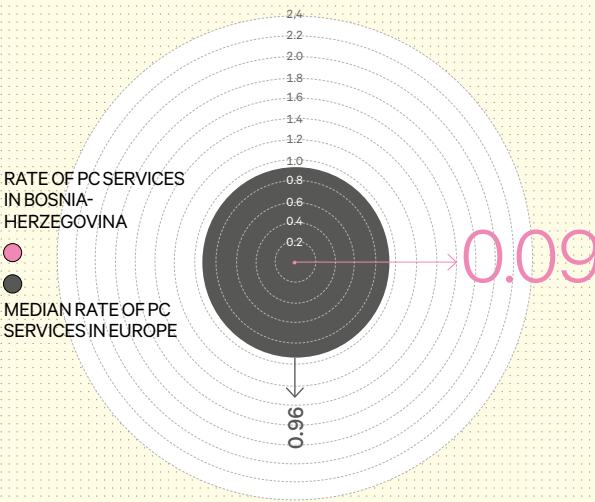
Consultants: Data gathered through literature and AI tools and reviewed by Zaim Jatic.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Bosnia-Herzegovina

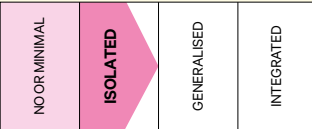
F Provision of PC (Specialised Services)

Total number of Specialised PC services
3
Rate of PC services per 100,000 inhabitants
0.09

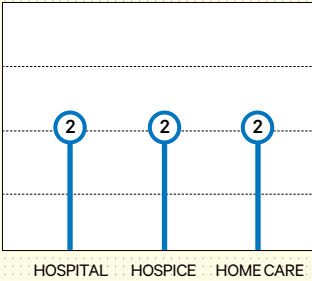
Bosnia-Herzegovina in the context of European region



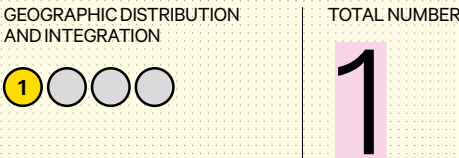
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

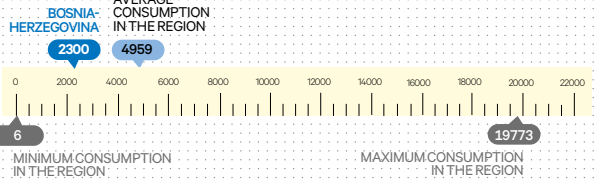


Bosnia-Herzegovina

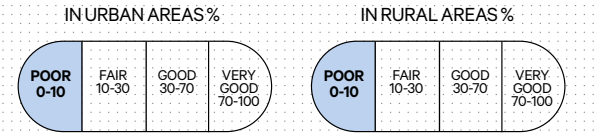
D Use of essential medicines

Opiods consumption (excluding methadone)
2,300
S-DDD/MILL INHABITANTS/DAY

Bosnia-Herzegovina in the context of European region



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opiods and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



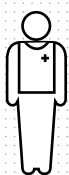
E Education & Training

Medical schools with mandatory PC teaching



N/A

Nursing schools with mandatory PC teaching



N/A

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Bosnia-Herzegovina

| | | |
|---|--|--------------------|
| 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/programme areas. | No evidence found. |
| 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. | No evidence found. |
| 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. |  Not known or does not exist.  Not known or does not exist neither standalone nor is included in another national plan. | No evidence found. |

EU Bosnia-Herzegovina

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | The Health Care Act requires the establishment of palliative care in primary health care. The problem in Bosnia and Herzegovina is that there is a universal disregard for the Act without any legal consequences. There is also an established inertia in the development of palliative care in primary health care. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.) | No evidence found. |

EU

Bosnia-Herzegovina



| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div>1</div><div></div><div></div><div></div></div> <div>There are no national con-gresses or sci-entific meetings related to pallia-tive care.</div> | No evidence found. |
| Ind7:1 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. | <div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or nonex-istent number of articles published on the subject.</div> | No recent research evidence was found. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div>1</div><div></div><div></div><div></div></div> <div>There are no national research calls at all.</div> | No evidence found. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>2,300</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> <div>COUNTRY VS REGION</div> <div><div><div>BOSNIA HERZEGOVINA</div><div>2300</div></div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div></div> <div><div>0200040006000800010000120001400016000180002000022000</div><div>619773</div></div> <div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div> | |

EU




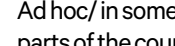
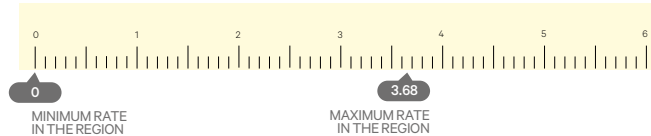

Bosnia-Herzegovina

| | | |
|---|---|--------------------|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | No evidence found. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | No evidence found. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | No evidence found. |

EU Bosnia-Herzegovina

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>No</p> | <p></p> <p>No evidence found.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>There is no process on specialisation for palliative care physicians.</p> |

EU Bosnia-Herzegovina

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> | <p>There are three specialised palliative care services operating across the country, which means a ratio of 0,09 per 100,000 inhabitants. One of the teams is a home palliative care team.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>BOSNIA HERZEGOVINA 0.09 MEDIAN RATE IN THE REGION 0.96</p>  <p>MINIMUM RATE IN THE REGION 0 MAXIMUM RATE IN THE REGION 3.68</p> <p>3 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>1 PPC TEAMS</p> | <p>No evidence found.</p> |



General data

POPULATION, 2023
6,446,596
PHYSICIANS / 1,000 INH, 2021
4.29

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
15,885
HEALTH EXPENDITURE (% GDP), 2021
8.56
UNIVERSAL HEALTH COVERAGE, 2021
73



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



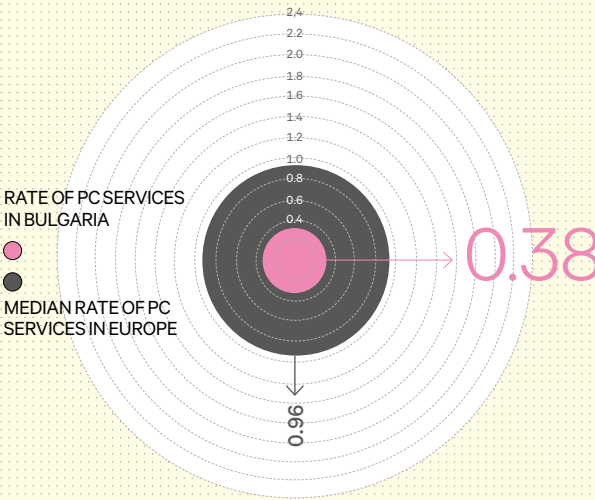
Consultants: Nikolay Radev Yordanov.
National Association: Bulgarian Long-term and Palliative Care Society.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Bulgaria

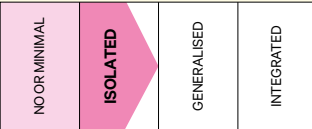
F Provision of PC (Specialised Services)

Total number of Specialised PC services
25
Rate of PC services per 100,000 inhabitants
0.38

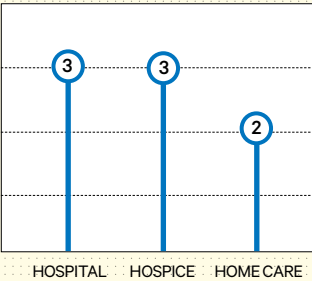
Bulgaria in the context of European region



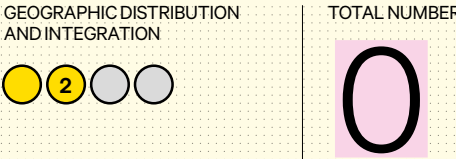
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

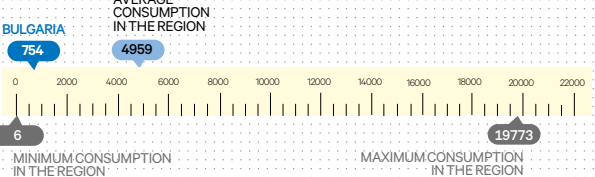


Bulgaria

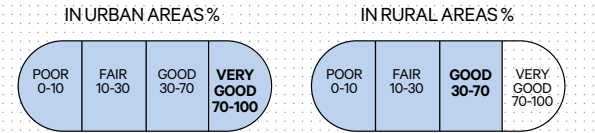
D Use of essential medicines

Opiods consumption (excluding methadone)
754
S-DDD/MILL INHABITANTS/DAY

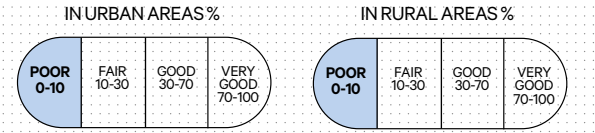
Bulgaria in the context of European region



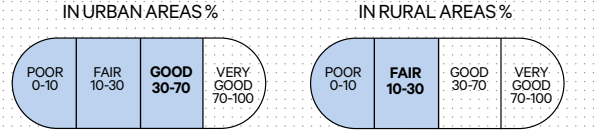
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
0/6

Nursing schools with mandatory PC teaching
0/10

PC Full Professors
1

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
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
2

Advanced care planning-related policies
1

EU Bulgaria

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | The Bulgarian National Association for Long Term Care and Palliative Medicine remains an active entity in the country. Support groups advocating for patients' rights to palliative care are primarily located in oncology hospitals and centres nationwide. In accordance with Articles 95 and 96 of the Health Act, all Bulgarian citizens diagnosed with incurable diseases are entitled to palliative care. However, individuals with other conditions do not benefit from this legislatively guaranteed right due to the lack of funding from the National Health Insurance Fund (NHIF) for such services. Instead, the responsibility for providing care to terminally ill patients is delegated to general practitioners by the NHIF, as specified in the National Framework Contract for Medical Activities (2023-2025). There are also the Health Act; and the NHIF - National Framework Contract for Medical Activities 2023-2025. |
| 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. | The clinical pathway Palliative Care for Cancer Patients has a mandatory requirement to prepare an advance care plan, but it is not legally binding and can always be challenged by a relative. |
| 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. |  Not known or does not exist.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | Currently, a plan for the development of palliative care has been formulated as part of the National Plan for Combating Cancer in the Republic of Bulgaria 2021-2027, which was adopted in January 2023. However, this plan is not comprehensive, as it primarily addresses cancer patients and does not extend to individuals suffering from other incurable diseases. Similar indicators have been developed for the palliative care section of the National Plan against Cancer, but they are not part of a universal plan for providing palliative care, despite the fact that the legal right to palliative care for every Bulgarian citizen suffering from an incurable disease is guaranteed by Articles 95 and 96 of the Health Act of the Republic of Bulgaria. |

EU Bulgaria

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Article 96, items 2 and 3 of the Health Act stipulate that "Palliative medical care is provided by general practitioners, medical institutions offering outpatient and inpatient care, and hospices". Additionally, "The requirements for the provision of palliative medical care are specified by an ordinance issued by the Minister of Health". |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is no similar structure responsible for the development of palliative care within the Ministry of Health nor dedicated person. |



EU Bulgaria

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div> | There are no regular congresses held on the subject; the most recent ones, such as those in 2013 and 2017, are considered outdated. |
| Ind7:1 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. | <div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject</div> | Limited evidence is available. |
| Ind7:2 Inclusion of PC topics in national research calls. | | No evidence found. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>754</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div>COUNTRY VS REGION</div> <div><div><div></div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div></div><div>BULGARIA</div><div>754</div></div><div><div></div><div>6</div></div><div><div></div><div>19773</div></div><div><div></div><div>MINIMUM CONSUMPTION IN THE REGION</div></div><div><div></div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> | <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> |


EU Bulgaria

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div>3</div><div></div></div> | <div>Under current legislation, every hospital department is required to maintain a certain stock of pain relief medications, including NSAIDs and opioids, for use in emergency situations. Opioid analgesics are provided free of charge and can be prescribed without dosage restrictions for a period of 30 days to patients with oncological diseases. However, for PC patients with other diagnoses, opioids are subject to payment, and access to these medications is hindered by specific regulatory requirements for pharmacies handling opioids. These regulations create reluctance among pharmacies to work with opioid analgesics due to concerns over security and surveillance protocols, significant investments with no financial return, fears of break-ins by drug addicts, and the risk of administrative penalties.</div> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | <div>At present, only parenteral morphine is available for pain management. For oral formulations, the country provides fast-acting oxycodone, modified-release oxycodone, and the oxycodone/naloxone combination.</div> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div>2</div><div></div><div></div></div> | <div>Parenteral and oral tramadol, parenteral morphine, fentanyl patches, sublingual fentanyl tablets, and both fast-acting and modified-release oxycodone are available in the country. However, hydromorphone is not registered, and due to technical reasons, there has been no import of buprenorphine patches since the beginning of 2024. Codeine is available only in combination tablets with paracetamol or metamizole, while dihydrocodeine (DHC) has not been imported into the country for several years. Buprenorphine tablets and methadone solution are licensed and used exclusively for substitution therapy. Opioid analgesics are provided free of charge and can be prescribed without dose restrictions for cancer patients. However, for palliative care patients with other diagnoses, opioids are subject to payment.</div> |

EU Bulgaria

| | | |
|--|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>0/6</p> <p>6/6</p> <p>0/10</p> <p>9/10</p> <p>1</p> <p>Yes</p> | <p></p> <p>The training of students in the field of Palliative Nurse Care is governed by the Instruction of the Ordinance on Uniform State Requirements (OUSR). The subject of Palliative Nurse Care is incorporated as a mandatory component in the curriculum of the 7.5.1 Nurse programme within the professional field 7.5 Health Care, as part of the Bachelor's degree in higher education under the Healthcare and Sports sector. The course consists of a total of 30 class hours, including 15 hours of lectures and 15 hours of practical exercises, and is studied during the sixth semester.</p> <p>The country has a full professor in palliative care, Associate Professor Nikolay Yordanov, MD, PhD; affiliated with the Medical University of Pleven, in the Department of Healthcare Management, Medical Ethics, and Information Technology.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>No evidence found.</p> |

EU Bulgaria

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Isolated provision: Exists but only in some geographic areas.</p> <p> In a growing number of private hospitals.</p> <p> Found in many parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> | <p>There are 25 services offering PC for cancer patients. PC for cancer patients remains uneven, uncoordinated, insufficient, and poorly integrated into the healthcare system. This is primarily due to limited public investment and low service capacity. A total of 25 hospitals in Bulgaria have signed contracts with the National Health Insurance Fund (NHIF) to provide PC for patients with oncological diseases (MoH, 2021a). This provision is mandatory within the services offered by comprehensive oncology centres, of which there are 11 across the country. Recent amendments to the national framework agreement with the NHIF have made funding for PC for cancer patients more attractive, with the expectation that this will encourage more hospitals to provide these services. While hospices for terminal care exist in nearly every regional centre, they are categorized rather as social institutions. Among the 28 administrative districts in Bulgaria, 10 lack any hospice services, and nine have only one hospice per district. Of the remaining 9 districts, only Sofia and Varna have over three hospices.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>BULGARIA</p> <p>0.38</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>25</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p> PPC TEAMS</p> | <p>There are no dedicated specialised services for pediatric palliative care. Children with oncological diseases receive treatment in specialised hospital facilities within university hospitals, where palliative care is also provided for pediatric patients. Specialised pediatric oncology care, including palliative services, is available at university hospitals in major cities such as Sofia, Varna, Plovdiv, Stara Zagora, and Pleven. Additionally, pediatric oncohematology clinics, which also offer palliative care, are present at each of the seven medical universities in Bulgaria.</p> |



General data

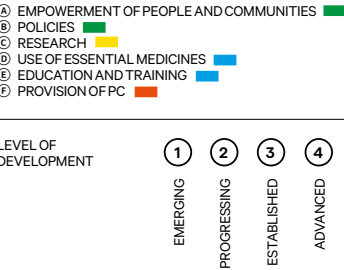
POPULATION, 2023
3,859,686
PHYSICIANS / 1,000 INH, 2021
3.61

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
21,865.46
HEALTH EXPENDITURE (% GDP), 2021
8.09
UNIVERSAL HEALTH COVERAGE, 2021
80



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



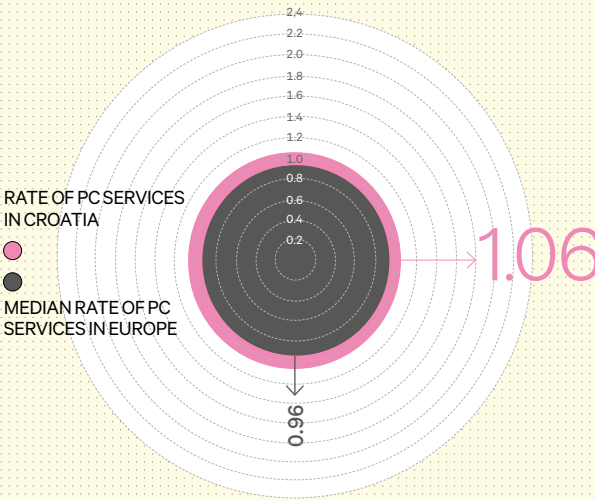
Consultants: Katija Culav; Julijana Franić; Sinisa Franjic; Karmen Lončarek; Vlasta Vučević; and Ela Pejić.
National Association: Croatian Society for Palliative Medicine.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Croatia

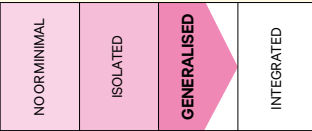
F Provision of PC (Specialised Services)

Total number of Specialised PC services
41
Rate of PC services per 100,000 inhabitants
1.06

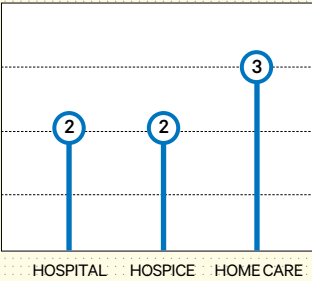
Croatia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2
TOTAL NUMBER
2

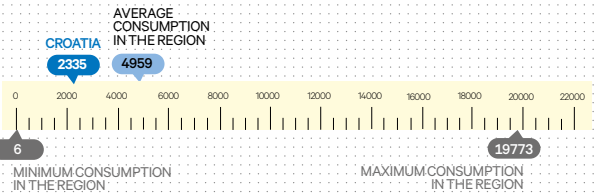


Croatia

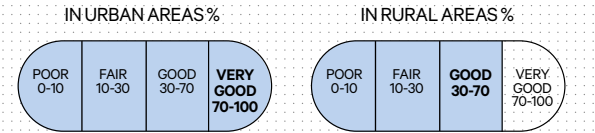
D Use of essential medicines

Opioids consumption (excluding methadone)
2,335
S-DDD/MILL INHABITANTS/DAY

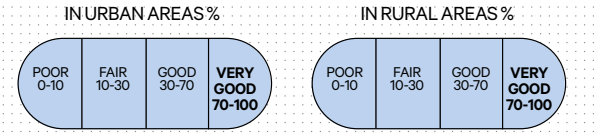
Croatia in the context of European region



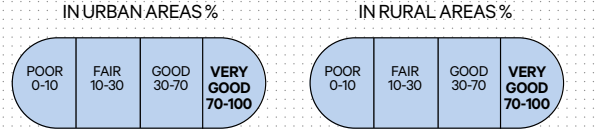
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1
Existence of PC congresses or scientific meetings
4
Inclusion of PC topics in National Research Calls
3

E Education & Training

Medical schools with mandatory PC teaching
2/5

Nursing schools with mandatory PC teaching
8/10

PC Full Professors
3

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2





Responsible authority for PC in the Ministry of Health
2

Inclusion of PC in the basic health package at the primary care level
4





A Empowerment of people and communities

Groups promoting the rights of PC patients
4
Advanced care planning-related policies
1

EU Croatia

| | | |
|---|---|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  4 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | Several societies have a strong presence and promote the rights of patients with palliative care needs in Croatia: 1) the Croatian Society for Palliative Medicine CrSPM (since 1994 named Croatian Society for Hospice and Palliative Care) within the Croatian Medical Association; 2) the Croatian Society of Palliative Care Nurses 3) La Verna- Volunteer palliative care (since 2009), a well-organized association that offers volunteers, a counseling centre, bereavement support, a medical aid lending facility, and public initiatives; 3) The Pula Cancer League, a well-organized volunteer team since 2005 that in 2011 established a regional professional palliative care team before adopting the national programme; and 4) Krijesnica - Association for helping children and families facing malignant diseases. In sum, several associations in Croatia directly or indirectly support patients with palliative care needs or have organized medical aid lending centres. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  1 There is no national policy or guideline on advance care planning. | In the National Programme for the Development of Palliative Care in the Republic of Croatia, 2017 – 2020, there is no information about surrogate decision-makers, living wills, or advanced care planning. A new programme is being developed. Some codes of practice focus on the rights of dying patients, while other laws cover surrogate decision-makers for unconscious patients, children, and individuals who have lost their legal capacity. Ultimately, the responsibility for decisions lies with the physicians who care for the patient. In these situations, the role of the palliative care physician can be challenged. Often, the patient and their family may not be adequately informed and lack clearly defined priorities and wishes. |
| 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. |  2 Developed over 5 years ago.  3 There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | On October 18, 2017, the Government of the Republic of Croatia adopted the National programme for the development of palliative care in the Republic of Croatia 2017-2020. The independent national programme includes some standards and norms for developing palliative care in Croatia, however upgrading is needed for service provision and organisation of palliative care services at all levels. National programme 2020-2025 is not yet adopted. In the National Health Development Plan for the period from 2021 to 2027, there is no special section for palliative care, but it is stated that palliative care will become standard. The term palliative care is mentioned few times. The national strategic framework against cancer until 2030 has a chapter on palliative care in which the issue is well presented. That document was adopted in the Croatian Parliament (national legislative body) in 2020, to date little has been achieved. There are not any articles or in the Health Care Act addressing palliative care. |

EU Croatia

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  2 The indicators to monitor and evaluate progress exist but have not been yet implemented. | The national strategic framework against cancer until 2030 has a chapter on palliative care in which the issue is well presented, and, furthermore, indicators were given in the programme from 2017, but never evaluated (see the indicators in the table from the page 26 on the National programme for the development of palliative care in the Republic of Croatia 2017-2020). |
| 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. |  4 Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care is a part of health care in the Republic of Croatia. The list of health services at the primary level, including palliative care can be seen here: https://hzzo.hr/zdravstvena-zastita/zdravstvena-zastita-pokrivena-obveznim-zdravstvenim-osiguranjem/ugovoreni . The Health care Law (Zakon o zdravstvenoj zaštiti) guarantees the free palliative care. |
| 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. |  1 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  1 Does not have concrete functions or resources (budget, staff, etc.) | Since palliative care is part of primary health care, the person responsible for palliative care in the Ministry of Health would be head of the department (sector) for primary health care. However, this person is not involved in the coordination, monitoring and evaluation and implementation of national strategy. There is Committee for Palliative Care at the Ministry of Health, but it has no authority in making decisions of the Ministry. At the national level, one employee (MD) is responsible for overseeing palliative care, among other duties. Monitoring is conducted based on achieved results, such as the number of teams, coordinators, and palliative care beds available. Evaluation is difficult due to poor data collection such as the number of patients involved in palliative care, the stage at which they are involved, the stakeholders involved in care, the length of care, interventions, etc. |

EU Croatia

| | | |
|---|--|---|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div> | <div>In 2015, an independent Association of Nurses for Hospice and PC was founded. In the same year, a Symposium on PC was held in Slavonski Brod, and another one in Zadar on <i>Specifics of Palliative Care in Dalmatia: Coast, Hinterland and Islands</i>. From 2018 to 2022, three Conferences on PC with international participation were held in Pula and Poreč. In the same period, several symposiums took place in the city of Vukovar. Another conference with International Participation entitled <i>Ten Years of Organized Palliative Care in Croatia-Experiences and Development Perspectives</i> was held in Split from 3 to 5 November 2023 and the 3rd Croatian Congress on Palliative Care with International Participation was held in Osijek from 24 to 26 October 2024.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div></div><div>2</div><div></div><div></div></div><div>Reflects a limited number of articles published.</div></div> | <div>Some articles were found for the period 2018-2023 as well as a chapter book entitled <i>Palliative and Hospice Care in the Republic of Croatia: An Overview and Personal Experience</i>.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</div></div> | <div>There are initiatives such as 1) the Project Website- University of Zagreb School of Medicine project HRZZ: Val-de-end, researching decision-making in intensive care units; 2) projects funded by the Swiss Confederation; 3) the SELFIE project, an EU project of 2020; and 4) Interreg Slovenia-Croatia EU project PALI- CARE project 2024-2026, to strengthen professionals' capacity and to establish cross-border cooperation.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | | <div><div><div>2,335</div><div>S-DDD PER MILLION INHAB / DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div></div> <div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>CROATIA</div><div>2335</div><div>4959</div></div><div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div></div><div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> |


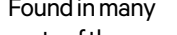

EU Croatia

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div>3</div><div></div></div> | Most of the mentioned medications are available on the basic list of medications that can be prescribed by selected general practitioners. Access to these medications is equal for all patients, regardless of whether they live in urban or rural areas. Pharmacies are also available in all regions of the Republic of Croatia, as are general practitioners. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Morphine and other supportive therapies are readily available through wholesale drug suppliers at all primary healthcare institutions in Croatia. The procurement of medications is based on individual consumption as prescribed by doctors, with most institutions stocking morphine in various forms (transdermal, injectable, and oral). Medication availability is consistent across urban and rural areas, but access may vary depending on the availability of healthcare services. In less developed parts of Croatia, there are fewer healthcare professionals across all primary healthcare services, including family doctors and specialist palliative care providers. This disparity can affect patients' access to both medications and comprehensive palliative care services. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | A wide range of opioids is generally available throughout Croatia in diverse formulations, including transdermal patches, injectable solutions, oral liquids, and both slow-release and immediate-release tablets. The primary factor affecting access to these medications is not their availability but rather the distribution of healthcare services within the public health network. |

EU Croatia

| | | |
|--|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/ regulations concerning PC education</p> | <p>2/5</p> <p>1/5</p> <p>8/10</p> <p>2/10</p> <p>3</p> <p>Yes</p> | <p></p> <p>Mandatory palliative care is taught at two universities: the University of Zagreb, Faculty of Medicine; and the University of Split, Faculty of Medicine. Furthermore, one medical faculty have contents (lectures, seminars, exercises) about palliative care integrated within different subjects (colleges) like Clinical Oncology, Family medicine and Ethical problems in intensive medicine. Regarding nursing education, 8 out of 10 nursing schools have palliative care as a compulsory subject in undergraduate curricula (2/10 as optional subject): the Faculty of Dental Medicine and Healthcare, University Undergraduate Study of Nursing, Osijek - Palliative care, the University of Rijeka, Faculty of Health Studies, the Polytechnic in Bjelovar, the University Sjever, the University of Zadar, the Polytechnic in Zagreb, Part-time Undergraduate Study of Nursing, the University of Dubrovnik, Professional Undergraduate Study of Nursing, and the University of Split, University Department of Health Studies. The University of Pula.</p> <p>Healthcare professionals working in palliative care in Croatia are legally required to complete a first-category continuing medical education course titled <i>Basics of Palliative Care</i>. This postgraduate course is mandatory for healthcare providers seeking to contract palliative care services with the state health insurance fund. Completion of this training ensures that professionals have the necessary foundational knowledge to provide quality palliative care services. Educational programmes are not defined for the basic and advanced levels and clinical practice is not defined; education is possible in Zagreb, Rijeka, Pula and Osijek.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>There is no specialisation in palliative medicine for physicians.</p> |

EU Croatia

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>There are 41 specialised palliative care services, representing a ratio of 1,06 per 100000 inhabitants. The Croatian Health Insurance Fund finances 41 specialised mobile palliative care teams, provided by the following parts: 1. Network of Coordinators and MPT at PZZ: 49 coordinators (in nearly all 21 counties) and 46 MPTs were contracted. 2. Bed Network in Stationary Health centres: a total of 130 planned, and 89 contracted with HZZO (Croatian Health Insurance). 3. SH psychiatric ward - contracted 16 beds + Strmac15=31. 4. hospitals for prolonged treatment, added palliative departments including 139 beds. 5. General hospital contracted 117 beds. Together in SH, PH, and GH planned 363 beds, realized 138. 6. At the tertiary level, there is 1 institute in KBC Rijeka, but without beds and 1 palliative unit at the KBC Zagreb Oncology Clinic. 7. Hospice in Rijeka, opened in 2013. 8. Hospice in Split, opened in 2022. 9. Hospice in Pula (in process). 10. Three Specialised hospitals for palliative care: Sveti Rafael, Varaždin Hospital, and the Dr. Ivan Barbot Popovača hospital.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>CROATIA</p> <p>1.06</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>41</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Not at all.</p> <p>2</p> <p>PPC TEAMS</p> | <p>Palliative care for children is performed by specialists through day hospitals and individual beds on wards and in cooperation with mobile palliative teams in the primary care. Split was the first city in Croatia to have specialised mobile pediatric palliative care team at the Health Centre of Split- Dalmatia County. Some other non-specialised resources include: Clinical Hospital Centre Rijeka, Rijeka; Pediatric Clinic in Zagreb, Special hospital for chronic childhood diseases - Hospital Bistra.</p> |



General data

POPULATION, 2023
1,344,976
PHYSICIANS / 1,000 INH, 2021
3.55

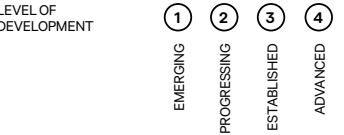
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
36,551
HEALTH EXPENDITURE (% GDP), 2021
9.42
UNIVERSAL HEALTH COVERAGE, 2021
81



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



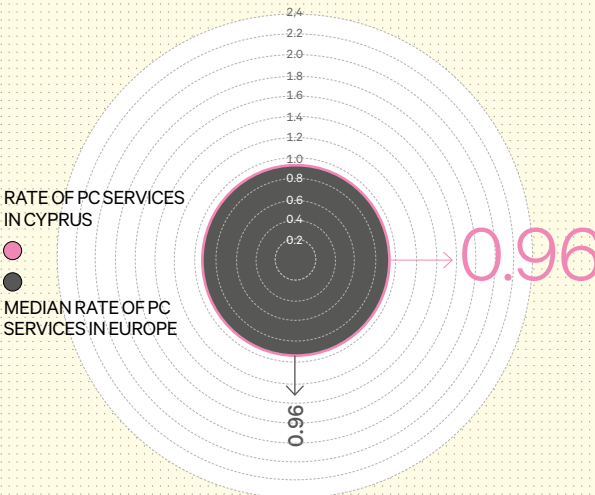
Consultants: Sophia Nestoros and Kyriakos Stylianides.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes (Sophia Nestoros).
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Cyprus

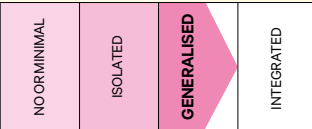
F Provision of PC (Specialised Services)

Total number of Specialised PC services
13
Rate of PC services per 100,000 inhabitants
0.96

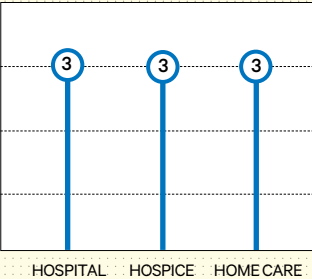
Cyprus in the context of European region



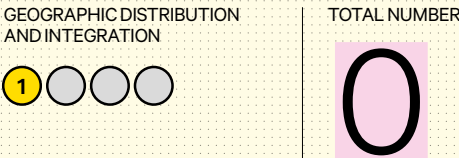
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

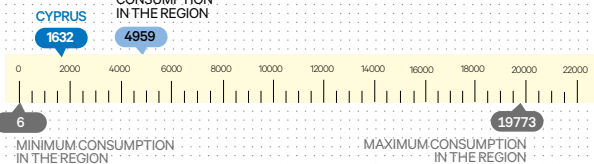


Cyprus

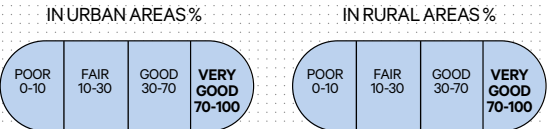
D Use of essential medicines

Opioids consumption (excluding methadone)
1,632
S-DDD/MILL INHABITANTS/DAY

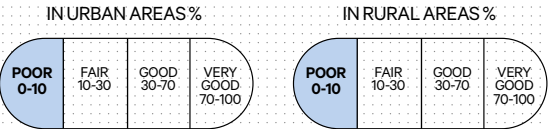
Cyprus in the context of European region



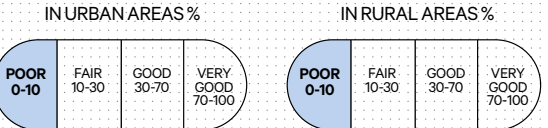
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
1

Existence of PC congresses or scientific meetings
3

E Education & Training

Medical schools with mandatory PC teaching
1/3

Nursing schools with mandatory PC teaching
1/4

PC Full Professors
1

Recognition of PC specialty
2

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
2




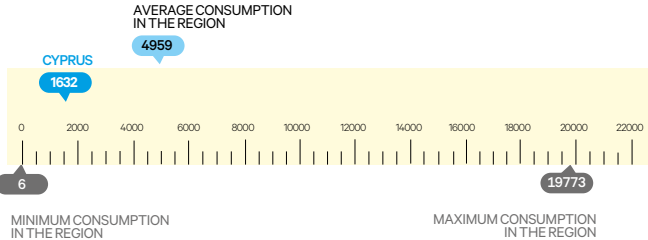
A Empowerment of people and communities







Groups promoting the rights of PC patients
3

Advanced care planning-related policies
1



| | | |
|---|--|---|
| 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/programme areas. | There are two organisations: PASKYAF (https://pasykaf.org/en/supportive-home-palliative-care/), and the Cyprus Anti-cancer Society (https://www.anticancersociety.org.cy/en/palliative-care-centres). |
| 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. | No legislation for palliative care end of life care and advance care planning. Cyprus is still in the process of establishing legislation for palliative care. |
| 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. |  Not known or does not exist.  A national palliative care plan is in preparation. | Legislation for palliative care is in the process and has to go through the parliament. Palliative care is offered through non-governmental organisations, and it is only for adults. After legislation goes through parliament, there will be a strategy for implementation. |

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Decree or law to include palliative care in the list of health services provided at the primary care level in preparation. | There is some support by the government for their non-governmental organisations that offer palliative care, but not fully supported. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is no authority defined nor concrete functions or resources (budget, staff, etc.); however, this is expected to be defined together with legislation. |

| | | |
|--|---|--|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p> 3</p> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p> | <p>Every two years, there is a national conference for 2-3 days and one of the sessions is dedicated on palliative care. Recently we had on the 28-29 of October, the conference: Making progress in Cancer CARE, at the first day we had a workshop and a session in palliative care.</p> |
| <p>Ind7:1</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> 1</p> <p>Minimal or non-existent number of articles published on the subject.</p> | |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p> 1</p> <p>There are no national research calls at all.</p> | <p>No evidence found.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>1,632</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p>  <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> | |

| | | |
|--|---|---|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p> 4</p> <p> 4</p> | <p>Cyprus General Health System, at the present time, provides all the medication for pain management and palliative care.</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p> 1</p> <p> 1</p> | <p>There is no general availability of immediate-release oral morphine, at the primary level, availability only in Hospitals and oncology centres. Very few private pharmacies in the country have very short amount of stock, and it is available with a doctor's prescription and the patients should pay for it.</p> |
| <p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p> 1</p> <p> 1</p> | <p>No availability of different opioids and in different formulations at the primary level. Very few private pharmacies provide these formulations and the patients need a medical prescription and they should pay.</p> |

EU Cyprus

| | | |
|--|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>1/3</p> <p>0/3</p> <p>1/4</p> <p>1/4</p> <p>1</p> <p>No</p> | <p></p> <p>Both the medical and the nursing schools they have compulsory training in palliative care, a few hours and clinical visits at the hospice, oncology centres, hospice at home-visits. Additionally, there is one full professor.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>The Cyprus Medical Council, recognises the clinical experience of physicians working in the field of palliative care for more than two years. They give a certificate to doctors with this recognition as doctors with 'special interest in palliative care'. This certificate is approved for doctors to work and approved from the GENERAL national health system of the country- GESY.</p> |

EU Cyprus

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>Palliative care services are provided only for cancer patients. Two NGOs organisations, The Cyprus Anticancer Society (5 home care teams), and The PASYKAF (5 home care teams) provide home care services and hospice care (inpatient services). They operate in all districts. There are three hospices from the two NGOs providing palliative care at home and at the hospice: ARODAFNOUSA in Nicosia, run by the Cyprus Anticancer Society, with 25 beds, since 1976; and EDEN in Larnaca, since 2022, with 12 beds and run by PASYKAF (like St. Michael hospice, 9 beds, Pafos).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>CYPRUS</p> <p>0.96</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>13</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>The two existing NGOs provide palliative care services only for adult cancer patients.</p> |



General data

POPULATION, 2023
10,864,042

PHYSICIANS / 1,000 INH, 2021
4.25

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
31,591

HEALTH EXPENDITURE (% GDP), 2021
9.48

UNIVERSAL HEALTH COVERAGE, 2021
84



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



Consultants: Ondrej Slama; Ondrej Kopecky; Martin Loucka and Lenka Vanova.

National Association: Czech Society for Palliative Medicine.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Czech Republic

F Provision of PC (Specialised Services)

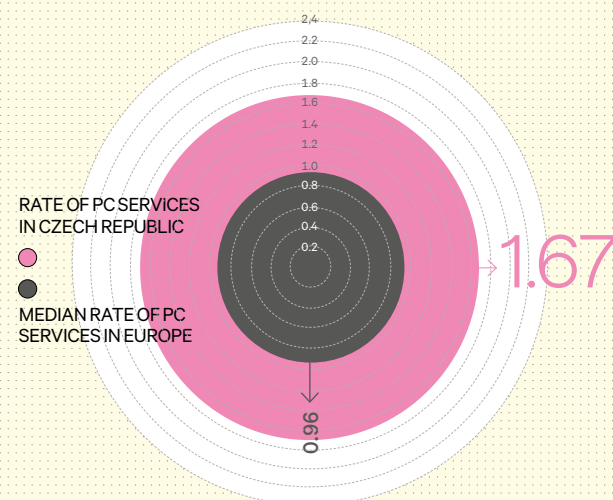
Total number of Specialised PC services

182

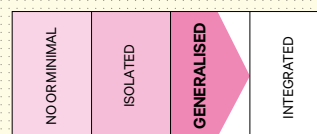
Rate of PC services per 100,000 inhabitants

1.67

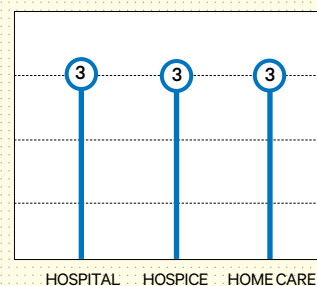
Czech Republic in the context of European region



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

13



Czech Republic

D Use of essential medicines

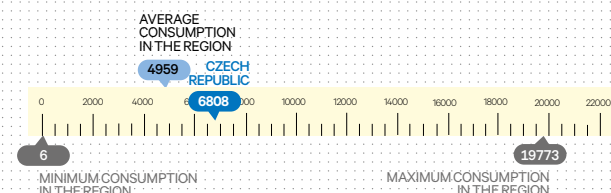


Opioids consumption (excluding methadone)

6,808

S-DDD/MILL INHABITANTS/DAY

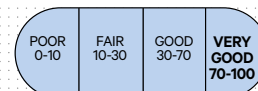
Czech Republic in the context of European region



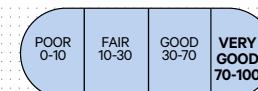
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

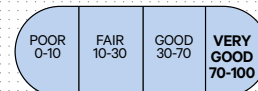


IN RURAL AREAS %

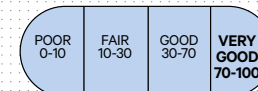


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

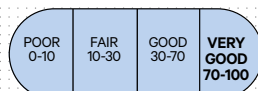


IN RURAL AREAS %

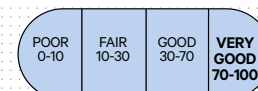


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



7/8

Nursing schools with mandatory PC teaching



7/14

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities






Groups promoting the rights of PC patients







Advanced care planning-related policies




EU Czech Republic

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p> | <p>In the Czech Republic, the Czech Society of Palliative Medicine (CSPM) acts as a guarantor of expertise in palliative care for the medical and non-medical professions. The Mobile Hospice Forum is an umbrella organisation advocating the interests of home hospices. The Hospice and Palliative Care Association represents and advocates for the interests of inpatient hospices. Furthermore, several foundations systematically support the development of palliative care in the Czech Republic. An ongoing project of the Ministry of Health, in cooperation with CSPM and other actors, aims to define a strategy for the development of palliative care in the Czech Republic by 2040. Another relevant group is the Centre for Palliative Care, established in 2014.</p> |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  <p>There is/are national policies or guidelines on surrogate decision-makers.</p> | <p>Several national policies for surrogate decision making exist: a) Guiding statement of the Czech Medical Chamber on decision-making on limitation of care for patients in intensive care settings (2011) (outdated, does not respect patient autonomy, giving broad powers to the medical team); b) Conception of Care for Children and Adolescents with Serious Life-Limiting and Life-Threatening Diagnoses and their Families (2021) (strategic document by the CSPM and 20 other medical professional societies for the development of paediatric PC); c) Consensus recommendations for the care of terminal patients in emergency medicine settings (joint statement by the CSPM and the Czech Society of Emergency Medicine) (2022); and d) Opinion of the Section of Paediatric Palliative Medicine of the Czech Paediatric Society of the Czech Society of Paediatrics on palliative sedation (2024).</p> |
| 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. |  <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 included within the National Cancer Plan 2030, under specific objective 2.2 'Ensure the availability of all forms of palliative care'. Amongst sub-objectives: 2.2.1: Establishment of the National Strategy for Palliative and End-of-Life Care MoH, MoLSA, regions, relevant societies of the CzMA JEP, providers of health and social services, health insurance companies, patient organisations, NGOs. The development of palliative care is described in considerable detail in the National Cancer Care Plan 2030. It contains indicators and a framework timeline for the implementation of specific steps. However, it applies exclusively to cancer patients, which is a significant limitation. As of 2024, the Ministry of Health is in the process of preparing a National Strategy for the Development of Palliative Care by 2040 and there are indicators in the national plan to monitor and evaluate progress, with measurable targets Level 2. In its chapter on palliative care, the National Cancer Care Plan</p> |







EU Czech Republic

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  <p>The indicators to monitor and evaluate progress exist but have not been yet implemented.</p> | <p>defines the capacity and availability of specific palliative care services in Cancer centres (e.g. palliative medicine outpatient clinics, palliative care concierge teams in hospitals, etc.). However, there are no precise deadlines by which the network of facilities should be operational.</p> |
| 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. |  <p>Included in the essential list of services recognised by a government decree or law but not in the General Health Law.</p> | <p>Palliative care is a component of medical and nursing services covered by public health insurance in the Czech Republic. Specific forms of specialised palliative care, including inpatient hospices, home hospice services, palliative medicine outpatient clinics, and palliative care consultation teams, are subject to legal regulations. These regulations stipulate minimum staffing requirements and technical equipment standards. The services provided by these palliative care specialists are covered under the national health insurance scheme, ensuring accessibility for patients in need.</p> |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? |  <p>There is no authority defined.</p> | <p>While there is no specific department for palliative care, at the Ministry of Health, palliative care topics are dealt with by the General Department of Health Care and there has been a long standing and good working relationship between the ministry of health and Czech Society for Palliative Medicine. Reimbursement for palliative care in the Czech Republic is defined each year in the so-called government reimbursement decree, which defines the method and amount of reimbursement for individual forms of palliative care. At the regional level, palliative care working groups with representatives of the state administration, experts and providers have been set up in some of the Czech Republic's regions (14 administrative units, each with a population of 0.5-1.5 million) to systematically develop palliative care at the regional level and to build a network of providers.</p> |
| 5.2. The national authority has concrete functions, budget and staff. |  <p>Does not have concrete functions or resources (budget, staff, etc.)</p> | |

EU Czech Republic


| | | |
|---|--|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance. | For the past 15 years, the Czech Society of Palliative Medicine has organized an annual National Palliative Medicine Conference. This two-day multidisciplinary professional event attracts approximately 700 attendees from various healthcare disciplines. Additionally, for the last decade, a National Multidisciplinary Conference on Pediatric Palliative Care has been held annually. These conferences serve as crucial platforms for knowledge exchange, professional development, and networking in the field of palliative care. |
| Ind7.1 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. |  Represents a considerable amount of articles published. | Over the last five years, over 50 articles with participation of Czech authors on palliative and end-of-life care have been published in international peer-reviewed journals. Since 2021, the peer-reviewed journal <i>Paliativní medicína</i> has been published regularly four times a year and, furthermore, the centre for palliative care has a list of published papers on prognosis, patient's autonomy, etcetera. |
| Ind7.2 Inclusion of PC topics in national research calls. |  They do exist national research calls that do include palliative care topics (either scarce or more frequent). | One of the key national research agencies, the Czech Health Research Council, has a specific PC related subtopic in their main annual research grant scheme, including three key areas: effective organisation of health care services for patients in PC; competencies of healthcare professionals in communication and ethics; and innovations in symptom management in PC. These have been used to fund several research projects in the last 10 years on topics such as early integration, end-of-life decision-making in hospitals, patient communication; etcetera. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. |  S-DDD PER MILLION INHAB / DAY | Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022. COUNTRY VS REGION  AVERAGE CONSUMPTION IN THE REGION: 4959 CZECH REPUBLIC: 6808 MINIMUM CONSUMPTION IN THE REGION: 6 MAXIMUM CONSUMPTION IN THE REGION: 19773 |

EU Czech Republic

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The Czech Republic boasts excellent availability of both weak and strong opioids. All licensed physicians, regardless of their specialty, are authorized to prescribe a wide range of opioid medications. This includes weak opioids such as codeine and tramadol, as well as strong opioids like morphine, oxycodone, hydromorphone, fentanyl transdermal patches, and buprenorphine transdermal systems. Notably, over 90% of the cost of these medications is covered by health insurance, ensuring broad access for patients requiring pain management and palliative care. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Immediate-release (IR) morphine is readily available in the Czech Republic in various formulations, including tablets and oral drops for oral administration, as well as ampoules for parenteral use. The accessibility of oral dosage forms is excellent. While parenteral morphine is also widely available, its storage and dispensing are subject to certain administrative requirements, which may discourage some physicians from utilizing it. A subset of general practitioners and outpatient specialists exhibit reluctance in prescribing morphine IR, stemming from unfounded concerns about addiction and misuse, or simply due to insufficient training in its practical application. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | The availability of weak and strong opioids is very good in the Czech Republic. Doctors of all specialties are authorized to prescribe weak opioids (codeine, tramadol) and strong opioids (morphine, oxycodone, hydromorphone, fentanyl TDS and buprenorphine TTS) and these drugs are more than 90% covered by health insurance. The prescription of methadone and tapentadol is restricted to certain medical specialties (including palliative medicine). |

EU

Czech Republic

| | | |
|--|---|---|
| <div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div><div>11.5. PC Full Professors</div><div>11.6. Legislation/regulations concerning PC education</div></div> | <div>7/8</div> <div>8/8</div> <div>7/14</div> <div>N/A</div> <div>0</div> <div>N/A</div> | <div></div> <div>Palliative care education in the Czech Republic is well-integrated into medical and nursing curricula. Seven out of eight medical schools include a compulsory undergraduate course in Palliative Care/Medicine, ranging from 12-25 hours. This includes all five Charles University medical faculties, Masaryk University in Brno, and the University of Ostrava (starting 2025/2026). Palacky University in Olomouc integrates palliative care modules within other compulsory subjects. Additionally, several medical schools offer optional palliative care courses. Nursing education in palliative care is provided at both secondary and tertiary levels, with approximately half of the institutions offering training. University-level programmes typically include some compulsory palliative care education. While there is no full professor in palliative medicine, the First Medical School at Charles University in Prague has a Department of Palliative Medicine led by an Associate Professor. The Czech Society for Palliative Medicine has recently developed a competency-based profile for undergraduate medical programmes in palliative care, in collaboration with seven of the eight medical schools in the country.</div> |
| <div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div> | <div><div><div><div></div><div></div><div></div><div>4</div></div></div><div>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</div></div> | <div>Palliative medicine is recognised by law as a subspecialty for physicians and its required training lasts twelve months.</div> |

EU

Czech Republic

| | | |
|---|--|---|
| <div>Ind13</div> <div><div>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.</div><div>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.</div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div>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.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div> | <div><div><div><div></div><div></div><div>3</div><div></div></div></div><div>Generalised provision: Exists in many parts of the country but with some gaps.</div></div> <div><div><div><div></div><div></div><div>3</div><div></div></div></div><div>In a growing number of private hospitals.</div></div> <div><div><div><div></div><div></div><div>3</div><div></div></div></div><div>Found in many parts of the country.</div></div> <div><div><div><div></div><div></div><div>3</div><div></div></div></div><div>Found in many parts of the country.</div></div> | <div>There are 182 specialised services, representing 1,67 services per 100,000 inhabitants. Of those, 117 services are in hospitals (5 inpatient units of palliative care in hospitals (“hospice in hospital”), 73 outpatient clinics and 39 specialist palliative care consultation teams); 18 inpatient hospices; and 49 home services, most of which are organized within Forum mobilních hospiců, an umbrella organisation for community hospice care.</div> <div><div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>MEDIAN RATE IN THE REGION</div><div>0.96</div></div><div><div>CZECH REPUBLIC</div><div>1.67</div></div><div><div>MINIMUM RATE IN THE REGION</div><div>0</div></div><div><div>MAXIMUM RATE IN THE REGION</div><div>3.68</div></div></div></div><div><div>182</div><div>← SPECIALISED PALLIATIVE CARE SERVICES</div></div></div> |
| <div>Ind14</div> <div><div>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.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div> | <div><div><div><div></div><div></div><div>2</div><div></div></div></div><div>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</div></div> <div><div>13</div><div>PPC TEAMS</div></div> | <div>The Czech Republic has established a pediatric palliative care infrastructure. This includes four hospital-based specialist palliative care teams, some of which care to both adult and pediatric populations. Additionally, there is one dedicated inpatient hospice facility for children and, complementing these services, there are eight mobile specialised palliative care teams, also known as home hospices, which possess medical and nursing expertise specifically in pediatric palliative care.</div> |



General data

POPULATION, 2023

5,946,952

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

68,453

HEALTH EXPENDITURE (% GDP), 2021

10.82

UNIVERSAL HEALTH COVERAGE, 2021

82



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑦ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Mette Asbjørn Neergaard; Heidi Bergenholtz; Thomas Gorlen; Lene Jarlbæk; Ann Dorthe Olsen Zwisler; Emma Helledie; Ane Bonnerup Vind; Mogens Groenvold and Mette Raunkjær.

National Association: Danish Association for Palliative Medicine (DSPaM).

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Denmark

F Provision of PC (Specialised Services)

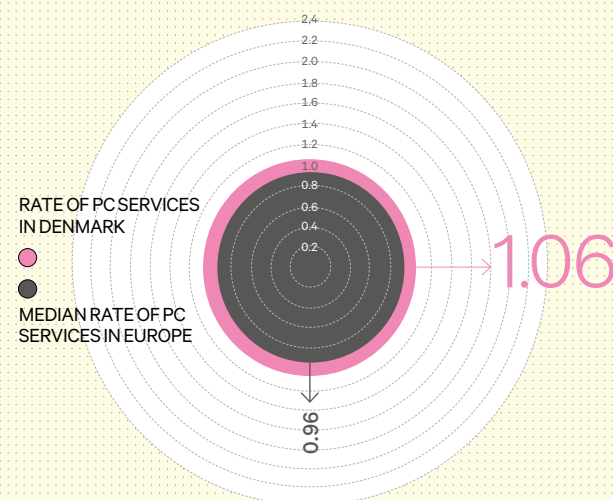
Total number of Specialised PC services

63

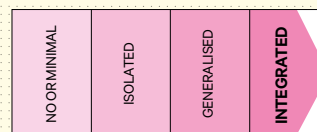
Rate of PC services per 100,000 inhabitants

1.06

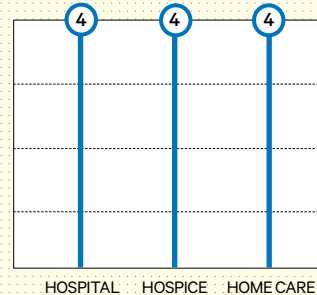
Denmark in the context of European region



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

7



Denmark

D Use of essential medicines

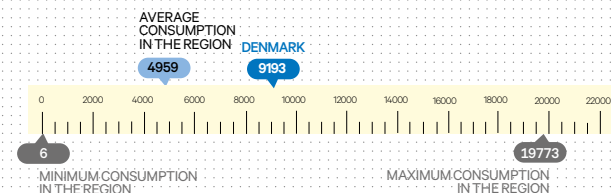


Opioids consumption (excluding methadone)

9,193

S-DDD/MILL INHABITANTS/DAY

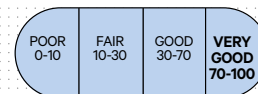
Denmark in the context of European region



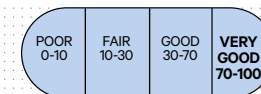
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

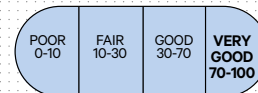


IN RURAL AREAS %

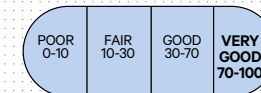


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

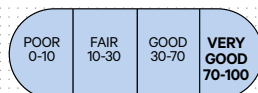


IN RURAL AREAS %

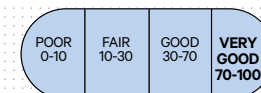


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



0/4

Nursing schools with mandatory PC teaching



0/24

PC Full Professors



6

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Denmark

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | <p>In Denmark, there are a number of groups dedicated to promoting the rights of patients in need of palliative care such as REHPA, the National Knowledge Centre for Rehabilitation and Palliative Care; the Danish Cancer Society, The patient society for Heart Diseases, Hospice Forum Denmark: Forside - Hospice Forum Link, Danish Society for Palliative Medicine, Professional Society for Palliative Care Nurses, The Society of Hospice Managers. Besides, several medical societies have made statements or guidelines on palliative care: Danish Society for General Practice, the Danish Multidisciplinary Cancer Groups - Palliation), the Danish Cardiology Society, Danish Society for Respiratory Medicine, Danish Society for Nephrology, Danish Society for Oncological and Palliative Physiotherapy, the Danish Paediatric Society. Denmark is home to some Patient organisations: The Cancer Society, The Lung association, The heart association.</p> |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | <p>Denmark has established guidelines for living wills and the use of life-sustaining treatment, but lacks a comprehensive national policy on ACP. Since January 2019, Danish citizens' right to create a 'living will' has been replaced by the right to complete a 'treatment will'. This legally binding document addresses three scenarios: 1st) When the patient is dying, 2nd) When the patient is so weakened by disease that recovery to self-sufficiency is impossible, and 3rd) When treatment would result in survival, but the doctor believes the consequences of the disease or treatment would cause severe suffering. The 'treatment will' is managed by the Danish Health Data Authority. While discussions about ACP are ongoing in medical and ethical circles, Denmark has yet to establish a national guideline.</p> |
| 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. |  Developed over 5 years ago.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | <p>A stand-alone national programme "Recommendations for palliative care", was published in 2017. Part of it was audited in 2020 by the National Audit Office of Denmark concerning the specialised level (not the generalist). In 2018, The Danish Board of Health published a 'Programme for Rehabilitation and Palliative Care in Cancer' in 2018 (<i>Forløbsprogramme for rehabilitering og palliation i forbindelse med kræft</i>) and, in 2020, the 5 Danish Regions (these administer the secondary sector and collaborate with the 96 municipalities administering the primary health care sector) published a position paper for development of palliative care, <i>Positionspapir for udvikling af den palliative indsats</i>. Furthermore, and, although is not a palliative care plan as such, the "Fifth National Cancer Plan" developed in 2025 presents palliative care objectives. Furthermore, Denmark has a general Health Care Law (Sundhedsloven), where access to treatment and care is in a section regarding 'terminal</p> |

EU Denmark

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | <p>treatment'. Legislation in relation to palliative care and end-of-life care lies in the 'Law for Health Care and in the 'Law for Social Services'. Regarding the existence of indicators, the 'Danish Palliative Database' receives reports from the specialised palliative care level in relation to patients referred to specialised palliative care. It measures the quality of specialised care, but not general palliative care.</p> |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | <p>The national health system has published <i>Recommendation for PC</i> in 2017 and <i>Course programme for Rehabilitation and PC</i> in 2018. However, the universal health care including primary health care is outsourced to the five Danish regions that each decide how to perform PC in the region.</p> |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? |  There is no authority defined. | <p>The Danish healthcare system lacks a dedicated unit or specific role exclusively focused on palliative care at the national level. Instead, the responsibility for overseeing palliative care services falls under the broader purview of the Minister of Health.</p> |
| 5.2. The national authority has concrete functions, budget and staff. |  Does not have concrete functions or resources (budget, staff, etc.) | |



EU Denmark

| | | |
|---|---|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.</p> | The Palliative Care Association holds yearly congresses and so does the Research Association for palliative care, that organise research meetings. There is also an annual one-day meeting for Danish Multidisciplinary Cancer Group for Palliative Care (DMCG-PAL). |
| Ind7.1 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. | <div><div></div><div></div><div></div><div>4</div></div> <p>Denotes an extensive number of articles published on this subject.</p> | A great number of scientific articles have been published. |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</p> | There have been some national research calls on palliative care, the latest from the National Board of Health for vulnerable citizens in palliative care and also one by the “Palliative Care Research Unit Bispebjerg Hospital. Different patients’ organisations fund research and the Danish Board of Health occasionally host national research calls. Furthermore, the Danish Cancer Society have several calls each year and nearly once a year a palliative-related topic is one of the topics in the call. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>9,193</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>DENMARK</div><div>9193</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div> | |






EU Denmark

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Availability of essential medicines for pain and palliative care in the country at the primary level is very good both at urban and rural areas. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Immediate-release oral morphine (liquid or tablet) is generally available at the primary level, independently of rural or urban contexts. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Availability of different opioids and in different formulations at the primary level is very good both at urban and rural areas. |

EU Denmark

| | | |
|--|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/ regulations concerning PC education</p> | <p>0/4</p> <p>4/4</p> <p>0/24</p> <p>24/24</p> <p>6</p> <p>No</p> | <p></p> <p>None of the four medical schools have compulsory teaching in palliative care, although all medical schools have some palliative care teaching. Generally, this teaching is limited under five hours of specific teaching in palliative care, and in addition teaching within other issues such as pain. There are six professors: 1) Mette Raunkiær (nurse), 2) Mette Asbjørn Neergaard (doctor), 3) Hanne Irene Jensen (nurse), 4) Mogens Grønvold (doctor), 5) Gina Kurita (nurse), and 6) Ann-Dorthe Zwisler (doctor). Despite the publication in 2018 of the “Recommendations for Palliative care”, by the Danish health authorities, where it was recommended that all health care professionals were taught palliative care, there is no legislation forcing universities to implement such suggestions.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>The specialist training <i>Fagområde-specialists</i> is accredited by Danish Society for Palliative Medicine, but the board of health states that “‘Fagområder’ cannot gain approval or authorization by the Danish health authorities”. This does not differ from other fields as there are no officially recognised sub-specialties in Denmark. Danish Physicians were able to specialise if they took The Nordic Specialist Course in Palliative Medicine or another certified course, and recently Denmark established an own course for becoming specialised with an official certification. The Danish Association of Palliative Medicine launched a diploma for area of competence in PC, not recognised by the health authorities.</p> |

EU Denmark

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>Denmark has 26 specialised palliative care teams for adults, 12 palliative care departments in hospitals, 19 hospices for adults, 5 palliative care teams for children - one in each of the five regions-, and two hospices for children. REHPA, The National Knowledge Centre for Rehabilitation and Palliative Care has made national mappings showing generalised and specialised palliative care: a) Mapping the generalist palliative care in hospitals (Kortlaegning-af-den-basale-palliative-indsats-paa-sygehuse-i-Danmark), b) Mapping the generalist palliative care in municipalities (Rehpa-kortlaegning-rapport), and c) Mapping the specialised palliative care in Denmark (Kortlaegning-af-den-specialiserede-palliative-indsats-i-DK-REHPA-rapport-2021).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 DENMARK 1.05</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68 MAXIMUM RATE IN THE REGION</p> <p>63 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>7 PPC TEAMS</p> | <p>There are seven paediatric palliative care units: two paediatric hospices (one in Seeland and one in Jutland), and one paediatric palliative care team in each of the five Danish regions.</p> |



General data

POPULATION, 2023

1,370,286

PHYSICIANS / 1,000 INH, 2021

3.43

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

30,133

HEALTH EXPENDITURE (% GDP), 2021

7.49

UNIVERSAL HEALTH COVERAGE, 2021

79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT



Consultants: Kadri Suija.

National Association: -

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: -

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Estonia

F Provision of PC (Specialised Services)

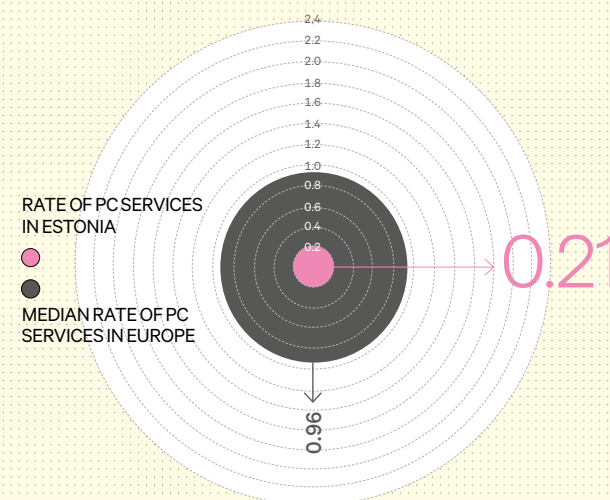
Total number of Specialised PC services

3

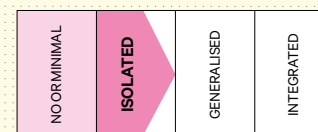
Rate of PC services per 100,000 inhabitants

0.21

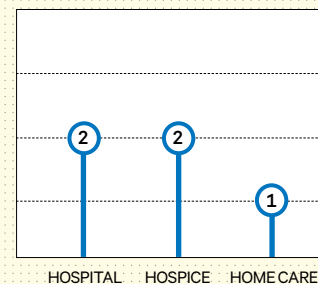
Estonia in the context of European region



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

0



Estonia

D Use of essential medicines

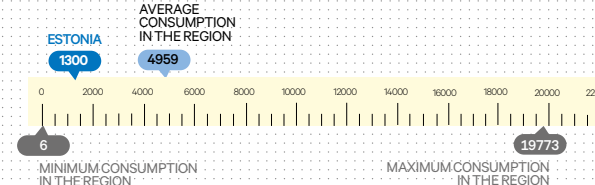


Opioids consumption (excluding methadone)

1,300

S-DDD/MILL INHABITANTS/DAY

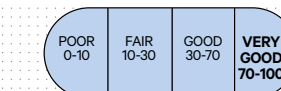
Estonia in the context of European region



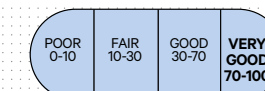
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

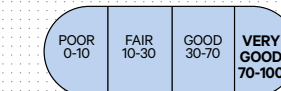


IN RURAL AREAS %

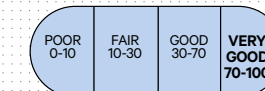


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

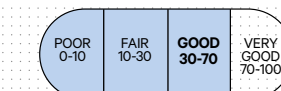


IN RURAL AREAS %

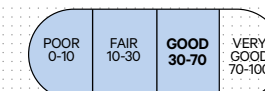


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



1/1

Nursing schools with mandatory PC teaching



0/2

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies






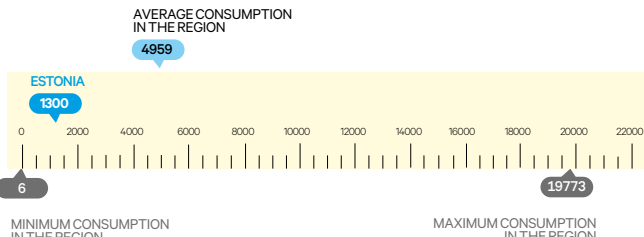
EU Estonia

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | There are some patient organisations (e.g. for cancer patients, for multiple sclerosis, parents of children suffering from cancer) which also include some palliative care activities. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | Living wills are legally available in Estonia through the palliative care guideline for health care professionals, which includes also end-of life care; and the living wills document. |
| 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. |  Not known or does not exist.  A national palliative care plan is in preparation. | <p>The Estonian Ministry of Social Affairs is currently in the process of developing a comprehensive national palliative care programme. While a standalone programme is not yet in place, palliative care is addressed within other national health strategies, notably the National Cancer Plan. This plan emphasises the importance of palliative care accessibility for cancer patients and advocates for healthcare providers to be equipped with palliative care knowledge and skills. The integration of palliative care into the National Cancer Plan 2021-2030 underscores its growing recognition as an essential component of comprehensive healthcare in Estonia. For more detailed information on how palliative care is incorporated into the national cancer strategy, interested parties can refer to the official document available.</p> |







EU Estonia

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | Palliative care is provided in health care but it is not mentioned in the law, neither there is a special service code for it and sickness fund does not cover it. The Z51.5 is not well documented in medical care. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions and staff, but do not have a budget. | There is no special unit of palliative care in the ministry but in the mental health development unit, one person also deals with palliative care (mostly pastoral care). |

EU Estonia

| | | |
|---|--|--|
| 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. | Each year there are several seminars/lectures about various palliative care topics, some only for physicians, others multidisciplinary. However, there are no scientific congresses specifically related to palliative care. |
| Ind7.1 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. | |
| Ind7.2 Inclusion of PC topics in national research calls. |  They do exist national research calls that do include palliative care topics (either scarce or more frequent). | There is one national research call about mental health targeting palliative care patients; the last call related to palliative care was in 2023. However, once a year the Estonian National Research Council launches general research calls that may include palliative care topics, either scarce or more frequent. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div> <div>1,300</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>ESTONIA: 1300</p> <p>AVERAGE CONSUMPTION IN THE REGION: 4959</p> <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 19773</p> | |

EU Estonia

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The availability of pain and PC medications are generally available, according to the report Statistical Yearbook of the State Agency of Medicines 2023 and the scientific article: Uuskula A, Raag M, Kurvits K, Laius O, Uuskula M, Oselin K. Trends in opioid prescribing in Estonia (2011-2017). Pharmacol Res Perspect. 2020 Apr;8(2):e00577. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | In Estonia, immediate-release morphine is available in the form of Sevredol tablets, offered in 10 mg and 20 mg strengths. The accessibility and affordability of this medication vary depending on the patient's diagnosis. For cancer patients (with diagnoses falling within the ICD-10 codes C00-D48), the medication is fully subsidised, with a 100% discount applied. This ensures that cancer patients can access this essential pain management medication without financial burden. The prescription of immediate-release morphine is not restricted to specialists; all licensed physicians are authorised to prescribe it, facilitating broader access to pain management. However, for patients with non-cancer diagnoses, the subsidy is reduced to 50%. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Estonia provides a comprehensive range of opioid medications for pain management. Morphine is available in immediate release (Sevredol 10, 20mg) and prolonged release (Vendal 30, 60mg) formulations, with a 100% discount for cancer patients and 50% for others. Fentanyl is offered as transdermal patches (12, 25, 50mcg/h) with full coverage for cancer patients only if morphine is unsuitable or insufficient, while non-cancer patients receive a 50% discount. Fentanyl buccal tablets (100, 200mcg) are fully covered for cancer patients when initiated by an oncologist, hematologist, or pain specialist, with others receiving a 50% discount. Oxycodone tablets (5, 10, 20, 40mg) are available with 100% coverage for cancer patients experiencing morphine side effects, and 50% coverage in all other cases. |

EU

Estonia

| | | |
|---|--|---|
| 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. 11. 5. PC Full Professors 11. 6. Legislation/ regulations concerning PC education | <div>1/1</div> <div>1/1</div> <div>0/2</div> <div>2/2</div> <div>0</div> <div>No</div> | <div></div> <div>There is only one medical faculty at the University of Tartu and it is responsible for palliative care education for undergraduate and postgraduate students (medical doctors). In two nursing schools, one in Tallinn and the other in Tartu there is some teaching in palliative care but not a special palliative care department at the university level; palliative care is rather taught in various disciplines.</div> |
| Ind12 Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. | <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no process on specialisation for palliative care physicians.</div> | Palliative medicine is not in the official list of specialised specialties and specialties with additional competences. |

EU

Estonia

| | | |
|--|---|---|
| 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. | <div><div>2</div><div></div><div></div><div></div><div></div></div> <div>Isolated provision: Exists but only in some geographic areas.</div> <div><div>2</div><div></div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div>2</div><div></div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>Not at all.</div> | <p>There are a few palliative care teams in oncology clinics: one at the university hospital in Tartu and two in the two regional hospitals in Tallinn: in PERH and in ITK. In total, three services per a population of 1.3 million people. There are no specialised home palliative care teams.</p> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div>MEDIAN RATE IN THE REGION</div><div>ESTONIA0.210.96</div><div>0123456</div><div>MINIMUM RATE IN THE REGIONMAXIMUM RATE IN THE REGION3.68</div></div><div><div>3</div><div>← SPECIALISED PALLIATIVE CARE SERVICES</div></div></div> |
| 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. | <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>No or minimal provision of palliative care specialised services or teams for children exists in country.</div> <div><div>0</div><div>PPC TEAMS</div></div> | Children hospitals offer palliative care if needed, however they do not exist specialised units or teams for paediatric palliative care in Estonia. |



General data

POPULATION, 2023
5,583,911
PHYSICIANS / 1,000 INH, 2021
4.38

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
52,925
HEALTH EXPENDITURE (% GDP), 2021
10.25
UNIVERSAL HEALTH COVERAGE, 2021
86



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



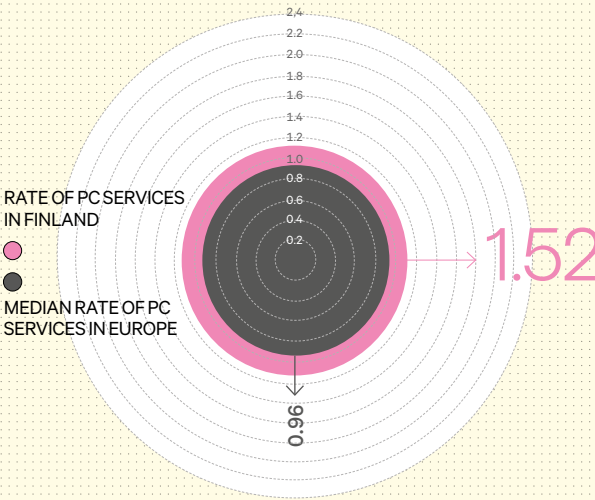
Consultants: Miina Hokka; Tiina Hannele Saarto; Juho T. Lehto and Petra Auramo.
National Association: Finnish Association for Palliative Medicine.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Finland

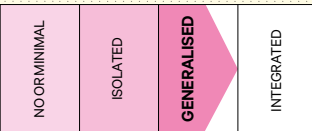
F Provision of PC (Specialised Services)

Total number of Specialised PC services
85
Rate of PC services per 100,000 inhabitants
1.52

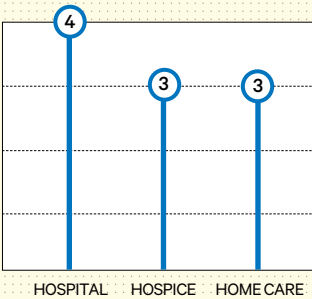
Finland in the context of European region



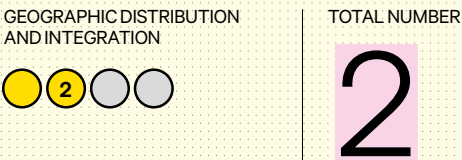
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

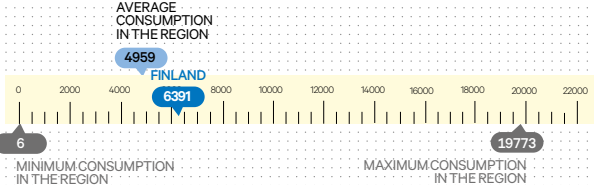


Finland

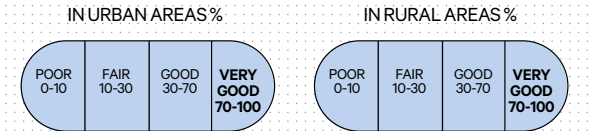
D Use of essential medicines

Opioids consumption (excluding methadone)
6,391
S-DDD/MILL INHABITANTS/DAY

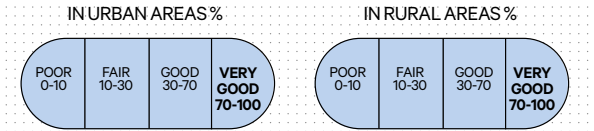
Finland in the context of European region



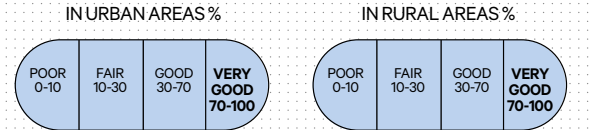
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
5/5

Nursing schools with mandatory PC teaching
20/20

PC Full Professors
4

Recognition of PC specialty
3

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
2





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
4

Advanced care planning-related policies
4

EU Finland

| | | |
|---|---|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p> | <p>In Finland, there are several groups dedicated to promoting the rights of patients in need of palliative care, as well as supporting their caregivers and disease survivors. These include two national professional palliative care associations: 1st) <i>Suomen palliatiivisen lääketieteen yhdistys</i> (Palliative Care Association for Palliative Medicine - Physicians), and 2nd) <i>Suomen Palliatiivisen Hoidon Yhdistys ry</i> (Palliative Care Association for Palliative Care - Multi-disciplinary). Additionally, there are regional associations focused on patient and caregiver support, including: 1st) the Support Association for Palliative Care in Helsinki, which provides assistance to patients and their families, and 2nd) <i>the Lounais-Suomen saattohoitosäätiö</i> (Southwest Finland Palliative Care Foundation), which also supports palliative care efforts in the region. These organisations work to ensure better palliative care access and advocate for the rights of those in need of such care in Finland.</p> |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  <p>There is a national policy on advance care planning.</p> | <p>The principles and guidelines for the role of surrogate decision-makers, as well as the meaning and function of living wills, are outlined by the Finnish Institute for Health and Welfare. These guidelines are supported by legal principles set forth in Finnish law. Furthermore, the principles of advance care planning are incorporated into the recommendations of the Ministry of Social Affairs and Health, as well as the National Quality Recommendation for Palliative Care and End-of-Life Care (<i>Palliatiivisen hoidon ja saattohoidon kansallinen laatusuositus</i>) issued by the Finnish Institute for Health and Welfare. These frameworks aim to ensure that patients' preferences and rights are respected in palliative and end-of-life care settings.</p> |
| 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. |  <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>Finland has several frameworks and recommendations in place related to palliative care, though there is no official national body tasked with evaluating the implementation or progress of these recommendations, nor is there specific legislation for palliative care. Key documents and initiatives include: 1st) Recommendations for Palliative Care Services by the Ministry of Health (<i>Suositus palliatiivisen hoidon palveluiden tuottamisesta ja laadun parantamisesta Suomessa</i>); 2nd) Recommendation for the Provision and Quality Improvement of Palliative Care Services (<i>Palliatiivisen hoidon asiantuntijaryhmän loppuraportti</i>); 3rd) Recommendations for Quality Indicators in Palliative Care by the Finnish Institute for Health and Welfare (<i>Palliatiivisen hoidon ja saattohoidon kansallinen laatusuositus</i>); 4th) Palliative Care in the Cancer Plan (<i>Sosiaali- ja terveystieteiden tutkimuskeskus 2010:6</i>); 5th) Inclusion in the Common Agreement on Healthcare Services (<i>Yhtenäiset kiireettömän hoidon</i></p> |







EU Finland

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p> | <p><i>perusteet 2019 - Valto 2019</i> (Unified Principles for Non-Urgent Care 2019 - Valto); and 6th) Decree of the Government on the division of labor in specialised care and the centralization of certain tasks 1242/2022 (<i>Valtioneuvoston asetus erikoissairaanhoidon työnjaosta ja eräiden tehtävien keskittämisestä 1242/2022</i>). While these frameworks and recommendations guide palliative care practices and policy, there is currently no designated national body overseeing their implementation or evaluating their progress, and there is no specific national law governing palliative care in Finland.</p> |
| 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. |  <p>Not at all.</p> | <p>Although palliative care is not explicitly included in the healthcare law, it is incorporated into the common agreement outlining the services that must be provided by healthcare services: <i>Yhtenäiset kiireettömän hoidon perusteet 2019 - Valto</i> (Unified Criteria for Non-Urgent Care 2019 - Valto). Palliative care services are also listed in the Uniform criteria for access to non-emergency care, as set by the Ministry of Social Affairs and Health. This ensures that palliative care is recognised as a necessary component of the healthcare services offered in Finland.</p> |
| 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. |  <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined)</p>  <p>Does not have concrete functions or resources (budget, staff, etc.)</p> | <p>The Finnish Institute for Health and Welfare (THL) plays a role in the development of palliative care policies and guidelines in Finland, but it does not have a dedicated coordination role, resources, or a specific budget or staff allocated exclusively to palliative care.</p> |



EU Finland

| | | |
|---|--|---|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.</div> | <div>In Finland, there is an annual national congress organized by the Finnish Association for Palliative Medicine, which focuses specifically on palliative care and it is only for physicians. Besides, an annual multidisciplinary national congress is organized by the Finnish Association for Palliative care and, in addition, multidisciplinary national congresses are held every two years in Tampere and Oulu, further supporting the exchange of knowledge and developments in palliative care at the national level.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Represents a considerable amount of articles published.</div> | |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div>3</div><div></div></div></div> <div>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</div> | <div>In Finland, there are certain funding calls, such as those from foundations, that include topics related to palliative care. However, there are no research funding calls specifically directed exclusively towards palliative care.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div>6,391</div><div>S-DDD PER MILLION INHAB /DAY</div></div> | <div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>FINLAND</div><div>6391</div></div><div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div></div><div><div>6</div></div><div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> |



EU Finland

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | Essential medications are available in all health care facilities in Finland. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Immediate-release oral morphine is widely available in all health care facilities in Finland. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Different opioids and in different formulations are widely available across all health care facilities in Finland. |

EU Finland

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>5/5</p> <p>0/5</p> <p>20/20</p> <p>0/20</p> <p>4</p> <p>No</p> | <p></p> <p>All five medical schools incorporate compulsory education on palliative care within their programs. Three of these schools have a full professor in charge of the subject, one has both a full professor and a clinical teacher, and one school has only a clinical teacher. The education is integrated and stands alone, following the national curriculum recommendation titled <i>Palliativisen lääketieteen perusopetus: Suositus opetussuunnitelmasta yliopistojen lääketieteellisissä tiedekunnissa - Trepo</i> (Basic Education in Palliative Medicine: Curriculum Recommendation for Medical Faculties in Universities). All 20 nursing schools in Finland follow the national competence framework for nurses, which mandates that palliative care competencies and content be included in their curricula. Although research on the specific amounts and teaching hours of palliative care education has not been conducted, palliative care education is a mandatory component of nursing education. While there are four full professors in palliative medicine, there is no formal legislation specifically governing palliative care education. However, the national recommendations for the curricula of palliative medicine at medical schools are provided in the Recommendation on the provision and improvement of palliative care services in Finland by the Ministry of Social Affairs and Health.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>In Finland, specialist-level training in palliative medicine leads to a Certification of special competence in palliative medicine, which is awarded by the Finnish Medical Association. This education includes two years of clinical training in palliative medicine. One year of this training must be completed in a specialised PC unit that has been granted permission to offer this education, with oversight from the Finnish Association for Palliative Medicine. Additionally, the training requires 124 hours of theoretical education, culminating in a written exam.</p> |

EU Finland

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>Specialised palliative care services are provided across the vast majority of Finland, with 85 services available (1.52 per 100,000 inhabitants). These services include palliative care outpatient units, in-hospital consultation teams, palliative care wards, hospices, and hospital-at-home teams. However, there are still some gaps in rural areas. Consultation teams are available in all large hospitals, including all university hospitals and central hospitals within the 21 counties of Finland. Inpatient specialised palliative care is primarily arranged through palliative care and end-of-life care wards, which offer services similar to those of hospices, in addition to the four dedicated hospices in the country. Specialised palliative care at home is organized through hospital-at-home units. The criteria for these services are outlined in the Recommendation on the Provision and Improvement of Palliative Care Services in Finland by the Ministry of Social Affairs and Health. While hospital-at-home services are increasingly available nationwide, some gaps still remain in certain areas.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 FINLAND 1.52</p> <p>0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION</p> <p>85 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>2 PPC TEAMS</p> | <p>In Finland, there are two specialised palliative care teams for children, but their resources are limited, and are not available throughout the country. These specialised pediatric palliative care teams are located in two of the five university hospitals. One of them has a home care team. Additionally, one or two university hospitals have some palliative care services for children, but they are under-resourced. As a result, access to comprehensive specialised pediatric palliative care is not evenly distributed.</p> |



General data

POPULATION, 2023

68,287,487

PHYSICIANS / 1,000 INH, 2021

3.34

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

44,690

HEALTH EXPENDITURE (% GDP), 2021

12.30

UNIVERSAL HEALTH COVERAGE, 2021

85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Thomas Gonçalves; Julien Carretier; Caroline Tete; Claire Barbier; Etienne Hubert; Catherine Roussel; Sarah Dauchy; Giovanna Marsico; Sophie Pennec; Aurore Pernin; Sarah Carvallo; Régis Aubry and Claire Fourcade.

National Association: Société Française d'Accompagnement et des Soins Palliatifs; Plateforme nationale sur la fin de vie.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

France

F Provision of PC (Specialised Services)

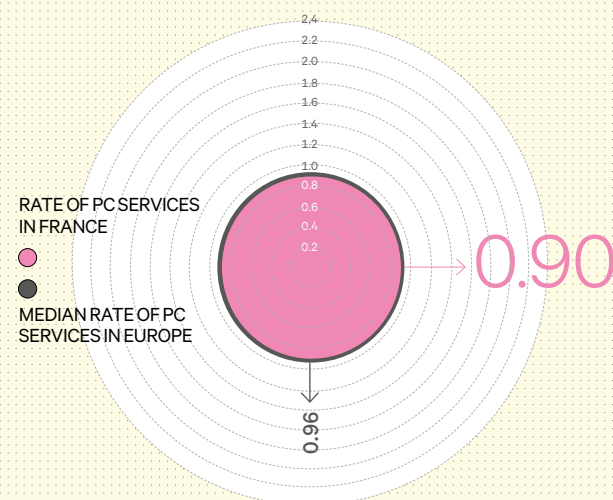
Total number of Specialised PC services

615

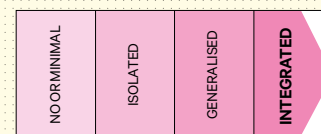
Rate of PC services per 100,000 inhabitants

0.90

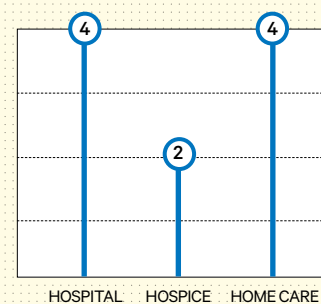
France in the context of European region



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

23



France

D Use of essential medicines

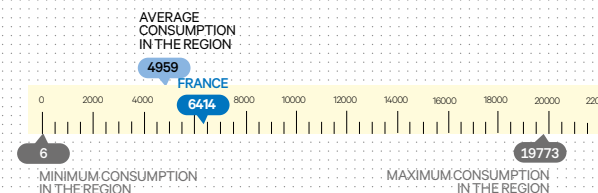


Opioids consumption (excluding methadone)

6,414

S-DDD/MILL INHABITANTS/DAY

France in the context of European region



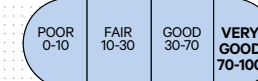
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %

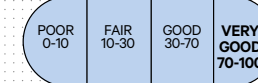


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %

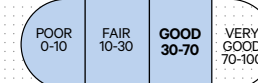


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

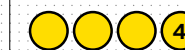
PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



34/34

Nursing schools with mandatory PC teaching



365/365

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities



Groups promoting the rights of PC patients







Advanced care planning-related policies






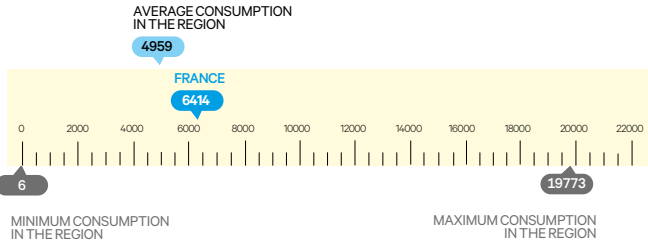
EU France

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There exist regional groups informing the public about rights and PC referents in health departments: "France Assos Santé" (representing health care system users), associations specialised in bereavement, and the French Centre of Palliative Care and End-of Life. The "Cellules d'Animation Régionales" are responsible for communication between the PC structures and citizens, professionals, and volunteers. These "cells" are competent in developing culture of PC, training of professionals, rights of citizens, and good practices. Recently, the organisation "Derniers secours" began an awareness and training campaign for citizens. The "Espaces de Réflexion Éthique Régionaux", reporting to the Regional Health Agencies are responsible for developing an ethical culture among professionals and the general public. The "Société Française d'Accompagnement et de Soins Palliatifs" contributes to the dissemination of PC through campaigns. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | There is a national policy on surrogate decision-makers and advance directives, but not yet a policy on ACP. It is mentioned in the national PC programme 2021-24 yet without a deadline. Surrogate decision-makers exists in the law as the "personne de confiance": a trusted person to make medical decisions on behalf of patients if they are no longer capable. Law n° 2016-87 created rights for patients at the end of life, giving the option to refuse or limit medical treatments, and if prognosis is life-threatening in the short term, to receive deep and continuous sedation until death. The 10-year strategy for end of life and supportive care aims to develop and implement ACP as it proposes to structure a personal plan of a anticipation for all patient with advanced disease, included in the 'personalized accompagnement project'. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | The latest national plan for the development of palliative and end-of-life care covered the period 2021-2024 and a ten-year strategy for supportive care was launched this year (2024-2034). The 2021-2024 National Plan aims to improve the accessibility, quality, and understanding of palliative care and end-of-life support across France. It is structured around four main objectives, with targeted actions to address gaps and shortcomings in the current system. After 3 years of deployment, all the actions of the plan have been initiated. The majority of them have been completed. These objectives and actions include: 1. Increase Access to Palliative Care, 2. Enhance Education and Training, 3. Raise Public Awareness, 4. Support Research and Innovation. €80.4 million was allocated. |







EU France

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | PC is one of the priority services and its importance is recognised by law in the context of supporting people at the end of their lives and alleviating the suffering from serious illnesses. Legal context includes 1st) Law of June 9, 1999, 2nd) National plan for the development of PC (several, the most recent, 2021-2024), and 3rd) the Law Claeys-Leonetti (2016). Services and priorities in the health system highlight a) accessibility: PC must be available both in hospital and at home, through mobile teams or specialised units; b) Training: Training of health professionals in PC is encouraged to meet growing needs, and 3rd) Territorial equality: One of the priority objectives is to reduce regional disparities. Despite this recognition, challenges remain in terms of funding, human resources and equitable access. As far as out-of-pocket expenses are concerned, the French health insurance system reimburses 90% of the cost of palliative care, and 100% if the patient has a long-term illness. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | In France, there are several national structures dedicated to PC and end-of-life support within the MoH under the coordination of the General Directorate for Health Care Provision. The main actors and systems are: 1st) the National plan for the development of PC (regularly implemented by the MoH and, following the last plan, a national PC strategy was launched (2024-2034); 2nd) the National Centre for PC and End-of-Life (public authority in coordinating and disseminating good practices, attached to the MoH and acting to promote access, inform citizens and health professionals and promote training); 3rd) High Authority of Health (not specifically dedicated to PC, but regularly publishing recommendations on medical practices, including on supporting patients at the end of life); and 4th) French National Platform for End-of-Life Research (developing and disseminating research in the field of end-of-life and PC). |



EU France

| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance. | The Société Française d'Accompagnement et de Soins Palliatifs is an active "learned society" dedicated to the progress of PC in all its scientific and medical dimensions. It has been organizing a national congress every year since 1991. Over the last years, the national congress has been attended by over 2500 health-care professionals and volunteers from all regions and French speaking countries. In addition, several adjacent institutions have organized numerous scientific meetings dealing with PC: the Société Française de Cardiologie, Société Française d'Etude et du traitement de la Douleur, Société Française Gériatrie et de Gériontologie, Société Française d'Anesthésie et de Réanimation, Association Française des Soins Oncologiques de Support, Institut National du Cancer, Société Française de Soins Palliatifs Pédiatriques, etcetera. |
| Ind7:1 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. |  Represents a considerable amount of articles published. | A bibliometric study conducted by INIST-CNRS 2010-2021 reported more than 3200 articles. Furthermore, scientific literature suggests France as one of the top 15 publishers, also in perinatal care, one of the most cited countries, in palliative care-related publications. |
| Ind7:2 Inclusion of PC topics in national research calls. |  They do exist national research calls that do include palliative care topics. | The French Platform for Research on End of Life aims to structure and disseminate French research about end-of-life and PC. Closely linked to its work, a priority research programme about PC and end-of-life will start next year for 10 years. It is designed to enable the implementation of relevant PC research, supportive and end-of-life care initiatives. The Agency of Health Research launched an interdisciplinary research programme on the end of life. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>6,414</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div></div></div> | |






EU France

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | This medication is fully accessible everywhere. Even home-based care is freely available for patients in palliative situations, allowing intravenous administration of several authorised drugs. Patients in France are close to 100% access to treatments thanks to a 24/24 care providing permanent access to doctors entitled to all necessary prescriptions. Patients can access medication via the on-call pharmacy system. Beyond medications, availability of competent teams is largely superior to 70% across territory, where doctors have easy access to integrated structures (services with palliative beds, mobile teams, home hospitalization, PC units, etc). Finally, midazolam is available outside hospital and can be prescribed by any physician in France. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Usually immediate-release oral morphine is not used because other forms are available but immediate release is fully available. Sometimes practitioners are reluctant to prescribe. Morphine can be prescribed by physicians using a secure prescription, and morphine is available both in towns and in the countryside, with no real difference in access. The prevalence of French people with at least one prescription of opioid is 18,2% (French Observatory of analgesic drugs). |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Some opioids are not available like tapentadol, forbidden in 2021. |

EU France

| | | |
|---|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>34/34</p> <p>N/A</p> <p>365/365</p> <p>0/20</p> <p>4</p> <p>No</p> | <p></p> <p>The Claeys Leonetti law mandates PC teaching in the training of doctors, nurses, nursing assistants, home helps and clinical psychologists. For doctors, there are 3 courses: 1) introduction on Human and Social Science, included Ethics and relation physician/patient; 2) teaching unit about PC, pain, anaesthesia; and 3) develop knowledge on PC. For nurses, in IFSI, Teaching Unit 4.7 relates to Palliative and End-of-Life Care. It is carried out in semester 5, and therefore in the 3rd and final year of training. It was enacted by the decree of July 31, 2009 relating to the State Diploma of Nurse. It includes 10 hours of lectures + 20 hours of tutorials, for a total of 30 hours of teaching. It is necessary to obtain a University Diploma (DU) or Inter-University Diploma (DIU) in Palliative Care to obtain additional training. According to the Cour des Comptes report of July 2023, there are 36 DU and DIU in palliative care in France, out of 72 universities in France (100% for universities with medical school). For nurses: On the 3rd year, there is a teaching Unit related to PC and End-of-Life. It is set out by the decree of July 31, 2009 relating to the State Diploma of Nurse. It includes 10 hours of lectures + 20 hours of tutorials, for a total of 30 hours of teaching. There are 8 University Lecturer-Hospital Practitioner (MCU PH) in 2024. There was funding for 64 doctors as specialist assistants in “palliative medicine” in the period 2021-2024 and cross-disciplinary specialised training (FST) “palliative medicine” was created, with 112 positions open at the start of 2024.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>France has made significant strides in recognizing PC as a specialised field, establishing it as a Special Field of Competence with a ‘University Diploma of Specialised Training in Palliative Care’. The academic landscape includes 15 PAPH (Associate Professors-Hospital Practitioners), 3 PHU (University Hospital Practitioners), and 5 MCU PH (University Lecturers-Hospital Practitioners) in Palliative Medicine, although there are currently no full professors. The 2021-2024 Plan’s Axis 2 has bolstered university teaching support, funding 6 university hospital teaching posts (up from one) and 12 associate university clinical supervisor positions.</p> |

EU France

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>There are 615 specialised services across France. According to latest figures from the MoH, there are 424 mobile palliative care teams, 168 palliative care units (typically with 10 beds) and 23 paediatric palliative care teams. Palliative care is available throughout the country, regardless of the status of the hospital (public or private). In addition to these services, palliative care beds in other services are often available through the intervention of a mobile team (estimated over 5000). While the term ‘hospice’ is not used in France, sometimes nursing homes provide care at the end of life and up to two thirds of them have agreements with a mobile palliative care team. Few facilities provide palliative care and offer specific care such as the Nicodeme home or the Gardanne home. Home care teams and their palliative care activity is increasing (around 30% of their activity) reaching a number of almost 300 (either public or private), though not all are trained in palliative care and it is estimated that around 66% have a trained physician. The Supportive homes model (maison d’accompagnement) will be shortly piloted.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>FRANCE</p> <p>0.90</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>615</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>23</p> <p>PPC TEAMS</p> | <p>There are 23 paediatric palliative care teams, meaning around 0.14 teams for 100,000 children. The French national territory is covered by 23 Regional Pediatric Palliative Care Resource Teams (ERRSPP= équipe ressource régionale de soins palliatifs pédiatriques), supplemented by 3 intra-hospital teams in Paris. This system is financed by the health system. These teams can be mobilized for all children in palliative care in the various health establishments: hospitals and SMR = Service de Soins Médicaux et de Réadaptation, medico-social establishments IME = Instituts Médicaux éducatifs, and IEM= Instituts d’éducation motrice.</p> |

Georgia



General data

POPULATION, 2023

3,715,483

PHYSICIANS / 1,000 INH, 2021

5.33

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Upper middle income

GDP PER CAPITA (US\$), 2023

8,283

HEALTH EXPENDITURE (% GDP), 2021

8.41

UNIVERSAL HEALTH COVERAGE, 2021

68

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT



Consultants: Irakli Vetsko; Salome Kordzaia and Elena Janberidze.

National Association: -

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: -

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

F Provision of PC (Specialised Services)

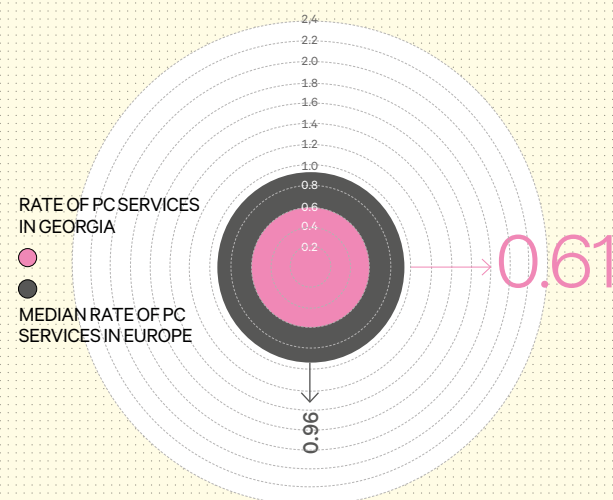
Total number of Specialised PC services

23

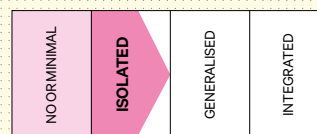
Rate of PC services per 100,000 inhabitants

0.61

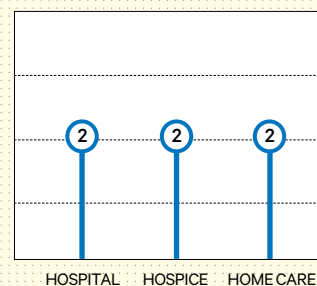
Georgia in the context of European region



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

6

Georgia

D Use of essential medicines

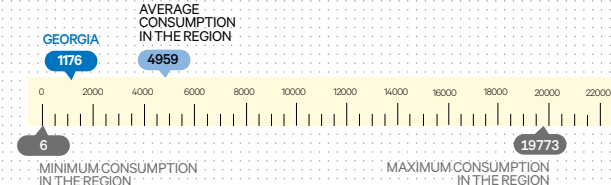


Opioids consumption (excluding methadone)

1,176

S-DDD/MILL INHABITANTS/DAY

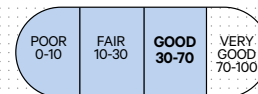
Georgia in the context of European region



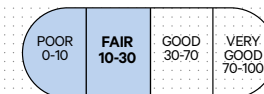
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

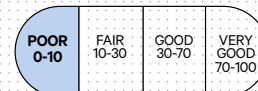


IN RURAL AREAS %

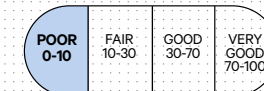


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

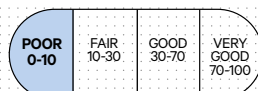


IN RURAL AREAS %

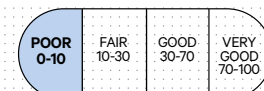


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching

**6/38**

Nursing schools with mandatory PC teaching

**N/A**

PC Full Professors

**2**

Recognition of PC specialty



B Policies

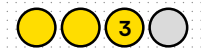
National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Georgia

| | | |
|---|---|--|
| 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/programme areas. | Although advocacy and promotion of patients' rights to palliative care are mostly represented by individuals, there are some groups like the Civil Society Foundation advocating PC development and promoting the patient rights in Georgia. A currently not active Georgian National Association of Palliative Care, registered in 1999, and a health care association, which is a membership-based union of healthcare facilities, are working together with the ministry of health in order to increase the budget of palliative care. |
| 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. | There is no such a document or guideline. |
| 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. |  Developed over 5 years ago.  A national palliative care plan is in preparation. | The Open Society Georgia Foundation (OSGF) has played a crucial role in advancing palliative care in Georgia, helping to develop a National Palliative Care Strategy for 2021-2026, which was expected to receive government approval in 2022. The country currently operates a state programme called "Palliative care of incurable patients" and the government's 2024 programme prioritizes palliative services. Georgia has established a legal framework for palliative care through various laws and amendments, including provisions within the healthcare law, the General Law on Patient's Rights (2019), and updates to the General Law of Health Care (2021). Despite these advancements, there are areas for improvement. The previous Cancer Strategy and the National Strategy and Action Plan for Non-Communicable Diseases Prevention and Control 2017-2020 did not include references to palliative care. In 2022, an initiative group, supported by OSGF, presented a strategy for the |

EU Georgia

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | coming years, but the Ministry has not yet taken further action. However, the country's medium-term planning document now includes indicators for evaluating palliative services. |
| 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 recognised by a government decree or law but not in the General Health Law. | In the resolution n° 529 by the Government, December 29 2023, about the approval of state health programmes, in appendix 16, it is stated that "the goal of the programme is to improve the quality of life of incurable patients by increasing financial access to palliative medical services and providing them with specific medications". |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.). | The coordinating authority for palliative care in Georgia was operational until 2013. Although the current health programme indicates that implementation is the responsibility of a designated agency, it appears that this role is now fulfilled by a representative from the Ministry of Health. |



EU Georgia

| | | |
|---|--|---|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div>2</div><div></div><div></div></div><div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div></div> | <div>No evidence found but outdated congresses such as the first international congress on palliative care held in 2012 with the support of the OSGF, the second international symposium on palliative care held in 2019 (for the implementation of international standards of palliative care (legislative, educational, research and healthcare challenges), and some others.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>Minimal or non-existent number of articles published on the subject.</div></div> | |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>There are no national research calls at all.</div></div> | <div>No evidence found.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div><div>1,176</div><div>S-DDD PER MILLION INHAB /DAY</div></div></div> | <div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>GEORGIA</div><div>1176</div></div><div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> |






EU Georgia

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div>3</div><div></div></div> <div>No evidence found.</div> <div><div></div><div>2</div><div></div><div></div></div> | |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div>No evidence found.</div> <div><div>1</div><div></div><div></div><div></div></div> | |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div>No evidence found.</div> <div><div>1</div><div></div><div></div><div></div></div> | |

EU Georgia

| | | |
|--|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>6/38</p> <p>11/38</p> <p>N/A</p> <p>N/A</p> <p>2</p> <p>Yes</p> | <p></p> <p>Georgia has 38 higher medical education institutions, with six medical schools offering mandatory palliative care courses and eleven providing it as an elective. While there's no information available on palliative care education for nurses, the country boasts two full professors in palliative medicine. The Ministry of Education, Science and Youth of Georgia oversees the accreditation of palliative care teaching curricula, demonstrating some legislative support for palliative care education.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>In Georgia, palliative medicine is recognised as a subspecialty within the medical field. This classification was established by Order No. 136/n, issued on April 18, 2007, by the Minister of Labour, Health and Social Protection of Georgia. The order, titled "On Determining the List of Medical Specialties, Related Medical Specialties and Subspecialties" officially defines the status of palliative medicine within the country's healthcare system.</p> |

EU Georgia

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> | <p>Georgia has 23 palliative care services (0.61 per 100,000 inhabitants), comprising 19 inpatient facilities and 4 outpatient services with 14 palliative care teams. Additionally, the government funds four primary care centres where family medicine doctors and nurses form mobile teams to provide palliative care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>GEORGIA 0.61</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p>23</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Ad hoc/ in some parts of the country.</p> <p>6 PPC TEAMS</p> | <p>There are six paediatric palliative care teams in Georgia (one being a non-governmental hospice which is free of charge for female patients).</p> |



General data

POPULATION, 2023
83,280,000

PHYSICIANS / 1,000 INH, 2021
4.51

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
54,343

HEALTH EXPENDITURE (% GDP), 2021
12.93

UNIVERSAL HEALTH COVERAGE, 2021
88



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



Consultants: Filipa Daniela Bastos Rodrigues Sickmüller Nunes; Lukas Radbruch; Frank Elsner; Birgit Jaspers; Friedemann Nauck, Claudia Bausewein.

National Association: German Association for Palliative Medicine.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Germany

F Provision of PC (Specialised Services)

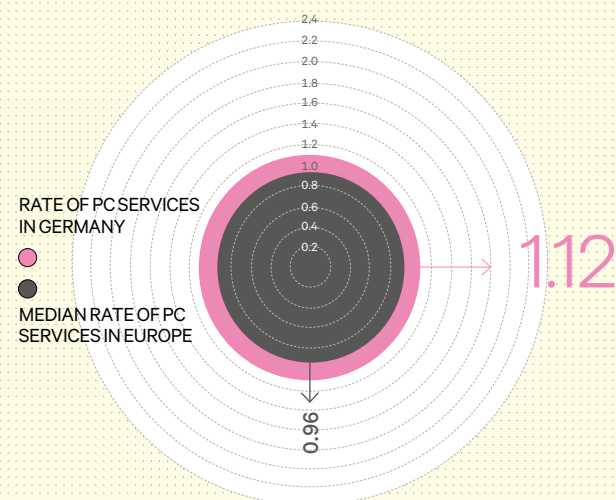
Total number of Specialised PC services

941

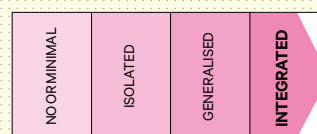
Rate of PC services per 100,000 inhabitants

1.12

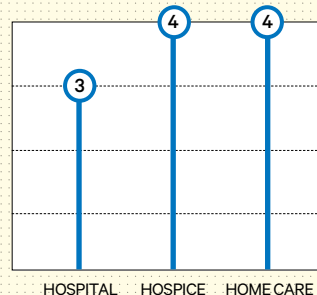
Germany in the context of European region



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

53



Germany

D Use of essential medicines

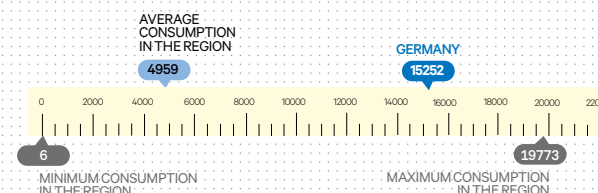


Opioids consumption (excluding methadone)

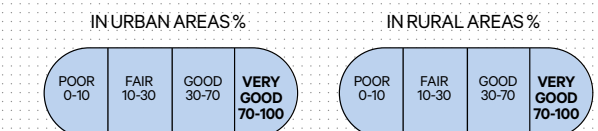
15,252

S-DDD/MILL INHABITANTS/DAY

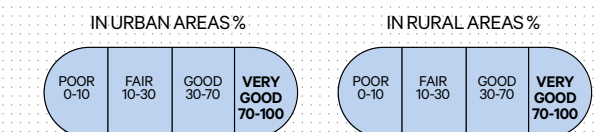
Germany in the context of European region



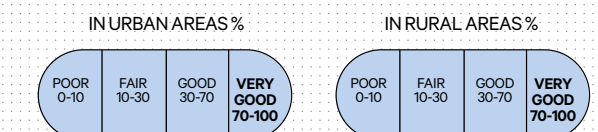
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



17/40

Nursing schools with mandatory PC teaching



N/852

PC Full Professors



14

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Germany

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | Germany has several national organisations dedicated to palliative care. The most important ones are: the German Association for Palliative Medicine (<i>Deutsche Gesellschaft für Palliativmedizin</i> , DGP, founded in 1994), that is the central professional society for palliative care in Germany. It focuses on the development and quality assurance of palliative care and supports the education and training of healthcare professionals and the German Hospice and Palliative Care Association (<i>Deutscher Hospiz- und Palliativ-Verband</i> , DHPV, founded in 1992, under the name Bundesarbeitsgemeinschaft Hospiz), representing the interests of hospice and palliative care facilities and advocates for improved framework conditions in hospice work and palliative care. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | Germany has clear guidelines for ADs and Power of Attorney (Substitute decision-maker) for healthcare and financial matters. An AD specifies medical treatments and procedures a person wishes to accept or decline in situations where they cannot express their will (e.g., due to illness, accident, or unconsciousness). Section 1828 of the German Civil Code Book (BGB) states: An AD is legally binding if it is clear and specific. It covers decisions about treatments like artificial nutrition, ventilation, or pain management. The Power of Attorney authorises a trusted person to make decisions on behalf of the individual if incapacitated (Sections 1889f BGB). The law regulates that the individuals may appoint a representative and avoid court-appointed guardianship. Appliance to matters such as healthcare, financial matters, residence decisions, and legal transactions can be chosen and excluded by the patient, respectively. |
| 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.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | Germany has a national framework and strategies to promote palliative care. While there is no single formal “national plan”, various laws, programmes, and strategies form a comprehensive approach to improving care for seriously ill and dying individuals. Health regulations are mostly done on a federal state level, and most health care regulations are left for self-administration of the health care system (negotiated between the sickness funds and the physicians and hospitals associations). Subsequently the important agency may be the Gemeinsamer Bundesausschuss (GBA), a joint commission of sickness funds and health services providers. Some regulations may include: 1st) Hospice and Palliative Care Act (HPG, 2015), 2nd) the Social Code Book V (§ 39a SGB V). Since the passage of Hospice and Palliative Care Act, several adjustments have been implemented to strengthen palliative and hospice care like the expansion of specialised services, improved funding or education |

EU Germany

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | and training. Also, from 2009 to 2016 the GBA joint commission evaluated the specialist palliative care home services, providing yearly reports as part of a remit from the federal ministry of health, and stopped due to a nearly complete coverage of services. In addition, in 2023 a model contract for specialist palliative care at home (SGB V § 132, until now is regulated differently in the federal states) will be adopted by all federal states. This model contract was part of the government agenda, but ultimately it has been negotiated between sickness funds and service providers. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | In Germany, palliative care is considered a legal right for all individuals with statutory health insurance (<i>Gesetzliche Krankenversicherung</i>). This entitlement is grounded in the country's healthcare system, where comprehensive care is provided to all insured citizens. The right to palliative care is enshrined in the Social Code Book (<i>Sozialgesetzbuch, SGB</i>), particularly under SGB V, which outlines the statutory health insurance benefits. According to this law, patients are entitled to receive appropriate palliative care when they are diagnosed with a terminal illness. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | There is no specific national authority for PC, but with the organisation of the German Health care system most of the work is done on state level. Though it is not certain that all federal states have a national authority, some do have rather prominent ones (e.g North Rhine-Westfalia has a staff position related to PC at the state MoH, which works closely with two coordinating and networking offices (ALPHA Rheinland and ALPHA Westfalen). Another example; Bavaria has an active coordinating office at the federal MoH. Also, the State of Lower Saxony has a coordination agency. Organized on the state level, the coordinating offices are part of the ministry, and are included in the budgets. In addition, there is a unit for the elderly, dementia, hospice and PC; Referat 301 in the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which is budgeted and staffed as regular part of the ministry. |

EU

Germany



| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance. | <p>The most prominent congress is the German Society for Palliative Medicine (DGP), which typically takes place every two years. Paediatric PC is an integral part of PC and is also addressed during these congresses. The last congress was in Aachen in 2024 and the next congress will take place in Freiburg 2026. PC is also integrated into the congresses of the German Cancer Society. At these congresses, PC plays an important role, particularly in discussions on the comprehensive care of cancer patients. For instance, the German Cancer Congress, the largest and most important oncology conference in Germany, regularly includes sessions and panels dedicated to PC. These sessions address both adult and paediatric oncology, highlighting interdisciplinary approaches to improving patient care throughout all stages of cancer treatment.</p> |
| Ind7:1 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. | <div><div></div><div></div><div></div><div>4</div></div> Denotes an extensive number of articles published on this subject. | <p>Germany demonstrates significant research activity in palliative care. According to a recent bibliometric analysis, Germany ranks as the fifth most prolific country worldwide-and the second in Europe-in terms of palliative care publications, placing it firmly among the global leaders in this field.</p> |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div></div><div>4</div></div> There is a palliative care-specific national research call. | <p>PC, though with fewer resources than other medical fields, is part of national research. Some supporting institutions are: 1st) Federal Ministry of Education and Research (PC calls publicly funded in 2015 and 2020); 2nd) the German Research Foundation (under private law, central self-governing research funding organisations); 3rd) German Association for Palliative Medicine (including research and awarding grants and prizes); etcetera.</p> |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>15,252</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>GERMANY</div><div>15252</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div> |

EU






Germany

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>Medications are widely available due to a well-developed healthcare system with a dense network of pharmacies and hospitals. Most medications are easily obtainable in pharmacies, either immediately or within a few hours. Even strong medications (e.g., morphine or fentanyl), medications for nausea control, are available. However, strong opioids are strictly regulated as many fall under the German Narcotics Act: special prescriptions are required, and their distribution is closely monitored. Some challenges remain: 1st) strict controls causing delays, 2nd) rare medications may need to be ordered, 3rd) In rural regions, access to some medications may be more limited due to fewer pharmacies and 4th) small co-payments may apply for some medications.</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>Immediate-release (IR) oral morphine is regularly available in stock. Pharmacies who do not stock IR morphine can get it within one day from the central pharmacies.</p> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>Morphine, hydromorphone, oxycodone, fentanyl, buprenorphine and levomethadone are all available in slow-release formulations, plus a large number of IR applications, and available for oral and parenteral application. Transdermal and transmucosal fentanyl, transdermal and sublingual buprenorphine, are all available. Medications are also available in paediatric formulations (solutions, syrup etc).</p> |

EU Germany

| | | |
|---|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>17/40</p> <p>40/40</p> <p>N/852</p> <p>N/852</p> <p>14</p> <p>Yes</p> | <p></p> <p>Since the reform of the medical curriculum in 2013, palliative medicine has been included as a cross-sectional subject (Q13) in all medical faculties in Germany. This means that palliative care is now a mandatory part of the curriculum, but not as a standalone core subject. Instead, it is integrated into various modules across different stages of medical education as part of broader topics like ethics, pain management, and end-of-life care, ensuring that students gain a foundational understanding of its principles. This approach means it is delivered through multiple courses and clinical rotations rather than as a single, independent course. There are certain universities that have a dedicated chair (Lehrstuhl) for palliative medicine, where the subject is taught in greater depth and with a more specialised focus. There is no clear information available regarding nursing schools but presumably all teach palliative care. There are more than 400 study programmes at 130 universities and school in Germany but this is academic training, and the number of nursing schools for professional non-academic training is much larger. Palliative care is not a mandatory subject, but is included in the curriculum. This is organized at state level, and for example the curriculum for nurse training in Sachsen includes the topic “caring for people in critical situations and in the last phase of life”. There are 14 full professorships, including one from a private university with no formal department, and one professorship for family medicine and palliative care. One chair position is currently open. There is one nursing professorship at the university of applied sciences.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspecialty (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine is a subspecialty (<i>Zusatzbezeichnung Palliativmedizin</i>), but the qualification level is rather low. Some federal states require only 4 weeks theoretical courses for training and an oral exam, though many physicians take the longer road and work at least six months in a specialist service and then take the oral exam at the State Physician Board.</p> |

EU Germany

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>Evidence suggests that several sources report that specialised palliative care teams operating across the country range from 941 to 1146 services, depending on the source. The Federal ministry for families lists 349 specialised palliative care at home services (47 being pediatric), 345 inpatient palliative care units (four for children), 247 inpatient hospices (17 for children), and 1330 volunteer hospice services plus 159 for children, and a total of more than 14,700 physicians with the subspecialty palliative care qualification. Specialist palliative home care services need to have at least three physicians with subspecialty training and four nurses with palliative care qualification. Regional distribution is shown by the federal association for statutory physicians, showing widespread distribution across the federal states with the highest number of specialist palliative home care services in Lower Saxony and Bavaria.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>GERMANY</p> <p>112</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>941</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>53</p> <p>PPC TEAMS</p> | <p>There are 36 paediatric palliative care outpatient teams and 17 inpatient hospices for children; 53 in total. However, these hospices do not focus on end-of-life care, but rather provide respite care for children and adolescents requiring palliative care, their siblings and parents are often admitted as well providing respite care for the whole family. Most parents of paediatric palliative care patients want to care for their children at home until the very end. There are also 181 paediatric nursing services. However, according to other data provided at the ministry provide different numbers, reaching a total of 68 services: 47 paediatric palliative care outpatient teams, 17 inpatient hospices, and 4 palliative care units. Additionally, there are 159 paediatric nursing services.</p> |

**General data**

POPULATION, 2023

10,405,588

PHYSICIANS / 1,000 INH, 2021

6.36**Socioeconomic data**

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

23,400

HEALTH EXPENDITURE (% GDP), 2021

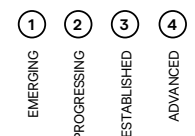
9.17

UNIVERSAL HEALTH COVERAGE, 2021

77**WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT**

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

LEVEL OF DEVELOPMENT



Consultants: Maria Bouri, Irene Panagioutou, Kyriako Mystakidou, Nikolas Politis, Aliki Tserkezoglou, Martina Rekatsina, Athina Vadalouca and Dimitrios Protopiros.

National Association: Hellenic Society for Pain Management and Palliative Care; Greek Society for Palliative Care.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

(F) Provision of PC (Specialised Services)

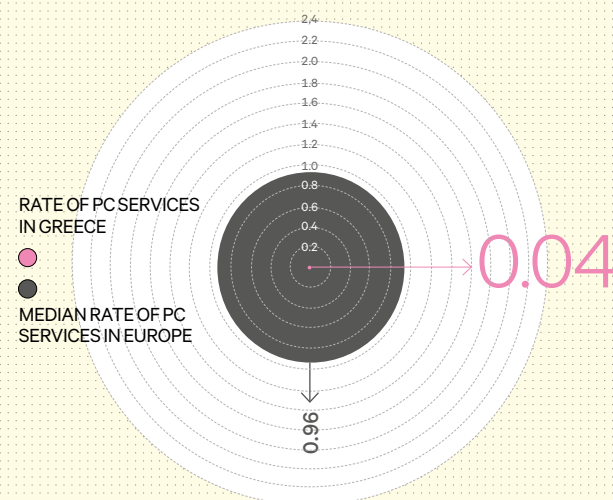
Total number of Specialised PC services

4

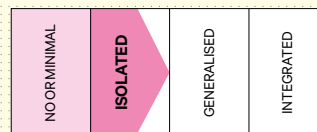
Rate of PC services per 100,000 inhabitants

0.04

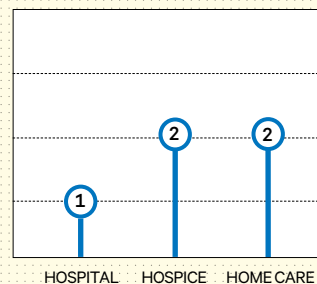
Greece in the context of European region



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

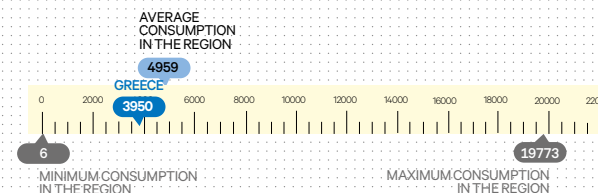
1**(D) Use of essential medicines**

Opioids consumption (excluding methadone)

3,950

S-DDD/MILL INHABITANTS/DAY

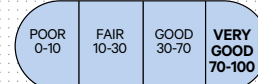
Greece in the context of European region



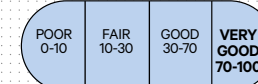
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

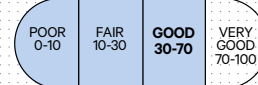


IN RURAL AREAS %

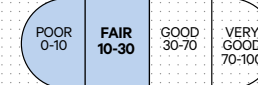


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

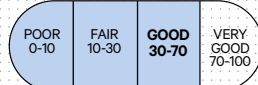


IN RURAL AREAS %

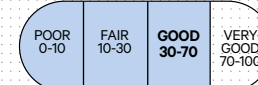


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %

**(C) Research**

PC-related research articles



Inclusion of PC topics in National Research Calls



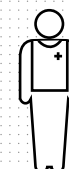
Existence of PC congresses or scientific meetings

**(E) Education & Training**

Medical schools with mandatory PC teaching

**0/7**

Nursing schools with mandatory PC teaching

**4/10**

PC Full Professors

**1**

Recognition of PC specialty

**(B) Policies**

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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

**(A) Empowerment of people and communities**

Groups promoting the rights of PC patients







Advanced care planning-related policies




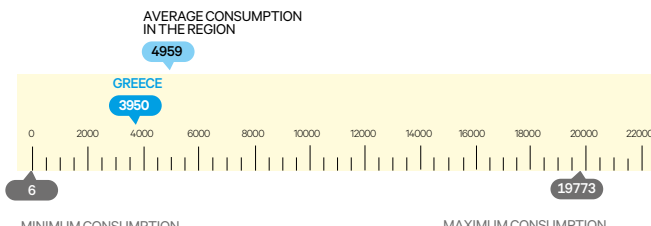








EU Greece

| | | |
|---|--|---|
| 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/programme areas. | There are three professional associations: the Hellenic Society for Pain Management and Palliative Care, the Greek Society for Palliative Care, and the Greek Society for Pediatric Palliative Care. Other supporting organisations include the K.E.F.I, ELLOK, AgkaliaZO, Greek Patients Association, MDA Hellas. In 2022, the Greek Parliament approved the National Strategic Framework for the expansion of palliative care (Law 5007/2022). This law established a National Palliative Care Committee, appointed by the government, including a) Patient's Association representatives, b) university professors, c) Experts in palliative care. A Strategic Plan will be published by the Hellenic Ministry of Health. Despite progress, some challenges persist like fragmented advocacy efforts, a lack of social awareness about the palliative philosophy, its role in the care of patients with chronic diseases, and the patients' knowledge about the possibilities and benefits of palliative care. |
| 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. | There no national policy on advance directives or advance care planning; only a document on DNR orders issued by the National Bioethics Committee (a consulting body). |
| 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.  A national palliative care plan is in preparation. | The first comprehensive palliative care law appeared in 2022 (Law 5007/2022), including sections on types of services, levels of care, education, national patient registry, a committee to develop a national palliative care plan (pending) and reimbursement issues. Palliative care sections are included in the National Plan for Public Health 2021-2025, issued by the Ministry of Health (strategic framework n.3: tertiary prevention, e.g. p. 19, 37 etc), although only referring to cancer patients (and survivors). A National Committee was established in the context of the Greek Ministry of Health to become a consultation board for preparing a national plan on palliative care development and currently this plan is undergoing validation/approval process. The National Palliative Care Plan (with planned indicators to monitor progress) is expected to be published soon. |



EU Greece

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | The law on primary care reform (2017) explicit mentions palliative care as part of the basic principles of primary care and hence the services (should be) provided on this level. Palliative care services are recognised as important within the framework of the Greek National Health System, particularly following the adoption of Law 4931/2022, which establishes their legal framework. However, palliative care services are not yet fully integrated as a priority within the list of services for universal health coverage (UHC) in Greece. The inclusion of palliative care in the UHC priorities depends on the implementation of a national action plan and the operational standards, which are still pending approval and activation by the Ministry of Health. Until these steps are finalized, the availability and prioritization of palliative care remain inconsistent across the system. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.). | Although the deputy MoH supports PC development, there is no other entity designated for this purpose but the National Committee for PC, in compliance to article 9 of the Law on PC (Law 5007/2022) and ministerial decree A1b/G.P. /23.10.2023. This serves an advisory role (no executive) and is responsible for proposals, monitoring the implementation of action plans, and promoting the development of PC. However, the committee does not function as a fully-fledged coordinating authority, and its role is primarily focused on strategic planning and guidance (e.g. preparing a "Feasibility study for PC"). In the National Plan for the Development of PC there is a proposal for the development of department of PC in the MoH, or a unit within the department of long-term care, for the organisation, coordination and evaluation of PC. |








| | | |
|---|--|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance. | There is an annual national (Pan-hellenic) conference since 1998, the Pan-Hellenic Congress on Regional Anaesthesia, Pain Management Palliative Care, organised by the Hellenic Society of Pain Management and PC. The different topics are mostly on pain management (pharmaceutical or intervention-al approaches, medically oriented). The programme includes workshops specially dedicated to PC. It is oriented to educate doctors, nurses, psychologists, and caregivers. The Hellenic Society of Pain Management and PC organizes educational scientific meetings. Paediatric content is seldom and it is addressed to physicians (anaesthesiologists) although other specialties, psychologists and nurses participate. The other two Scientific PC Associations, one for adults and one for children co-organize Paediatric PC Symposia, educational trainings, etc. |
| Ind7:1 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. | |
| Ind7:2 Inclusion of PC topics in national research calls. |  There are no national research calls at all. | There are National Research calls issued by the Hellenic Foundation for Research and Innovation but none specific. Research is funded privately, mostly for education or financial support of PC services provided by NGOs: 1) Transformational Leadership in PC, Stavros Niarchos Foundation, 2) Empowering parents and caregivers of children with chronic diseases, Bodossaki Foundation, and 3) Nosilia supported by the Leventis Foundation. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div data-bbox="697 1501 1305 1911"> <p>3,950 S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 19773</p> </div> |

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | <p>The only not available essential medications for palliative care are hyoscine, hydrobromide and cyclizine. Methadone is only available for treatment of drug abuse; not for pain management. Either way, according to some literature, “Greece lacks internationally comparable data on key health care indicators” as mentioned in State of Health in the EU · Greece · Country Health Profile 2019 or in the Health Systems in Transition Vol 17 No5, 2017.</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | <p>According to Law 3459/2006 and Law 4139/2013, pharmacies, hospitals, private clinics at urban areas are eligible to distribute oral morphine. Morphine is available only in liquid form in Greece; tablets are not available. The procedure for pharmacists to acquire morphine powder and prepare liquid solution is cumbersome, since they have to travel to specific government centres. However, they are obliged and patients can get their medication at a reasonable time interval. Oramorph, a commercially available morphine liquid is available in the market lately, but it is difficult to find. Furthermore, according to same laws, pharmacists and doctors serving in the national health care system are eligible to distribute liquid morphine. Presumably, the procedure must be more difficult in rural areas due to the distance factor.</p> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | <p>The diverse strong opioids are not available in different formulations and dosages and the National Drug Formulary is outdated. Morphine tablets are not available; liquid morphine for p.o. administration and morphine injections are available. Fentanyl is the only opioid which is commercially available in different forms and dosages (injectable, patches of different dosages, sublingual tablets, lozenges, nasal spray). Oxycodone is available in tablets in combination with paracetamol and in liquid form. Buprenorphine is only available in patches of different doses. Tablets or sublingual formulations are not available for pain control. Hydromorphone is not available. Methadone is only available for treatment of drug abuse. Strong opioids commercially available in urban areas are equally available in rural areas.</p> |

EU Greece

| | | |
|---|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>0/7</p> <p>2/7</p> <p>4/10</p> <p>3/10</p> <p>1</p> <p>Yes</p> | <p></p> <p>No medical school offers palliative care as a compulsory course. An optional lesson is taught since 1994 at the National and Kapodistrian University of Athens, named Management of non-malignant and malignant pain. Palliative Care of Terminally ill patients. Besides, in four nursing schools there is compulsory palliative care teaching, and in three an optional course: at the International University of Greece (Thessaloniki), at the University of Peloponnese, and at the University of Thrace. In the remaining three Universities of Ioannina, Patras and Sterea Ellada palliative care topics are part of other domains such as rehabilitation of the chronically ill patient, geriatrics, etc. There is one full professor (Doctor) in Palliative Medicine (emeritus) at the National and Kapodistrian University of Athens (Medical School), and two nursing professors in the Nursing School of the same University. Besides, there is one professor at the Nursing Department of the Hellenic Mediterranean University.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities)</p> | <p>The Law on Palliative Care (Law 5007/2022) describes criteria for the education of professionals. Regarding doctors, the curriculum for a subspecialty programme needs to be defined. In the meantime, there is a 400-hour programme of theoretical and hands-on training available to PC professionals. Professionals with a postgraduate degree acquired nationally or abroad, or those already officially specialised, are considered specialists. Regarding paediatric Palliative Medicine, two paediatricians hold a relevant postgraduate degree and moreover, there is a Ministerial Decree (Γ6α/ Γ▲/16237/9.5.2022) defined the context of theoretical and clinical training of nurse trainees in the nursing specialty in Palliative and Supportive Nursing Care.</p> |

EU Greece

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Ad hoc/ in some parts of the country.</p> <p> Not at all.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> | <p>There are four specialised palliative care programmes all in the area of Attiki, 2 provided by NGO organisations, two based on the National and Kapodistrian University of Athens: one in cooperation with another NGO and the other provided in the context of Pain and Palliative Care Outpatient Clinic of a University (of Athens) Hospital. Components of palliative care are also provided by most of the 57 Pain management Outpatient Clinics based on hospitals all over the country (though the majority provide rather general palliative care). Furthermore, private (adult) hospitals -few to date- are increasingly establishing palliative care outpatient clinics or offer palliative care to their hospitalised patients. Only one hospice exists in the country run by the Palliative Care NGO Galilee, covering some parts of the Attiki county, while there are three home care teams (1 for children and 2 for adult patients) all situated in the Attiki region. One Home Care Team for adults (certified by TuV Austria) in Attiki is offered free of charge by the Hellenic Society of Pain Management and Palliative Care; and further two are also free of charge.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>GREECE 0.04 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION 0 MAXIMUM RATE IN THE REGION 3.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p> PPC TEAMS</p> | <p>Only one specialised service run by an NGO and another one is currently under preparation to run by the University of Athens Palliative Care Unit. Apart from the above NGO home palliative care program for children, components of palliative care are provided mainly in the context of paediatric oncology clinics.</p> |



General data

POPULATION, 2023
9,592,186

PHYSICIANS / 1,000 INH, 2021
3.29

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

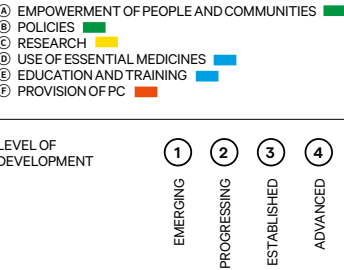
GDP PER CAPITA (US\$), 2023
22,141

HEALTH EXPENDITURE (% GDP), 2021
7.37

UNIVERSAL HEALTH COVERAGE, 2021
79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



Consultants: Csilla Busa; Ágnes Csikós, Katalin Hegedus and Miklós Lukács.

National Association: Hungarian Hospice Palliative Association (HHPA).

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

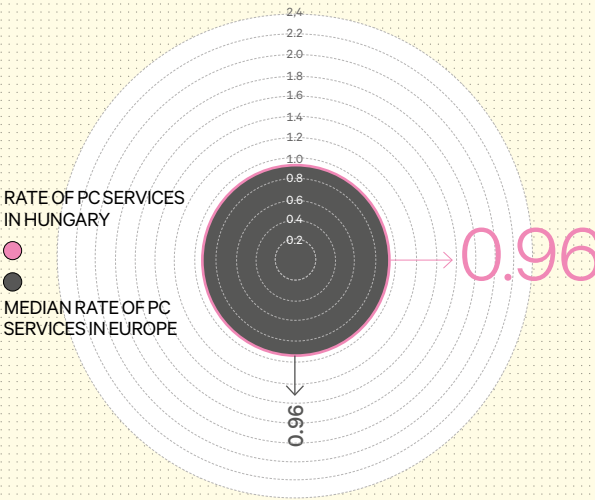
Hungary

F Provision of PC (Specialised Services)

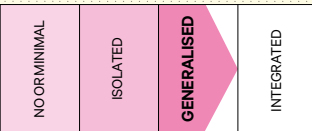
Total number of Specialised PC services
92

Rate of PC services per 100,000 inhabitants
0.96

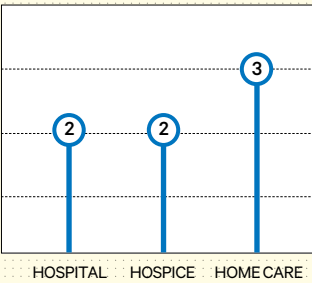
Hungary in the context of European region



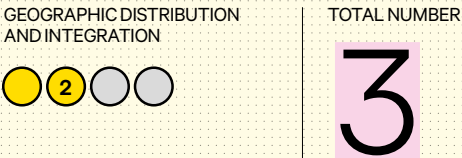
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

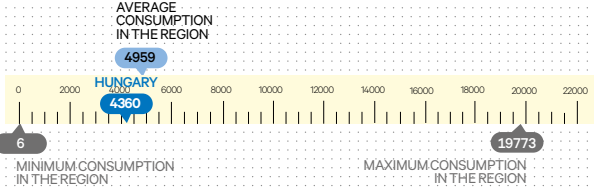


Hungary

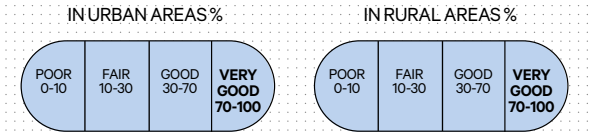
D Use of essential medicines

Opioids consumption (excluding methadone)
4,360
S-DDD/MILL INHABITANTS/DAY

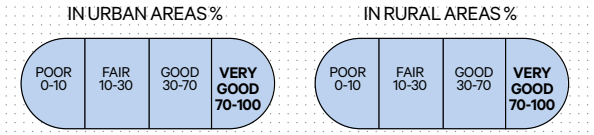
Hungary in the context of European region



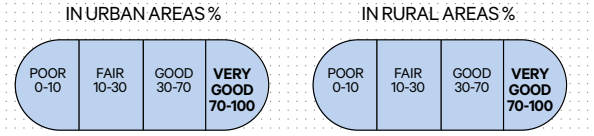
Overall availability of essential medicines for pain and PC at the primary level



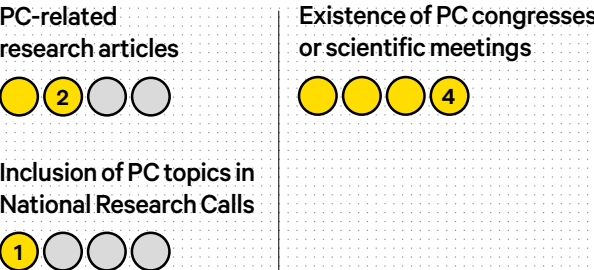
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
0/4

Nursing schools with mandatory PC teaching
91/91

PC Full Professors
0

Recognition of PC specialty
4

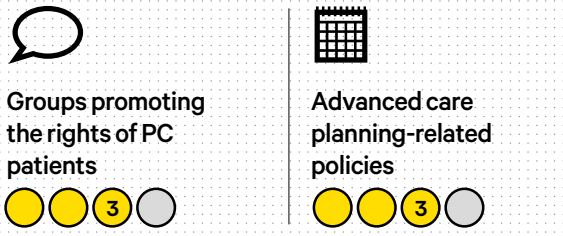
B Policies

National PC plan or strategy
2




Responsible authority for PC in the Ministry of Health
3

Inclusion of PC in the basic health package at the primary care level
4





A Empowerment of people and communities



EU Hungary

| | | |
|---|---|--|
| 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/programme areas. | In Hungary, there exist several organisations: <i>Rák betegek Országos Szervezete</i> (National Organisation of Cancer Patients), <i>Magyar Rákellenes Liga</i> (Hungarian League Against Cancer), <i>Társaság a Szabadságjogokért</i> (Society for Civil Liberties) and the <i>Magyar Páciensek Kamarája</i> (Hungarian Chamber of Patients). There exists also a national palliative care association, the Hungarian Hospice Palliative Care Association, founded in 1995, and the <i>Méltóságért Alapítvány</i> (For Dignity Foundation) (founded in 2023). |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | Advance Care Planning is mentioned in the National Palliative Care Guideline and present in the Healthcare Law. |
| 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. |  Developed over 5 years ago.  A national palliative care plan is in preparation. | Although palliative care was included in the Hungarian National Cancer Control Programme, 2006, this has not yet been updated nor a stand-alone national strategy for palliative care developed. However, there exists a National Palliative Care Guideline, Ministry of Health's professional guideline on hospice and palliative care for terminally ill adult and paediatric cancer patients, prepared by the Hungarian Hospice-Palliative Association in consultation with the Hungarian College of Nursing and Dietetics. |

EU Hungary

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | It is included in list of health services to be provided as per the National Healthcare Law and in the National Health Insurance Fund of Hungary. |
| 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 a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions, staff and budget. | The National Public Health Centre and the Medical Professional College for palliative care are responsible for palliative care. |



EU Hungary

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | National Palliative care Congresses are held as well as other activities, many of which can be found at the Hungarian Association for Palliative Care website; last symposium was held in Pécs, October 2024, and it is held annually, apparently in October. |
| Ind7:1 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. | <div><div></div><div>2</div><div></div><div></div></div> <p>Reflects a limited number of articles published.</p> | Besides an increasing number of articles published between 2019-2024, Hungarian researchers participate in European research consortiums and have produced a series of research articles. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div>1</div><div></div><div></div><div></div></div> <p>There are no national research calls at all.</p> | There are no national research calls at all. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>4,360</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>COUNTRY VS REGION</p> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>HUNGARY</div><div>4360</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div> | <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> |






EU Hungary

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All essential meds (listed by WHO) for pain are available and there are no differences between urban and rural areas. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Sevredol tablet (morphine sulphate) is available at the primary level and there do not exist urban-rural differences. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Oxycodone and fentanyl are available with no differences across rural and urban areas. |

EU Hungary

| | | |
|---|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>0/4</p> <p>4/4</p> <p>91/91</p> <p>91/91</p> <p>0</p> <p>No</p> | <p></p> <p>Palliative care is part of obligatory clinical courses, e.g. Oncology and Family Medicine, and elective courses are available for undergraduate medical students. Since 2010, the National Health Committee proposed to integrate palliative medicine into all undergraduate and postgraduate medical education. In a study published in 2018, some universities included courses on palliative care in their curriculum. An outstanding example is the University of Pécs and Semmelweis University in Budapest. Some other medical universities in Hungary also offer basic palliative care courses as electives. In postgraduate medical education, palliative care is included in the formal training. From 2014, all junior doctors receive a systematic and standardized 40-hour educational programme on palliative care. Nursing education offers very advanced training on palliative care. An accredited training programme on specialised hospice palliative care is available for qualified nurses. Forty hours of training are required for any health care workers wishing to qualify for a hospice palliative position.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>It was accredited as a sub-specialty by the Decree on the continuing professional training of medical specialists, dentists, pharmacists and psychologists (23/2022 EMMI rendelet). In Annex 1 to the EMMI Decree No 23/2012 (IX. 14.), it is listed at the 'List of medical licences'.</p> |

EU Hungary

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>There are 92 services, representing around 0,95 services per 100,000 inhabitants in Hungary: 26 inpatient facilities (416 beds, 411 adult beds, 5 children's beds), 60 home care groups (57 adult, 1 mixed and 2 children providers), 2 hospice mobile teams (hospital support group), and 4 palliative outpatient care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>HUNGARY</p> <p>0.95</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>92</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>3</p> <p>PPC TEAMS</p> | <p>There are one inpatient centre for children (5 beds), and two home care services for children (in Pécs, there is the Szemem Fenyé Alapítvány – the Light of My Eyes Foundation for sick children, the Public Foundation for children oncology and hospice at the university of Pécs, and in Budapest, the Tabitha Pediatric Hospice House).</p> |



General data

POPULATION, 2023
393,349
PHYSICIANS / 1,000 INH, 2021
4.40

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
79,636
HEALTH EXPENDITURE (% GDP), 2021
9.73
UNIVERSAL HEALTH COVERAGE, 2021
89



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



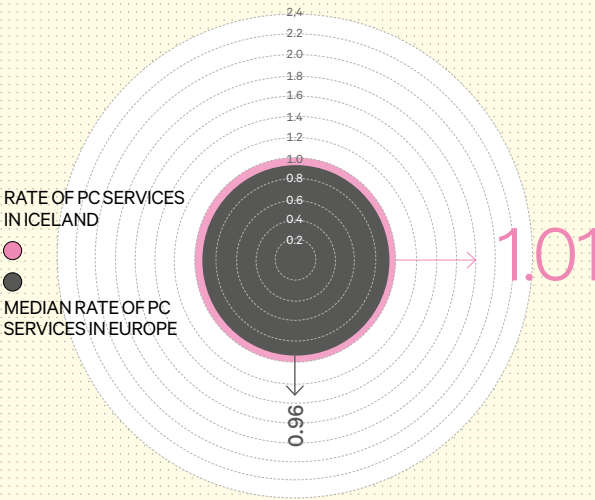
Consultants: Arna Einarsdottir and Svandís Íris Hálfánardóttir.
National Association: Icelandic Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Iceland

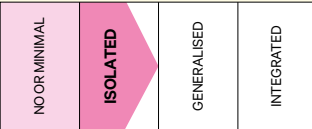
F Provision of PC (Specialised Services)

Total number of Specialised PC services
4
Rate of PC services per 100,000 inhabitants
1.01

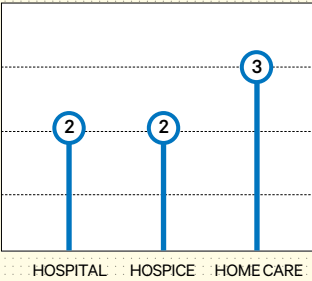
Iceland in the context of European region



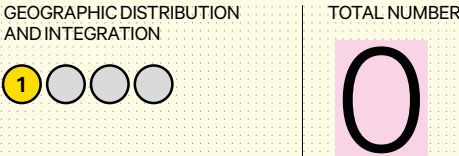
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

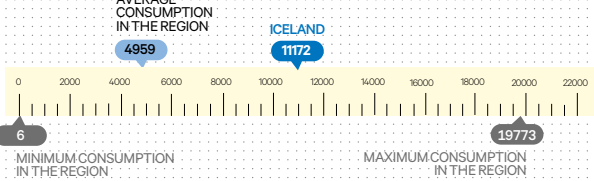


Iceland

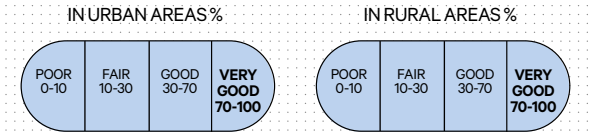
D Use of essential medicines

Opiods consumption (excluding methadone)
11,172
S-DDD/MILL INHABITANTS/DAY

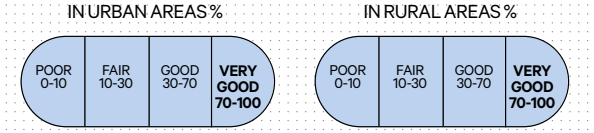
Iceland in the context of European region



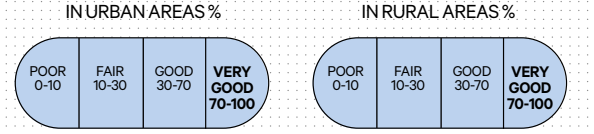
Overall availability of essential medicines for pain and PC at the primary level



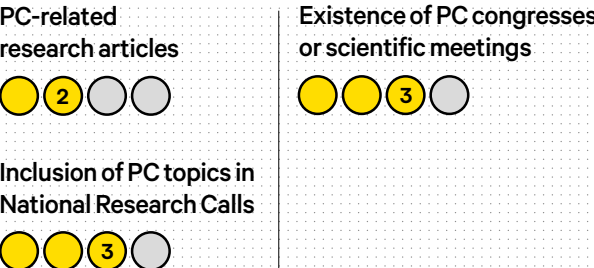
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
0/1

Nursing schools with mandatory PC teaching
2/2

PC Full Professors
0

Recognition of PC specialty
4

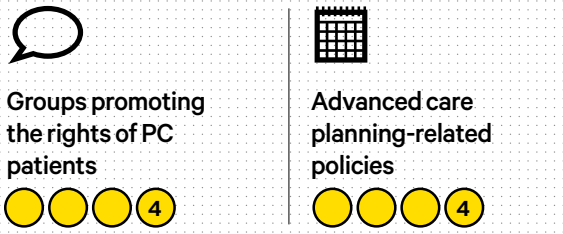
B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
3

Inclusion of PC in the basic health package at the primary care level
4





A Empowerment of people and communities







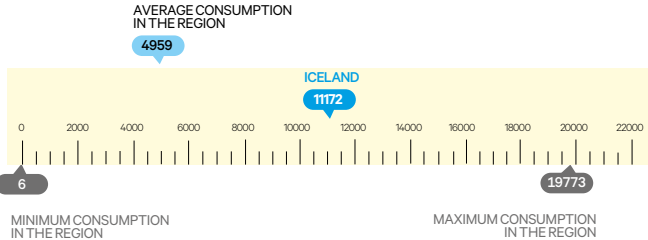
EU Iceland

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There are no groups to specifically promote the rights of patient in need of PC but some patients' associations include information regarding palliative and end of life care (eg. the Alzheimer Association) and support people in need of information and support. The Icelandic Cancer Society has a Counseling Service and support for patients and families, as well as for survivors and the bereaved. Health professionals may be the biggest advocate in promoting PC. A professional sector of cancer nursing at the Icelandic Nurses' Association has operated since 1996, focusing on patients and relatives, including palliative and end-of-life care. In addition, a Council of Oncology and Palliative Nursing has operated within Landspítali National University Hospital since 2001, promoting cancer nursing and PC. The Icelandic Association for Palliative Care has existed since 1998 and The Icelandic Society of Palliative Care Physicians since 2024. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | There is a national policy for ACP conversation for patients in the Palliative Care strategy from Ministry of health (2021, 4.3 p.15) but is in its early days of implementation. Conversations about future care is common when a person moves into a nursing home. At Landspítali the National University Hospital of Iceland, there is a structured plan for implementing ACP for patients. The plan is based on work from Ariadne Labs in Boston: Serious Illness Conversation Programme. Implementation has begun at Landspítali and future plans are to implement this programme also in other hospitals, elderly homes and in primary care. Some research has also been conducted on the issue in Iceland. |
| 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.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | The Ministry of Health published a palliative care strategy in 2021, the first one for the country. The focus of this strategy is on increasing the access for adults in home care, hospitals and nursing homes in need of palliative care, as well as on education of health care professionals all over the country, increasing palliative care knowledge of the general public, palliative care beds etc. The importance of palliative care is, likewise, highlighted in the Icelandic Cancer strategy from 2017 which will now apply to 2030. There is not so much legislation on palliative care directly, but legislation regarding end-of-life care, the rights of patients for information, support and dignified death. In the national palliative care strategy, there are objectives and how they should be measured. In this first strategy, which includes a five-year plan from 2021-2025, some objectives have been achieved, some underway and some not. There is a need for update. |







EU Iceland

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | PC is included in UHC. People receiving PC in hospitals and homes do not pay for the service/treatment. During end-of-life care at home (prognosis <6 months) patients do not pay for common medications, and there is a list of medication (by the Icelandic Medicines Agency) with possibility of applying for reimbursement of further medications. In the 1997 law, although PC is not mentioned, specialised home care teams in 1987 and 1992 were established; and the consulting team at Landspítali in 1997. In section 23 of the patient's rights' law it is stated that "Patients' suffering should be relieved as current knowledge allows (...). Both patients and relatives have the right to receive psychological, social and religious support. Section 24 states: "dying patients have the right to die with dignity. If a dying person does not want a treatment that prolongs his/her life or does not want resuscitation, the physician should respect that decision". Furthermore, the MoH funds expansion of services and general PC is provided in nursing homes and at home. |
| 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 a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions and staff, but do not have a budget. | There is not a specific unit at the Ministry of health, rather a contact person or two who would be regarded as a coordinating entity and responsible for palliative care issues. Concrete functions, but limited staff and limited budget. |



EU Iceland

| | | |
|--|---|---|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p> 3</p> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p> | <p>The Icelandic Association of Palliative Care has annually had a one day long congress/scientific meeting on palliative care where there has been good multidisciplinary attendance. Pediatric PC has been addressed but not every year. In 2024, the topic was about PC and life threatening non cancer diseases. Landspítali, the National University Hospital of Iceland, annually hosts the event “Science in the Spring”, where researchers connected to the hospital present their research, including topics on PC. The University of Iceland annually hosts the conference “Biomedical and health Sciences Conference at the University of Iceland”. Every year a congress over a couple of days is held for medical doctors (and nurses), organized by the Icelandic Medical Association, and the Icelandic Nurses’ Association holds yearly congresses, often including PC.</p> |
| <p>Ind7:1</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> 2</p> <p>Reflects a limited number of articles published.</p> | <p>There are few every year but fair if population is considered. The number of PC professionals is low but there some publications. Doctoral students publish articles in peer-reviewed international journals, master students often participate in peer-reviewed Icelandic papers (most often in the Icelandic Medical Journal or the Icelandic Journal of Nursing). Three professionals working at Landspítali participated in the iLIVE project.</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p> 3</p> <p>They do exist national research calls that do include palliative care topics.</p> | <p>Calls for research are not PC-specific but researchers can apply to: 1st) The Cancer Society’s Research Fund (supporting research in cancer, evaluated by members of the Cancer Society’s Science Council); 2nd) The Research Fund of Landspítali the National University Hospital of Iceland; and 3rd) The Research Fund of the Icelandic Nurses’ Association (supporting nurses in research and scientific work).</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p> 3</p> | <p>11,172 S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>6 4959 11172 19773</p> |



EU Iceland

| | | |
|--|---|---|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p> 4</p> <p> 4</p> | <p>There is very good availability of medicine for pain and palliative care in the country. The Icelandic Medicines Agency has a list of necessary medicines (including opioids).</p> |
| <p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p> 4</p> <p> 4</p> | <p>There is very good availability of immediate release morphine in urban areas as well as rural areas. Physicians in primary care settings do prescribe these medicines for patients but have to write a certain prescription (exemption) that goes electronically to the Icelandic Medicine Agency (takes usually 1-2 hours to get approval). Every year the Agency publishes a list over the medicine that most often have been prescribed, including a list of medicine that are with these certain prescriptions: like the list from 2023.</p> |
| <p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p> 4</p> <p> 4</p> | <p>Availability is very good; however, the use of different opioids/ different formulations is probably variable depending on the training and experience of the medical staff. No difference between urban and rural areas. Every year the Icelandic Agency of Medications publishes a list of most often prescribed medicines, and its formulations. The Icelandic Medicines Agency publishes if medicines are not available in the country and also when they become available again.</p> |

EU Iceland

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>0/1</p> <p>1/1</p> <p>2/2</p> <p>2/2</p> <p>0</p> <p>No</p> | <p></p> <p>Iceland has one medical school, which currently does not include compulsory teaching in palliative medicine. However, some classes are offered: two hours during the fourth year (under internal medicine) and three hours (under oncology). Nursing education is provided at two institutions: the University of Iceland and the University of Akureyri. Both schools offer only 2-3 lessons in palliative care. At the master's level, there are optional palliative care courses. Students can enroll in these courses (which are not offered every year and often have low enrollment) and focus their assignments on palliative care if they wish to specialize in this field. There is no specific legislation or regulations governing palliative care education in Iceland. However, the Ministry of Health's five-year palliative care strategy includes a chapter emphasizing the need to promote education and training in palliative care for all healthcare staff. The strategy states that palliative care should be integrated into educational curricula for students, and emphasis should be placed on establishing teaching positions in nursing schools and medical school at a minimum (p.12, objective 3.1).</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>In 2015 Palliative Medicine was recognised as a subspecialty to Internal medicine. Since 2023 it is a subspecialty to internal medicine or it can be an add on specialty to another clinical specialty. Iceland has been a part of the Nordic Specialist Course in Palliative Medicine, (Nordic Specialist Course in Palliative Medicine), which has its final specialist training programme 2023-2025. After 2025 there will not be a training programme in Iceland, but certainly a need to build that in the future. Hopefully training for doctors will be possible in the other Nordic or European Countries until then.</p> |

EU Iceland

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>The majority of Iceland's population (63%) lives in the greater Reykjavik, where the largest hospital, Landspítali, the National University Hospital of Iceland, is located. There are smaller hospitals in other districts serving quite large geographic areas. There are no freestanding hospices but the only specialised PC unit at Landspítali (serving both as an acute care unit and as a hospice, as between 7-8% of all deaths in the country take place there). Landspítali consists of an inpatient acute unit (24/7, 12 beds and 2 acute), a palliative consulting team (serving the hospital as well as consulting outside) and a specialised PC home team (serving 120-140 patients). In Akureyri, a specialised PC home team is run by the second largest hospital. As a part of the Palliative Care Strategy from 2021, there is the objective of establishing PC beds in all health districts (in hospitals or nursing homes). Furthermore, some hospitals have PC beds without specialisation and are developing home care teams. There are already four beds in The Healthcare Institution of South Iceland and there is a possibility of two PC beds in a nursing home in the eastern Iceland.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ICELAND</p> <p>1.01</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p></p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>Due to the very small population in Iceland and few deaths of children annually (in 2022: 17 children; in 2023: 10 children) a specialised PC service dedicated to children only has not been established. There is no equivalent of the PC home team or PC unit for children exclusively. There are very experienced nurses and physicians providing care to children at Landspítali University hospital but the hospital based PC consultation team at Landspítali has assisted with symptom control at the Children's hospital and the specialised PC home team has also sporadically assisted with end-of-life care in cases when children and families have wished to stay at home. Underway is work to strengthen this collaboration. Children receive excellent disease-modifying treatment (for example oncologic treatment), and there is great will and interest in building up PC for children.</p> |



General data

POPULATION, 2023

5,307,600

PHYSICIANS / 1,000 INH, 2021

4.06

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

103,887

HEALTH EXPENDITURE (% GDP), 2021

6.71

UNIVERSAL HEALTH COVERAGE, 2021

83



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT



Consultants: Paula O'Reilly, Karen Ryan and Karen Charnley.

National Association: All Irish Hospice Palliative Care.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ireland

F Provision of PC (Specialised Services)

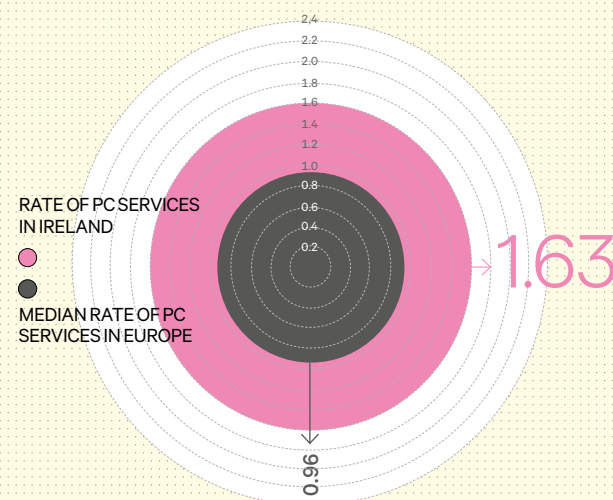
Total number of Specialised PC services

87

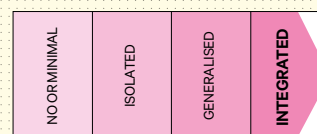
Rate of PC services per 100,000 inhabitants

1.63

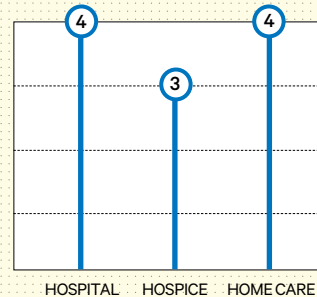
Ireland in the context of European region



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

29



Ireland

D Use of essential medicines

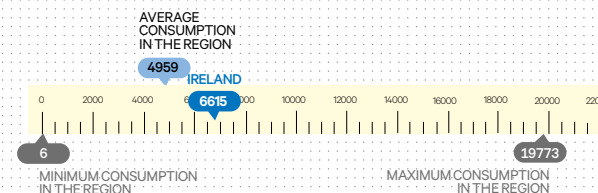


Opioids consumption (excluding methadone)

6,615

S-DDD/MILL INHABITANTS/DAY

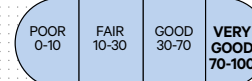
Ireland in the context of European region



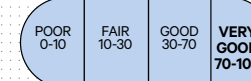
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %

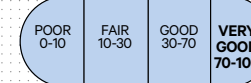


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

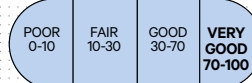


IN RURAL AREAS %

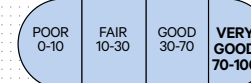


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



6/6

Nursing schools with mandatory PC teaching



13/13

PC Full Professors



1

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Ireland

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There are several groups: the Irish Association for Palliative Care (IAPC), a Collective and Expert Voice for Palliative Care in Ireland; the Irish Hospice Foundation is the national organisation for dying, death and bereavement who work towards the best end-of-life and bereavement care. Initiatives such as Nurses for Night Care in collaboration with the Irish Cancer society and its Bereavement Support Line helps those navigating end of life and bereavement matters. The All Ireland Institute of Hospice and Palliative Care (AIHPC) is a leading organisation with national and international influence promoting excellence in palliative care. AIHPC is a collaborative of hospices, health and social care organisations, charities and universities on the island of Ireland. In addition, disease-specific organisations such as the Irish Cancer Society, Irish Motor Neurone Disease Association and the Irish Lung Fibrosis Association Promote PC. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | The Decision Support Service (DSS) was established in 2023 under the Assisted Decision-Making Act 2015, providing legal framework for supported decision making and for the appointment of decision makers if the person lacks capacity. The DSS provides a portal for the registration of enduring power of attorney and co- decision makers and decision-making assistant, and produced a list of codes which provide guidance to the public and professionals on decision support arrangements. The DSS also provides information on how to make an advance health-care directive. The Act also provides for the establishment of an AHD register, however this is not implemented. The Irish Hospice Foundation developed a planning ahead pack called Think Ahead (a tool to initiate conversations on ACP). |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | National Adult Palliative Care Policy 2024 offers an opportunity to develop the governance, coordination, and delivery of services in line with existing structures such as the HSE Health Regions as well as the Enhanced Community Care, National Cancer Control Programme, and National Traveller Health Action Plan. The policy includes an implementation plan including 25 recommendations, a timeline and 105 associated actions. The policy is structured against the overall health strategy - Sláintecare. The Irish government announced recurring funding in the 2025 service plan. This policy outlines specific actions on Adolescence and Young Adults and also deals with areas where adult PC services intersects with community PC provision. Children's PC policy is otherwise out of scope of the National Adult Palliative Care policy- it is guided by the Children's PC policy 2010. The Programme for Government commits to updating the 2010 Children's Policy in the lifetime of the |

EU Ireland

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | Government. There is also the National Clinical Programme for PC, run by the HSE, and overseeing engagement with providers. The HSE collects data on service delivery from the specialist PC service providers on an ongoing basis (Report Adult Specialist Palliative Care Services in the Republic Of Ireland, 2012-2015). The 'Minimum Data Set' is a national survey of demographic and patient activity data for specialist PC services. |
| 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 recognised by a government decree or law but not in the General Health Law. | Sláintecare is the Health Service Executive and department of health's overall improvement strategy for reforming Ireland's health and social care system. PC is referenced within the Sláintecare plans in several areas including the needs for universal PC. Social care expansion will start with delivering universal palliative and homecare services. Other areas of social care require additional work to cost and examine staffing implications of reforms and the best way to provide services. These include, for example, the redesign of services for people with disabilities. Health system is publicly funded, run by the Health Service Executive, and a private system that operates alongside. Take-up of private health insurance is supported by public subsidies. An OECD report highlighted that healthcare was largely funded by the State (78.3%) but that a prominent role remains funded by household out-of-pocket payments and voluntary private insurance schemes. |
| 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 a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions, staff and budget. | In the Department of Health, Siobhan McCardle, Assistant Secretary, Social Care, Mental Health, Drugs Policy and Unscheduled Care role includes PC. A subdivision of the Assistant Secretary's office deals specifically with Older Persons Strategy and PC and is led by a Principle Officer. The team oversaw the National Adult PC policy (2024) and the interdisciplinarity of PC was reflected in the composition of the policy Steering Group. The principal Officer manages a small team including PC within their remit. Within the Health Service Executive, there is the National Clinical Programme for PC which includes a Clinical Lead and a Programme Manager. There is also a National Office, National Lead for PC, Access & Integration and two Programme Managers. A budget has been granted within 2024 to support the role out of the National Adult PC Policy. Funding for specialist services are currently provided by Community Health Organisations (HSE) which will move to Regional Health Authorities due to reorganisation of health services. |



EU Ireland

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> At least one national conference specifically dedicated to palliative care every year. | Within 2024 there have been a number of National Conferences including: a) the Irish Association for Palliative Care Education and Research Seminar 2024; b) The National Palliative Care Conference 2024 – North West Hospice Explorations; c) Eventbrite Annual Palliative Care Research Network Symposium (AIIHPC); d) Palliative Care Research Network Symposium; and e) the Compassionate Communities in Palliative and End of Life Care Conference (AIIHPC). For 2025, there are some planned conferences such as the 17th Kaleidoscope International Palliative Care Conference <i>The Evolution of Palliative Care – Where to next?</i> , or <i>Explorations</i> The National Palliative Care Conference 2025–North West Hospice. |
| Ind7.1 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. | <div><div></div><div></div><div></div><div>4</div></div> Denotes an extensive number of articles published on this subject. | AIIHPC as part of our support for the Palliative Care Research Network Palliative Care Research Network-The Palliative Hub Professional compiles a listing of the publication published by PCRN members, please see Publications-The Palliative Hub Professional. |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div></div><div>4</div></div> There is a palliative care-specific national research call. | In 2024 the Health Research Board issued a call for Collaborative Research Networks 2024: Dementia and Palliative care, where palliative care researchers can submit research proposals to a range of funders on the island including the Health Research Board, Irish Research Council and Higher Education Authority, but the calls are for research grants and are not palliative care specific. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div>6,615</div> <div>S-DDD PER MILLION INHAB /DAY</div> <div>COUNTRY VS REGION</div> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>IRELAND</div><div>6615</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div> | Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022. |






EU Ireland

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Several documents evidence the wide availability of essential medicines for pain and palliative care in the country at the primary level in Ireland: 1) Palliative Medicine Services Palliative Meds Info, 2) National Clinical Guidelines Clinical Guidelines - HSE.ie, 3) National Model of Care including symptom management Model of Care - HSE.ie, 4) -Needs Assessment Guidelines including e-Learning Programme Needs Assessment Guidance - HSE.ie; and 5) Access to Essential Medicines for Palliative Care in the Community (October 2024). |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Several documents evidence the wide availability of immediate-release oral morphine at the primary level in Ireland: 1) Primary Care Reimbursement Service data, 2) Palliative Medicine Services Palliative Meds Info, 3) National Clinical Guidelines Clinical Guidelines - HSE.ie, 4) National Model of Care including symptom management Model of Care - HSE.ie, 5) Access to Essential Medicines for Palliative Care in the Community (October 2024). |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Various documents highlight the extensive availability of diverse opioid medications in multiple formulations within Ireland's primary care framework. These include data from the Primary Care Reimbursement Service, information from Palliative Medicine Services, National Clinical Guidelines published by HSE.ie, the National Model of Care for symptom management, and the report <i>Access to Essential Medicines for Palliative Care in the Community</i> (October 2024). |

EU Ireland

| | | |
|---|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>6/6</p> <p>0/6</p> <p>13/13</p> <p>0/13</p> <p>1</p> <p>No</p> | <p></p> <p>All medical and nursing schools teach mandatory palliative care to undergraduate students; and there is one full professor in palliative medicine, Professor Andrew Davies - Trinity College Dublin. In 2014 the HSE's Palliative Care Competence Framework was published for health and social care professionals working in various health care settings. The framework provided core competencies in palliative care whilst also detailing individual competences for each health and social care discipline. It is envisioned that the framework will inform academic curricula and professional development programmes. The Forum of Irish Postgraduate Medical Training Bodies endorsed the report and outlined that it was to be used when reviewing the undergraduate and postgraduate curricula for medicals. The Nursing and Midwifery Board of Ireland also endorsed the report and outlined that it was to be used when reviewing the undergraduate and postgraduate curricula for nurses. In nursing the current requirements and standards indicate that some instruction in palliative and end-of-life care be included but there is no specific amount of time indicated. It is up to each School of Nursing to decide the level and amount of content they wish to provide. The current requirements and standards are due to be replaced with each School of Nursing, developing a new curriculum based on the new requirements and standards. Furthermore, one of the actions in the new National Adult Palliative Care Policy 2024 is to undertake a review of undergraduate programmes (15.2).</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative Medicine is a speciality in the Republic of Ireland (higher specialist training in palliative medicine outcome-based education-obe curriculum).</p> |

EU Ireland

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>According to the IAPC directory of specialised services, there are 87 services (1,79 services per 100,000 inhabitants). There are 14 hospices (one under planning); a hospice available in each key region. These hospices have outreach community teams (separate community Specialist palliative care teams) and have 174 level-3 specialised beds. There are 32 community specialist palliative care teams covering all 26 counties. The community specialist palliative care teams work in close partnership with GPs and primary care teams and provide expert palliative care to both adults and children in all community settings, including nursing homes. In 2023, community palliative care teams provided care to an average of 3,900 patients each month in their own homes. Furthermore, there are approximately 180 level-2 palliative care support beds (not specialist beds but intermediate level PC in local regions). There are also support palliative care services available in 37 acute hospitals across model 2, 3 and 4 hospitals (support PC team consultants in palliative medicine input and CNS input varies depending on size of hospital).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>IRELAND</p> <p>1.63</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>87</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: specialised palliative care services or teams for children are systematically provided.</p> <p>29</p> <p>PPC TEAMS</p> | <p>Laura Lynn Ireland's Children's Hospice provides an Inpatient Unit in Dublin and home care services to certain areas. There are three Children's Palliative Medicine consultants located in Children's Health Ireland PC. Adult PC services also support the care of children and young people in need. All community support PC teams provide care to adults and children and are linked locally to a paediatrician and centrally with Children's Hospital Ireland. The HSE is recruiting four paediatricians which a special interest in PC to operate in hospitals outside of Dublin. There is a National Steering Committee for Children's PC which is attended by the network of Clinical Nurse Coordinator for Children with Life Limiting Conditions.</p> |



General data

POPULATION, 2023
9,756,600
PHYSICIANS / 1,000 INH, 2021
3.65

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
52,642
HEALTH EXPENDITURE (% GDP), 2021
7.90
UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



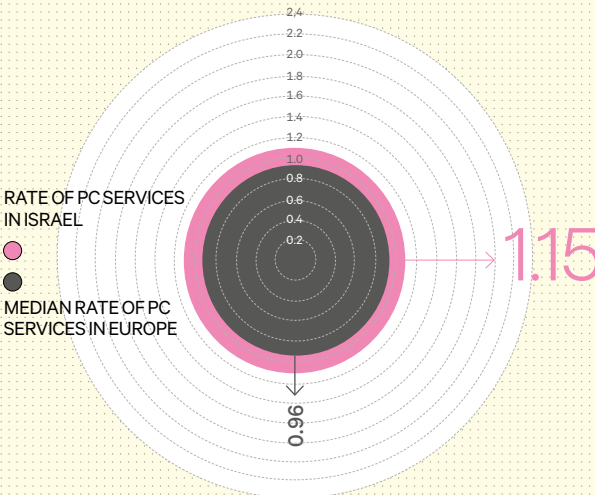
Consultants: Ron Sabar and Adir Shaulov.
National Association: Israeli Palliative Medicine Association.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Israel

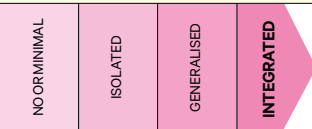
F Provision of PC (Specialised Services)

Total number of Specialised PC services
113
Rate of PC services per 100,000 inhabitants
1.15

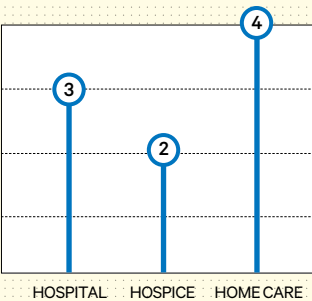
Israel in the context of European region



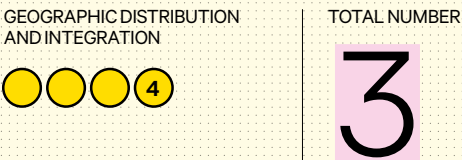
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

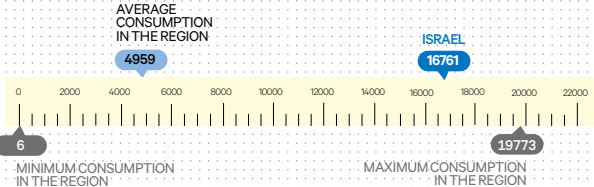


Israel

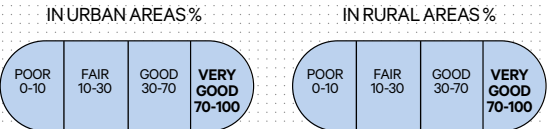
D Use of essential medicines

Opioids consumption (excluding methadone)
16,761
S-DDD/MILL INHABITANTS/DAY

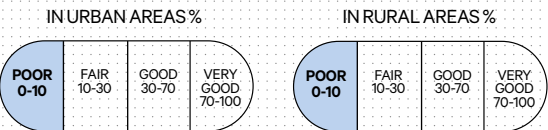
Israel in the context of European region



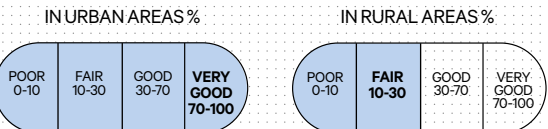
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
2

Inclusion of PC topics in National Research Calls
3

Existence of PC congresses or scientific meetings
4

E Education & Training

Medical schools with mandatory PC teaching
2/6

Nursing schools with mandatory PC teaching
0/30

PC Full Professors
1

Recognition of PC specialty
4

B Policies

National PC plan or strategy
2



Responsible authority for PC in the Ministry of Health
2





Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities

Groups promoting the rights of PC patients
4



Advanced care planning-related policies
4




| | | |
|---|---|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There are several groups promoting the rights of patients with palliative care needs. The National association of palliative care, multiple NGOs promoting palliative care, patient advocacy, advance directives like Israel Caregivers, the Israel Society to Live and Die with Dignity. Besides, there are two university centres dedicated to promoting palliative care: The Kappy and Eric Flanders Palliative Care Resource Centre based at the Ben-Gurion University of the Negev (BGU-PCC) and the Tom and Mitzvot Centre, Systemic support and accompaniment towards the end of life. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | A 2015 law on advance care planning, including living will and advance directives exist, albeit with limited use. There is a law entitled "The dying patient act" which defines which patient can be diagnosed as 'A dying patient' and which rights these patients have that other patients don't bus-a-vis their right to choose which life sustaining and other treatments should be provided and which ones should be stopped. The first annex to the law is An advance Directive Form. |
| 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. |  Developed over 5 years ago.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | There is a national plan published in 2016. While implementation has been very sluggish, there has recently been improvements (although this has yet to be monitored systematically). In 2009 a directive from the ministry of health was issued recognizing that all patients that are diagnosed with a life limiting condition and are expected to survive 6 months or less, are entitled to receive 24/7 palliative care by a multi-disciplinary team, whether they choose to be hospitalized or stay at home. Services are rendered free of charge and are fully covered by the national basic health basket coverage. There are national quality measurements and indicators for what is considered high level palliative care development and there was one national peer-review audit. Unfortunately, the purchasing departments of the HMO's which are buying services from different providers, do not work by these standards when purchasing such services, and rather focus on price. The medical departments of |

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | these HMO do perform very strict audits on all providers and make sure standards of service remains high. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Included in national health coverage law, however without clear definition as to what is included in palliative care services. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions but do not have a budget or staff. | Although, officially, the ministry of health has one of its departments overseeing the level of palliative care rendered; in reality, the ministry lets the HMOs be in control without any significant oversight. Palliative care is under the jurisdiction of the Geriatrics department of the ministry of Health, without clear staffing and budgeting, although budgeting, is provided. |

| | | |
|---|--|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance. | There are at least two national palliative care conferences each year. One by the Israeli Association of Palliative Medicine and the other by the Tom institute of Palliative Care. |
| Ind7.1 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. | <div><div></div><div>2</div><div></div><div></div></div> Reflects a limited number of articles published. | There is very little research done and much less published. The little research published to date is mainly in Hebrew for a very local audience. |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div>3</div><div></div></div> They do exist national research calls that do include palliative care topics (either scarce or more frequent). | Annual national private funding from the Kappy Flanders centre, Ben Gurion University, and sporadically from the national institute of health policy (government funded). |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>16,761</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>ISRAEL</div><div>16761</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> | |

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All mentioned medicines are part of the checklist of essential medicines that all public primary care clinics (not single-physician, or private services) must have at all times. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | There is no available immediate-release oral morphine. It is not on the required list. The rapid mode of administration is via subcutaneous or intravenous morphine. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div>2</div><div></div><div></div></div> | Primary care clinics typically store only morphine in ampoules to treat acute cases of severe pain or pulmonary edema. But all primary care physicians are allowed to prescribe all types of opioids available in Israel, and all community pharmacies will typically have these medications on stock. And if they prefer not to stick in advance (as in the case of ROOs because they are very expensive) they will order it and have on stock the following day. There is no difference in the availability of opioids in primary care clinics, regardless of their location, as they all must have ampoules of morphine but all community pharmacies stock and dispense all opioids (in general-clinics do not dispense medications-all kinds- medications are only available in pharmacies). |

| | | |
|--|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p> | <p>2/6</p> <p>4/6</p> <p>0/30</p> <p>0/30</p> <p>1</p> <p>No</p> | <p></p> <p>Out of six medical schools, two have an organized compulsory palliative care course: Technion University and Hebrew university. Other medical schools have compulsory lectures or single days devoted to palliative care. The majority of nursing schools have a very basic introductory experience to palliative medicine, but none has a full course only on palliative care; it is typically a single experience with student exposed to teams working with end-of-life patients, either in hospitals or home hospices. Therefore, other than sporadic lectures, palliative care is not part of undergraduate training in nursing schools. There is one full professor in palliative medicine, Professor Nathan Cherny; and the only regulation and policy are on providing palliative care and the specialty programmes for physicians and nurse practitioners, not on education in the undergraduate level.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Since 2015 there is a sub-specialty in palliative medicine for physicians, under the Israel Medical Association (included in the list of specialties and subspecialties). Since 2013 (two years earlier than physicians), there is a palliative specialty for nurse practitioners.</p> |

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>There is access to PC via home hospice units everywhere, regardless of location, age and condition; he/she is entitled to free PC by a multidisciplinary team, on call 24/7/365. These are provided primarily by private contractors, fully covered by the HMOs (either as an in-house or outsource service), mostly by no specialists with specialist backup. Although a directive was issued 5 years ago by the MoH, not all hospitals have PC consultants and in 5 of the 24 public hospitals (Rambam, Beilinson, Ichilov, Shaarei Zeedek, Soroka), the PC team consults people with all life limiting illnesses. Furthermore, there are 3 official in-patient hospital end of life units (Sheba, Dorot, Hadassah) with a total capacity of 45 beds. The rest of PC in hospitals is done in either oncology or general medical wards. Furthermore, there are around five commercial home PC companies that provide this service to the HMO s nationwide (eg. there is one home hospice unit, accredited as a specialist service (allowed to train residents in palliative medicine), that operates nationwide (Sabar Health) and is the largest home hospice provider.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ISRAEL</p> <p>1.15</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>113</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p></p> <p>PPC TEAMS</p> | <p>While few programmes exist in hospitals, some private home care contractors provide service for children. There is one in-patient hospice for children in Sheba hospital, and with regards to home care, the Sabar Health is accredited as a specialist palliative care service in the community and offers home based palliative care nationwide, making it available everywhere.</p> |



General data

POPULATION, 2023
58,993,475

PHYSICIANS / 1,000 INH, 2021
4.09

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

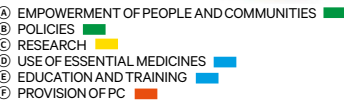
GDP PER CAPITA (US\$), 2023
39,003

HEALTH EXPENDITURE (% GDP), 2021
9.38

UNIVERSAL HEALTH COVERAGE, 2021
84



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



Consultants: Giulia Borghini; Moreno Crotti Partel; Emanuele De Leo; Carlo Peruselli; Melania Raccichini; Mirjana Stampfer; Silvia Varani and Danila Zuffetti.

National Association: Italian Palliative Care Federation (FCP), Maruzza Lefebvre D'Ovidio Foundation. Italian Society of Palliative Care (SICP).

Data collected: October 2024–March 2025

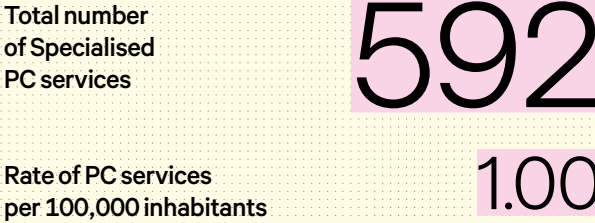
Report validated by consultants: Yes

Endorsed by National PC Association: Yes

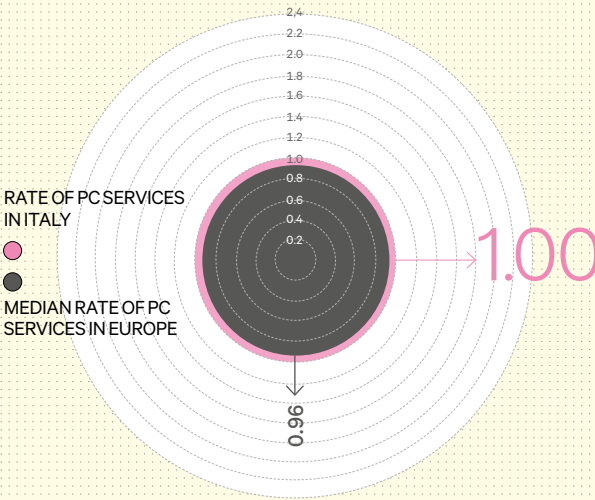
Edition: Edited by Atlantes Research Team.

Italy

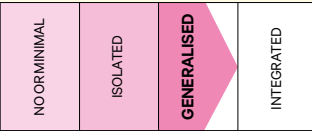
F Provision of PC (Specialised Services)



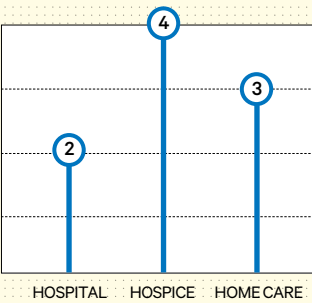
Italy in the context of European region



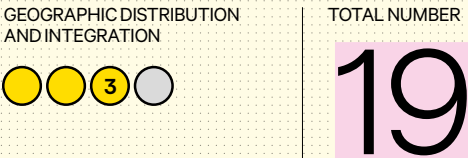
Geographic distribution and integration of PC services



Level of development of different types of PC services

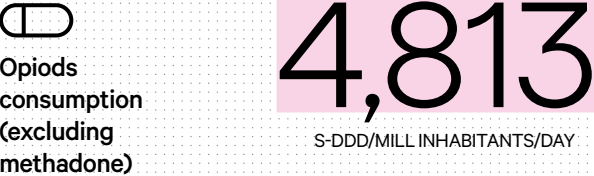


Paediatric PC Services

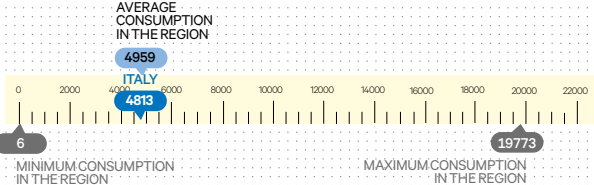


Italy

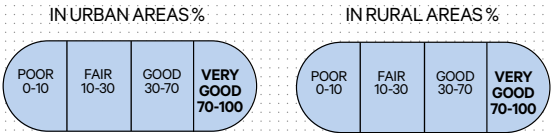
D Use of essential medicines



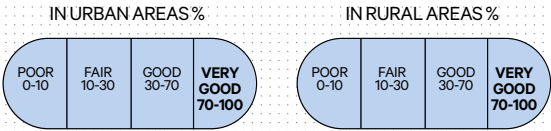
Italy in the context of European region



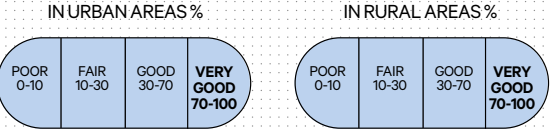
Overall availability of essential medicines for pain and PC at the primary level



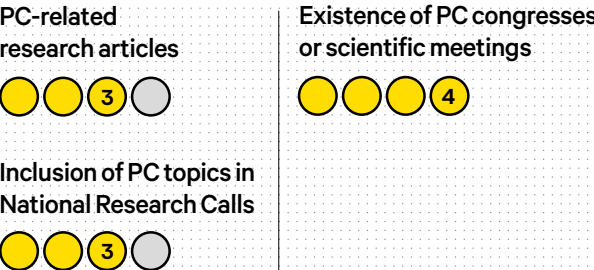
General availability of immediate-release oral morphine at the primary level



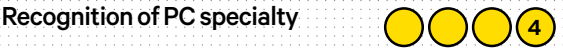
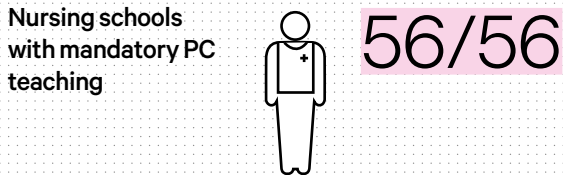
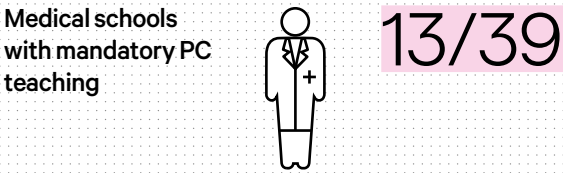
General availability of different opioids and in different formulations at the primary level



C Research



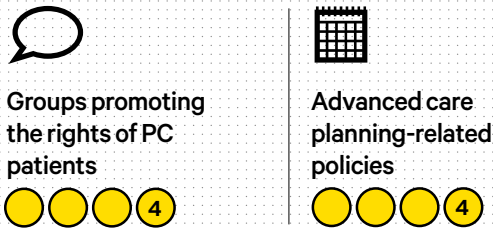
E Education & Training







B Policies









A Empowerment of people and communities










| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There are several groups promoting the rights of patients with palliative care needs. The major associations present in Italy are the Italian Society of Palliative Care (SICP), the Federation of Palliative Care (FCP), and the Maruzza Lefebvre D'Ovidio Foundation. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | Italy has national policies and guidelines regarding AD and ACP. In 2018, Law No. 219/2017 on "Informed Consent and Advance Directives," recognised the right of individuals to express their wishes regarding medical treatments in case they become unable to make decisions. This law allows citizens to create a <i>Disposizioni Anticipate di Trattamento</i> (AD), where they can outline their preferences for care, including end-of-life decisions and the refusal of life-sustaining treatments. The law also deals with informed consent, patient autonomy, and shared decision-making. It encourages individuals to engage in ACP and appoint a 'trustee' (a legally designated person) to ensure that their wishes are respected if they are no longer able to communicate. However, several challenges hinder implementation. |
| 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, and actively evaluated or audited.  Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | Main approved national laws and norms include: 1s) Law 15 March 2010, N.38 (Law on access to palliative care and pain therapy), 2nd) the Formal Agreement between Ministry of Health and Regional Health Services "decree defining the organisational model of Regional and Local Palliative Care Networks (July 2012), 3rd) the Decree of January 12 2017 on defining the essential levels of care and assistance that must be guaranteed in Italy; and 4th) the agreements at the the State-Regions Conference on 27 July 2020 and 25 March 2021, on 'Accreditation of Palliative Care Networks for Adults' and 'Accreditation of Paediatric Pain Therapy and Palliative Care Networks'. The National Agency for Regional Health Services (AGENAS) is responsible for periodic monitoring of palliative care networks since 2010. The last report <i>Investigation on the state of implementation of law 38/2010 regarding the palliative care network</i> was published in 2022, and contains indicators calculated for the LEA* |

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | 2019 survey and the specific indicators identified by AGENAS relating to the hospital dimension of palliative care, hospice and home care provided to cancer patients (*LEA refers to services that the National Health System provides to all citizens, free of charge or against a small fee (ticket). Furthermore, the document contains a specific report on the implementation of the palliative care networks, to which the all 21 Italian regions and the all 99 Local Health Units (ASL) responded. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Through Decree of 12 January 2017, PC became part of the essential levels of assistance guaranteed by the National Health Service. Levels of assistance were described in article 21 (Integrated care pathways: access to health and social services is guaranteed (...); article 23 (Home PC: Basic and specialist level of care is provided by PC Units and no longer by general home care service); article 31 (Specialist palliative care centres: Hospices guarantee local assistance to patients in the terminal phase of life), article 38 (Hospitalization for acute patients: PC is expressly mentioned as clinical, pharmaceutical and instrumental services that must be guaranteed; and article 15 (Specialist outpatient care: The National Health System provides for the PC first multidisciplinary examination). The Ministerial Decree 77/2022 (DM77), launched the new model of territorial healthcare organisation and defined standards of care. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions and staff, but do not have a budget. | The Section O of the Technical Health Committee of the MoH assess the implementation of Law 38/2010 on PC and Pain Therapy. The Section O carries out monitoring activities to evaluate the trend in the prescription of drugs used for pain therapy, the level of implementation of national guidelines, and the state of development of PC networks. It pays particular attention to territorial inequalities and to the provision of PC in neonatal, paediatric and adolescent age, evaluating: a) data relating to the prescription and use of medicines in pain therapy, and opioids; b) development of national networks (with reference to verifying compliance with indicators and criteria); c) state of progress of the two networks, also with reference to the level of integration; d) the services provided and their outcomes; e) training activities, f) information campaigns; g) research; and h) economic aspects. It is composed by 14 members designated by the MoH: 10 experts and 4 representatives of the Ministry. |

| | | |
|---|---|---|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.</div></div> | <div>The Italian Society of Palliative Care (SICP) organizes an annual national congress, which is a prominent event focused on developments, research, and training. In addition to SICP's events, there are numerous national meetings and conferences organized in partnership with SICP or under its patronage. The Federation of Palliative Care (FCP) also develops an annual training programme aimed at non-profit organisations and volunteers directly or through the network of member organisations in the area. These gatherings aim to expand PC education and involve collaborations with universities, health organisations, and other professional societies. Another key event is the Maruzza Foundation International Congress on Pediatric Palliative Care, every two years in Rome, providing an international forum on paediatric aspects of PC.</div> |
| <div>Ind7:1</div> <div>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.</div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>Represents a considerable amount of articles published.</div></div> | <div>Research has significantly grown, prompted by increased attention to end-of-life care needs and the establishment of national PC networks. Italian scholars contribute to several dozen publications annually and a recent report found that theypublished numerous studies addressing the challenges of PC within the healthcare system, both in Italian and international publications. The focus includes paediatric PC (ie. PALLIPED project).</div> |
| <div>Ind7:2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics.</div></div> | <div>Active projects include: 1st) Observatory on PC: central hub for research designed to gather and analyze data, promote best practices, and foster collaboration among professionals, policymakers, and researchers; 2nd) Demetra Project: focused on enhancing quality of life for patients in PC settings, combining clinical practice with educational initiatives and, 3rd) INSPIRE Project by the National Cancer Institute of Milan.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | | <div><div><div>4,813</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>ITALY</div><div>4813</div></div><div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div></div><div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> |

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | <p>According to national regulations, urban health facilities are generally equipped with a variety of essential medicines. The Italian healthcare system mandates their provision in hospitals and local health units. Medicines such as morphine, oxycodone, paracetamol, and ibuprofen are commonly available. Moreover, medications like codeine, fentanyl, and midazolam are also included in primary care settings. Reports from the MoH indicate that percentage of health facilities in urban areas providing these medications is high, though disparities exist. While metropolitan regions have comprehensive access due to better infrastructure, rural and less developed urban fringes may experience gaps in consistent supply. Bureaucracy, public concerns, and uneven healthcare protocol implementation challenges persist.</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | <p>Data from the INCB indicates that Italy's per capita opioid use, measured in OME, has historically been lower than other nations. This is due to a combination of regulatory, cultural, and healthcare system factors. The National Health Service ensures that opioids are available through hospitals, pharmacies, and specialised programmes but still opioid use is sometimes limited by public perception, concerns about addiction, insufficient training among providers, and overly restrictive prescription regulations. The MoH has implemented measures to address these, including educational initiatives for healthcare professionals and regulatory adjustments. IR oral morphine in rural areas is lower compared to urban areas due to challenges in logistics, infrastructure, and healthcare workforce distribution.</p> |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | <p>Availability of various opioids in different formulations at the primary care level in urban areas is relatively high. Estimates suggest that about 80%-90% of facilities have access to essential opioids in multiple formulations, such as oral tablets, patches, and injectable solutions. Urban centres have comprehensive healthcare services, ensuring morphine, oxycodone, fentanyl, and buprenorphine for pain and PC. However, factors such as regulatory processes, prescription monitoring, and awareness can influence the distribution and usage of opioids. Occasional administrative and logistical barriers might slightly impact supply. In rural areas, availability is lower due to challenges in logistics, infrastructure, and healthcare workforce distribution. It is estimated that 60%-70% rural healthcare facilities have access to these opioids.</p> |

| | | |
|---|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>13/39</p> <p>25/39</p> <p>56/56</p> <p>N/A</p> <p>2</p> <p>Yes</p> | <p></p> <p>According to the Recommendation from the Italian MoH and Italian Ministry of Education (2018), University and Research (MIUR), with note no.13244 of 26 April, sent a recommendation to the Degree Courses in Nursing, Paediatric Nursing, Physiotherapy and Occupational Therapy for the integration of PC in their teaching plans. On 15 May 2018, the Permanent Conference of the Degree Courses of the Health Professions approved a motion in favour of the MIUR recommendation and urged the Coordinators/Presidents to integrate the study plans with specific training programmes in the field of PC and pain therapy. In a 2021 survey based on 2019 data, training objectives related to PC were included in 75% and 80% of Nursing and Paediatric Nursing courses, respectively. There are 48 Universities with at least one Degree Course in Nursing and 8 with at least one Degree Course in Paediatric Nursing. Whilst all nursing schools should provide mandatory teaching, no data is available. There are two full professors and many adjunct professors. Related legislation includes Law 38/2010 (establishing the need to train healthcare professionals specialised in PC and promoting integration into the educational pathways; the Inter Ministerial Decree No. 1109/2021 (establishing the School of Specialisation in Medicine and PC, and making Paediatric PC course mandatory in the paediatric specialisation programmes); the Ministerial Guidelines by the MoH (to integrate PC into the curricula of undergraduate healthcare professions); and the State-Regions Agreements between the State and Regions defining training standards for PC networks and requirements for professionals working in PC services.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>The long process of implementing the art. 8 of law 38/2010 concluded with the establishment of the specialisation school in “Medicine and Palliative Care” starting from the 2021-2022 academic year and the introduction of the Paediatric Palliative Care Course as part of the compulsory school courses of specialisation in paediatric (art. 5-ter of the Legislative Decree of 19 May 2020, no. 34, converted with law no. 77 of 2020). There are 68 doctors candidates to become specialists in medicine and palliative care starting from 2026 between those enrolled in the first and second year.</p> |

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>Development is uneven with noticeable shortcomings in home care. The 306 hospices (52.9% in the North, 27.45% in the Centre, 19.6% in the South), around 500 palliative doctors and over 2,100 nurses work, are in line with the provisions of ministerial decree 43 of 2007, but insufficient according to the standards by ministerial decree 77 of 2022. Despite laws intended to improve networks (law 106/2021, ministerial decree 77 of 2022, and law 197/2022), and also the SICP recommendation on Staffing Standards, numbers remain under the need. 592 specialised services are in place: 1st) Hospital PC teams/units in most regions, 2nd) Free-standing hospices in all regions, and 3rd) Home PC teams in most regions.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ITALY</p> <p>1.0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>592</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p>19</p> <p>PPC TEAMS</p> | <p>Ten regions and 2 autonomous provinces established the Regional Reference Centre of Pain Therapy and PC for children; in another 2 there are centres working in specialist PPC, but not yet recognised as a reference centre. Three Regions have activated all the settings of the Network as legally required. Continuity of care is lacking in most facilities (36% offer availability 24 hours a day, 7 days a week) and 6 reference centres have a dedicated/skilled team. In 2023, PPC teams were present in 4 paediatric hospitals (28.6%), in another pediatric hospital, while in a non-exclusively paediatric hospital there is an integrated hospital-territory care path with a level II team. Free-standing hospices exist in Basilicata, Campania, Emilia Romagna, Lazio, Liguria, Lombardia, Piemonte, Sardinia, Sicily, Toscana and Veneto. According to the PalliPed study, there are 19 specialised PPC teams.</p> |



General data

POPULATION, 2023
20,330,104
PHYSICIANS / 1,000 INH, 2021
-

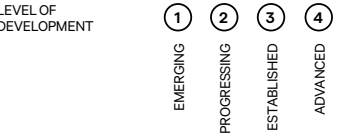
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
12,918
HEALTH EXPENDITURE (% GDP), 2021
3.91
UNIVERSAL HEALTH COVERAGE, 2021
80



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



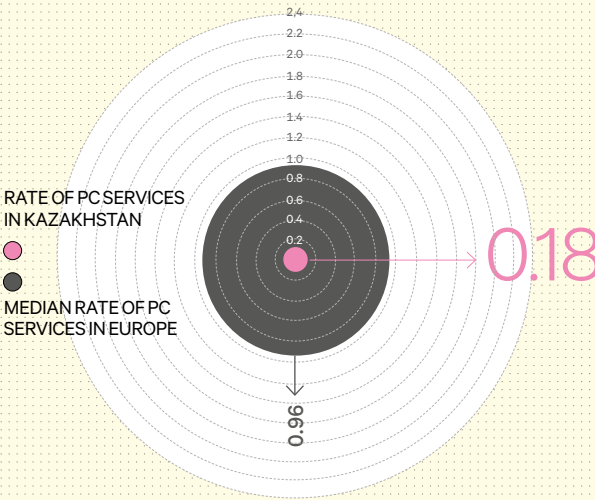
Consultants: Gulnara Kunirova and Yuliya Streletskaia.
National Association: Kazakhstan Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Kazakhstan

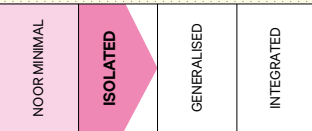
F Provision of PC (Specialised Services)

Total number of Specialised PC services
37
Rate of PC services per 100,000 inhabitants
0.18

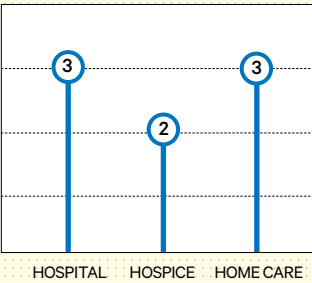
Kazakhstan in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1
TOTAL NUMBER
4

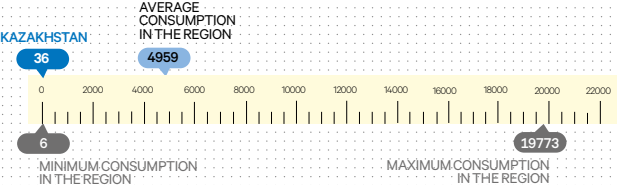


Kazakhstan

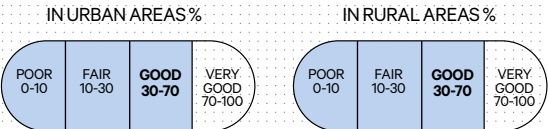
D Use of essential medicines

Opioids consumption (excluding methadone)
36
S-DDD/MILL INHABITANTS/DAY

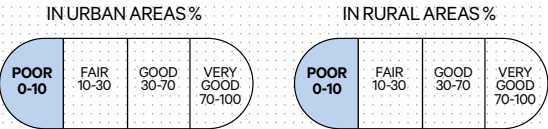
Kazakhstan in the context of European region



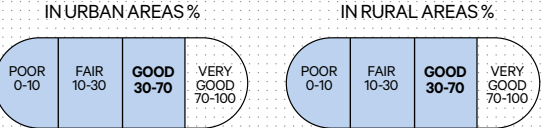
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
2

Inclusion of PC topics in National Research Calls
2

Existence of PC congresses or scientific meetings
4

E Education & Training

Medical schools with mandatory PC teaching
0/10

Nursing schools with mandatory PC teaching
26/85

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
2





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
4

Advanced care planning-related policies
2




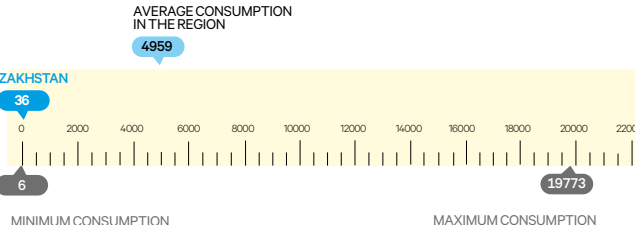
EU Kazakhstan

| | | |
|---|--|--|
| 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/programme areas. | Established in 2013, the Kazakhstan Association for Palliative Care (KAPC) unites governmental and non-governmental legal entities (hospices, PC departments and mobile services, NGOs, educational institutions) that are involved in provision, education and/or promotion of PC. KAPC represents their interests at the state level and is the main contributor to the strategic development of PC. There is also a number of NGOs in different parts that support patients (children and adults), with specific conditions. Amongst them, 'Amazonka' Foundation, with their Hospice-On-Wheels project in Taraz, or 'Credo' supporting elderly in Karaganda. The Association of PC Children of Kazakhstan, 'Omirge Sen' – a public foundation dedicated to helping patients with neuromuscular diseases, the Epilepsy Patient Foundation, 'Amila' Foundation (providing psychosocial support to cancer patients and families), and others patient organisations are notable. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | Counselling and care planning in the early stages of illness are not part of routine. Issues related to AD, including wills and DNR orders, are regulated by various legislative acts, and additional consent or refusal documentation may be required in medical institutions. Recent amendments to the legislation include provisions for AD regarding consent or refusal for posthumous organ donation. The Civil Code allows citizens to create AD, such as wills, to determine the distribution of their property and other decisions after death. A will must be made personally by the testator or recorded by a notary in the presence of a witness; in writing and notarized. Creating a will through a representative is not allowed. If a patient is unable to make decisions for themselves, a legal representative can make decisions on their behalf. |
| 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. |  Not known or does not exist.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | There is no standalone national strategy or a separate government programme dedicated to palliative care. However, The Code on Public Health established palliative care as a separate type of medical care to the population, alongside emergency, pre-physician, primary, specialised, and rehabilitative care. In the Code it is stated that palliative care provision for adults is regulated by a national standard. This was first approved by the MoH in 2013, amended in 2020 and is undergoing another amendment. A separate standard for children is expected by the end of 2025. The Comprehensive Plan on Cancer Control for 2018-2023 (Government Decree) resulted so far in the implementation of mobile home care teams; and the current Comprehensive Plan On Cancer Control 2023-2027 includes steps for developing inpatient and home-based palliative care for cancer patients, as well as educational activities. It does not contain specific indicators or targets regarding palliative care. A three- |







EU Kazakhstan

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | year Road Map on the development of palliative care for 2025-2027 is being discussed. |
| 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 recognised by a government decree or law but not in the General Health Law. | According to both the Standard for the Organisation of Palliative Medical Care and the Standard for the Organisation of Primary Health Care in the Republic of Kazakhstan (Orders of the Minister of Health), palliative care is included in the list of guaranteed services provided on a primary care level. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions but do not have a budget or staff. | A responsible officer within the Department of Organisation of Medical Care of the MoH is defined, who works in close contact with the Chief External Expert on Palliative Care (this figure is not part of the Ministry). In July 2024 a Chief External Expert on Children's PC was appointed for the first time, who will collaborate with the Department of Mother and Child Health Protection of the MoH. Chief external experts are appointed by Order of the MoH and often represent heads of professional associations or national institutes. The MoH official responsible for PC issues has a number of other areas he is responsible for, for example, non-communicable diseases or social support, etc. He/she is part of the staff of the Ministry. The chief external expert on PC does not receive payment or compensation from the Government. |

EU Kazakhstan

| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance. | The Kazakhstan Association for Palliative Care (KAPC) conducts a national conference on palliative care once a year since 2014 (due to pandemic restrictions the conference was not held in 2020). In 2024, the First National Conference on Palliative Care for Children and Young Adults was held separately for the first time. On December 19-20, 2023, the country hosted the Republican Conference with the participation of international experts <i>Community of Mercy: 10 years of the Kazakhstan Association of Palliative Care</i> . On October 3, 2024, the First Republican Conference on Palliative Care for Children and Young Adults <i>Hope in Every Day</i> was held. A dedicated web-site for KAPC conferences was established. |
| Ind7:1 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. | At least 13 articles mentioned in PubMed were published during the period 2019-2024. |
| Ind7:2 Inclusion of PC topics in national research calls. |  Although there are national research calls, no PC topics are ever included. | The possibility of including palliative care topics into national research calls is only being discussed with the Department of Science and Human Resources of the Ministry of Health. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div data-bbox="706 1516 1305 1911"> <div> <div>36</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> </div> <div> <div>COUNTRY VS REGION</div>  <div> <div>36</div> <div>4959</div> <div>6</div> <div>19773</div> </div> <div> <div>KAZAKHSTAN</div> <div>MINIMUM CONSUMPTION IN THE REGION</div> <div>MAXIMUM CONSUMPTION IN THE REGION</div> </div> </div> </div> |

EU Kazakhstan

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The List of Essential Medicines for PC are different to the WHO's one, and are contained in the MoH Order No. -75, 2021 (amended 2024). It contains 18 medicines available for free for patients in need of PC: Omeprazol, Metoclopramide, Bisacodyl, Lactulose, Furosemide, Torsemide, Spironolactone, Propranolol, Dexamethasone, Prednisolone, Ketoprofen, Morphine, Fentanyl, Tramadol, Carbamazepine, Diazepam, Amitriptyline, Pregabalin. NSAIDs are also included in the State Guaranteed Package without specific indication to PC. Paediatric forms are not available. Injectable morphine can be used in children. Tramadol can be used in children after 14 years of age. Although medicines may not necessarily be available at the place of residence, they can be obtained in the closest city, town, rural district centre. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | No oral morphine is currently available. During the period from 2016 to 2018, tableted morphine was produced by a local pharmaceutical company, but due to the fact that physicians did not prescribe to patients, big amounts were discarded and destroyed. The local company terminated production of oral morphine due to financial losses. Oral dosage forms are not available in the country, a slow-release oral morphine formulation has been registered, imported in a small amount in the country, but not included in clinical protocols. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Three kinds of opioids are currently available (only those included in the clinical protocol for treatment of pain in PC): Morphine (injection solution), Fentanyl (transdermal patch), Tramadol (tablet, injection solution, capsule, suppository). Approved Clinical protocol in Russian. By Ministerial Order No 32 dated January 26, 2015 "On Approval of the Rules for the Use of Narcotic Drugs, Psychotropic Substances, and Their Precursors for Medical Purposes, Subject to Control in the Republic of Kazakhstan" (Order of the Minister of Health and Social Development of the Republic of Kazakhstan), preparations are included and opioids may be prescribed and dispensed in an amount sufficient for 25-30 days of therapy for remote regions (10-15 days for urban residents). |

EU Kazakhstan

| | | |
|--|--|---|
| 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. 11.5. PC Full Professors 11.6. Legislation/regulations concerning PC education | <div>0/10</div> <div>1/10</div> <div>26/85</div> <div>59/85</div> <div>0</div> <div>Yes</div> | <div></div> <p>While there is no such discipline as Palliative Medicine on the undergraduate level for doctors, there are usually some elements typical to PC in their programmes, such as Delivery of Bad News, Communication Strategies, Therapy of Pain and Other Symptoms, etc. Medical schools that have bachelor programmes for nurses have PC as a mandatory discipline called Palliative Care (96 hours, including 24 hours of theory and 72 hours of practice).</p> <p>Nurses providing PC have the opportunity to undergo professional development courses on ‘Palliative Care and Oncology’ (4 credits/120 hours) and ‘Palliative Care and Nursing in Cancer Patients’ (5 credits/150 hours), along with other specialised topics in palliative care. Feldshers can attend similar courses on ‘Palliative Care and Oncology’ (4 credits/120 hours) and ‘Palliative and Psycho-Neurological Care’ (6 credits/180 hours). In midwifery, there are two modules: ‘Palliative Care and Oncology’ (48 hours, 2 credits) and ‘Provision of Palliative and Psycho-Neurological Care’ (72 hours, 3 credits). Furthermore, a ‘Palliative Medicine’ module is part of internship, residency, and master’s programmes.</p> <p>Organisations of higher and/or postgraduate education, national and scientific centres, research institutes, and higher medical colleges, based on accredited clinical sites, conduct professional development cycles on the following topics: Onco-Rehabilitation and Palliative Oncology (4 credits/120 hours); Modern Approaches to Organizing Palliative Care and Nursing (3 credits/90 hours); Fundamentals of Palliative Care for Incurable Patients (for higher medical professionals) (120 hours); Palliative Care in the Practice of a General Practitioner (for higher medical professionals) (120 hours); Organisation of Nursing Care in Palliative Medicine (3 credits/90 hours).</p> |
| Ind12 Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. | <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no process on specialisation for palliative care physicians.</div> | <p>Although it is under consideration by the MoH, to date there is no formal process for specialisation. There is postgraduate education in three higher educational institutions: 1) the Non-profit joint-stock company ‘Astana Medical University’, 1 course for doctors (60h.) plus 1 course for mid-level medical personnel (60h.), 2) the non-profit joint-stock company ‘West Kazakhstan Medical University’ named after Marat Ospanov, 2 courses of advanced training (120h. each) and 1 course of advanced training (60h.) each, as well as 3 seminars (6h. each), and 3) The Joint-Stock Company ‘South Kazakhstan Medical Academy’, 1 course for doctors (90h).</p> |

EU Kazakhstan

| | | |
|--|---|---|
| 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. | <div><div>2</div><div></div><div></div><div></div></div> <div>Isolated provision: Exists but only in some geographic areas.</div> <div><div>3</div><div></div><div></div><div></div></div> <div>In a growing number of private hospitals.</div> <div><div>2</div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div>3</div><div></div><div></div><div></div></div> <div>Found in many parts of the country.</div> | <p>There are 37 specialised PC services in Kazakhstan. The fact that Kazakhstan is the 9th biggest country in the world, with a population of 20,095,963 people (and a density of 6,6 people per square kilometres) constitutes a challenge in terms of provision. The territory is divided into 20 regions, each in every regional centre having a cancer care facility and major multidisciplinary hospital. Currently functioning PC in-patient services include: 11 hospices/PC centres (separate institutions), 14 PC departments in regional cancer centres and 5 in general hospitals. Free in-home PC (end-of-life) is available only for cancer patients. There are 197 units providing home-based care for terminal cancer patients. However, there are different models of in-home care: a) specialised mobile teams (about 10%) with PC as main activity, and b) primary care facility-based mobile teams (90%). Each mobile team should include physician (or feldsher), nurse, psychologist and social worker (whether it is specialised or primary). The number of private services (mostly small in-patient stand-alone nursing homes) is also growing (available in almost each city or big town).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>KAZAKHSTAN 0.96</p> <p>0.18</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <div>37</div> <div>← SPECIALISED PALLIATIVE CARE SERVICES</div> |
| 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. | <div><div>1</div><div></div><div></div><div></div><div></div></div> <div>No or minimal provision of palliative care specialised services or teams for children exists in country.</div> <div>4</div> <div>PPC TEAMS</div> | <p>In Kazakhstan there are three specialised palliative care services: one Charitable Children’s Hospice in Almaty with one mobile team (18 beds), and 2 palliative care departments in major cities Astana and Shymkent (40 beds). In addition, there are 41 individual beds (not wards or units) in regional children’s hospitals where personnel has not been trained in palliative care. The Astana Children’s PC Unit was opened in Astana in November 2023 on the basis of the Multidisciplinary Medical Centre. In Almaty, an NGO “Omirge Sen” provides outpatient palliative care to children with neuromuscular diseases as well as financial support for families. In Karaganda, a newly established Association of Palliative Care for Children of Kazakhstan, provides psychosocial and financial support to families with children needing palliative care.</p> |

Kyrgyzstan



General data

POPULATION, 2023
7,099,750
PHYSICIANS / 1,000 INH, 2021
2.14

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income
GDP PER CAPITA (US\$), 2023
1,970
HEALTH EXPENDITURE (% GDP), 2021
5.44
UNIVERSAL HEALTH COVERAGE, 2021
69



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC

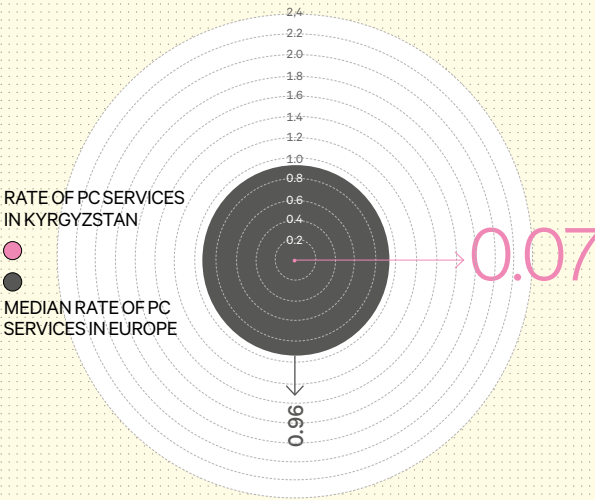


Consultants: Taalaigul Sabyrbekova; Maral Turdumatova; Olga Truhanova; Aibek Mukambetov and Milana Aibekova.
National Association: Kyrgyzstan Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

F Provision of PC (Specialised Services)

Total number of Specialised PC services
5
Rate of PC services per 100,000 inhabitants
0.07

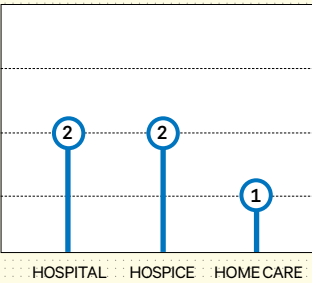
Kyrgyzstan in the context of European region



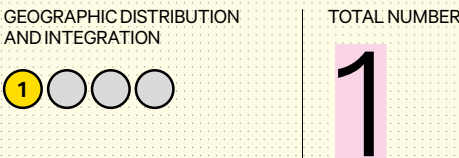
Geographic distribution and integration of PC services



Level of development of different types of PC services



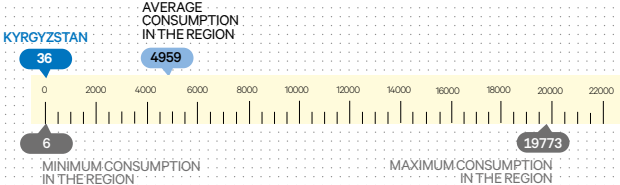
Paediatric PC Services



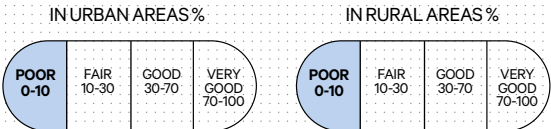
D Use of essential medicines

Opioids consumption (excluding methadone)
36
S-DDD/MILL INHABITANTS/DAY

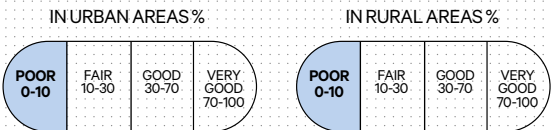
Kyrgyzstan in the context of European region



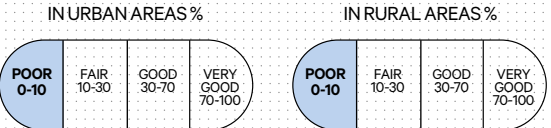
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
2/20

Nursing schools with mandatory PC teaching
N/A

PC Full Professors
0

Recognition of PC specialty
2

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
2

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

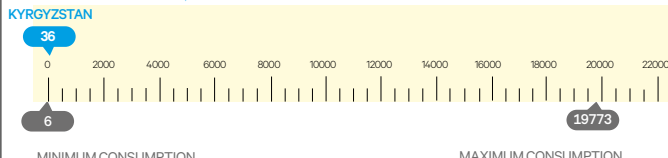
EU Kyrgyzstan

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | In the Kyrgyz Republic the Association of palliative and hospice care, which was registered in 2015. There is a public charity foundation 'First Children's Hospice' opened and working since 2016 and up to now, there is a foundation 'Help is easy' opened and working since 2014 helps only with children with cancer. The public foundation 'Together Against Cancer' was registered in 1999, the foundation has a peer counseling room and a patient community 'Kurdash' (Friend) also works with patients with breast cancer. |
| 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. | Currently, the Law on Health Protection of Citizens of the Kyrgyz Republic #14 of January 12, 2024, includes an article on providing palliative care. However, the description of the patient's right to palliative care planning is only introduced in the by-laws in the Procedure for the provision of palliative care. This document is being developed and discussed by an interdepartmental commission. |
| 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. |  Not known or does not exist.  A national palliative care plan is in preparation. | While Law of the Kyrgyz Republic of January 12, 2024, No. 14 <i>On Health Protection of Citizens in the Kyrgyz Republic</i> established a definition of palliative care in section 76, and amendments to 2016 legislation on the right of citizens to receive palliative care, there is not a national policy nor a comprehensive strategy for its implementation. The Law of January 2024 outlines the legal, economic, and medical foundations for ensuring public health and covers a wide range of issues, including medical services, but the process of developing clinical recommendations for palliative care is still underway. These guidelines will apply to both outpatient and inpatient care and are expected to help establish quality palliative care services. Importantly, a new National Palliative Care Plan is in preparation. |

EU Kyrgyzstan

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | The Association of Palliative and Hospice Care and other foundations are working on the approval of a legal act, for including PC in the list of medical services and to organize a body to control the provision. Law dated January 2024, No. 14 <i>On Health Protection of Citizens in the Kyrgyz Republic</i> Article 35. 'Palliative Care', stipulates: a) Ensuring the functioning of PC beds in all territorial hospitals (...), b) Changing regulatory mechanisms and ensuring full procurement of opioid medicines at the expense of the government; c) Introduction of clinical protocols on pain management and SOPs on PC universally at all levels (...); d) Implementation of clinical protocols for pediatric PC and development and implementation of quality indicators for PC services provided by PHC (...) and e) Development of new funding mechanisms for PC services (PHCF). |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | Although responsibility for palliative care is assigned to the Chief Nursing Officer of the MoH or to the Department of Medical Care or to the Deputy Minister for Medical Affairs, there is no national coordinating body or branch responsible for palliative care. Only if necessary, this specialist reports the situation to the Head of the Ministry. No dedicated position is paid for the coordination of palliative care issues in the MoH. |



EU Kyrgyzstan

| | | |
|--|--|---|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>2</p> <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p> | <p>Over the last 3-5 years, regular conferences (round tables) have been organized at least once a year, usually in conjunction with World Hospice and Palliative Care Day, and palliative care issues are also raised at the International Cancer Day conference. These events are usually organized by NGOs but are held with the participation and approval of the Ministry of Health and other decision-makers. Currently, periodic meetings and mini-conferences are being held in Kyrgyzstan, organized by the Children's Hospice and the Palliative Care Association but these are small local events.</p> |
| <p>Ind7:1</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>1</p> <p>Minimal or non-existent number of articles published on the subject.</p> | |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>1</p> <p>There are no national research calls at all.</p> | <p>Palliative care research in the country, evaluated by peer-reviewed articles, is not available.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>36</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>KYRGYZSTAN</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> | <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p>  |

EU Kyrgyzstan

| | | |
|--|---------------------------------|--|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>1</p> <p>1</p> | <p>In Kyrgyzstan, the right to prescribe morphine and other opioid analgesics is granted to attending physicians, including those working in Family Medicine Centres. However, in order to obtain these medications under the State Guarantees Programme, patients in need of opioid analgesics face serious challenges, especially those living in remote areas. The problem is exacerbated by the spread of morphine phobia and the lack of specialists capable of prescribing these medications</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>1</p> <p>1</p> | <p>In Kyrgyzstan, opioid medications are not provided at the primary healthcare level. Specialists can only issue a prescription, and the medications can only be obtained at specialised pharmacies.</p> |
| <p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>1</p> <p>1</p> | <p>In Kyrgyzstan, opioid medications are not provided at the primary healthcare level. Specialists can only issue a prescription, and the medications can only be obtained at specialised pharmacies. Family medicine centres in rural areas can write a prescription, but they need to be withdrawn in specialised pharmacies and there are only liquid and tablet forms of Morphine hydrochloride.</p> |

EU Kyrgyzstan

| | | |
|---|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>2/20</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>No</p> | <p></p> <p>The Kyrgyz State Medical Academy named I. K. Akhunbaev offers courses dedicated to the ethical aspects of care and palliative support, and The Kyrgyz State Medical Institute for Retraining and Advanced Training provides a course on <i>Fundamentals of Palliative care</i>. Currently, there is no separate legislation in Kyrgyzstan regulating education in the field of palliative care.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>There is no official specialty of palliative care doctor or nurse in Kyrgyzstan. There are two palliative care departments in Oncology Centres. Oncologists work there. Some of them have been trained in palliative care abroad.</p> |

EU Kyrgyzstan

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> | <p>There used to be a mobile PC service within the project supported by the Soros Foundation Kyrgyzstan, which worked from 2013-2021, and there were three multidisciplinary teams: two in Bishkek and one in Osh. In family medicine centres, family doctors are obliged to visit palliative patients, but they visit few. In the National Centre of Oncology there is one palliative department for adults, but not separate palliative departments or beds for children. In Tokmak, there are palliative beds in the intensive care unit. There are the following hospitals in the country: the National Centre of Oncology and Hematology has a palliative care department -25 beds (Bishkek), the Interregional Oncology Centre has a palliative care department with 5 beds (Osh city), the Tuberculosis hospital for patients with widely resistant form of tuberculosis with 25 beds in Kemin village, the First Children's Hospice, the charitable foundation, in Bishkek (established by a non-governmental organisation) and some palliative beds in the intensive care unit in Tokmak. Additionally, the charitable foundation 'Fontan Zhizni' also provides support in this area.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>5 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>The children's hospice in Bishkek opened in 2016 thanks to the efforts of a charitable foundation. The hospice provides PC to children and is staffed by doctors, nurses, psychologists, and volunteers who provide all-around support to children and their families. Although there is just one hospice, there are palliative care departments to assist patients: there is a palliative care department at the National Oncology Centre in Bishkek. Specialised inpatient palliative care departments for adults and children have also been opened at the Osh Interdistrict Children's Clinical Hospital, Tokmok Territorial Hospital, and Jalal-Abad Regional Hospital (funded by the budget). Additionally, there are nursing care departments. There are two hospices in Bishkek: First children's hospice and Fountain of Life - for adults with no permanent residence.</p> |



General data

POPULATION, 2023

1,877,445

PHYSICIANS / 1,000 INH, 2021

3.37

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

22,502

HEALTH EXPENDITURE (% GDP), 2021

9.03

UNIVERSAL HEALTH COVERAGE, 2021

75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Anda Jansone; Vilnis Sosārs; Līga Keiša-Kirse; Jūlija Cirule-Galuza.

National Association: Palliative Care Association of Latvia.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Latvia

F Provision of PC (Specialised Services)

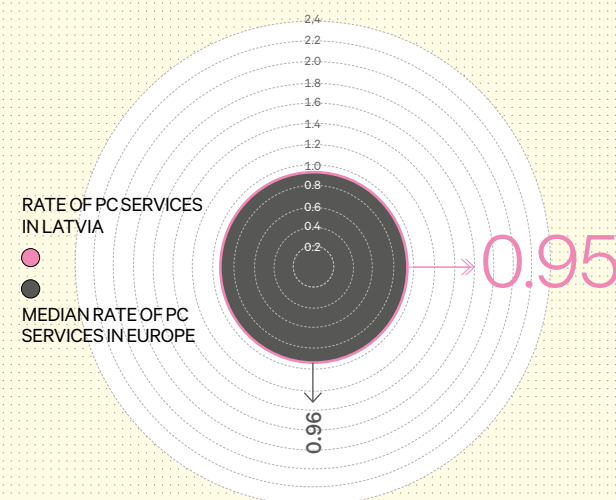
Total number of Specialised PC services

18

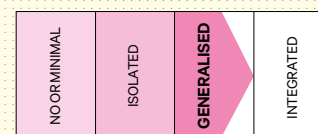
Rate of PC services per 100,000 inhabitants

0.95

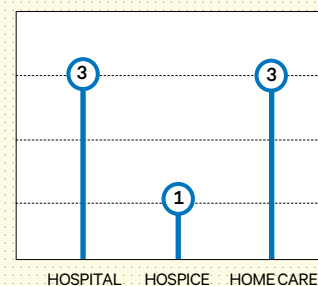
Latvia in the context of European region



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

3



Latvia

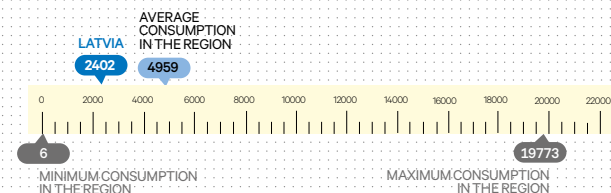
D Use of essential medicines



Opioids consumption (excluding methadone)

2,402
S-DDD/MILL INHABITANTS/DAY

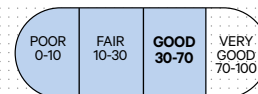
Latvia in the context of European region



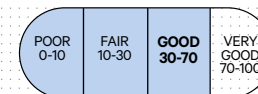
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

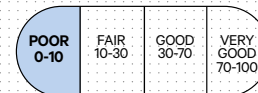


IN RURAL AREAS %

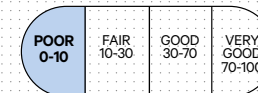


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

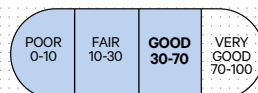


IN RURAL AREAS %

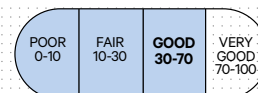


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls

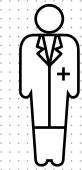


Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



8/8

Nursing schools with mandatory PC teaching



N/A

PC Full Professors



1

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities











Groups promoting the rights of PC patients




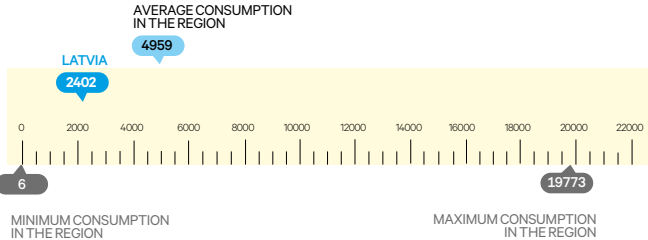








Advanced care planning-related policies






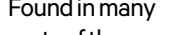
| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | The Children's Palliative Care Society, and the Foundation 'Hospiss LV' and Palliative Care Association of Latvia are groups in the country promoting the rights of patients in need of palliative care, their caregivers, and disease survivors. |
| 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. | No evidence. |
| 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, and actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | Palliative care is under the responsibility of the MoH and the Ministry of Welfare. In 2024, the Cabinet of Ministers approved Regulation No 112 'Palliative Care Regulations'. Palliative care is widely included in the Rare Diseases Plan 2023-2025, in regulation No 774, 25 October 2022 "On the conceptual report <i>On the situation in palliative care in Latvia and necessary changes to ensure access to palliative care services</i> , in Order No 774, 15 December 2020 "On Social Protection and Labour Market Policy Guidelines 2021-2027", in regulation No 616, 1 September 2021 <i>On the Social Services Improvement and Development Plan 2022-2024</i> , in regulation No 231, 30 March 2022 <i>On the Latvian Recovery and Resilience Mechanism Plan</i> , regulation No 292, 28 April 2021; the Latvian National Development Plan 2021-2027, Public Health Guidelines 2021-2027, Regulation No 359, 26 May 2022 <i>On the Health Service Improvement Plan for Oncology 2022-2024</i> , and in regulation No 493, 6 July 2022. Indicators on the "Pro- |

| | | |
|---|--|--|
| 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). | vision of palliative care at the patient's place of residence, day hospital, inpatient, including the procedure for transition (...) and for 'Referral of cancer patients to rehabilitation or palliative care based on evidence based on internationally recognised assessment tools (...)', have been developed under two European Social Fund projects. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | According to Medical Treatment Law, the Cabinet of Ministers shall determine the procedure for organising, financing and receiving palliative care. Other regulations include the <i>Procedures for the Organisation of and Payment for Health Care Services</i> , Cabinet of Ministers Regulation No. 555, 28 August 2018; or the regulation n° 112 Palliative Care Regulations, ruling the organisation, reception and financing of palliative care (February 2024). Additionally, Latvia has the Law on Social Services and Social Assistance, and the <i>Regulations on psychosocial rehabilitation services for children in palliative care and their family members</i> , by the Cabinet of Ministers Regulation No 766 of 19 December 2017. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.) | In Latvia, palliative care is under the responsibility of two ministries: the Ministry of Health and the Ministry of Welfare. |

| | | |
|--|---|---|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>There are a number of palliative care-related conferences such as the 1st Latvian International Palliative Care Conference, the first Baltic Palliative Care Specialists Conference, the International Palliative Care Summer School 2024, the International Palliative Care Summer School 2023, and the International Palliative Care Summer School 2022.</p> |
| <p>Ind7:1</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>1</p> <p>Minimal or nonexistent number of articles published on the subject.</p> | <p>Although there is some research presented regularly in poster and oral presentations at international conferences and congresses, there have been nearly no publications registered in biomedical databases in the last 5 years.</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>1</p> <p>There are no national research calls at all.</p> | <p>No evidence found.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>2,402</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p>  <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> | |

| | | |
|--|---|---|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>3</p> <p>3</p> | <p>Essential medicines for pain in palliative care in the country are available. The available registered medicines can be found in the State Agency of Medicines Republic of Latvia- National Register of Medicinal Products. However, there is a need to improve the planning and organisation processes of opioid supplies in pharmacies across the country.</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>1</p> <p>1</p> | <p>As per information obtained from the State Agency of Medicine of the Republic of Latvia website, there is not immediate-release oral Morphine forms; however it is possible to prepare the solution individually.</p> |
| <p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>3</p> <p>3</p> | <p>According to the State Agency of Medicine of the Republic of Latvia, opioids are available in different forms: oral (tablets, solution, buccal), transdermal patches, solutions for intramuscular and intravenous, subcutaneous administration. However, the market for medicines in Latvia is small and there may be delays in the delivery. However, there is a need to improve the planning and organisation process of opioid supplies in pharmacies across the country. The list of reimbursable medicines is regularly reviewed and updated.</p> |

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>8/8</p> <p>0/8</p> <p>N/A</p> <p>N/A</p> <p>1</p> <p>Yes</p> | <p></p> <p>As per <i>Regulations on the competence of medical practitioners and medical students in medical education programmes and the scope of their theoretical and practical knowledge</i> Cabinet of Ministers Regulation No 617, 24 September 2024' palliative care is included in mandatory teaching in all medical schools: 1st) Riga 1st Medical College of the University of Latvia, 2nd) P. Stradiņš Medical College, University of Latvia, 3rd) Riga Medical College, University of Latvia, 4th) Riga Stradiņš University Red Cross Medical College, 5th) Daugavpils University Agency 'Daugavpils Medical College of Daugavpils University', 6th) Riga Stradiņš University, University of Latvia, 7th) Daugavpils University. In summary, medical study programmes for doctors, nurses, physician assistants and nurse assistants as theoretical and practical training in palliative care exists as a separate course or as integrative part in other courses. In Latvia, there are 16 certified palliative care specialists (doctors). Palliative care specialists, as well as other specialties such as oncologists, etc., provide training in palliative care for students.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative care is a subspecialty under the name 'Palliative Care Specialist' study course at Rīga Stradiņš University, Department of Residency.</p> |

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Not at all.</p> <p></p> <p>Found in many parts of the country.</p> | <p>PC specialists provide outpatient consultations in 4 hospitals: Pauls Stradiņš Clinical University Hospital, Riga East Clinical University Hospital, Jēkabpils Regional Hospital, and Liepāja Regional Hospital. A general practitioner or specialist may prescribe home healthcare services for a palliative patient if he has mobility problems. In-patient PC is provided through inpatient units in 7 hospitals: Pauls Stradiņš Clinical University Hospital, Riga East Clinical University Hospital and the five regional hospitals: Liepāja Regional Hospital, Mazsalaca Hospital, Irlava Hospital, Vidzemes hospital, Daugavpils Regional Hospital, North Kurzeme Regional Hospital. Since January 2024, a hospice service (for adults with a life expectancy of up to 6 months) provides by a mobile PC team, comprising healthcare, social care and psychosocial rehabilitation services. Mobile Home hospice services are provided by 4 service providers throughout Latvia. The National Health Service has set certain requirements for each service provider in terms of the number of specialists in mobile teams, based on the population.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>LATVIA</p> <p>0.95</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>18</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>3</p> <p>PPC TEAMS</p> | <p>Two specialised palliative care services for children have been established in Latvia: at the Children's Clinical University Hospital and Liepāja Regional Hospital in collaboration with the Children's Palliative Care Society. These interdisciplinary palliative care teams (doctors, nurses, social workers, chaplains, psychologists) provide outpatient consultations to patients and their families members in palliative care offices, palliative home care, telephone consultations and online consultations throughout the country.</p> |



General data

POPULATION, 2023

39,850

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

-

HEALTH EXPENDITURE (% GDP), 2021

-

UNIVERSAL HEALTH COVERAGE, 2021

-



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Erika Oertle; Ingrid Frommelt and Michael Rogner.

National Association: Palliative Network Liechtenstein.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Liechtenstein

F Provision of PC (Specialised Services)

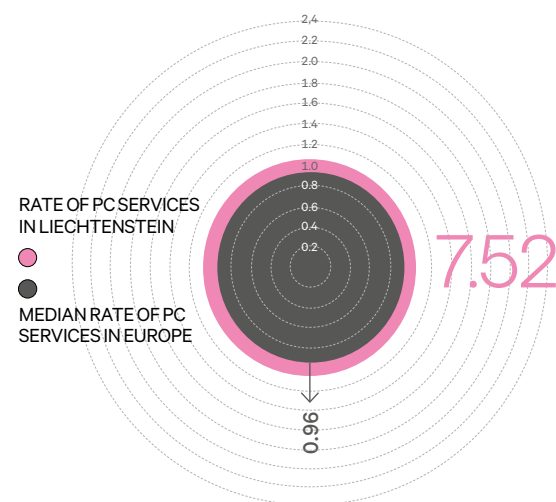
Total number of Specialised PC services

3

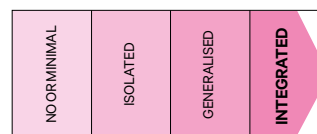
Rate of PC services per 100,000 inhabitants

7.52

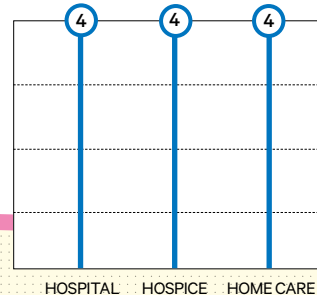
Liechtenstein in the context of European region



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

0



Liechtenstein

D Use of essential medicines



Opioids consumption (excluding methadone)

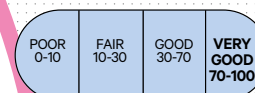
N/A

S-DDD/MILL INHABITANTS/DAY

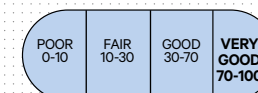
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

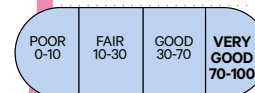


IN RURAL AREAS %

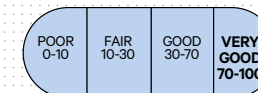


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

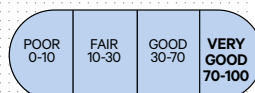


IN RURAL AREAS %

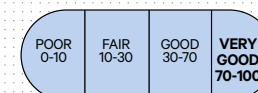


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



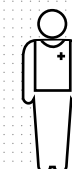
E Education & Training

Medical schools with mandatory PC teaching



N/A

Nursing schools with mandatory PC teaching



1/1

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities




Groups promoting the rights of PC patients







Advanced care planning-related policies




EU Liechtenstein

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | The Palliative Network Liechtenstein is a non-profit association founded in 2012. Further institutions indirectly related include: Liechtenstein State Hospital, the Hospice Movement Liechtenstein, the Archdiocese of Vaduz, the Liechtenstein Foundation for Assistance to Old Age and Illness, Family help Liechtenstein (Familienhilfe Liechtenstein), and the Liechtenstein Medical Association (Liechtensteinische Ärztekammer). |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | Liechtenstein has a living will law, but no holistic policy on advance care planning. |
| 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 dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | In December 2023, the government approved the first ageing strategy for Liechtenstein. The ageing strategy was developed in a process with the broad participation of senior citizens and representatives of the administration, municipalities, political parties and specialist organisations. It is based on the vision that Liechtenstein is a country with a high quality of life. Palliative care is part of this strategy. Furthermore, Palliative care is contemplated the non-communicable diseases plan, implemented, not audited. |







EU Liechtenstein

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | The healthcare system integrates PC within its broader framework, emphasizing both community-based and hospital-based care. As Liechtenstein lacks standalone palliative care facilities, these services are often provided in collaboration with specialised centers across the border. Furthermore, the country's model ensures that PC is accessible at the primary care level, allowing for continuity of care at various stages of a patient's condition and allowing residents access to specialised services across borders for more complex PC needs. |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? |  There is no authority defined. | No evidence found. |
| 5.2. The national authority has concrete functions, budget and staff. |  Does not have concrete functions or resources (budget, staff, etc.) | |

EU Liechtenstein



| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance (nurses, psychologists, chaplains), accessible for professionals from remote areas, and pediatric topics included. | Since 2022, Palliativetz Liechtenstein has been organizing annual interprofessional palliative care congresses with the Private University of Liechtenstein and regional stakeholders. |
| Ind7.1 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. | There exist some publications of the private University of Liechtenstein. |
| Ind7.2 Inclusion of PC topics in national research calls. |  There are no national research calls at all. | There are no national research calls at all. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | |

EU Liechtenstein

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | Due to its membership in the European Economic Area (EEA), Liechtenstein adopts the medicines approved through the EU's centralised procedure, which means that medications reviewed and authorised by the EU are also approved for the Liechtenstein market. Additionally, a list of authorised physicians and pharmacies that can dispense morphine is available. This ensures that controlled substances are handled in compliance with national regulations while aligning with broader European guidelines. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Due to its membership in the European Economic Area (EEA), Liechtenstein adopts the medicines approved through the EU's centralised procedure, which means that medications reviewed and authorised by the EU are also approved for the Liechtenstein market. Additionally, a list of authorised physicians and pharmacies that can dispense morphine is available. This ensures that controlled substances are handled in compliance with national regulations while aligning with broader European guidelines. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Due to its membership in the European Economic Area (EEA), Liechtenstein adopts the medicines approved through the EU's centralised procedure, which means that medications reviewed and authorised by the EU are also approved for the Liechtenstein market. Additionally, a list of authorised physicians and pharmacies that can dispense morphine is available. This ensures that controlled substances are handled in compliance with national regulations while aligning with broader European guidelines. |





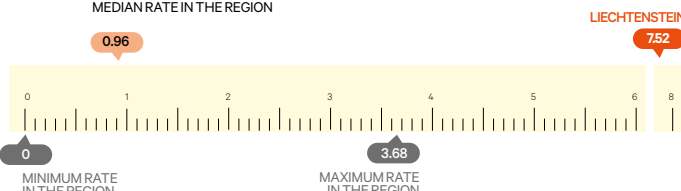


EU

Liechtenstein

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>N/A</p> <p>N/A</p> <p>1/1</p> <p>0/1</p> <p>0</p> <p>Yes</p> | <p></p> <p>One nursing school teaches palliative care on a mandatory-basis. Regarding legislation, laws on palliative care training in Switzerland also apply in Liechtenstein.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>No evidence found.</p> |

EU

Liechtenstein

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>The Liechtensteinisches Landesspital in Vaduz is the country's main hospital, where general medical and some specialised services are offered, including palliative care. Palliativ-Netz Liechtenstein and Hospizbewegung Liechtenstein. For more specialised services, such as oncology, advanced surgery, and specialised rehabilitation, Liechtenstein relies on cross-border agreements with neighbouring countries like Switzerland and Austria. These agreements enable residents to access specialised facilities for more advanced care, including palliative care. Additionally, the European Union's Cross-Border Healthcare Directive facilitates access to healthcare services in other EEA countries. Liechtenstein has one hospital and six nursing homes (focused on general palliative care (includes a certificate)). The healthcare system integrates PC within its broader framework, emphasizing both community-based and hospital-based care. The country's model ensures that palliative care is accessible at the primary care level, allowing for continuity of care at various stages of a patient's condition and allowing residents access to specialised services across borders for more complex PC needs.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>0.96</p> <p>7.52</p> <p>0</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>No evidence found.</p> |



General data

POPULATION, 2023
2,871,585

PHYSICIANS / 1,000 INH, 2021
4.49

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
27,786

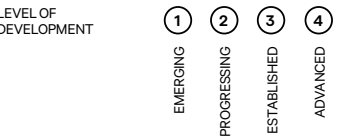
HEALTH EXPENDITURE (% GDP), 2021
7.82

UNIVERSAL HEALTH COVERAGE, 2021
75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



Consultants: Aurelija Blaževičienė and Marius Čiurlionis.

National Association: Baltic Association for Palliative Care.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

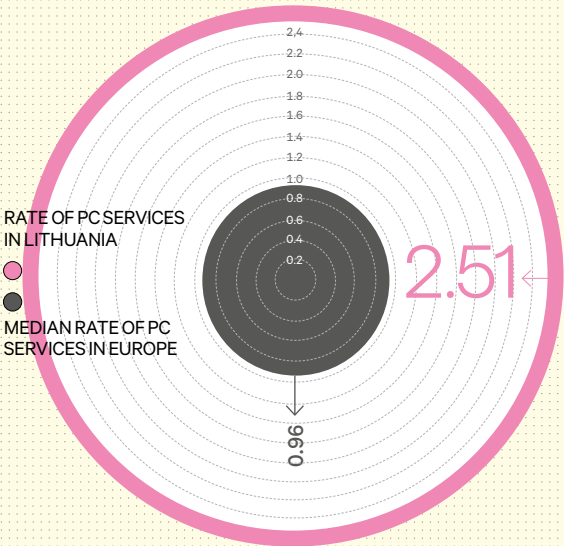
Lithuania

F Provision of PC (Specialised Services)

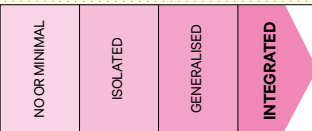
Total number of Specialised PC services
72

Rate of PC services per 100,000 inhabitants
2.51

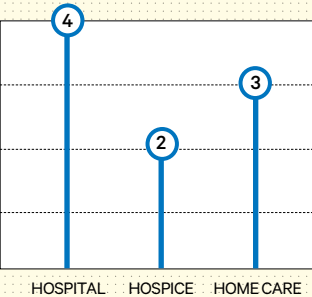
Lithuania in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

Geographic distribution and integration
2

Total number
3

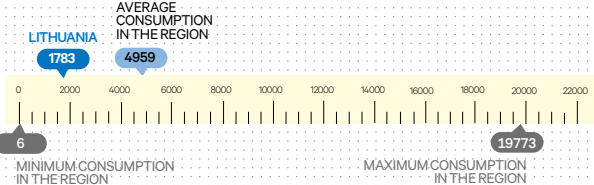


Lithuania

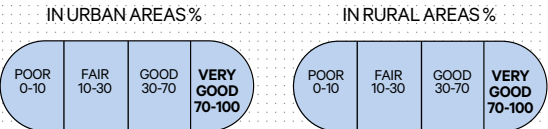
D Use of essential medicines

Opioids consumption (excluding methadone)
1,783
S-DDD/MILL INHABITANTS/DAY

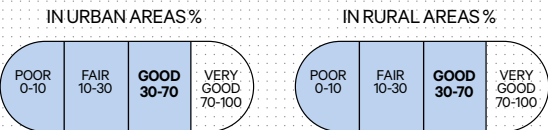
Lithuania in the context of European region



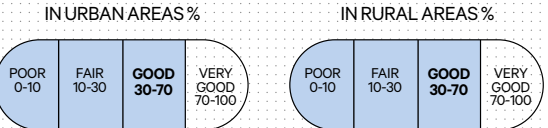
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
3

Existence of PC congresses or scientific meetings
4

E Education & Training

Medical schools with mandatory PC teaching
2/2

Nursing schools with mandatory PC teaching
8/8

PC Full Professors
0

Recognition of PC specialty
3

B Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
3

Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities

Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

EU

Lithuania

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. | <div><div></div><div></div><div></div><div>4</div></div> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p> | Lithuania has two main palliative care associations: the <i>Lietuvos Paliatyviosios Medicinos Draugija</i> (Lithuanian Society for Palliative Medicine), which focuses on local issues, and the Baltic Palliative Care Association, working in three Baltic countries. Both actively participate in various working groups organized by the Ministry of Health, where their members contribute to decision-making processes. Any proposed changes to palliative care legislation are reviewed by these associations before being enacted. They are committed to advocating for patient rights, addressing the well-being of healthcare workers and their working conditions, and supporting the needs of families and care-givers. However, patients and their families are not directly involved in these associations' activities. Additionally, most palliative care patients, particularly cancer patients, are members of the Cancer Patients' Association of Lithuania (POLA). |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? | <div><div>1</div><div></div><div></div><div></div></div> <p>There is no national policy or guideline on advance care planning.</p> | The only related policy is the order by the MoH about Failure to Start Cardiopulmonary reanimation or interruption of started cardiopulmonary reanimation. Still, patients have an inherent right to be treated with dignity and respect by healthcare professionals, recognizing their intrinsic worth and individual autonomy. It is essential that patients receive evidence-based pain management, ensuring they are not subjected to unnecessary suffering. Patients are entitled to compassionate care that upholds their dignity throughout their illness, including at the end of life. Patients also have the right to select the healthcare institution where they will receive treatment, as well as the option for PC, whether in a healthcare facility or in their home. |
| 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. | <div><div>1</div><div></div><div></div><div></div></div> <p>Not known or does not exist.</p> <div><div></div><div></div><div></div><div>4</div></div> <p>Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p> | A national stand-alone palliative care plan, programme, or strategy does not currently exist (nor seems to be included within the National Cancer Prevention control plan 2014-2025), although the overarching goal of developing palliative care is recognised and articulated through legislation on the provision of palliative care at home, in day centres, and in institutions for both adults and children. This has led to funding for infrastructure development, service expansion, and increased financial support for service provision. Some aspects are referenced in the Next Generation Lithuania Plan and in the legislation titled List of Conditions for the Provision of Personal Healthcare Services Covered by the Budget of the Compulsory Health Insurance Fund. Additionally, the monitoring of palliative care includes regular data collection on the number of services, bed occupancy rates, and the number of cared patients. Statistics including the activities of palliative care team members, finan- |

EU







Lithuania

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. | <div><div></div><div></div><div></div><div>4</div></div> <p>The indicators to monitor and evaluate progress are currently implemented.</p> | cial expenditures, and other relevant metrics are tracked. The National health insurance fund provides diverse statistical information like list of comprehensive medicines and services. |
| 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. | <div><div></div><div></div><div></div><div>4</div></div> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p> | According to the law on the description of the requirements for the provision of in-patient palliative care services, outpatient palliative care services, day-time palliative care services and basic palliative care training programme (both for adults and children); palliative care services are to be provided. Primary care coordinates home-based palliative care services, while the family physician oversees patient follow-up and manages the transition between primary care and inpatient care. In addition, all palliative care services are fully funded through the Compulsory Health Insurance Fund, with no direct cost to the individual. There are no limitations on the duration or other aspects of the services provided, ensuring that individuals receive the full range of care they require for as long as necessary. |
| 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. | <div><div></div><div></div><div>3</div><div></div></div> <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p> <div><div></div><div></div><div>3</div><div></div></div> <p>There are concrete functions and staff, but do not have a budget.</p> | Palliative care in Lithuania is integrated within the nursing and long-term care department of the Ministry of Health. Responsibility for this domain is collectively shared across the department, which operates under a clearly defined organisational structure and comprises dedicated staff members. However, despite this well-structured approach, there is currently no distinct budget line specifically allocated for palliative care coordination. It is important to consider Lithuania's demographic landscape, which has a population of approximately 2.8 million. While the demand for palliative care continues to grow, the need for a designated individual or office solely responsible for coordinating palliative care has not yet been formally acknowledged. This gap underscores the ongoing challenges in the organisation and delivery of palliative care services, indicating a potential need for a more focused approach to resource allocation and workforce planning in the future. |



EU Lithuania

| | | |
|---|--|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div> | <div>At least four prominent palliative care conferences are held annually, serving as vital platforms for exchanging knowledge, practices, and research in the field. These events are organized primarily by the National Palliative Care Association of Lithuania and the Baltic Palliative Care Association. The National Palliative Care Association hosts two significant conferences each year, one in the spring and another in the fall. These gatherings aim to provide a comprehensive overview of the latest advancements in PC, offering valuable insights into the discipline's clinical and interdisciplinary aspects. Similarly, the Baltic Palliative Care Association organizes two separate conferences: one dedicated to adults, the other to children. The adult conference is distinguished by its international focus, regularly featuring expert speakers.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>Minimal or nonexistent number of articles published on the subject.</div></div> | <div>A pubmed search identified a few papers but also other recent articles can be retrieved off databases.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics.</div></div> | <div>Every year, the Lithuanian Research Council announces calls for research groups. Although no specific palliative care ones were identified, scientists can choose topics including palliative care or end of life-related ones.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div><div>1,783</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>LITHUANIA</div><div>1783</div><div>4959</div><div>6</div><div>19773</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div></div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> | |



EU Lithuania

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | Most necessary pain-relief medications are available in the country for palliative care patients. These medications can be prescribed by family physicians or specialists and are readily available at primary care facilities and in urban areas. However, while a significant proportion of the required medications can be procured through pharmacies, ensuring patients can access the necessary treatments; not all medications necessary for comprehensive palliative care are consistently accessible. Consequently, concerns about medication availability in palliative care are generally minimal, as the existing infrastructure largely supports delivering these services, particularly in more rural or underserved regions. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | All necessary pain-relief medications are available in the country for palliative care patients. These medications can be prescribed by family physicians or specialists. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | All necessary pain-relief medications are available in the country for palliative care patients and these medications can be prescribed by family physicians or specialists. Most essential medications for palliative care patients are readily available at primary care facilities and in urban areas. However, not all medications are consistently accessible in these settings and occasional gaps in specific medications may still arise, particularly in more rural or underserved regions. Importantly, physicians are still reluctant to prescribe a good amount of medicines, especially opioids, sometimes leading to limited accessibility. |

EU Lithuania

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>2/2</p> <p>0/2</p> <p>8/8</p> <p>0/8</p> <p>0</p> <p>Yes</p> | <p></p> <p>Palliative care themes in physicians and nurses' curriculum are obligatory; therefore, every school has authority to decide how many hours (credits) will be dedicated. Two medical schools include palliative care within the curriculum, and these medical schools are also training nurses. Three universities -Vilnius, Kaunas, Klaipėdos- do teach palliative care to nurses, and further seven stand-alone independent nursing schools have a separate course for palliative care. For example, in LSMU Nursing programme 3 ECTS for Palliative care. Palliative care is a requirement for all healthcare students. The topics are dictated by national palliative care legislation, ensuring that students develop a solid foundational understanding of palliative care principles and practices. Furthermore, any healthcare professional aspiring to work in palliative care settings must complete specialised training courses tailored to their specific roles, such as those for physicians, nurses, and other specialists. The legislation outlines the necessary training duration, which consists of a minimum of 36 hours of theoretical instruction and at least 8 hours of practical experience. These courses are provided only by universities or nursing schools. Additionally, to maintain ongoing competences, it is mandatory to undertake an 8-hour retraining course every five years.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>Individuals who completed PC courses are officially recognised as qualified to provide care in PC settings. While there is no formal, standalone specialty in palliative care, a growing number of physicians (family physicians, oncologists, neurologists or gerontologists), focus exclusively on PC after some residency. These individuals are often referred to as PC specialists, though their expertise is typically based on additional training and education rather than a distinct medical specialty. Despite the absence of a formal PC specialisation, the demand of this specific expertise, has led to the development of a cohort of fully dedicated practitioners.</p> |

EU Lithuania

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>According to Statistical Department data, inpatient PC is provided by 72 health care institutions, 57 institutions at home and 16 day hospitals. In institutional palliative care, with 24 beds allocated per 100,000 inhabitants, PC is delivered across 60 municipalities. This means that -although there is not always a local specialised team-, provision is ensured elsewhere. Hospitals report the number of available beds, staff involved, and the scope of palliative care services provided. Recently, there has been notable growth in the establishment of PC day centers, particularly in county centers. These are designed to serve multiple municipalities, facilitating a more efficient resource distribution. There are also five standalone hospices; and a greater majority of PC services delivered through nursing homes. Each municipality features a nursing home equipped with dedicated PC beds or specialised units. Additionally, PC is available in a specialised unit at the National Cancer center, but these beds are reserved exclusively for oncology patients. Since 2022, PC has also been available at the primary care level.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>LITHUANIA</p> <p>2.51</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>72</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>3</p> <p>PPC TEAMS</p> | <p>There are three specialised palliative care services for children: two specialised departments in university hospitals - Vilnius and Kaunas- with inpatient units and day care centres, tailored to meet the needs of children, and a children hospice in Vilnius, with also a strong development in Klaipėda. Although the demand remains relatively low, it is to be noted that home care teams are enabled to provide palliative care services for paediatric patients.</p> |



General data

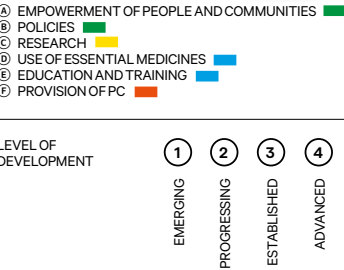
POPULATION, 2023
666,430
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
128,678
HEALTH EXPENDITURE (% GDP), 2021
5.66
UNIVERSAL HEALTH COVERAGE, 2021
83



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



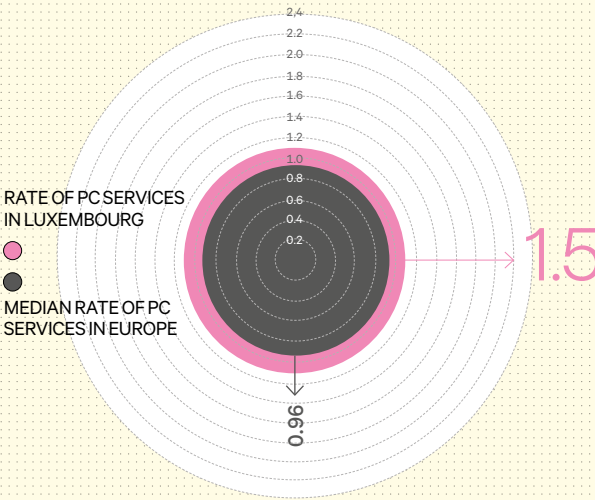
Consultants: Hélène Sarraïmagnan; Frederic Fogen; Frank Jacob and Nicole Weis.
National Association: Luxembourg Palliative Medicine Association; OMEGA90.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Luxembourg

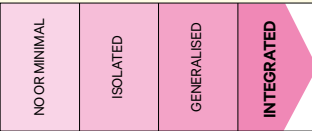
F Provision of PC (Specialised Services)

Total number of Specialised PC services
10
Rate of PC services per 100,000 inhabitants
1.5

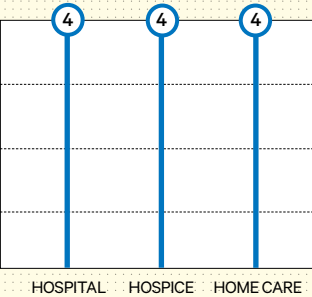
Luxembourg in the context of European region



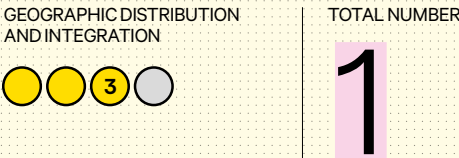
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

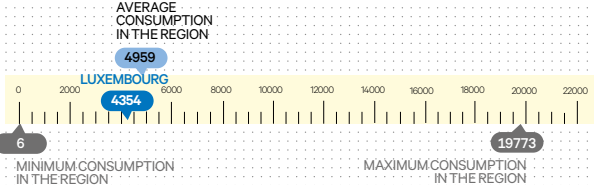


Luxembourg

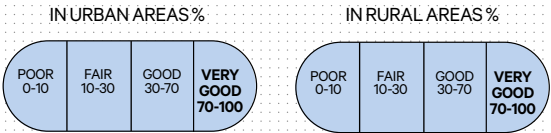
D Use of essential medicines

Opioids consumption (excluding methadone)
4,354
S-DDD/MILL INHABITANTS/DAY

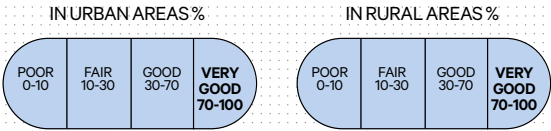
Luxembourg in the context of European region



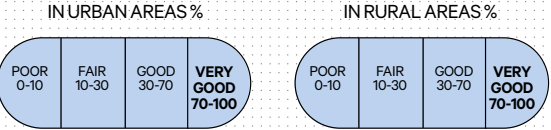
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
3

Existence of PC congresses or scientific meetings
3

E Education & Training

Medical schools with mandatory PC teaching
1/1

Nursing schools with mandatory PC teaching
1/1

PC Full Professors
0

Recognition of PC specialty
3

B Policies

National PC plan or strategy
4

Responsible authority for PC in the Ministry of Health
4

Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
4

EU Luxembourg

| | | |
|---|---|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | In Luxembourg, palliative care advocacy and patient rights promotion have a strong national and sub-national presence, primarily led by Omega 90, a non-profit organisation founded by pioneers in the field. Supported by the Ministry of the Family, the Ministry of Health and of Social Security, Omega 90 plays a crucial role in raising awareness, providing education, and delivering essential palliative care services. Its comprehensive structure includes: a) Public awareness campaigns to inform society about palliative care and patient rights, b) A volunteer network offering support in hospitals, homes, and nursing facilities, c) A training service educating healthcare professionals on palliative care, patients' rights, advance directives, and end-of-life legislation, d) A 15-bed palliative care home providing specialised inpatient care, and e) Collaboration with IWAP for continuous palliative care education. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | There is a legal body supporting ACP and medical decision-making for life-sustaining treatment and end-of-life care: a) Law of March 16, 2009 on PC, AD, and end-of-life support, establishing patients' rights to express their medical preferences in advance; b) Law of July 24, 2014 on patients' rights and obligations, reinforcing the designation of a trusted support person; c) the brochure "Ma Volonté en fin de vie" (by the Ministries of Health and Family), providing practical information on trusted third party, advance directive and end-of-life provisions, widely distributed to health professionals and care institutions, available online; and d) the ACP form by Omega 90, organising information and training evenings for the general public and caregivers. |
| 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, and actively evaluated or audited.  Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | Luxembourg's National End-of-Life and Palliative Care Plan 2023-2026, developed under the supervision of the Directorate of Health and the Ministry of Family, Integration, and the Greater Region, aims to inform citizens about their rights and options regarding palliative care, end-of-life assistance, and assisted dying. It also promotes key tools such as advance directives and is based on recent reports assessing the implementation of existing legislation on palliative care and euthanasia. The plan includes a monitoring and evaluation system with measurable indicators to track progress. A steering committee oversees implementation, and annual reports assess actions taken and their impact. In 2026, an independent external evaluation will review progress and challenges in executing the proposed measures. |

EU Luxembourg

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The Indicators to monitor and evaluate progress are currently implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Luxembourg's legal framework guarantees access to palliative care as part of the national health system. The Social Security Code explicitly includes palliative care as a recognised health service (Article 61) and ensures its reimbursement within the national health insurance system (Articles 65 & 66). Additionally, Articles 349 & 350 establish palliative care as a protected and officially recognised health benefit. The Law of March 16, 2009, on palliative care, advance directives, and end-of-life support, ensures that any person in the advanced or terminal stage of a serious illness has the right to PC. PC is covered by social security when provided in hospitals, at home, or in accredited institutions, including nursing homes and facilities for the elderly or disabled. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | Luxembourg does not have a standalone national authority exclusively dedicated to palliative care within the MoH. However, the Ministry for the Family, Integration, and the Greater Region plays a key role in developing and overseeing PC policies, particularly in relation to elderly care and end-of-life services. This ministry is responsible for: a) Developing national action plans for end-of-life and PC; b) Accrediting PC-related training programmes; c) Supervising compliance with hygiene and health regulations in facilities providing PC; d) Monitoring and controlling approvals for elderly care services, which include PC provisions; e) Overseeing the public institution "Centres, Foyers et Services pour personnes âgées", which integrates PC in elderly care settings. While there is no specific PC unit, the Ministry for the Family actively integrates palliative care within broader elderly and social healthcare services. |

EU Luxembourg

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div>3</div><div></div></div> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p> | Luxembourg has organized several scientific meetings on palliative care: a) February 26, 2016 – National Palliative Care Symposium: The government engaged with professionals to discuss challenges in the field; b) October 2019 – Palliative Care Congress: Organized by the Centre Hospitalier de Luxembourg (CHL) to address advancements in palliative care; c) September 1, 2023 – Presentation of the National End-of-Life and Palliative Care Plan (2023-2026): Establishing long-term initiatives for improving care quality; d) September 25-26, 2023 – Institut National du Cancer (INC) Conference: Discussing patient-centered care and digitalized patient pathways, including palliative care; e) June 7, 2024 – Exchange Day on Pediatric Palliative Care: Hosted by the University of Luxembourg, Ministry of Health, and CHL, focusing on pediatric palliative care implementation. |
| Ind7.1 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. | <div><div>1</div><div></div><div></div><div></div></div> <p>Minimal or non-existent number of articles published on the subject.</p> | A recent PubMed search for palliative care research in Luxembourg over the past five years found no articles that fully met the indicators criteria. While some publications discuss palliative care in the country, most lack author affiliation from Luxembourg. |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics.</p> | While national research calls exist, there is no evidence of national research calls specifically dedicated to palliative care topics in Luxembourg. The Luxembourg Institute of Health (LIH) highlights achievements in areas such as pain management research, but these are not directly linked to palliative care initiatives. Similarly, the Luxembourg Institute of Science and Technology (LIST) focuses on various research collaborations. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>4,354</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>LUXEMBOURG</div><div>4959</div><div>4354</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div> |

EU Luxembourg

| | | |
|---|---|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Luxembourg ensures access to essential medicines for pain and palliative care through national regulations and the essential medicines list (LNME). The Grand-Ducal Regulation of April 28, 2021, explicitly includes palliative care medications under Annex Ia, ensuring their availability in designated healthcare institutions. As a small country (2,586 km²), Luxembourg has closely connected urban and rural areas, facilitating high availability of palliative care medications nationwide. Community pharmacies dispense most essential medicines, ensuring easy patient access. However, certain medications, such as midazolam, are only available in hospitals. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All opioids are available in community pharmacies. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All opioids are available in community pharmacies. |

EU Luxembourg

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.
- 11.5. PC Full Professors.
- 11.6. Legislation/regulations concerning PC education.

1/1

0/1

1/1

0/1

0

Yes



The University of Luxembourg is the only institution in the country offering medical and nursing programmes, both of which include compulsory palliative care education: 1st) Bachelor of Medicine: Palliative care is integrated into mandatory modules, covering end-of-life care, pain management, bereavement, and ethics. These courses are taught by professors and practitioners experienced in palliative medicine; and 2nd) Bachelor of Nursing: Includes compulsory courses on palliative care, such as "Introduction to Death, Bereavement and Palliative Care", with practitioners and specialists delivering training over several semesters. There are no full professors in palliative care in Luxembourg. However, Marie Friedel, a full professor of nursing sciences, is advocating for the development of paediatric palliative care. Luxembourg's Grand-Ducal Regulation of February 8, 2019, defines palliative care training for medical doctors, healthcare professionals, and elderly care service managers in Luxembourg. The regulation establishes different training levels to ensure proper knowledge dissemination and professional qualification in palliative care.

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

Luxembourg recognises training programmes enabling doctors' expertise. The Grand-Ducal Regulation of 2019, defined structured PC training for medical doctors: 1st) Basic Level (40h) – Introduction to PC; 2nd) General Level (160h + 8h clinical placement) – Focuses on symptom control, psychosocial care, and interdisciplinary collaboration; and 3rd) Specialised Level (250h + 8h clinical placement) – Advanced training. The State organizes or delegates accredited training providers, such as Omega 90, to conduct certified courses. The Centre Hospitalier de Luxembourg (CHL) has been a recognised palliative care training center by the Ärztekammer des Saarlandes (AEK) since 2013.

EU Luxembourg

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.



Integrated provision: Specialised palliative care services or teams are systematically provided.



Are part of most/all hospitals in some form.



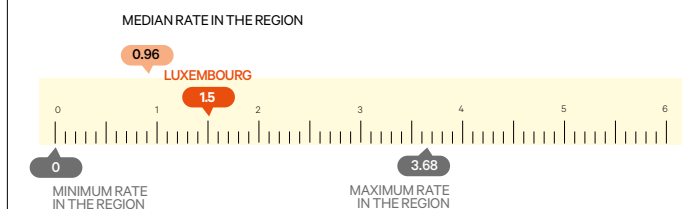
Strong presence of free-standing hospices in all parts of the country.



Strong presence of home care teams in all parts of the country.

Palliative Care is present in the following hospitals: Haus Omega: 15 beds; Centre Hospitalier Emile; Mayrisch / Esch: 8 beds; Centre Hospitalier de Luxembourg / Eich: 10 beds and a mobile unit for the entire CHL; Hôpitaux Robert Schuman / Zitha: 8 beds; and in the Centre Hospitalier du Nord in Ettelbruck: 6 beds and an internal and external mobile team. Some home Care Palliative Care Teams also operate at Steftung Hellef Doheem, Help, Päperleck and Verbandskescht. It is to be noted that this number might be sub estimated, as Luxembourg's Law of August 23, 2023, mandates the integration of specialised palliative care within home care services, requiring trained personnel and continuous end-of-life support.

RATE OF SPECIALISED PC SERVICES/100,000 INH



10

← 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.



Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.

1

PPC
TEAMS

Luxembourg provides paediatric palliative care through the Paediatric Clinic at Centre Hospitalier de Luxembourg (CHL), the only dedicated facility for children. Paediatric palliative care is organized internally at CHL, where a mobile palliative care team offers consultation and guidance, ensuring specialised support. If hospitalization is required, children are admitted to the Paediatric Clinic, as admission to the adult palliative care unit is not permitted. Luxembourg is committed to expanding paediatric palliative care, as outlined in the National Palliative Care Plan (Paediatric Component) 2023-2026 and key initiatives include: a) training healthcare professionals in paediatric palliative care, b) establishing a mobile paediatric palliative care team, and c) creating a paediatric respite care facility.



General data

POPULATION, 2023
552,747
PHYSICIANS / 1,000 INH, 2021
4.27

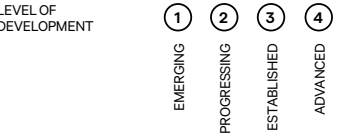
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
40,395
HEALTH EXPENDITURE (% GDP), 2021
10.58
UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



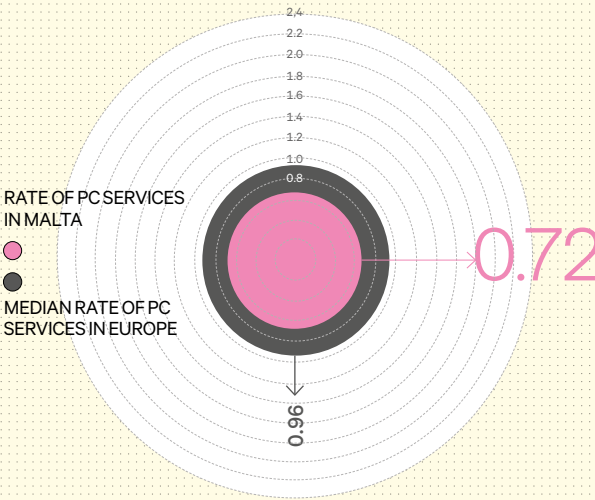
Consultants: Jurgen Abela; John Paul Tab-one; Kenneth Delia and Lara-Suzanne Far-rugia.
National Association: Hospice Malta.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Malta

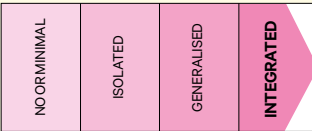
Provision of PC (Specialised Services)

Total number of Specialised PC services
4
Rate of PC services per 100,000 inhabitants
0.72

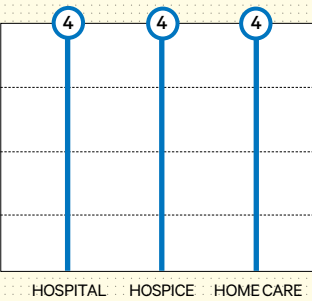
Malta in the context of European region



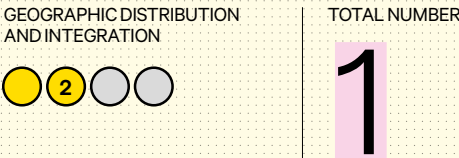
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

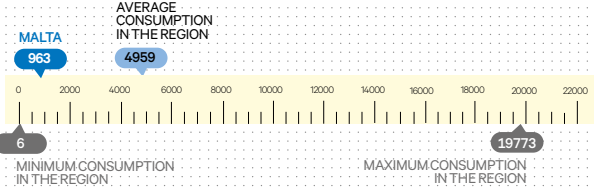


Malta

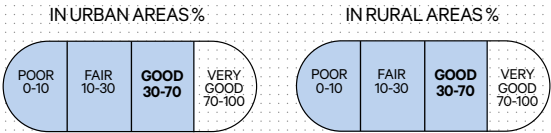
Use of essential medicines

Opioids consumption (excluding methadone)
963
S-DDD/MILL INHABITANTS/DAY

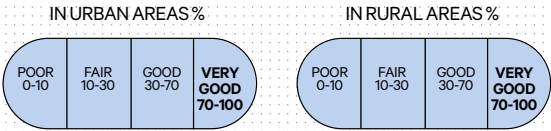
Malta in the context of European region



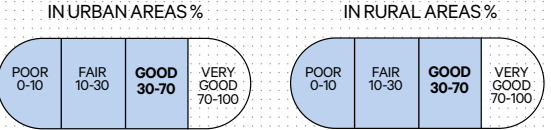
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



Research

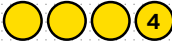
PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings

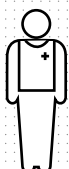


Education & Training

Medical schools with mandatory PC teaching
1/3



Nursing schools with mandatory PC teaching
0/1



PC Full Professors
0



Recognition of PC specialty
4

Policies

National PC plan or strategy
4

Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
4





Empowerment of people and communities





Groups promoting the rights of PC patients
4



Advanced care planning-related policies
1





| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | The Hospice Malta is a key organisation in this regard. It was founded on 4th January 1989 when the Founding Members, who assumed the role of the first Council of Management, formally signed the Statute which governed the Movement. |
| 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. | There is no national policy or guideline on advance care planning, although there are discussions around developing national policies on Advance Care Planning. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | Malta has a current national palliative care plan, programme, policy, or strategy with a defined implementation framework. This is aligned with the European Association for Palliative Care (EAPC) guidelines. Furthermore, there is a National Health strategy 2023-2030. The National Health Systems Strategy 2023-2030 document 'Investing successfully for a Healthy Future' outlines the strategic direction being pursued by the Maltese Government to ensure that health features as a key priority across all other national policies, sectors, and investments. It sets out the framework that anchors the vision for the development of the health system in Malta over this decade. |

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The Indicators to monitor and evaluate progress are currently implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | A Strategy on Palliative Care is currently in an advanced stage of development. This will set out plans to develop integrated, person-centred palliative care services for both adults and children. Palliative care will be provided using a multi-disciplinary approach and will be available to all, regardless of diagnosis, as a part of universal health coverage. This will include education for healthcare professionals and access to essential medicines for pain and other symptoms. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | No evidence found. |






| | | |
|--|--|---|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>The first Conference organised within the new Hospice Premises – St Michael Hospice was organised by Hospice Malta in November 2024. Intended for healthcare professionals, this conference showcased the latest advancements and best practices in palliative care, providing invaluable insights for those dedicated to compassionate, cutting-edge workcare. It will be organized every two years though does not necessarily have nurses, psychologists, chaplains, neither is accessible for professionals from remote areas, or includes pediatric topics.</p> |
| <p>Ind7:1</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>1●●●●</p> <p>Minimal or nonexistent number of articles published on the subject.</p> | <p>No articles were found in although some can be found within the Malta Medical Journal; such is the case of, for instance, of the paper entitled The role of the general practitioner in palliative care: a review.</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>1●●●●</p> <p>There are no national research calls at all.</p> | <p>Based on the available information, there is no direct mention of Palliative Care being included in National Research Calls in Malta.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>963</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>MALTA 963</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> | |

| | | |
|--|---------------------------|--|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>●●●3●</p> <p>●●●3●</p> | <p>Malta offers access to pain and palliative care medications; however, the degree of availability can differ. Palliative care medications are generally accessible and often provided for free by the state within a few days.</p> |
| <p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>●●●●4</p> <p>●●●●4</p> | <p>Immediate-release oral morphine in Malta is widely available across the country.</p> |
| <p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>●●●3●</p> <p>●●●3●</p> | <p>Various opioids, including morphine, fentanyl, are available in Malta for palliative care purposes. Nonetheless, oxycodone is not available.</p> |

EU Malta

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>1/3</p> <p>0/3</p> <p>0/1</p> <p>1/1</p> <p>0</p> <p>N/A</p> | <p></p> <p>Geriatric Medicine, Oncology, and Palliative Care is a mandatory course in the 5th year of the Doctor of Medicine and Surgery programme at the University of Malta. This course builds on previous medical knowledge and clinical experience, focusing on geriatrics, oncology, and palliative care. Regarding universities in Malta, there are indeed three main institutions: the University of Malta is the primary public university, and there are private institutions such as the American University of Malta and the London School of Medicine and Dentistry (Barts and The London School of Medicine and Dentistry), with no medical faculty.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine has been recognised as a medical specialty in Malta since 2003. This means that healthcare professionals can pursue specialised training and certification in palliative medicine, ensuring they have the necessary skills and knowledge to provide high-quality care to patients with life-threatening illnesses.</p> |

EU Malta

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p> Are part of most/all hospitals in some form.</p> <p> Strong presence of free-standing hospices in all parts of the country.</p> <p> Strong presence of home care teams in all parts of the country.</p> | <p>PC services, previously located at Sir Paul Boffa Hospital, were transferred in 2015 to a newly established 16-bed PC Ward at the Sir Anthony Mamo Oncology Centre (SAMOC). The SAMOC PC Unit also offers a pain management clinic for palliative and oncology patients, available once a week and managed by a consultant anaesthesiologist. Hospice Malta, a voluntary organisation, provides PC services, with 25% of its funding coming through a service agreement with the government. In 2016, Hospice Malta announced plans to develop its inpatient PC facility, funded by the Church. Additionally, Hospice Malta offers community services and has recently inaugurated the St. Michael's Hospice PC Complex. Some PC beds are also available at the St. Vincent de Paul elderly home. The government collaborates with Dar Bjorn, which offers 13 beds for neurological conditions such as ALS. Further expansion is underway at Dar Bjorn II. The Puttinu Cares Foundation, established in 2002, is a non-profit children's cancer support group. Its aims include advocating for the needs of affected children and their families.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>MALTA 0.72</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>4 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>1 PPC TEAMS</p> | <p>Puttinu Cares Foundation is a children's cancer support group, officially set up in 2002. It is a non-profit-making NGO. Among its various aims it seeks to advocate on behalf of affected children and their families by representing their needs; to promote models of good care and practice; and to support families with a national information service. Malta has recently appointed a paediatric palliative care consultant at the Mater Dei hospital, responsible for offering palliative care for children who are either nearing death or suffer from long-period disease. There are some hospital beds and some community outreach.</p> |



General data

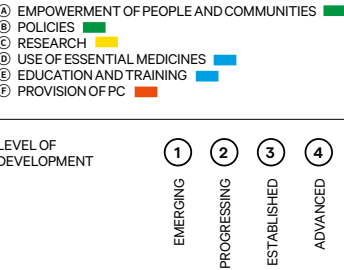
POPULATION, 2023
2,457,783
PHYSICIANS / 1,000 INH, 2021
3.24

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
6,729
HEALTH EXPENDITURE (% GDP), 2021
7.75
UNIVERSAL HEALTH COVERAGE, 2021
71



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



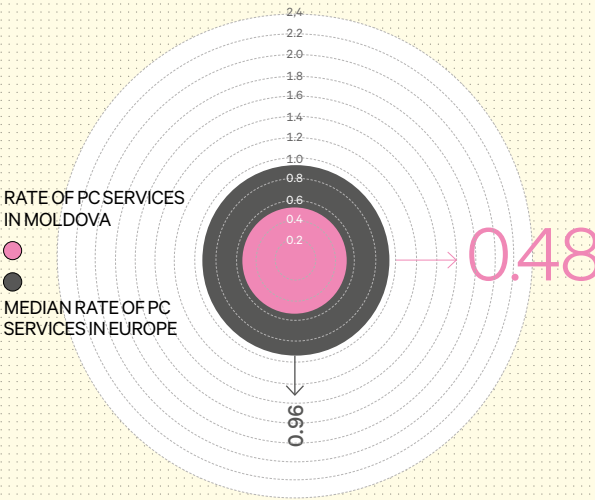
Consultants: Vadim Pogonet and Natalia Carafizi.
National Association: National Association for Palliative Treatment.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Moldova

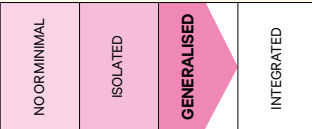
F Provision of PC (Specialised Services)

Total number of Specialised PC services
12
Rate of PC services per 100,000 inhabitants
0.48

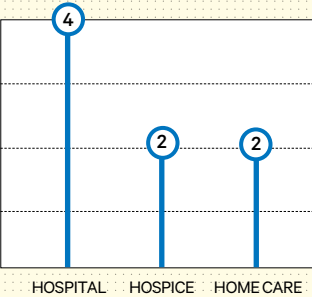
Moldova in the context of European region



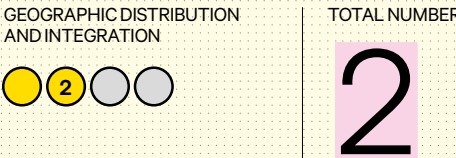
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

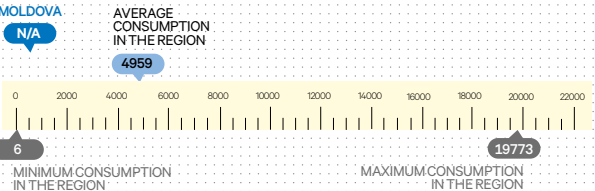


Moldova

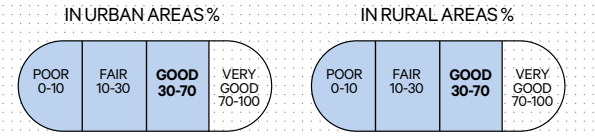
D Use of essential medicines

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

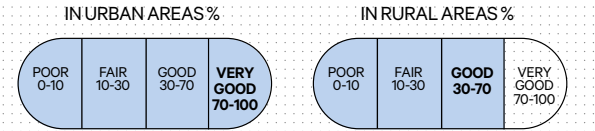
Moldova in the context of European region



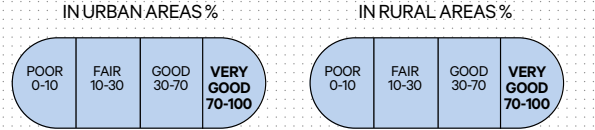
Overall availability of essential medicines for pain and PC at the primary level



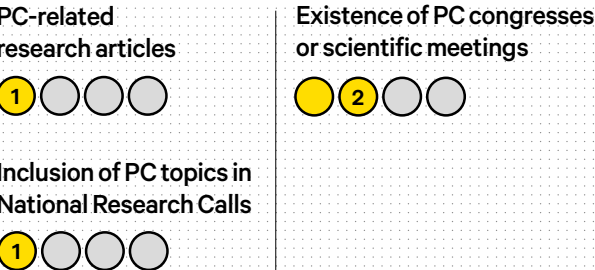
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
1/1

Nursing schools with mandatory PC teaching
5/5

PC Full Professors
0

Recognition of PC specialty
2

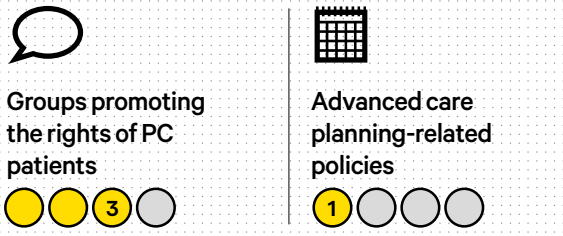
B Policies

National PC plan or strategy
2





Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
4





A Empowerment of people and communities






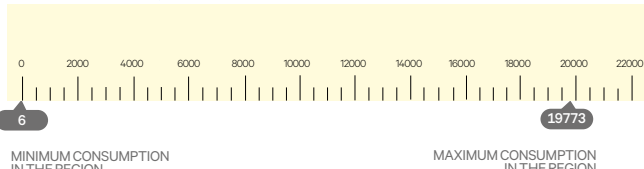
EU Moldova

| | | |
|---|---|---|
| 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/programme areas. | Although advocacy remains limited, two NGOs work actively in this field. Since 2000, Hospice Angelus Moldova promotes paediatric PC and advocated for the rights of patients with life-threatening illnesses through non-discriminatory, high-quality services and professionals training. In 2000, home-based PC services were set for cancer adults, in 2008 home-based PC services for children (also non-cancer), and since 2017 an inpatient hospice was activated at the time that all the home-based services were closed gradually during 2023. Since 2008, Hospices of Hope Moldova raises awareness at all levels, engaging stakeholders, including the MoH, to enhance governmental commitment. The National Association for Palliative Treatment also does promotion, advocacy, and education. Other NGOs focus on specific patient groups and promote their rights ensuring access to medications and paramedical goods. |
| 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. | No evidence found. |
| 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. |  Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | Palliative care is integrated into the National Programme on Cancer Control (2016–2025), which includes implementation indicators and a monitoring framework for palliative care. Although there is no stand-alone national palliative care plan, Moldova has a National Standard on Palliative Care, issued in 2010 by the Ministry of Health, which serves as an official guideline defining minimum quality and operational standards for palliative care services. This framework establishes criteria and best practices for palliative care providers. |







EU Moldova

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care is recognised in Moldova's legal framework under Law No. 411 of March 28, 1995, on Health Protection, published in the Official Gazette No. 34, Article 373, on June 22, 1995, specifically in Chapter IV – Medical Assistance, including Article 20 (Right to Medical Assistance) and Article 35. Although palliative care is officially included as part of the services provided by family physicians, its implementation remains limited due to a lack of knowledge and experience in the field, with most interventions restricted to drug prescriptions. According to the National Cancer Control Plan 2016–2025, palliative care teams are not available at the primary healthcare level, further highlighting the gap between policy recognition and actual service provision. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is no national coordinating authority for palliative care within the Ministry of Health. The only existing structure is a Specialty Commission on Palliative Care, which has a purely consultative role and is not involved in decision-making processes. Within the Ministry of Health there is a Department of rehabilitation, Geriatric and Long-term Care (that might include palliative care), but it does not have any interdisciplinarity. |



EU Moldova

| | | |
|---|---|--|
| 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. | Moldova has never hosted a national congress or scientific meeting exclusively dedicated to palliative care. However, non-governmental organisations and medical societies have periodically organized conferences or workshops on specific palliative care topics, such as the regular inclusion of palliative care themes in national cancer conferences, with the most recent occurrence in 2020. |
| Ind7:1 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. |  Minimal or non-existent number of articles published on the subject. | |
| Ind7:2 Inclusion of PC topics in national research calls. |  There are no national research calls at all. | There are no national research calls on palliative care. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div> <div>N/A</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> </div> <div> <div>COUNTRY VS REGION</div> <div> <div>MOLDOVA</div> <div>N/A</div> </div> <div> <div>AVERAGE CONSUMPTION IN THE REGION</div> <div>4959</div> </div>  <div> <div>MINIMUM CONSUMPTION IN THE REGION</div> <div>6</div> </div> <div> <div>MAXIMUM CONSUMPTION IN THE REGION</div> <div>19773</div> </div> </div> | |







EU Moldova

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | <p>The National EML is a common one for both adults and children (it contains mentions about children for dosing, formulations, etc.) The EML for PC at the primary care level is WHO list with few exceptions – complementary lists in the National Essential List includes Tramadol (oral and injectable) and oral Methadone. Also, National EML does not have the full range of forms. The list of essential medicines is standardized nationwide, but patients in rural and suburban areas often need to travel to regional centres or towns to obtain free-of-charge medication, as the pharmacies that distribute opioids are placed in the Region Centres (one pharmacy per each Region Centre that give access to opioids). This results in additional financial burdens due to transportation costs on patient's families.</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | <p>All rural ambulatory facilities (polyclinics) have access to a pharmacy that provides immediate-release oral morphine, though liquid formulations (drops) remain rare. Actually, the Acquisition of morphine immediate release formulations is a centralised process for the whole country and the quantities that are annually procured correspond to the quantities that are requested by pharmacies for each year, in majority of formulations. The problems usually are with some opioids (Codeine, Methadone) due to small quantities requested through the years (Pharma companies are not interested to participate in central acquisition processes). In village medical centres, patients are typically referred to regional polyclinics or hospitals where pharmacies can dispense immediate-release oral morphine when needed.</p> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | <p>In Moldova, health facilities can obtain morphine (oral, parenteral, immediate- and long-release, oral drops), fentanyl patches, and methadone after estimating opioid consumption and submitting a written request for the required formulations. While urban health facilities handle this process independently, rural facilities rely on regional polyclinics or hospitals to conduct consumption analysis and submit requests on their behalf.</p> |

EU Moldova

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>1/1</p> <p>0/1</p> <p>5/5</p> <p>5/5</p> <p>0</p> <p>No</p> | <p></p> <p>Palliative care is formally included in the undergraduate curricula of both medical and nursing schools in Moldova. The only State Medical University (1/1) has a mandatory palliative care course, but it is mainly taught by theoreticians—medical doctors from various specialties without specialised accreditation or significant practical experience in palliative care. The course is offered under the Department of Family Medicine, which does not have professors specialised in palliative care. On their end, all five nursing schools (5/5) provide compulsory palliative care education, following an identical curriculum. Similar to medical education, palliative care is primarily taught by theoreticians—medical doctors or nurses who have taken theoretical courses but do not practice palliative care. Occasionally, experienced palliative care professionals are invited to present specific topics within the course.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities.)</p> | <p>In Moldova, palliative care is not recognised as a medical specialty or subspecialty. There are no national certification programmes for physicians specializing in palliative medicine. Some continuing education courses on palliative care are available for medical doctors and nurses who have completed their degrees, but these courses are not part of a structured specialisation programme and remain separate from their main medical specialty.</p> |

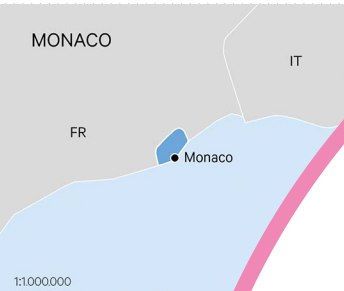
EU Moldova

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> | <p>Moldova has 12 specialised palliative care (PC) services/teams though over 40 hospitals and medical institutions provide some non-qualified care to palliative care patients. All have annual contracts with the National Healthcare Insurance Company (CNAM). Regional state hospitals have dedicated palliative care departments/beds. Specialised services comprehend four freestanding hospices (3 run by NGOs: AO Gloria, AO Prosperare Zubresti, Fundatia Hospice Angelus Moldova, and 1 state-run: SCM nr. 4), two of them also providing home-based services. Hospices of Hope Moldova operates five interdisciplinary mobile teams covering: Ocni a, Soroca, Orhei, Taraclia, and Chisinau (funded by the National Health Insurance Company). There is also one further mobile palliative care team at the Institute of Oncology working as a consultation/support team for other departments. The National Association for Palliative Care, being a NGO, has provided home-based PC services for cancer and non-cancer adult patients since 2024 in Chisinau and suburb areas.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>MOLDOVA 0.48</p> <p>0.96</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>12 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p> | <p>In Moldova, there are only two institutions with beds that provide pediatric palliative care: 1. Institutul Mamei si Copilului (Institution of Mother and Child) – A state medical institution that offers general pediatric medical care, including palliative care beds, and 2. Fundatia Hospice Angelus Moldova – A free-standing pediatric hospice providing specialised pediatric palliative care services. There are no dedicated home-based pediatric palliative care services or teams.</p> |



Monaco

Monaco



General data

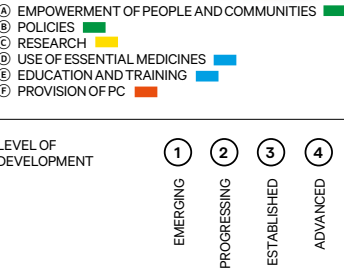
POPULATION, 2023
38,956
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
256,580
HEALTH EXPENDITURE (% GDP), 2021
3.68
UNIVERSAL HEALTH COVERAGE, 2021
86



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

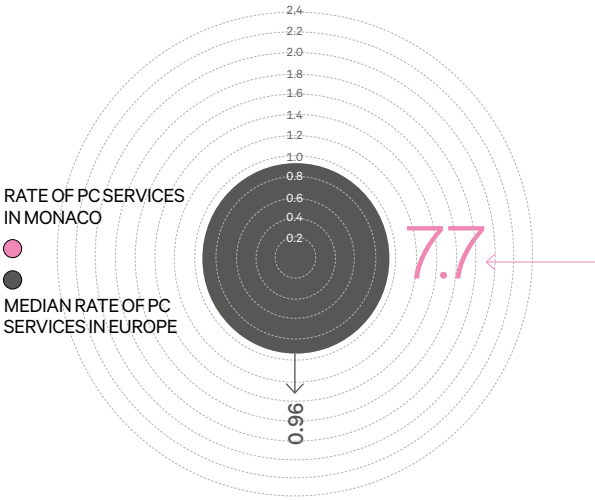


Consultants: Gaëtan Saudemont.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

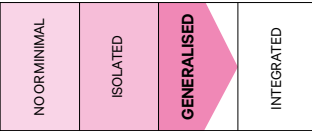
F Provision of PC (Specialised Services)

Total number of Specialised PC services
3
Rate of PC services per 100,000 inhabitants
7.7

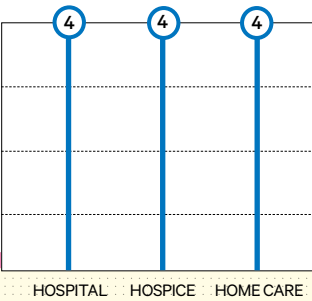
Monaco in the context of European region



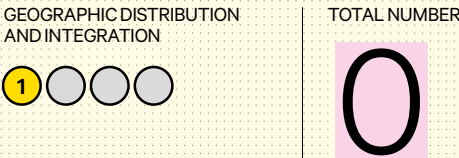
Geographic distribution and integration of PC services



Level of development of different types of PC services



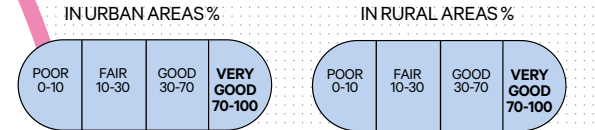
Paediatric PC Services



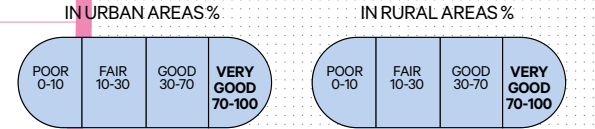
D Use of essential medicines

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

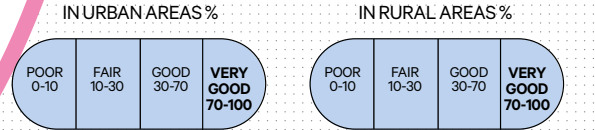
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
3

Existence of PC congresses or scientific meetings
2

E Education & Training

Medical schools with mandatory PC teaching
0

Nursing schools with mandatory PC teaching
1/1

PC Full Professors
0

Recognition of PC specialty
3

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
3

A Empowerment of people and communities





Groups promoting the rights of PC patients
3

Advanced care planning-related policies
2




EU Monaco

| | | |
|---|--|--|
| 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/programme areas. | There are associations promoting supportive and palliative care such as the association JATALV, the <i>Jusqu'au Terme Accompanyer la Vie</i> , founded in 1999 in the Principality of Monaco with the agreement of the Prince's Government. It is associated to the Mobile and Supportive Care unit of the Centre Hospitalier Princesse Grace (CHPG) . |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | Article 4 and 20 to 23 of the Law regarding Consent and Information, refers to surrogate decision-makers in the form of the <i>Personne de confiance</i> , or 'Trusted person'. |
| 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. |  Not known or does not exist.  Not known or does not exist neither standalone nor is included in another national plan. | Although there are no strategies or plans for palliative care, Monaco is preparing to reform its legislation on end-of-life care. The National Council, now responsible for reviewing the bill submitted by the government and will begin a series of consultations with key figures from the medical, charitable, and religious sectors to help inform its decision. Submitted on September 26 2023, Bill No. 1.081 aims to improve access to palliative care for individuals suffering from severe, progressive illnesses. |







EU Monaco

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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 recognised by a government decree or law but not in the General Health Law. | According to the project of law n° 1.007 on end-of-life, in its fourth article, states that "anyone in the advanced or terminal stages of a serious, progressive and life-threatening illness has the right to access palliative care and support, whatever their life expectancy". |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | No evidence found. |



EU Monaco

| | | |
|---|---|--|
| 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. | Only sporadic or non-periodical conferences or meetings related to palliative care take place. |
| Ind7:1 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. |  Minimal or non-existent number of articles published on the subject. | |
| Ind7:2 Inclusion of PC topics in national research calls. |  They do exist national research calls that do include palliative care topics (either scarce or more frequent). | No evidence found. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | |






EU Monaco

| | | |
|---|--|--------------------|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | No evidence found. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | No evidence found. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | No evidence found. |

EU Monaco

| | | |
|---|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/ regulations concerning PC education.</p> | <p>0</p> <p>0</p> <p>1/1</p> <p>1/1</p> <p>0</p> <p>No</p> | <p></p> <p>No evidence found.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>Palliative care is gaining increasing institutional and legal recognition in Monaco, although its status as an autonomous medical speciality remains to be clarified.</p> |

EU Monaco

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>There is one provider (Princesse Grace Hospital Center), that runs three services: one inpatient palliative care unit with beds, one hospital palliative care support team and one home hospitalization with experience and training in palliative care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>MONACO 7.7</p> <p>0 1 2 3 4 5 6 7 8</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>0</p> <p>PPC TEAMS</p> | <p>No evidence found.</p> |



General data

POPULATION, 2023
616,177
PHYSICIANS / 1,000 INH, 2021
2.76

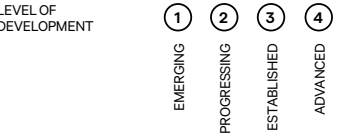
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
12,221
HEALTH EXPENDITURE (% GDP), 2021
10.55
UNIVERSAL HEALTH COVERAGE, 2021
72



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



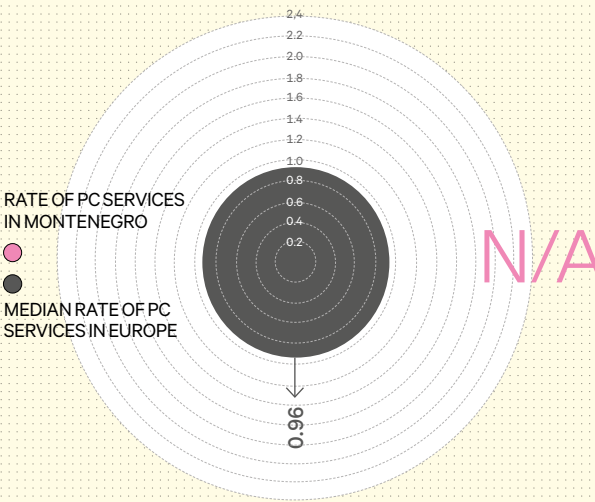
Consultants: Svetlana Stojanovic and Tamara Radojicic.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Montenegro

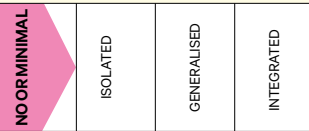
F Provision of PC (Specialised Services)

Total number of Specialised PC services
0
Rate of PC services per 100,000 inhabitants
N/A

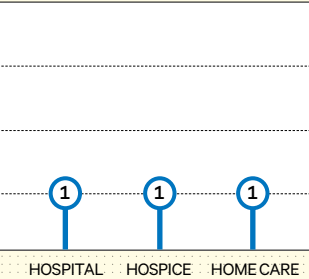
Montenegro in the context of European region



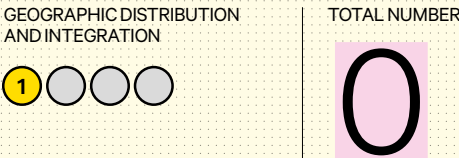
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

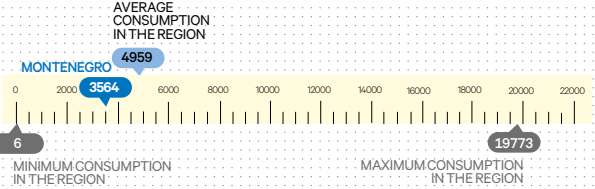


Montenegro

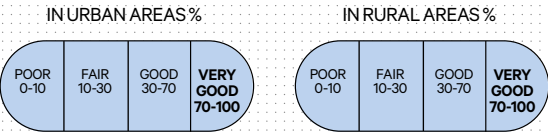
D Use of essential medicines

Opioids consumption (excluding methadone)
3,564
S-DDD/MILL INHABITANTS/DAY

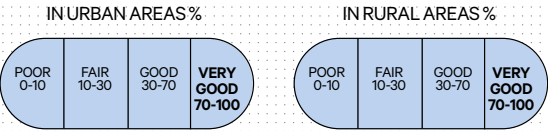
Montenegro in the context of European region



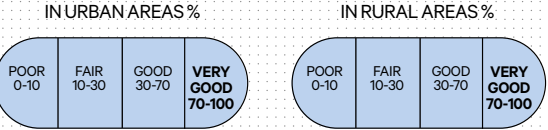
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
2

Inclusion of PC topics in National Research Calls
3

Existence of PC congresses or scientific meetings
2

E Education & Training

Medical schools with mandatory PC teaching
1/1

Nursing schools with mandatory PC teaching
0/1

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1





Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
1

Advanced care planning-related policies
1

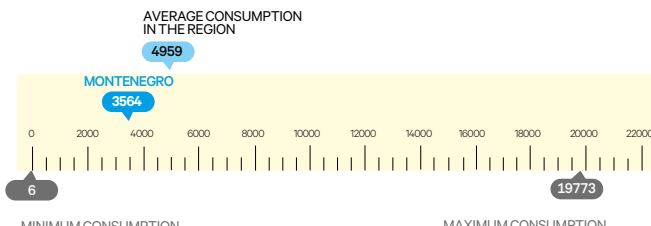
EU Montenegro

| | | |
|---|---|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Only isolated activity can be detected. | No evidence found. |
| 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. | No evidence found. |
| 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. |  Developed over 5 years ago.  A national palliative care plan is in preparation. | Palliative care is included within the Strategy for healthcare development for a period 2024-2027 developed by the Ministry of Healthcare of Montenegro. The document is called <i>Strategija razvoja zdravstva za period od 2023-2027. godine sa akcionim planom za period 2023-2024.</i> |







EU Montenegro

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | The Health Care Act (Official Gazette No. 3/2016, 39/2016, 2/2017, 44/2018, 24/2019, 24/2019, 82/2020 and 8/2021) Article 25, stipulates that health activities performed at the primary level of health care include health care, including PC. Article 42 stipulates that health institutions providing hospital health care can also organize long-term - extended hospital care, rehabilitation and PC for patients in the terminal stage. However, no further developments happened. Also, as per information from the Government of Montenegro (on the establishment of PC in the health system, march 2022), its status was depicted. In 2022, a meeting held in the Institute of Public Health, resulted in the Guidelines for PC Development, as a result of the international project IMPHACT 'Improving the Quality and Accessibility of Palliative Care in the Cross-Border Area'. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.) | No evidence found. |

EU Montenegro



| | | |
|---|---|---|
| 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. | The annual medical fair, the ninth in a row, was held in Podgorica in 2024, from September 29 to October 1st 2024. A presentation entitled <i>Caring for the most vulnerable</i> , and the presentation of the Palliative Care Improvement Plan, took place at the end of this Fair. Dr. Sladjana Ćorić, Srdjan Dragomanović, director of the Grabovac Elderly Home - Risan, as well as Dr. Damir Adrović (Grabovac Elderly Home), were in charge of the programme. In this conference numerous challenges to palliative care integration in the country in terms of services and policies were approached. |
| Ind7.1 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. | Some publications were found. |
| Ind7.2 Inclusion of PC topics in national research calls. |  They do exist national research calls that do include palliative care topics (either scarce or more frequent). | At least a Call for the Experts from Serbia and Montenegro for conducting the Research on Needs and Barriers of Implementation of Palliative Care Services was held in 2021. Not specifically for palliative care, but there was a recent agreement for EU grants access to funding for Montenegro under the EU4Health programme. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div data-bbox="697 1501 1305 1911"> <p>3,564</p> <p>S-DDD PER MILLION INHAB / DAY</p> <p>COUNTRY VS REGION</p>  <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> </div> |

EU Montenegro

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | According to reports included in the document Analysis of drug consumption in Montenegro 2019 – 2023, and in Access to long-term care services in Montenegro; availability of essential medicines is very good. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | No evidence found. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | According to reports included in the document Analysis of drug consumption in Montenegro 2019 – 2023, and in Access to long-term care services in Montenegro; availability of essential medicines is very good. |




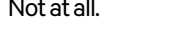



EU

Montenegro

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>1/1</p> <p>N/A</p> <p>0/1</p> <p>0/1</p> <p>0</p> <p>No</p> | <p></p> <p>The only medical schools of Montenegro has 72 hours of palliative care. In Medical School of Podgorica (<i>Medicinska Škola Podgorica</i>), there is a section of PC and geriatrics (section 3.2.15 on palijativna_njega), 72 h (36h theory+36h practice), in the third year. There is also a course on palliative care within a programme for master studies at the Faculty of Medicine, University of Montenegro. There is no evidence of palliative care teaching in the nursing school of Kraljica Jelena.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>There is no process on specialisation for palliative care physicians in Montenegro.</p> |

EU

Montenegro

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> | <p>Services for specific palliative care will be formed at the primary level of health care within health centers, through community nursing teams as well as in health centers that have inpatient facilities (Plav, Rožaje, Mojkovac, Kolašin and Ulcinj), where inpatient care for such patients can be provided.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>MONTENEGRO 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | |



General data

POPULATION, 2023
17,877,117
PHYSICIANS / 1,000 INH, 2021
3.90

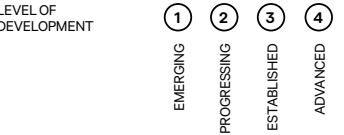
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
64,572
HEALTH EXPENDITURE (% GDP), 2021
11.28
UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



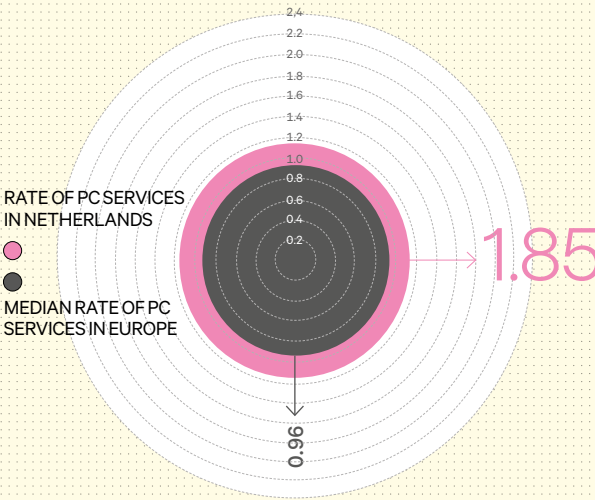
Consultants: Agnes Van der Heide; Christine Cramer van der Welle; Natasja Raijmakers and Jeroen Hasselaar.
National Association: Dutch Palliative Care Professionals Association, Palliactief.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Netherlands

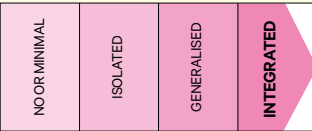
F Provision of PC (Specialised Services)

Total number of Specialised PC services
331
Rate of PC services per 100,000 inhabitants
1.85

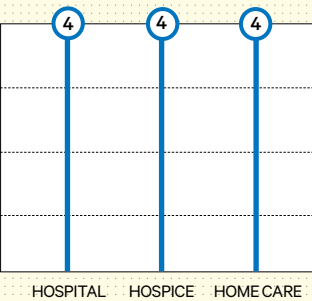
Netherlands in the context of European region



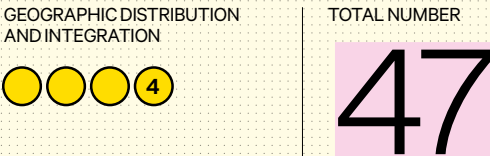
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

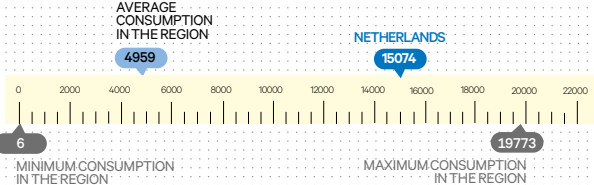


Netherlands

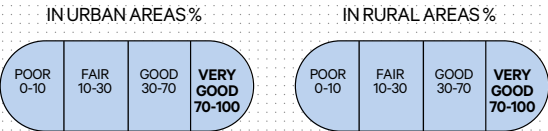
D Use of essential medicines

Opiods consumption (excluding methadone)
15,074
S-DDD/MILL INHABITANTS/DAY

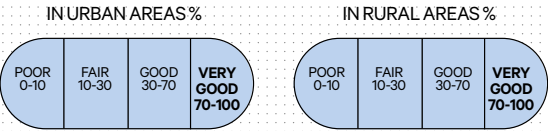
Netherlands in the context of European region



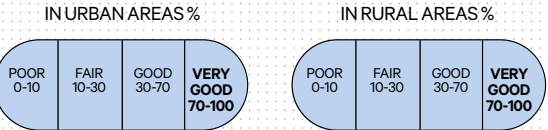
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls

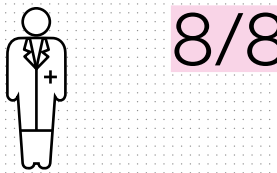


Existence of PC congresses or scientific meetings

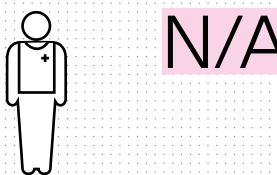


E Education & Training

Medical schools with mandatory PC teaching



Nursing schools with mandatory PC teaching



PC Full Professors



Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities





Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Netherlands

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There are several groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors: Palliative Care Netherlands (PZNL) has developed a website for the general public in collaboration with the Ministry of Health; AGORA is an organisation that advocates a palliative care approach to enabling people to live until they die in a way that aligns with their preferences, values, and social environment; and Patiëntenfederatie Nederland is a national organisation advocating patient rights, including those of patients in the last phase of life. Regarding paediatric population, there is the Dutch Centre of Expertise in Children's Palliative Care. There is also the Dutch Palliative Care Professionals Association, Palliatief. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | The Netherlands has an official policy on ACP. The National Quality Framework for PC in the Netherlands (2017) emphasises proactive care planning and encourages healthcare providers to engage in ACP conversations with patients (currently in revision). Additionally, the Novel Implementation Guide for ACP (2020) provides recommendations for the application, implementation, and safeguarding of ACP in healthcare settings. In 2023, the guideline on ACP was published. This guideline represents a further development of the widely endorsed 'Guideline for the Process and Uniform Documentation of ACP in Response to the COVID-19 Pandemic' (2020), extending its applicability beyond the context of COVID-19. Substantively, this guideline aligns with and complements disease- and symptom-specific PC guidelines. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | The National Palliative Care Programme in the Netherlands stimulates and monitors progress in various areas to ensure the effective implementation of palliative care services. This includes evaluating the quality of care, promoting awareness and education, and fostering collaboration among healthcare providers. The programme aims to improve the quality of life for patients with life-limiting conditions by providing comprehensive and compassionate care. Within the National Palliative Care Programme II (NPPZ II), there is collaboration with 13 parties on 6 strategic themes to implement the Quality Framework for Palliative Care in the Netherlands and transform palliative care, integrating it into the regular healthcare process. This is supported by a national research programme. |

EU Netherlands

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | The Netherlands does not have a general health law, but the Health Insurance Act and the Long-Term Care Act explicitly regulate payment for palliative care for all citizens. These acts ensure that palliative care services are accessible and funded, providing comprehensive support for patients with life-limiting conditions as part of the basic (obligatory) health insurance for Dutch citizens. For example, GPs and hospitals are able to register specific healthcare products, arrangements, or activities for palliative care. Additional insurance packages can differ in the way out-of-pocket payments for hospices or some medications are reimbursed for patients. In the Netherlands all patients have an own contribution (own risk) upon use of healthcare services like hospitals up to a maximum of 385 euro per year (GP care is fully reimbursed). |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | The Steering Group of the National Palliative Care Programme (<i>Stuurgroep Nationaal Programmema Palliatieve Zorg</i>), established by the government, is crucial in guiding the implementation and development of palliative care policies in the Netherlands. One steering group member, also serves as the Team Coordinator for Palliative Care and Spiritual Care at the Ministry of Health, Welfare and Sport. Her involvement ensures a cohesive approach to integrating palliative and spiritual care services within the national healthcare framework. There is a broad government support for palliative care in general, also from the parliament, as part of human care. Scientific advisory tasks and research are performed via a related research programme (<i>Palliantie II</i>) with an independent committee. |

EU

Netherlands

| | | |
|---|--|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every year.</div> | <div>The Netherlands hosts several congresses such as the 18th World Congress of the European Association for Palliative Care. The Netherlands also hosts a bi-annual national congress on palliative care. One notable event is the National Congress Palliatieve Zorg, organized by the national association Palliactief in 2024. The theme for the 2024 congress was “Future-Proof Palliative Care: Stronger Together”, focusing on creating sustainable palliative care systems. The other year (upcoming in autumn 2025) there is a joint research congress for palliative care organized by Palliactief together with the Flemish federation for palliative care. Every two years the National Congress Palliative Care takes place, while every two years there is the Dutch-Flemish Science Days Palliative care; both events alternate.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div>Denotes an extensive number of articles published on this subject.</div> | <div>An international bibliometric study ranked the Netherlands amongst top 15 most productive countries on palliative care research, in the seventh position.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div>They do exist national research calls that do include palliative care topics.</div> | <div>The Palliantie. Meer dan Zorg programme is a funding initiative by ZonMw (Netherlands Organisation for Health Research and Development). Launched in 2014, it focuses on promoting collaboration, innovation, and the implementation of best practices. The programme supports research projects addressing the needs and wishes of patients and ensuring integration of PC into regular healthcare services.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div>15,074</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>NETHERLANDS</div><div>15074</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div> | |


EU

Netherlands

| | | |
|---|---|--|
| <div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div><div><div></div><div></div><div></div><div>4</div></div></div> | <div>The Netherlands is a small country, rural areas are not really different from urban areas, and availability is generally very good. However, there has been noticed of shortage of specific medications in the Netherlands and the European Union in general. In most cases in the Netherlands alternative medications can be received.</div> |
| <div>Ind10:1</div> <div>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div><div><div></div><div></div><div></div><div>4</div></div></div> | <div>The availability of immediate- release oral morphine (liquid or tablet) is very good both at urban and rural contexts.</div> |
| <div>Ind10:2</div> <div>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</div> <div>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div><div><div></div><div></div><div></div><div>4</div></div></div> | |

EU

Netherlands

| | | |
|---|--|---|
| <div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div><div>11.5. PC Full Professors.</div><div>11.6. Legislation/regulations concerning PC education.</div></div> | <div>8/8</div> <div>1/8</div> <div>N/A</div> <div>N/A</div> <div>15</div> <div>Yes</div> | <div></div> <div>The Dutch Federation of University Medical Centers has defined the competencies for medical school graduates at the bachelor and master. There are eight medical faculties in the Netherlands, none of which currently include palliative care as a distinct mandatory part of their curriculum. It is often integrated within regular topics (like cancer care, elderly care, primary care) rather than being a standalone subject. This means that students receive training in palliative care, but it is not uniformly covered across all faculties. The Dutch approach is much closer to a Problem-based learning where palliative care is transversally included in other mandatory subjects such as professionalism, contact with the patient, clinic matters. As an example, at Radboud University Medical College, medical students have about 90h palliative care compulsory but spread across more subjects; and there is an elective course (minor) on palliative care. In 2020, the Dutch national blueprint for undergraduate medical curricula, known as the “Raamplan,” was revised to explicitly mention palliative care. This revision specifies that junior doctors must be able to provide palliative care, marking a significant step forward in recognizing the importance of this field in medical education. There are 15 full professors in palliative medicine, distributed as follows: UMC Groningen: 1; UMC Utrecht: 1; Amsterdam UMC: 3; Leiden UMC: 1; Erasmus MC: 3; Radboud UMC: 3; Maastricht UMC: 1; University Humanistic Studies (UHC): 2.</div> |
| <div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</div></div> | <div>Physicians from all specialties can follow the course <i>Kaderopleiding Palliatieve Zorg</i>, that is accredited by the Royal Dutch Medical Association. This course (20 course days in approximately two years) is designed to enhance the skills and knowledge of healthcare professionals in the field of palliative care, providing them with the necessary tools to offer high-quality care to patients with life-limiting illnesses. In addition, there is a national palliative care course for medical specialists (9 course days) and many other postgraduate courses.</div> |

EU

Netherlands

| | | |
|---|--|--|
| <div>Ind13</div> <div><div>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.</div><div>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.</div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div>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.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>Integrated provision: Specialised palliative care services or teams are systematically provided.</div></div> <div><div><div></div><div></div><div></div><div>4</div></div><div>Are part of most/all hospitals in some form.</div></div> <div><div><div></div><div></div><div></div><div>4</div></div><div>Strong presence of free-standing hospices in all parts of the country.</div></div> <div><div><div></div><div></div><div></div><div>4</div></div><div>Strong presence of home care teams in all parts of the country.</div></div> | <div>The regional PC networks, 65 in the Netherlands, involve collaboration among various healthcare providers, including hospitals, hospices, nursing homes, and home care organisations. Each network aims to improve the quality of care by providing training to professionals, and supporting patients and relatives throughout the process, and works closely with other regional organisations, such as GPs and specialised PC teams. The goal is to create a seamless and integrated PC system. In total, 72 hospitals have a PC team. In 2022, there were 223 hospice facilities: 41 PC units within the premises of nursing homes or hospitals, 62 high-care hospices (providing professional specialised care to patients with life expectancy < 3 months at a 24/7 basis) and 120 hospice facilities for similar patients with 24h access to professional PC. 36 regional consultation teams provide advice and support to non-specialised healthcare professionals. These teams operate in addition to hospital-based consultation teams. There is a tendency that hospital and regional teams collaborate and integrate. Furthermore, there are 256 home PC teams.</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div>MEDIAN RATE IN THE REGION</div><div>0.96</div><div>NETHERLANDS</div><div>1.85</div><div>MINIMUM RATE IN THE REGION</div><div>0</div><div>MAXIMUM RATE IN THE REGION</div><div>3.68</div></div><div>331</div><div>← SPECIALISED PALLIATIVE CARE SERVICES</div></div> |
| <div>Ind14</div> <div><div>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.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div> | <div><div><div></div><div></div><div></div><div>4</div></div><div>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</div></div> <div><div>47</div><div>PPC TEAMS</div></div> | <div>All seven University Medical Centers have specialised PC comfort teams for children. There is a countrywide spread of organisations offering inpatient respite and hospice care. Same holds for home care teams offering PC for children and their families (Center of Expertise in Paediatric PC). There are 12 organisations offering inpatient respite care for seriously ill children and their families. Most also offer inpatient hospice care, but such care is organized based on personalised care needs and also dependent on what the organisation can offer given the timing, availability of staff. Whether or not a specific organisation can offer hospice care varies depending on the timing and care needs. In sum, there are 47 teams (7 paediatric comfort teams in academic hospitals, 12 inpatient hospices, 28 home care teams).</div> |

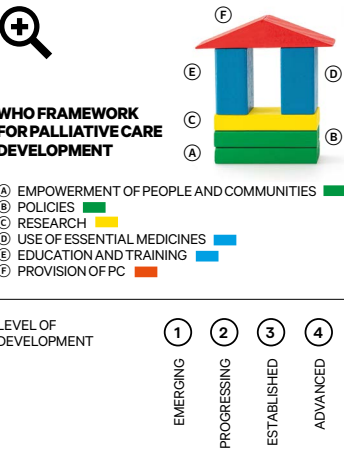


General data

POPULATION, 2023
1,827,816
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,624
HEALTH EXPENDITURE (% GDP), 2021
8.51
UNIVERSAL HEALTH COVERAGE, 2021
74



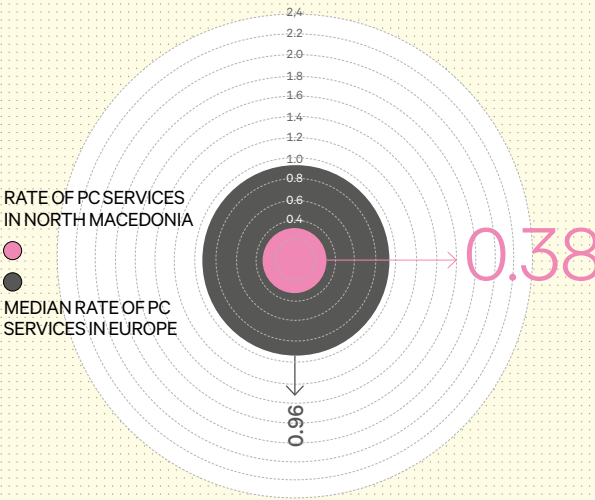
Consultants: Lazo Jordanovski; Lidija Vetrovska Miljkovic
National Association: Macedonian Association for Palliative Care (MAPC).
Data collected: October 2024–March 2025
Report validated by consultants: Yes (Lidija Vetrovska Miljkovic).
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

North Macedonia

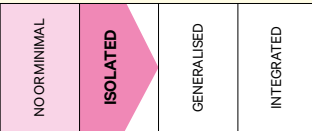
F Provision of PC (Specialised Services)

Total number of Specialised PC services
7
Rate of PC services per 100,000 inhabitants
0.38

North Macedonia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services

| | HOSPITAL | HOSPICE | HOME CARE |
|-----|----------|---------|-----------|
| N/A | N/A | N/A | N/A |
| | | | |
| | | | |

Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1
TOTAL NUMBER
0

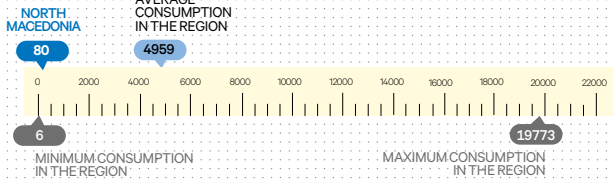


North Macedonia

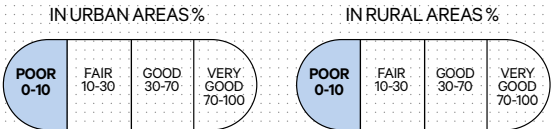
D Use of essential medicines

Opiods consumption (excluding methadone)
80
S-DDD/MILL INHABITANTS/DAY

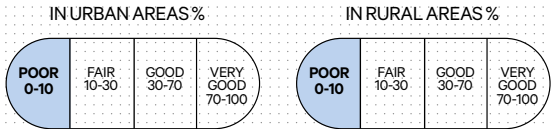
North Macedonia in the context of European region



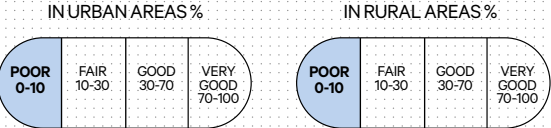
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
2
Existence of PC congresses or scientific meetings
3
Inclusion of PC topics in National Research Calls
1

E Education & Training

Medical schools with mandatory PC teaching
4/4

Nursing schools with mandatory PC teaching
NA/12

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2





Responsible authority for PC in the Ministry of Health
2

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
4
Advanced care planning-related policies
1

EU North Macedonia

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | The Republic of North Macedonia has the Macedonian Association for Palliative Care, a professional association for PC which is a part of the Macedonian Medical Society. This association works in close collaboration with the Association of Family and General Medicine, offering continuous medical education for doctors across primary, secondary, and tertiary levels. There is also an NGO dedicated to supporting patients in need: The Association for the Support of Palliative Patients and Their Families Pallium. This civil society organisation is involved in raising public awareness, shaping policies, and addressing social challenges in the field of PC treatment and support. Pallium advocates for the resolution of social issues related to PC, offers psychosocial support, and promotes, informs, and implements activities and training aimed at improving the quality of life for patients and their families. |
| 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. | There is no available evidence. |
| 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. |  Developed over 5 years ago.  Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | There is a palliative care strategy integrated into the National Health Strategy of the Republic of North Macedonia for the period 2021-2030. |

EU North Macedonia

| | | |
|---|--|--------------------|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | |
| 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. |  Not at all. | No evidence found. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions but do not have a budget or staff. | No evidence found. |

EU

North Macedonia

| | | |
|---|--|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div>3</div><div></div></div><div>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</div></div> | <div>In the Republic of North Macedonia, there are no congresses specifically dedicated to palliative care. However, the Association for Palliative Care regularly organizes thematic lectures at the congresses held by the Macedonian Medical Association, which takes place every other year. Members of the Palliative Care Association regularly participate in congresses organized by the European Association for Palliative Care (EAPC). Additionally, members of the association delivered plenary lectures at the 6th Palliative Care Conference held last year in the Republic of Croatia.</div> |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div></div><div>2</div><div></div><div></div></div><div>Reflects a limited number of articles published.</div></div> | <div>There is a limited number of articles published in or by authors from North Macedonia related to palliative care, reflecting a gap in the academic and scientific literature on this field within the country.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>There are no national research calls at all.</div></div> | <div>No evidence found.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div><div>80</div><div>S-DDD PER MILLION INHAB / DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>NORTH MACEDONIA</div><div>80</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div></div></div> | |


EU

North Macedonia

| | | |
|---|---|---------------------------|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | <p>No evidence found.</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | <p>No evidence found.</p> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | <p>No evidence found.</p> |

EU

North Macedonia

| | | |
|--|--|--|
| <div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div><div>11.5. PC Full Professors.</div><div>11.6. Legislation/ regulations concerning PC education.</div></div> | <div>4/4</div> <div>N/A</div> <div>N/A</div> <div>N/A</div> <div>0</div> <div>No</div> | <div></div> <div>In the Republic of North Macedonia, there are 12 nursing high schools. During the summer period, all these schools offer practical training, with some students completing their practice at specialised hospitals for geriatric and palliative medicine. Additionally, the country has four faculties of medical sciences, where palliative care is included in the curriculum for fifth-year students, alongside geriatric medicine. However, evidence to support this information has not been found.</div> |
| <div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div> | <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>There is no process on specialisation for palliative care physicians.</div></div> | <div>There is no formal specialisation in palliative medicine for physicians in the Republic of North Macedonia.</div> |

EU

North Macedonia

| | | |
|---|---|---|
| <div>Ind13</div> <div><div>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.</div><div>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.</div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div>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.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div> | <div><div><div><div></div><div>2</div><div></div><div></div><div></div></div><div>Isolated provision: Exists but only in some geographic areas.</div></div><div>N/A</div><div>N/A</div><div>N/A</div><div>N/A</div></div> | <div>In the Republic of North Macedonia (2020), there are seven specialised palliative care services or teams, representing 0.38 services per 100,000 inhabitants.</div> <div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>0.96</div><div>0.38</div><div>3.68</div></div><div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div></div><div><div>MINIMUM RATE IN THE REGION</div><div>MAXIMUM RATE IN THE REGION</div></div></div><div><div>7</div><div>← SPECIALISED PALLIATIVE CARE SERVICES</div></div></div> |
| <div>Ind14</div> <div><div>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.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div> | <div>N/A</div> <div><div>0</div><div>PPC TEAMS</div></div> | <div>No evidence found.</div> |



General data

POPULATION, 2023

5,519,594

PHYSICIANS / 1,000 INH, 2021

5.16

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

87,925

HEALTH EXPENDITURE (% GDP), 2021

10.08

UNIVERSAL HEALTH COVERAGE, 2021

87



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT



Consultants: Dagny Faksvåg Haugen; Anja Lee and Ingeborg Skulberg.

National Association: Norsk Forening for Palliativ Medisin.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Norway

F Provision of PC (Specialised Services)

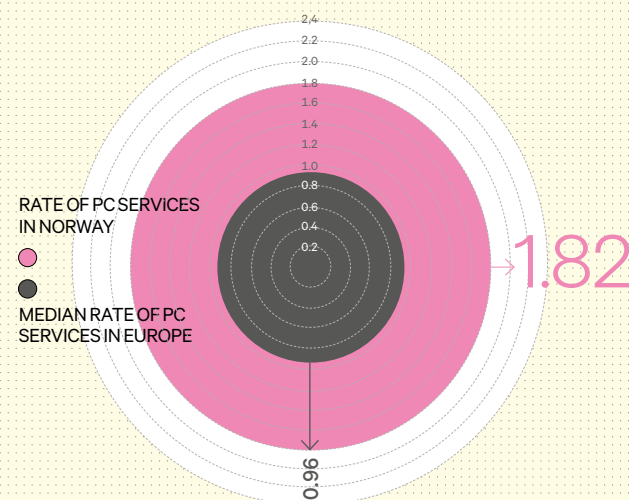
Total number of Specialised PC services

101

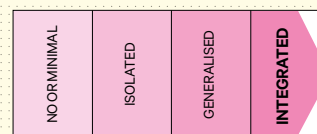
Rate of PC services per 100,000 inhabitants

1.82

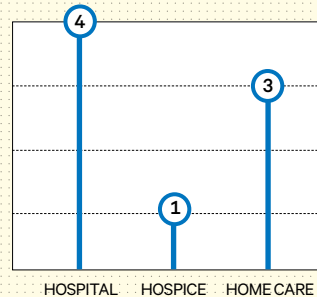
Norway in the context of European region



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

20



Norway

D Use of essential medicines

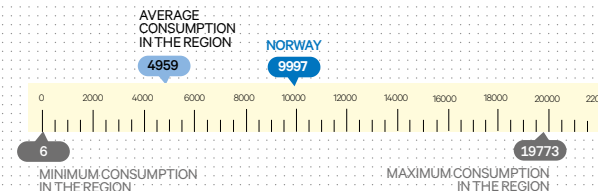


Opioids consumption (excluding methadone)

9,997

S-DDD/MILL INHABITANTS/DAY

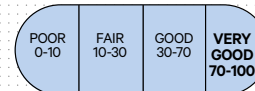
Norway in the context of European region



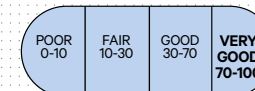
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

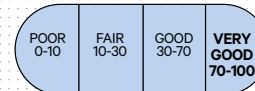


IN RURAL AREAS %

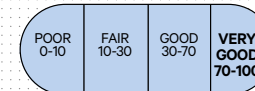


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

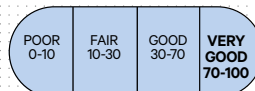


IN RURAL AREAS %

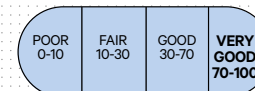


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



4/4

Nursing schools with mandatory PC teaching



12/13

PC Full Professors



6

Recognition of PC specialty



B Policies

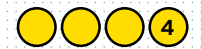
National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities



Groups promoting the rights of PC patients



Advanced care planning-related policies



EU Norway

| | | |
|--|---|---|
| <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>●●●●4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p> | <p>Norway has two national palliative care associations: The Norwegian Association for Palliative Medicine, part of the Norwegian Medical Association (for doctors); and the Norwegian Palliative Care Association, multiprofessional. Both are collective members of the EAPC. In addition, Hospiceforum Norway is a voluntary organisation working to improve end-of-life care. At present, there is no professional organisation specifically for children's palliative care. The professionals in this field work through the first two associations, NFPM and NPF, or through their professional associations (for doctors, nurses, etc). Regarding user organisations, most organisations for patients and relatives are diagnosis specific (level 3), but there is one specifically for children's palliative care: Løvemammene ('Lion mothers').</p> |
| <p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p> | <p>●●●●4</p> <p>There is a national policy on advance care planning.</p> | <p>Norway has the 'National professional guidance on advance care planning conversations and on care plans for individuals with limited expected survival' (Norwegian: <i>Nasjonale faglige råd for forhåndssamtaler og planlegging ved begrenset forventet levetid</i>), issued by the Norwegian Directorate of Health in December 2023.</p> |
| <p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p> | <p>●●●●4</p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p>●●●●4</p> <p>Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p> | <p>Norway has established the 'National Action Programme for Palliative Care in Cancer Care' (<i>Nasjonalt handlingsprogramme for palliasjon i kreftomsorgen</i>), which provides national professional guidance for palliative care in the context of cancer care. While the Action Programme is under the Cancer Programmes, it is designed for use independent of diagnosis. The programme's online version was published five years ago, and an active workgroup is continuously revising and updating it. Recently, the chapters on organisation and competence were revised; however, these updated chapters have not yet been published, as the Directorate of Health has not yet decided on the format for their release. Additionally, the ongoing implementation of the Report to the Storting (Norwegian Parliament) (White Paper) No. 24 (2019-2020) on palliative care, titled "Palliative Care - We Shall All Die One Day. But All Other Days We Shall Live," outlines the broader framework for palliative</p> |

EU Norway

| | | |
|--|--|--|
| <p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p> | <p>●●2●●</p> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p> | <p>care in Norway. However, it must be emphasised that there are regional differences in the implementation of palliative care across Norway. While the National Action Programme for Palliative Care sets clear indicators, these have only been partially implemented in some areas. Finally, specialist palliative care teams and units, which are approved as educational sites for the Formal Competence Field of Palliative Medicine (comprising about 50% of all specialist palliative care programmes in hospitals), undergo regular audits and quality evaluations.</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>●●●●4</p> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p> | <p>Norway offers universal health coverage, as outlined in the International Health Care System Profiles 2020. Palliative care is specifically acknowledged within this framework, as highlighted in the Report to the Storting (Norwegian Parliament) (White Paper) No. 26 (2014-2015), titled <i>The Primary Health and Care Services of Tomorrow - Localised and Integrated</i> (Norwegian: <i>Fremtidens primærhelsetjeneste-nærhet og helhet</i>). Palliative care is addressed in detail on page 129 of the Norwegian version of the document, under the chapter 'Palliasjon' ('Palliative Care').</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>●●●●4</p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p> <p>●●●●4</p> <p>There are concrete functions, staff and budget.</p> | <p>The Norwegian Directorate of Health has appointed a Senior Advisor specifically responsible for palliative care matters. Additionally, the Directorate maintains a dedicated webpage to provide comprehensive information on palliative care.</p> |

EU

Norway



| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>The two national palliative care associations, the Norwegian Association for Palliative Medicine and the Norwegian Palliative Care Association, jointly organize a national palliative care congress every two years. Detailed information regarding the congress programme, as well as accepted abstracts for oral presentations and posters, can be found on the congress website. Notably, the 2024 congress attracted 700 participants, highlighting its significant engagement within the field.</p> |
| Ind7:1 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. | <div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p> | <p>There is a substantial number of articles within the country, reflecting a notable body of research on palliative care in Norway.</p> |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics.</p> | <p>The Norwegian Research Council and the Norwegian Cancer Society release calls that encompass palliative care, yet no national research initiative has been established that is exclusively dedicated to this field.</p> |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>9,997</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>NORWAY</div><div>9997</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div> |

EU




Norway

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>In Norway, these medications are universally available across the country and are provided free of charge to individuals with serious illnesses and limited life expectancy. This ensures equitable access to essential treatments for those in need. More detailed information regarding these medications can be found in the Norwegian Pharmaceutical Product Compendium (Felleskatalogen AS).</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>In Norway, immediate-release oral morphine (in both liquid and tablet forms) is universally available at the primary care level. In urban areas, 100% of health facilities have pain and palliative care medications as outlined in the WHO Model List of Essential Medicines. Similarly, in rural areas, 100% of primary care health facilities also ensure the availability of immediate-release oral morphine, ensuring equitable access to essential pain management across the country.</p> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>In Norway, opioids in various formulations are generally available at the primary care level, with almost 100% availability of these medications. The only exception is hydromorphone, which is rarely used in the country. For further details on the availability of opioids, refer to the Norwegian Pharmaceutical Product Compendium (Felleskatalogen AS).</p> |

EU Norway

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>4/4</p> <p>4/4</p> <p>12/13</p> <p>12/13</p> <p>6</p> <p>Yes</p> | <p></p> <p>Palliative care is explicitly referenced in the Norwegian Regulations on the National Guideline for Undergraduate Nursing Education (<i>Forskrift om nasjonal retningslinje for sykepleierutdanning-Lovdata</i>). The National Action Programme for Palliative Care includes a section on competence, which stipulates that palliative care must be integrated into the curriculum of all undergraduate education in medical and nursing schools. Additionally, the Regulations on the National Guideline for Medical Education stipulate that candidates who complete medical school <i>possess broad knowledge of palliative care</i>. Norway is home to 11 public and 2 private institutions offering undergraduate nursing education. As part of a doctoral study, palliative care integration within Norwegian undergraduate nursing education was evaluated and published in 2022 in the article <i>Palliative care in Norwegian nursing education: A document analysis of the integration of learning outcomes</i>, revealing that palliative care learning outcomes and content were incorporated into the curricula of 10 out of 11 public nursing colleges. At least two private nursing colleges also include palliative care within their programmes. All in all, a total of 30 educational options in palliative care are offered, with several institutions providing both full-time and part-time programmes, and some operating across multiple campuses. Norway is home to six full professors in Palliative Medicine (Universities of Tromsø, Trondheim, and Oslo). The University of Bergen has an Assistant Professor, and the one professor in paediatric palliative Care is employed at Oslo Metropolitan University (OsloMet).</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine has been recognised as a formal area of competence since 2011. In 2020, the Norwegian Parliament decided to establish either an independent medical specialty or an add-on specialty. Since add-on specialties do not exist in Norway, a working group was tasked with developing a framework for a full medical specialty. The group submitted its report in December 2022, but the MoH and Care Services took an extended period, and in 2024, it was announced the establishment of the specialty was postponed. Nonetheless, the formal competence field remains valid, encompassing a two-year training programme for specialist physicians.</p> |

EU Norway

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Not at all.</p> <p></p> <p>Found in many parts of the country.</p> | <p>As per 2024 Statistics, there are four regional specialist PC centers dedicated to education, research, and service advancement. Each center is equipped with a clinical specialist PC service, which includes both an ambulatory team and an inpatient unit. These are situated within the university hospitals of the four major cities. Besides, there are 42 hospital-based specialist PC services, which extend their outreach to hospitals within their regions, as well as to primary care services. Among these, 24 services feature an inpatient unit, while all provide an ambulatory specialist PC consultation team. While there are no dedicated hospices, specialist PC at the community level is delivered by 47 nursing homes, all equipped with a PC inpatient unit. Additionally, 101 nursing homes have 1-3 beds designated for inpatient PC. PC at home is managed by municipal homecare services, with support from hospital-based specialist PC teams. Besides, there are 8 municipal specialist PC teams specifically designed to support primary care services, primarily in larger cities (serving GPs, homecare services, and nursing homes).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 NORWAY 1.82</p> <p>0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION</p> <p>101 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p>20 PPC TEAMS</p> | <p>Norway is home to 19 public hospital trusts, of which 17 provide a dedicated PC service for children, along with one hospice-like department (Nordre Åsen). Two of these trusts operate multiple teams. Several “advanced hospital-at-home” teams associated with the Pediatric Departments of larger hospitals, deliver PC. For example, the Department of Pediatric PC at Nordre Åsen (funded by the Norwegian Directorate of Health for 2020-2025), includes both an inpatient unit and a homecare team. The department is owned by a non-profit foundation dedicated to rehabilitation and PC for children. The advanced hospital-at-home teams include: 1)Oslo (Oslo universitetssykehus HF); 2) Trondheim (St. Olavs hospital HF); 3) Bergen (Haukeland universitetssjukehus); and 4) Stavanger (Stavanger universitetssjukehus).</p> |



General data

POPULATION, 2023

36,687,353

PHYSICIANS / 1,000 INH, 2021

3.39

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

22,056

HEALTH EXPENDITURE (% GDP), 2021

6.44

UNIVERSAL HEALTH COVERAGE, 2021

82



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Agnieszka Kluczna; Aleksandra Kotlinska-Lemieszek; Wojciech Leppert and Leszek Pawlowski.

National Association: Polish Society for Palliative Care.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Poland

F Provision of PC (Specialised Services)

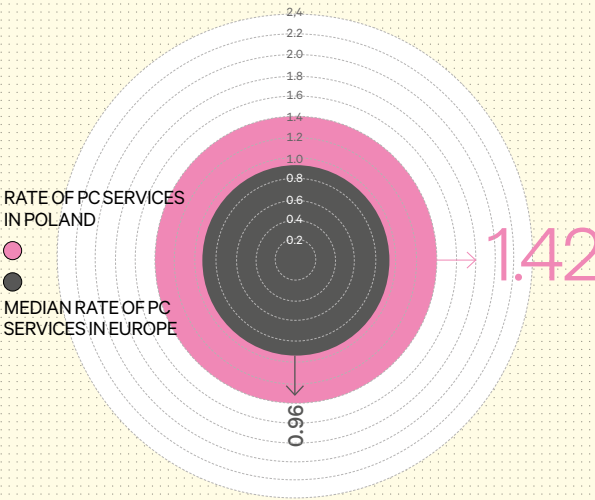
Total number of Specialised PC services

522

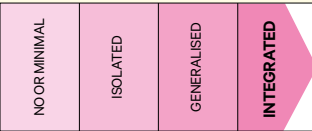
Rate of PC services per 100,000 inhabitants

1.42

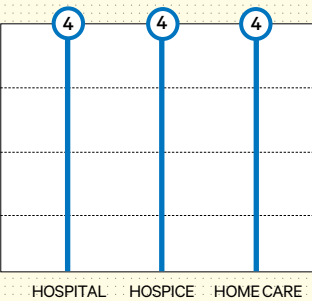
Poland in the context of European region



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

88



Poland

D Use of essential medicines

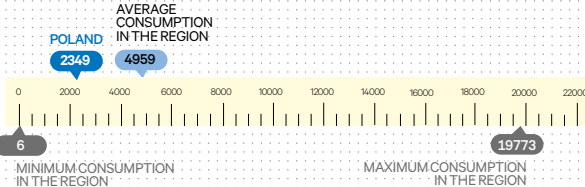


Opioids consumption (excluding methadone)

2,349

S-DDD/MILL INHABITANTS/DAY

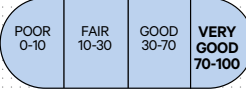
Poland in the context of European region



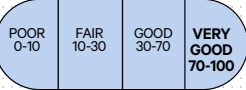
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

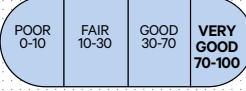


IN RURAL AREAS %

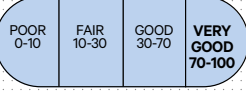


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

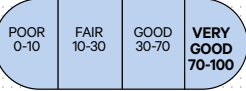


IN RURAL AREAS %

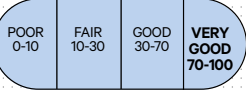


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



14/28

Nursing schools with mandatory PC teaching



118/118

PC Full Professors



5

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU Poland

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | There are three main national organisations that support advocacy, promotion, and the rights for palliation of symptoms in people with life-threatening diseases: The Polish Association for Palliative Care, the Polish Society of Palliative Medicine and Polish Palliative Care Nurses Association. On a general level there is the Patient's Rights Ombudsman, a representative of patients (with any disorders) at the MoH, and there are, likewise, many organisations supporting patients rights and families: the Polish Coalition of Oncology Patients, the National Forum of the Hospice Movement, Hospice Foundation in Gdańsk, Society of Friends of the Sick Hospice st. Lazarus in Kraków, Polish Association for Spiritual Care in Medicine, Polish Psycho-Oncology Association, and Urszula Jaworska Foundation. Importantly, in 2022 the Polish Society of Palliative Medicine appointed a Representative of Palliative Care Patients. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | ACP in Poland is not regulated by the law and it is not commonly known in medical practice. Rules on informing patients' and their close ones were regulated through the Act on patients rights and clarifications regarding the patient's legal representative. But patient representative is not a person appointed by the patient. Parents are legal representatives for their children under 18, and also legal representative may be appointed by court for children under 18 or adults incapacitated by the court. These legal representatives are not the surrogate decision-makers as per definition and recommendations of ACP. Articles like <i>Selected aspects of ACP according to Polish legal regulations—physician's requirements</i> and the <i>position of the Polish Working Group on End-of-Life Ethics</i> , present ACP details in the light of regulations. |
| 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, and actively evaluated or audited.  A national palliative care plan is in preparation. | Several regulations are updated like the primary programme/act on PC provision (Internet System of Legal Acts) and the regulation of the MoH, 2013 on guaranteed benefits in the field of palliative and hospice care (Lastly modified on February 3rd 2022). An official strategy for PC has not yet been published but was drafted and submitted to the MoH by a group of experts after a longitudinal strategy developed between 2022 and 2024. Furthermore, in 2022 the Expert Group of National Consultants in Palliative Medicine and PC Nursing, developed the draft of organisational standards for specialist PC for adult patients, although it was not implemented. Two articles regarding standards were also published (not yet officially accepted by the MoH): 1) Standards for specialist PC (journal of Polish Association for Palliative Care, "Palliative Medicine in Practice", 2022); and 2) Standards for palliative and supportive care outpatient clinic. In the National Cancer Strategy 2020-2030, the develop- |

EU Poland

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress exist but have not been yet implemented. | ment of palliative and hospice care is included in the investment of the healthcare system, with an increase of access to PC and an improvement of the quality of life of cancer patients. The Supreme Audit Office published report on access to PC in Poland in 2019 as well as an official analysis of the Polish palliative care perspectives through the "Map of Health Needs", by the MoH. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Hospice and PC services are included in the catalogue of the guaranteed services within Polish public healthcare system. The beneficiary (patient) is entitled to guaranteed healthcare services in the scope of: palliative and hospice care). Act of 27 August 2004 on health care services financed from public funds (Art. 15 sec. 2 item 11:2.). When patients with PC needs do not fulfil the referral criteria for specialised PC, the primary care physician is obliged to deliver care (PC approach) as per ACT of 27 October 2017 on primary care – art. 2. Besides, PC is included in national, compulsory training curriculum for undergraduate medicine and nursing students, and in postgraduate training for various medical specialities including primary care physicians; and in publicly funded services as per Act of 27 August 2004 on health care services financed from public funds. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions but do not have a budget or staff. | There is a national consultant in palliative medicine and a national consultant in palliative care nursing (both attached to the Ministry of Health) and voivodeship consultants in palliative medicine and in palliative care nursing in each of the 17th voivodeships (attached to voivodes). The national consultants in palliative medicine and palliative care nursing perform roles defined in the law—mainly advisory and supervisory roles, they do not have budget. |

EU

Poland



| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | Many interdisciplinary, national or international PC conferences are organized every year. Some examples include Conferences of the Polish Society of Palliative Medicine, Polish Association of Palliative Care, International Conferences of the Journal 'Palliative Medicine in Practice' in Gdańsk, Father Dutkiewicz Hospice in Gdańsk Conferences, Palliative Care Conferences in Zielona Góra. There are at least four conferences on a national level each year: two by Polish Society of Palliative Medicine in cooperation with a publisher Termedia, once a year an International Conference of the journal 'Palliative Medicine in Practice' (by Publisher Via-medica and Polish Association of Palliative Care), and once a year a national conference by the Polish Society of Palliative Care Nursing in Częstochowa. Also local palliative and hospice care conferences are organised. |
| Ind7:1 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. | <div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p> | There is a considerable amount of articles. Some recent examples relating to organisation of PC and ethical issues are: 1) The organisation of hospice and palliative care in Poland according to data from the National Health Fund: a cross-sectional study, 2) Exploring the readiness of hospice and oncology unit staff to offer spiritual support to patients: preliminary findings, 3) Quality of referrals to specialist palliative care, etc. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics.</p> | Polish governments' agencies that award grants for research and development activities, such as the National Science Center and the National Center for Research and Development, organize open calls on general topics. In some of these open calls, research may include palliative care topics. The Medical Research Agency is announcing calls for competitions in the fields of healthcare improvement. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>2,349</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>POLAND</div><div>2349</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> |

EU







Poland

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | In Poland, essential medicines for pain and palliative care are available in various healthcare settings. Every registered physician (including physicians from primary care) is authorised to prescribe opioids and other essential medicines. Nurses with appropriate training can also write prescriptions for opioids from tier II of the analgesic ladder. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Immediate-release morphine is available in various healthcare settings in Poland in urban and rural areas. Every registered physician (including physicians from primary care) can prescribe oral morphine and other opioid analgesics. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | In Poland, different opioids in different formulations are available in healthcare settings. Any registered physician (including primary care physicians) is authorised to prescribe opioid analgesics. Nurses with appropriate training can also write prescriptions for opioids from tier II of the analgesic ladder. |

EU Poland

| | | |
|---|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>14/28</p> <p>1/28</p> <p>118/118</p> <p>0/118</p> <p>5</p> <p>Yes</p> | <p></p> <p>Palliative care is taught to medical students as a compulsory subject in half of the medical universities in Poland (14/28) and in 118 /118 of the nursing schools. According to Regulation of the Minister of Health of 26 July 2019 on standards of education of nurses and other medical professionals, the programme for nurses pre graduate education includes 40 hours of practical classes and 40 hours of practice in palliative care/hospice settings. There are currently five full professors in palliative medicine.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine is a recognised specialty for physicians since 1999. The updated document on specialisations for physicians in Poland is the Regulation of the Minister of Health of May 4, 2023 on the specialisation of physicians and dentists.</p> |

EU Poland

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>According to data from the National Health Fund database for May 2023, 522 palliative care services, overall financed by National Health Fund operate in Poland (1.47 services per 100000 inhabitants): 177 facilities providing palliative medicine outpatient services, 593 home palliative care teams for adults, 254 inpatient hospices, 81 home care hospices for children and 20 perinatal palliative care teams. Almost half of these services deliver palliative care in various settings. 450 (84.4%) PC units are exclusively for adults, 26 (4.9%) — exclusively for children and 54 (10.1%) — for both adults and children. The number of hospital-based palliative care teams in hospitals is very low. This type of palliative care services for patients who are admitted to various inpatient units need specialist palliative care consultations are not financed by the National Health Fund. The National Health Fund signed 593 contracts for (palliative care) home care for adults and 80 for children in 2023.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>POLAND</p> <p>1.42</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>522</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p></p> <p>PPC TEAMS</p> | <p>Palliative care for children in Poland is delivered mainly by home hospices. There are only a few in-patient settings that deliver palliative care for children. In total in 2023 in database of the National Health Fund 81 contracts for palliative care for children were reported. There has been an improvement since 2022, when there were 66 registered children's hospices, 60 of which were really active units. About 8 in-patient palliative care services in 2023 were delivered for children within the free-standing hospice. There were also 20 perinatal palliative care services. According to this source, 20 healthcare settings in 2023 delivered perinatal palliative care services. They are also named in practice 'perinatal hospice'.</p> |



General data

POPULATION, 2023
10,578,174
PHYSICIANS / 1,000 INH, 2021
5.76

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
27,331
HEALTH EXPENDITURE (% GDP), 2021
11.14
UNIVERSAL HEALTH COVERAGE, 2021
88



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



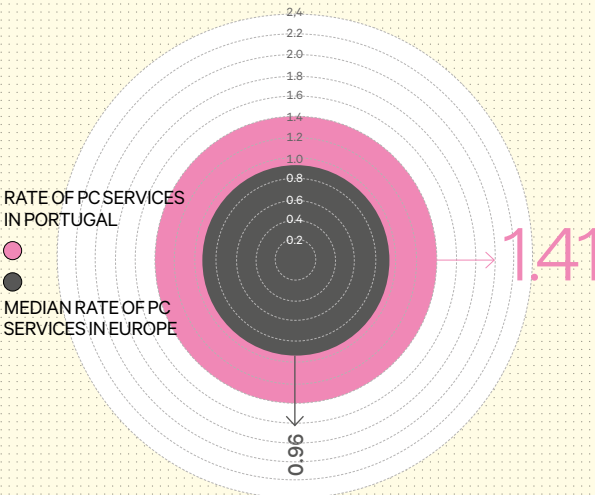
Consultants: Manuel Luis Vila Capelas; Ana Carvalho; Marília Dourado; Ana Ramos; Carla Reigada; Tiago Villanueva; Edna Gonçalves; Cristina Galvão; Paula Sapeta; Catarina Simões and Catarina Pazes.
National Association: Portuguese Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Portugal

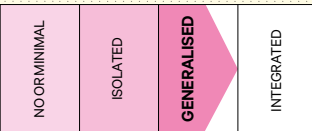
F Provision of PC (Specialised Services)

Total number of Specialised PC services
150
Rate of PC services per 100,000 inhabitants
1.41

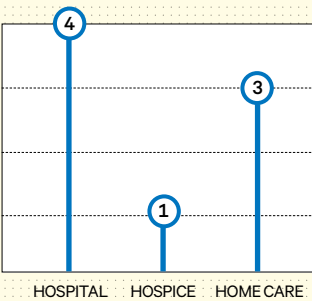
Portugal in the context of European region



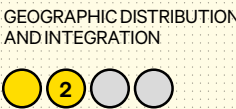
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER
12

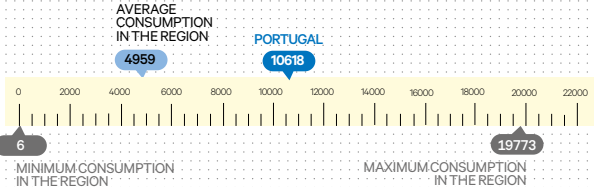


Portugal

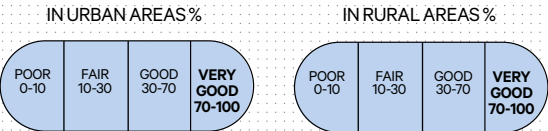
D Use of essential medicines

Opoids consumption (excluding methadone)
10,618
S-DDD/MILL INHABITANTS/DAY

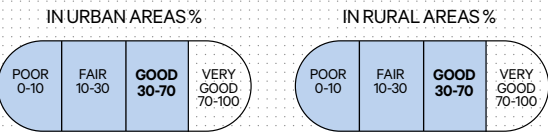
Portugal in the context of European region



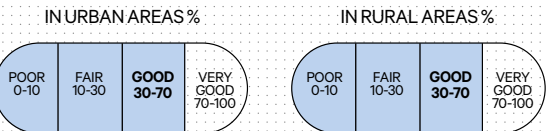
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
3

Inclusion of PC topics in National Research Calls
4

Existence of PC congresses or scientific meetings
4

E Education & Training

Medical schools with mandatory PC teaching
6/8

Nursing schools with mandatory PC teaching
16/40

PC Full Professors
0

Recognition of PC specialty
3

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
4





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
4

Advanced care planning-related policies
4




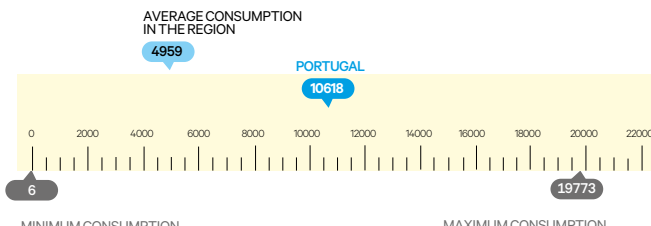
EU Portugal

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | Besides de Portuguese Association of Palliative Care and the Association of Nurses in Continued and Palliative Care (<i>Associação de Enfermagem em Cuidados Continuados e Paliativos</i>), a number of groups are dedicated to promote the rights of patients in need of palliative care such as: Stop Cancer Portugal, the Portuguese Amyotrophic Lateral Sclerosis Association (APELA), the Portuguese Association for Integrated Care (PAFIC), Alzheimer Portugal, the Portuguese Lung Transplant Association, the Association of the country of friends of patients with cancer (ACRED-ITAR), the League against cancer, the Portuguese Voice Limited Association, Europacolon Portugal, the Portuguese Leukaemia and Lymphoma Association, the Association for Supporting Cancer patients, ASADOCORAL, the Ronald Mcdonald foundation, and the Informal caregivers National Association. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | There is a legal and policy framework that addresses advance care planning, although it is still under development in terms of implementation and practical dissemination. The main instrument in this context is Law No. 25/2012, which regulates advance directives (DAV), including living wills, and the appointment of a healthcare proxy. |
| 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.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | There is a Strategic Plan for the development of palliative care in Portugal (<i>Plano estratégico para o desenvolvimento dos cuidados paliativos em Portugal Continental Biénio 2023-2024</i>). Also there is a body of regulations, including law n.º 52/2012 on Palliative Care, September 5th (This law enshrines the right and regulates citizens' access to palliative care, defines the state's responsibility for palliative care and creates the National Palliative Care Network (RNCP), which will operate under the supervision of the Ministry of Health.), law n.º 31/2018 on the rights of people with advanced illness and at the end of life, and the decree-law 253/2009, approving the Regulation on Spiritual and Religious Assistance in the National Health Service. Furthermore, there are quality indicators to measure palliative care within the national strategy for the development of palliative care (page 18), never been implemented. |







EU Portugal

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | |
| 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 recognised by a government decree or law but not in the General Health Law. | Although the general health care law does not specify the provision of palliative care in primary health care, it is mentioned. Palliative care is established and included in the list of services recognised by a law, particularly law n.º 52/2012 on Palliative Care, September 5th, enshrining the right and regulating citizens' access to palliative care and defining the state's responsibility for palliative care. It also creates the National Palliative Care Network (RNCP), which will operate under the supervision of the Ministry of Health. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions and staff, but do not have a budget. | The National Palliative Care Commission is a body of the Central Administration of the Health System (ACSS) (cf. Article 4(2) of Decree-Law 173/2014 of 19 November) and is responsible for coordinating the National Palliative Care Network, drawing up and proposing strategic plans for the development of palliative care for approval by the Ministry of Health. This National Palliative Care Commission took office on 1 May 2021 under Order no. 4676/2021 of 7 May. |



EU Portugal

| | | |
|---|---|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year. | Latest national congress held in Portugal was the XI National Congress of Palliative Care and II International Congress of the APCP, the X National palliative care congress (and I International Congress of the APCP) in 2022, the National meeting of paediatric palliative care 2023, amongst others. Some of the other seminars and courses can be viewed on the APCP website. Other examples such as the International Congress on Continuing and Palliative Care (Centre for Studies and Development of Continuing and Palliative Care of the University of Coimbra), are documented. |
| Ind7:1 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. |  Represents a considerable amount of articles published. | |
| Ind7:2 Inclusion of PC topics in national research calls. |  There is a palliative care-specific national research call. | Besides some training grants, there are annual education and research grants like the Isabel Correia de Levy education and research grants, which is privately funded and managed by the Portuguese National Association for Palliative Care (APCP). |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div data-bbox="697 1512 890 1585"> 10,618 S-DDD PER MILLION INHAB / DAY </div> <div data-bbox="905 1512 1187 1627"> Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022. </div> <div data-bbox="697 1669 1305 1911">  </div> |

EU Portugal

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The resolution approved by Infarmed, the National Authority of medicines and health products of Portugal, published an EML of critic nature, approved by MOH the 27th July 2023. The majority of EM as defined in the WHO model list can be encountered. Looking at the Therapeutic Compendium of Infarmed, there is direct availability of acetylsalicylic acid, Ibuprofen, Paracetamol (acetaminophen), Dexamethasone, Diazepam and Midazolam, Haloperidol, Metoclopramide, Loperamide and Lactulose, Amitriptyline; under prescription Codeine, Morphine, Fentanyl, Methadone, Ondansetron. However, primary health care and hospitals in Portugal do not have Hydromorphone and Hyoscine hydrobromide, nor Cyclizine, although alternatives to this last one like diphenhydramine and dimenidrate are indeed available. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Oral morphine (immediate release) was generally available across the country, according to the EAPC Atlas of Palliative Care in Europe 2019. The Global Health Observatory at the WHO confirms the general availability of oral morphine in the public health sector for the year 2021. Indeed, in Portugal, although any doctor in any part of the county can prescribe oral morphine (liquid or tablets), with no significant urban-rural differences, these medications are often not stocked in primary health care centres. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | According to the Therapeutic Compendium by Infarmed, some opioids are limited or non-available on the primary care level like immediate-release Hydromorphone or Oxycodone. Across the country any doctor in any part of the country can prescribe morphine oral (liquid and tablets immediate and sustained release), Fentanyl (TD and transmucosal), buprenorphine (TD e Sublingual), and sustained release oxycodone. However, these medicines are not always stocked in primary health care centres. |

EU Portugal

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>6/8</p> <p>2/8</p> <p>16/40</p> <p>18/40</p> <p>0</p> <p>Yes</p> | <p></p> <p>According to the report on the Strategic Plan for the Development of Palliative Care 2017-2018 (page 11), five medical schools had compulsory teaching in palliative care, with an independent module at the University of the Algarve and teaching integrated into other disciplines ('combined compulsory training') at four universities (Lisbon-Faculty of Medicine, Porto-Abel Salazar Biomedical Institute, Beira Interior and Minho). From 2021-2022, the Faculty of Medicine of the University of Porto also has a compulsory two-week Palliative Care module with clinical practice in the 6th year. At the Faculty of Medicine of the University of Coimbra (FMUC) there is an optional course unit on Palliative Care (54 hours, 1st and 2nd semester), in the postgraduate course, for 4th and 5th year students. Regarding nursing schools, out of 40 schools, 18 have subjects of palliative care of which, around fifteen teach it as a discipline, and 18 have it included in other curricular units. At postgraduate level, the Faculty of Medicine of the University of Porto (FMUP) offers a Doctoral Degree in palliative care and there are master's degrees in palliative care at the FMUP, the Faculty of Medicine of the University of Lisbon and other educational institutions. The Faculty of Medicine of the University of Coimbra (FMUC) offers a Master's degree in continuing and palliative care.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>PC is recognised as a professional competence by the Portuguese Medical Association. Requirements for the award of Competence include: a) Being a registered doctor with the Portuguese Medical Association and in full possession of their statutory rights; b) Successful attendance of training courses recognised by the Portuguese Medical Association and organised by appropriate bodies (minimum of 400hs or 60 ECTS global work); c)- Practical training of 810 hsin a PC team(s), supervised; d) The practical internship must be in different settings, with at least 160hs internship in EIHSCP with external consultation and 160hs in ECSCP being compulsory, and e) the presentation of 3 papers in Palliative Medicine, as first author.</p> |

EU Portugal

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Not at all.</p> <p></p> <p>Found in many parts of the country.</p> | <p>According to the Directory of specialised PC services by the Portuguese Observatory of Palliative Care, 150 specialised services operate in Portugal (including islands). However, some of the teams accounted for are extensions within the same teams meaning that two teams may be operated by the same professionals. Considering this, there are 52 hospital support teams, 38 units, 48 community support teams (home teams), and 12 paediatric teams; with greater number of services in Northern Region and Lisbon area (up to 97 teams), 24 in Centro, 12 in Alentejo, 7 in Algarve, 6 in Açores and 3 in Madeira. While there are no hospices in Portugal, there are in-patient 'long term care units' in the National Continuing Care Network, for dependent people; however most do not have the support of a PC team. In geographic terms, there are more teams in Northern Portugal and Lisbon, with most hospitals and health centres. In Algarve, there are two public hospitals and three primary health care centres, all of which have PC teams covering the region; and, in Alentejo, there are public Local Health Units all with different model-type services.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>1.41</p> <p>3.68</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>150</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>12</p> <p>PPC TEAMS</p> | <p>According to <i>Relatório de implementação do Plano Estratégico para o Desenvolvimento dos Cuidados Paliativos Biénio 2021-2022</i>, (Report on the implementation of the Strategic Plan for the Development of Palliative Care 2021-2022), 6 paediatrics palliative care teams provided palliative care. According to the most recent directory, up to 12 teams provide for palliative care for children (not accounting for adult palliative care services also admitting children). In Portugal, complex paediatric palliative care (oncological and non-oncological) are centralised in 5 major hospital centres, all of which have a Paediatric Support Team: a) In the North - ULS São João (the hospital team also goes to the home) and ULS Santo António (hospital only), b) In the Centre-ULS Coimbra (the hospital team also goes to the home and has UCP); and c) In the South-ULS Santa Maria and ULS São José.</p> |



General data

POPULATION, 2023
19,059,479

PHYSICIANS / 1,000 INH, 2021
3.47

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
18,404

HEALTH EXPENDITURE (% GDP), 2021
6.48

UNIVERSAL HEALTH COVERAGE, 2021
78



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



Consultants: Adriana Cărunțu; Malina Dumitrescu; Flavia Hurducas; Nicoleta Mitrea; Ancuta Camelia and Vladimir Poroch.

National Association: National Association for Palliative Care (Asociatia Nationala de Ingrijiri Paliative).

Data collected: October 2024–March 2025

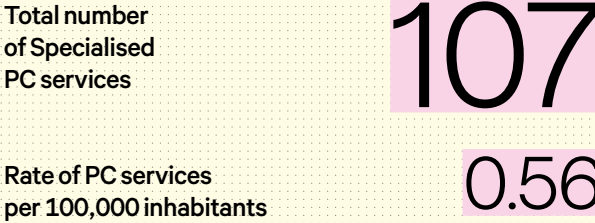
Report validated by consultants: Yes

Endorsed by National PC Association: Yes

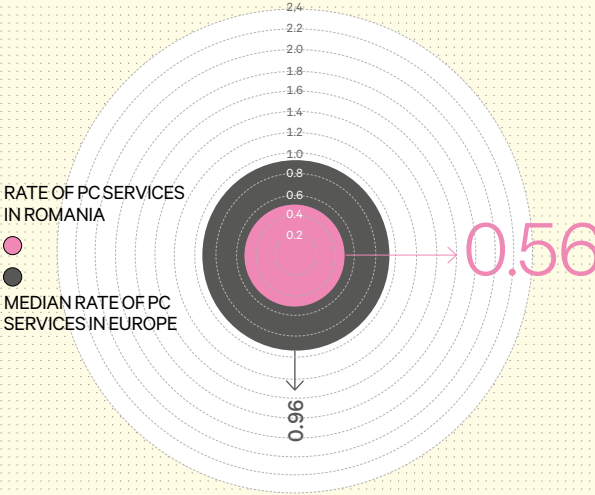
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Romania

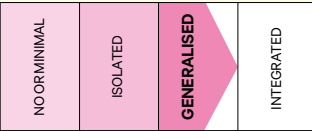
F Provision of PC (Specialised Services)



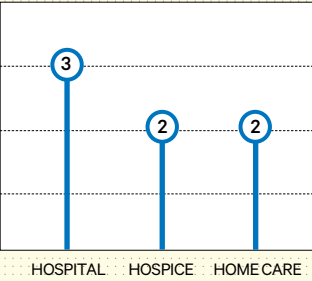
Romania in the context of European region



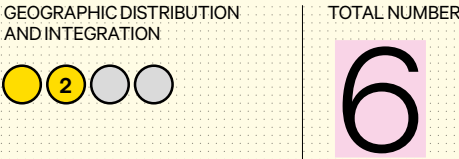
Geographic distribution and integration of PC services



Level of development of different types of PC services

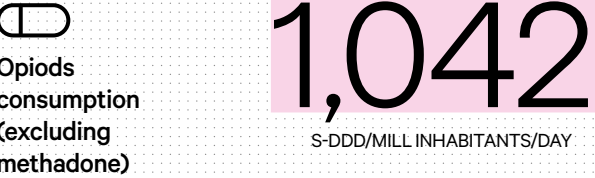


Paediatric PC Services

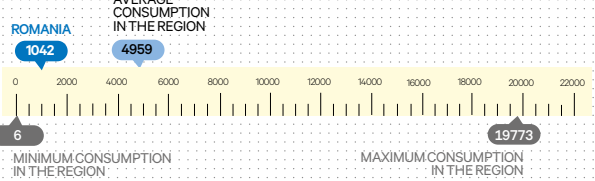


Romania

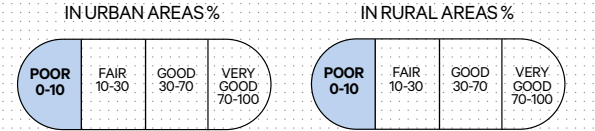
D Use of essential medicines



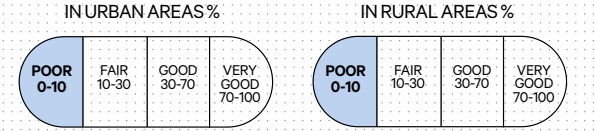
Romania in the context of European region



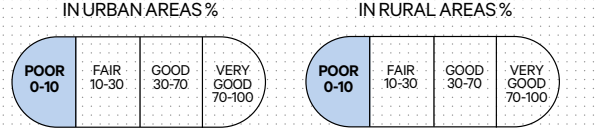
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



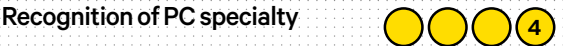
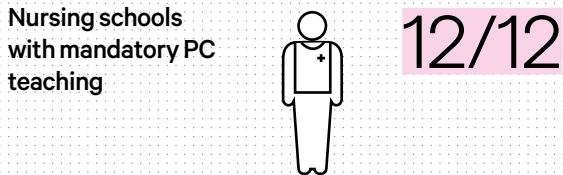
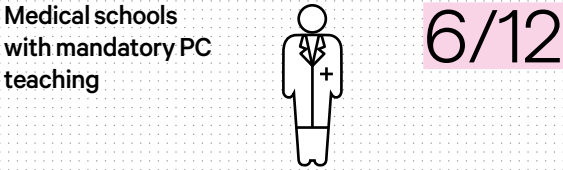
Inclusion of PC topics in National Research Calls



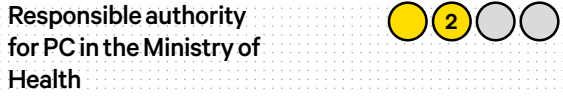
Existence of PC congresses or scientific meetings



E Education & Training



B Policies







A Empowerment of people and communities



EU Romania

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | There are several organisations focused on improving health-care services, offering support, and advocating for better policies to ensure patients receive appropriate care and respect. These groups work toward improving care standards, access to services, and support for families facing serious health challenges. These include: Hospice Casa Speran ei, The Romanian National Association for Palliative Care (ANIP), Asocia ia D ruie te Via , Alian a Pacien ilor Cronici din România (Alliance of Chronic Patients in Romania), the Federation of Cancer Patients Associations in Romania, FABC, and the Romanian Association for the Support of Cancer Patients (ARPC), dedicated to supporting cancer patients, survivors, and their families. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | Romania lacks a comprehensive policy addressing ACP. However, there are initiatives like the Law No. 46/2003, on patient autonomy, giving patients the right to be informed about their health status, treatment options, and potential outcomes; as well as the capacity to accept or refuse treatments, including life-sustaining treatments. Although this law touches on the right to informed consent, formal AD or living wills are not established and there is no standard process for making these decisions in advance or documenting them in a way that would be legally binding. In practice, decisions about life-sustaining treatments (e.g., resuscitation, mechanical ventilation) are made by healthcare professionals in consultation with the patient's family, especially when the patient is no longer able to make decisions. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | Palliative care is recognised and incorporated into various policies like the National Palliative Care Programme 2024 (administered by the National Health Insurance House and providing funding for palliative care services) or the Emergency Ordinance 106/2024 for amending and supplementing Law 95/2006 regarding the health reform (in which provisions for palliative care as part of the national healthcare system were incorporated). There are also amendments to some normative acts whose main scope is to draft the normative framework for the implementation of the National Programme of palliative care in units with beds, at home and in outpatients and its development through health insurance companies, in accordance with the provisions of Law no. 293/2022 for the prevention and fight against cancer. Importantly, Law No. 253/2018 allows for the development of palliative care medicine in Romania as it includes the list of beneficiaries entitled to palliative care, sets |

EU Romania

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | out the different levels of palliative care service provision and states how, where and by whom, those services will be delivered. Lastly there is another order, n° 3.967 of 23 July 2024 on amending n° 253/2018 for the approval of the Regulation on the organisation, functioning and authorization of palliative care services. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | In the law n° 95 from 2006, article 76, family medicine offices provide medical services to patients: e) PC services have been gradually included in the general healthcare coverage and are free of charge under the health insurance system, with inpatient services being covered since 2009, home-based since 2018, and primary care since 2023. PC services are part of the bi-annual Framework-Contract for the provision of healthcare services run by the National Health Insurance House, as per Decision no.521/2023 for the approval of service packages and the Framework Contract regulating the conditions for providing medical assistance (basic services in primary and specialised care). Since 2023 PC was extended to all cancer patients, regardless of personal health insurance, as stipulated in the Law no.293/2022 for the prevention and control of cancer. The National Programme for PC will become operational at the end on 2024. |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined). | Romania does not currently have a dedicated national coordinating authority for palliative care within the government or the Ministry of Health. However, within the Ministry of Health, there is a Palliative Care Subcommittee, within the Oncology Commission. This consultative palliative care Sub-committee is composed of 9 specialist clinicians in palliative care (one president, one vice-president, one scientific secretary and 6 members), appointed by the Health Ministerial Order n° 3347/28.09.2023. There is also a professional subcommittee for palliative care within the Romanian College of Physicians (point 45.1) |
| 5.2. The national authority has concrete functions, budget and staff. |  There are concrete functions and staff, but do not have a budget. | |



EU Romania

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | Romania hosts at least two annual national congresses / conferences related to palliative care, including the National Congress of Palliative Care organized by ANIP for 25 years (Îngrijirea Palliativă, la interfața cu medicina curativă —ediția a III-a— Conferințe Medicale), and also oncology-related events with palliative care sessions (CONFER 2024 Conferințele Institutului Regional de Oncologie Iași 22 - 25 noiembrie 2023) These gatherings are essential for advancing palliative care in Romania, providing education, and promoting interdisciplinary collaboration between healthcare professionals, researchers, and policymakers. In particular, the National Palliative Care Conference organized by ANIP features a range of presentations, workshops, and sessions on topics such as symptom management, ethical issues in end-of-life care, communication, etcetera. |
| Ind7:1 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. | <div><div></div><div>2</div><div></div><div></div></div> <p>Reflects a limited number of articles published.</p> | With palliative care being a relatively new field within the healthcare system, the number of peer-reviewed articles is rather low compared to countries with long-standing development in the palliative care research. A PubMed search using as keywords 'palliative care' and 'hospice' identified 21 studies with Romanian authors or co-authors over the past 5 years (2019-2024). Topics were mostly on national services development and needs assessment and pain and symptoms management. |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div>1</div><div></div><div></div><div></div></div> <p>There are no national research calls at all.</p> | While palliative care is not always a specific focus in national research calls, it is addressed through related healthcare, oncology, and public health initiatives. The emphasis tends to be on quality of life, pain management, and the integration of palliative care. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>1,042</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>COUNTRY VS REGION</p> <div><div>ROMANIA</div><div>1042</div><div>4959</div><div>6</div><div>19773</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> | |

EU Romania

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | In Romania, even though there is an opioid law (LEGE (A) 143 26/07/2000), that allows prescription of opioids, the availability of pain and palliative care medications at the primary care level in both urban and rural areas remains limited. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Although there is an opioid law (LEGE (A) 143 26/07/2000), that allows prescription of opioids, although some publications have documented general availability of oral morphine in the public health sector, the availability of pain and palliative care medications at the primary care level in both urban and rural areas remains limited. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | Although there is an opioid law (LEGE (A) 143 26/07/2000) allowing the prescription of opioids, the availability of pain and palliative care medications, especially opioids, at the primary care level in both urban and rural areas remains limited. |

EU Romania

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>6/12</p> <p>0/12</p> <p>12/12</p> <p>00/12</p> <p>4</p> <p>Yes</p> | <p></p> <p>Although as per the national authority for university accreditation and the curriculum, all medical and nursing schools have a mandatory palliative care module, currently 6 out of 12 public Romanian universities have palliative care modules in the undergraduate curricula for medical students. Regarding nurses, the Romanian Ministry of National Education included palliative care in the standards for undergraduate training of nurses, confirmed by the Order no.3499/2018 approving professional training standards and curriculum for general nurses (published in the Official Gazette no.428 bis of May 21st 2018). Therefore, the 12 nursing schools have all compulsory palliative care modules. Furthermore, there are 4 full professors: Prof. Daniela Mosoiu at University of Transilvania, Braşov, Prof. Vladimir Poroach and Prof. Sabina Antoniu at Grigore T. Popa University of Medicine and Pharmacy, Iasi, and Prof. Laurentiu Simion at University of Medicine and Pharmacy ‘Carol Davila’ Bucharest.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>PC subspeciality training is organized by the National institute for the Management of Healthcare Services. Between 1999-2024 subspeciality training programmes have been completed by 857 physicians. It was regulated by Order no.418/2005 for the approval of the National Catalogue of complementary studies, palliative care being one of the sub specialty certifications for physicians with clinical specialties. Formal training of nurses in the PC as speciality was regulated by the Order nr.1076/2019 for the approval of norms regarding the development of professional development of general nurses.</p> |

EU Romania

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> | <p>There are 87 palliative care inpatient units in Romania distributed in 30/42 counties (1985 beds). From these, 44 are in public system, 12 private non-profit and 31 private. Of the total of 1985 palliative care beds in public and private inpatient units, 904 (45.54%) provide services unrestricted in terms of patient accessibility (free at the point of service provision) and 1081 (54.46%) beds are in the private system (paid or co-paid). There exist also 6 free-standing hospices, all in charitable non-governmental organisations (2 hospices have distinct inpatient units for adults and children) and 9 palliative home care services in 6/42 counties - 5 charitable and 4 for-profit private organisations. In total, 107 services provide palliative care in the country, this represents 0,56 services per 100,000 inhabitants. Palliative care is a newly regulated field in Romania, and palliative care providers in Romania are not equally distributed nationwide. At national level there are still counties where these palliative care services are still absent, as documented by recent reports.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>ROMANIA 0.56</p> <p>0.96</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>107 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p> | <p>There are 4 palliative care services for children in Romania, 3 private (ONG) one in public hospital: 1) Hospice Casa Speranței, 2) Centrul de la Adunații Copăcenii: Hospice Casa Speranței, 3) Hospice Lumina, and 4) Centru de îngrijire paliativă Acasă - Hospice Emanuel. Hospice Casa Speranței and Hospice Lumina have inpatient and home care services.</p> |

Russian Federation



General data

POPULATION, 2023
143,826,130

PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

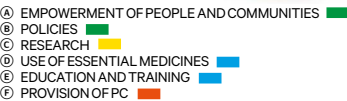
GDP PER CAPITA (US\$), 2023
13,817

HEALTH EXPENDITURE (% GDP), 2021
7.38

UNIVERSAL HEALTH COVERAGE, 2021
79



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



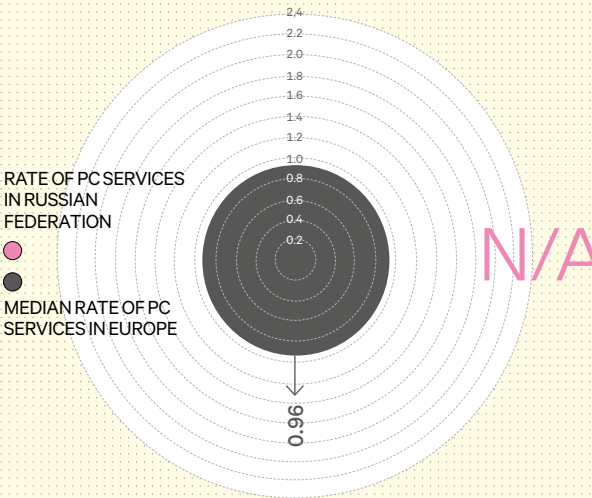
Consultants: Diana Nevzorova and Veronika Andreevna Belova.
National Association: Hospice Care Professionals Association.
Data collected: October 2024–March 2025.
Report validated by consultants: Yes.
Endorsed by National PC Association: Yes.
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

F Provision of PC (Specialised Services)

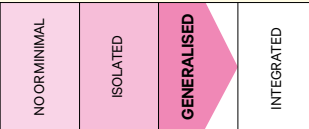
Total number of Specialised PC services
0

Rate of PC services per 100,000 inhabitants
N/A

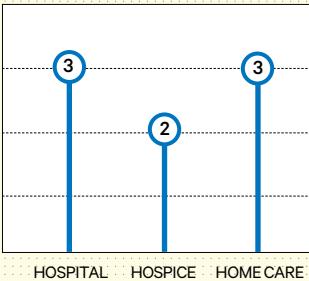
Russian Federation in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



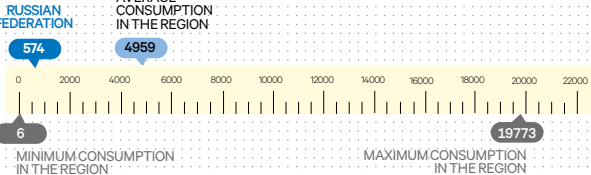
TOTAL NUMBER

N/A

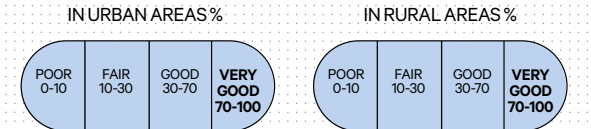
D Use of essential medicines

Opiods consumption (excluding methadone)
574 S-DDD/MILL INHABITANTS/DAY

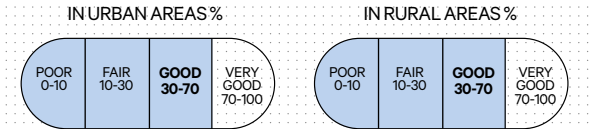
Russian Federation in the context of European region



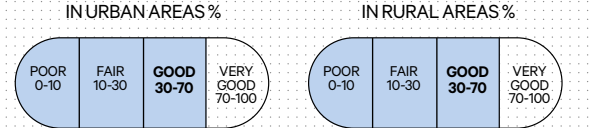
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
50/63

Nursing schools with mandatory PC teaching
N/A

PC Full Professors
0

Recognition of PC specialty
3

B Policies

National PC plan or strategy
4

Responsible authority for PC in the Ministry of Health
4




Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
2

EU Russian Federation

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | There is a big number of organisations, including patient communities and charitable foundations. Most of the charitable organisations in recent years are supported by President's Grant fund. The National association of palliative care in Russia, established in 2015, is engaged in the formation of standards for the provision of palliative care and the provision of assistance to the development of a network of hospice institutions. It takes part in the development of clinical guidelines, standards, and cooperates with legislative and executive authorities and departments, and draft regulatory documents governing the provision of care. Further foundations include: The Vera Hospice Charity Foundation; The Children's Palliative Charitable Foundation, The Clear Morning service; The Live Now charity foundation, The Gift of Life Foundation, The Old Age in Joy Foundation, The Cystic Fibrosis Foundation, The Foundation 'House with a Lighthouse', etc. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | There is no stand-alone federal guideline on ACP. In the healthcare law there are all provisions for patients' rights related to treatment in place, for all types of medical care, not just PC. In this law, there are mechanisms to arrange a surrogate decision maker, wishes related to the treatment plan and wills. For example, the patient (or his legal representative) is in his full right to consent or refuse any medical treatment by signing the Informed consent form (article 20. Informed voluntary consent to medical intervention and to refusal of medical intervention of the Federal Law of November 21, 2011 No. 323-FZ). ACP is a mandatory topic of various training programmes for specialists, and there are some regulatory mechanisms for arranging advanced care, and a special form for creating a living will available at the main PC information portal. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | The stand-alone plan on development of palliative care is the Action plan ('road map') to improve the quality and accessibility of PC until 2024. The activities of the Plan are primarily aimed at improving the quality of life of patients in need of PC, and at increasing satisfaction with the availability of PC, the provision of medicines, including those containing narcotic drugs and psychotropic substances, and medical devices designed to support the functions of organs and systems of human body, provided at home. The tasks set by the plan include 1) improving the legal regulation and harmonization of the regulatory legal acts for the organisation of the provision of PC, 2) increasing the availability and quality of pain relief, including expanding the range of drugs, 3) development of infrastructure for the provision of PC in the constituent entities of the Russian Federation, including through subsidies provided from the federal budget; 4) the development of separate, fundamentally new for Russian |

EU Russian Federation

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The Indicators to monitor and evaluate progress are currently implemented. | healthcare, directions for the provision of PC to persons in need in childhood, 5) training of medical workers, medical psychologists, and social workers on the provision of PC, 6) informing the population about the free access and PC provision; and the 7) implementation of a multidisciplinary approach to PC provision, including through the interaction of medical organisations, social service organisations and public associations, other non-profit organisations operating in the field of health care. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care is included in the basic healthcare services provided at the primary care level by the Federal Law #323. Provision of palliative care is guaranteed by the Resolution of the Government of the Russian Federation of December 28, 2023 N 2353 "On the Programme of state guarantees for the free provision of medical care to citizens for 2024 and the planning period of 2025 and 2026" (with amendments and additions). Besides, provision of primary palliative care is included in the scope of responsibilities of family doctors, and as per its constitution, all citizens of the Russian Federation have the right to receive free healthcare, including specialised healthcare. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | According to the Federal Law of 21.11.2011 N 323-FZ 'On the Fundamentals of Health Protection of Citizens' (amended 01.10.2021) the responsible persons in the MoH for PC are: Karakulina E.V. - Director of the Department of organisation of medical care and health resort business; Sheshko E.L., Director of the Department of Medical Care for Children, Maternity Services and Public Health. The working body of the MoH PC branch on federal level consists of 1) an institute of Chief Specialists, embedded in the healthcare system, supervising provision and development of PC on their territorial unit; 2) a Profile Commission on PC of MoH of Russia, consisting of the Chief Specialists and prominent PC advocates, and 3) Federal Scientific and Practical Centre for Palliative Medical Care of the Sechenov University of the MoH since 2019 (role of coordination hub, monitor centre for availability and quality of PC provision). Adult and paediatric country-level Chief Specialists in PC of the MoH are employees of Federal Scientific and Practical Centre for palliative medical care (Sechenov University), the adult Chief Specialist being its director. |

EU

Russian Federation



| | | |
|---|--|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>There are two yearly national conferences organized by Hospice Care Association, and four forums, each in a different federal district. The annual conference "Development of palliative care for adults and children" within the framework of the project "Development of competencies of PC specialists" of the Hospice Care Professionals Association, is the largest educational platform for specialists providing assistance to adults and children. The conference includes symposia for various specialists. The Association also organizes an annual conference "The Role of a Nurse in PC". In 2024, the conference was held for the 10th time. The co-organizer of the conference this year was the Federal Scientific and Practical Center for Palliative Medical Care of the First Moscow State Medical University (Sechenov) with the support of the MoH and the Presidential Grants Fund.</p> |
| Ind7.1 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. | <div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p> | <p>A significant number of articles have been published in Russian journals, including peer-reviewed ones (scientific literature database). Additionally, the Hospice Care Association publishes a specialised quarterly open-access journal 'Pallium: Palliative and Hospice Care' for physicians of all specialties, and also a specialised scientific and practical journal 'Palliative Medicine and Rehabilitation'.</p> |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics.</p> | <p>Research sometimes is conducted through national research calls, made through organisations with an extensive PC database. Organisational data is collected by MoH through centralised quarterly data collection conducted by the Federal Research and Practice Centre of Palliative Medical Care (Sechenov University). Research calls are frequently made via Hospice Care Association network (open calls or members-only).</p> |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>574</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div><div>RUSSIAN FEDERATION</div><div>574</div></div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>6</div></div><div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>19773</div></div></div></div> |

EU








Russian Federation

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>The Order of the MoH No. 345n, the Ministry of Labor No. 372n 'On approval of the Regulation on the organisation of palliative medical care (...)', contains the basic package for the provision of primary PC. Narcotic drugs, psychotropic substances and NSAIDs are included in the basic package of the ambulance kit. General physicians are not allowed to carry narcotic drugs to home visits. To obtain a license to provide primary health care, a healthcare organisation (e.g. polyclinic) must have an essential package (the listed medicinal preparations in a medical kit), not including narcotic drugs and psychotropic substances. Doctors and feldshers can prescribe medications from the List Of Vital And Essential Drugs, which includes almost all narcotic drugs registered in except for buprenorphine, naloxone and omnopon tablets.</p> |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div> | <p>Doctors and nurses can give patients a free prescription for medication List Of Vital And Essential Drugs.</p> |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div> | <p>Doctors and nurses can give patients a free prescription for medication List Of Vital And Essential Drugs.</p> |

EU Russian Federation

| | | |
|--|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>50/63</p> <p>0/63</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>Yes</p> | <p></p> <p>There are 63 institutes of higher medical education in Russia; 51 of them are under (and accredited by) the Ministry of Health. In 2024, the Russian Ministry of Health, at the initiative of the Federal Research and Practical Center for Palliative Medical Care, requested the constituent entities of the Russian Federation for information on the availability of higher medical education institutions in the constituent entities, subordinate to the Russian Ministry of Health, with departments implementing educational programmes on palliative medical care as part of professional retraining, the number of educational cycles conducted under these programmes, as well as the number of doctors who have completed training in these cycles. Based on this, training on palliative care is available in 41 regions of the Russian Federation (45%); and 50 universities, subordinate to the Russian Ministry of Health, have developed 263 programmes on palliative care. The majority of programmes are designed for 36 hours of training (51%, 135 programmes), and 72-hour programmes accounted for 24% (64 programmes). The smallest share in terms of duration of training was 144-hour programmes (19%, 51 programmes). Still, it is to note that palliative care is not taught as a separate subject. An undergraduate curriculum is a fixed programme, approved by the university academic council. Optional education begins only at the post-graduate level. The training in palliative care takes place as a course for already working medical personnel at the employee's own request, as part of mandatory Continuous Medical Education.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>There is no speciality, but there is a job position with corresponding professional standard, approved by Order of the Ministry of Labor and Social Protection of the Russian Federation dated June 22, 2018 N 409n 'On approval of the professional standard Palliative care physician', and the Professional standards for the palliative care doctor, approved by the MoH and applying to the entire country.</p> |

EU Russian Federation

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>As of 2024, around 3728 palliative care services (either specialised or general with capacity to consult with specialists) operate in Russia. There are 1309 palliative care clinics (outpatient service in polyclinic), 883 palliative care home care units (including 239 paediatric units). In-patient units in hospitals have overall capacity of 17622 palliative care beds and 11258 nursing care beds (licenced to provide palliative care). There are also 44 stand-alone hospices, and 20 respiratory centers.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.96</p> <p>RUSSIAN FEDERATION N/A</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p></p> <p>PPC TEAMS</p> | <p>Presentations given by Chief Specialists in Palliative Care of the Ministry of Health of the Russian Federation (head and paediatric specialists) report around 500 services providing palliative care for children (250 being home care teams). Some examples of stand-alone federal and non-governmental hospices can be found in the following sites: https://детскийхоспис.рф/, https://mayak.help/hospice/, https://www.detskiyhospis.ru/, https://detihospis.ru/, https://хосписдетям.рф/, https://dhospis.ru/projects, https://odkb.ru/oblastnoj_central_palliativnoj_medicinskoj_pomoshhi_detyam_detskij_xospis, https://gauz-kidshospice.ru/, https://crimean-hospice.ru/, https://rdkb18.ru/detskiy-khospis/.</p> |



General data

POPULATION, 2023

33,860

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

-

HEALTH EXPENDITURE (% GDP), 2021

7.97

UNIVERSAL HEALTH COVERAGE, 2021

77



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT



Consultants: Daniele Battelli and Claudia Silvagni.

National Association: -

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: -

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

San Marino

F Provision of PC (Specialised Services)

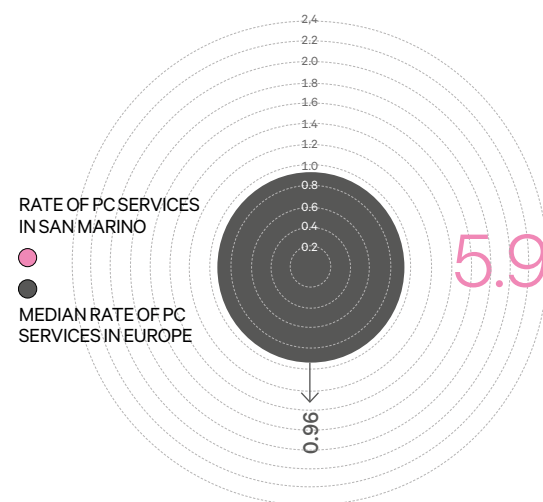
Total number of Specialised PC services

2

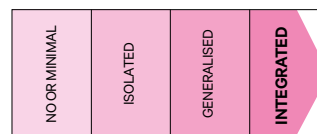
Rate of PC services per 100,000 inhabitants

5.9

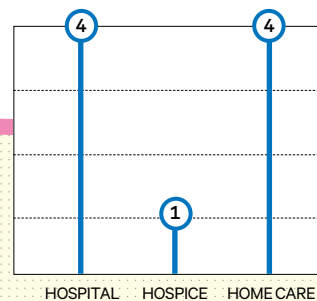
San Marino in the context of European region



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

0



San Marino

D Use of essential medicines

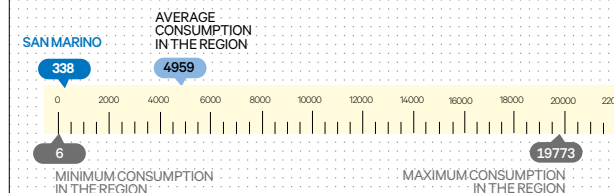


Opioids consumption (excluding methadone)

338

S-DDD/MILL INHABITANTS/DAY

San Marino in the context of European region



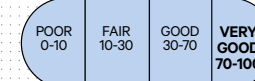
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %

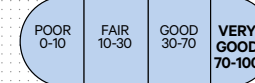


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %

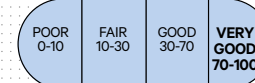


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



0

Nursing schools with mandatory PC teaching



0

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



EU San Marino

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas. | Advocacy, patient and caregiver support is offered by a number of patient and professional associations: a) the Associazione Oncologica Sammarinese (AOS): Offers nurse and psychology home care and palliative care for cancer patients, as well as advocacy through meetings and social events, b) the Associazione Sammarinese Sostegno alle Patologie dell'Invecchiamento Cerebrale (ASSPIC) offers advocacy and support to patients, families and caregivers suffering from neurodegenerative diseases through, c) Associazione Sammarinese Sclerosi Multipla (ASSM) – Offers advocacy and support to patients and families of Multiple Sclerosis patients, and d) Associazione Sammarinese per lo Studio del Dolore (ASSD) is a scientific society, national chapter of the International Association for the Study of Pain, that involves multidisciplinary professionals on educational support and initiatives on pain and palliative care. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | Surrogate decision makers are defined by law for incompetent patients. There is no legislation or national policy directly addressing living will or advanced directives, neither for advance care planning. |
| 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 dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | The provision of Palliative Care is a priority for the Ministry of Health of the Republic of San Marino, both in the community and in hospitals. For these reasons, a Pain Medicine and Palliative Care Unit has been set up and activated in 2023, in collaboration with all the healthcare services and operational units involved, and the creation of a Hospice is planned in the recently approved National Healthcare Plan 2024-2026. |

EU San Marino

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Provision of Palliative Care is a priority for the Social Security Institute of the Republic of San Marino, both in the community and in hospitals. For these reasons, a service coordinated by the Pain Medicine and Palliative Care Unit belonging to the Anaesthesia and Intensive Care Unit has been set up and activated, in collaboration with all the services and operational units involved. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is no specific Authority for palliative care is present within the Ministry of Health or governmental agencies. |

EU San Marino



| | | |
|---|---|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div>3</div><div></div></div> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p> | There is no specific Authority for palliative care is present within the Ministry of Health or governmental agencies. |
| Ind7.1 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. | <div><div></div><div>2</div><div></div><div></div></div> <p>Minimal or non-existent number of articles published on the subject in that country.</p> | Little production but for a recent study carried out at the State Hospital of San Marino and in various important Italian facilities to analyse the perception of palliative care among health-care professionals and access to it for patients with blood cancer diseases: (Sara Di Lorenzo et al. A multicentre survey on the perception of palliative care among health professionals working in haematology). Support Care Cancer. 2024 Mar 27;32(4):253). |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div></div><div>2</div><div></div><div></div></div> <p>Although there are national research calls, no PC topics are ever included.</p> | University of San Marino provides national research calls, but specific Palliative Care topics have not been included since now. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>338</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div><div>4959</div><div>AVERAGE CONSUMPTION IN THE REGION</div></div><div><div>SAN MARINO</div><div>338</div></div><div><div>6</div><div>MINIMUM CONSUMPTION IN THE REGION</div></div><div><div>19773</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> | |

EU San Marino

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | In 2021, approximately 85.2% (n = 414) of medicines included in the WHO EML were commonly marketed in Italy. San Marino market reflects the same reality. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | Immediate release morphine and opioid formulations are available for 100% of general population. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | All different opioids and formulations are available for 100% of the general population through local pharmacies. |







EU

San Marino

| | | |
|--|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>No</p> | <p></p> <p>The only university of San Marino, 'Università degli Studi della Repubblica di San Marino UNIRSM', does not have a medical school.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>San Marino Republic is mainly subject to academic titles provided by Medical Schools in Italy. Master Degrees in Palliative Care are provided from Italian Universities, and are recognised in San Marino Republic. They are not legally-binding, but specific titles may be required in a call for a Palliative Care physicians. Palliative Care is now a recognised medical specialty in Italy since 2022. Master Degrees in Pain Medicine and Palliative Care are provided from Italian universities for Nurses and Psychologists. They are not legally-binding, but specific titles may be required in a call for healthcare providers.</p> |

EU

San Marino

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Not at all.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>Palliative Care is provided by the National Healthcare System (<i>Istituto per la Sicurezza Sociale della Repubblica di San Marino</i>) in Hospital and Home-Care Setting through the Pain Medicine and Palliative Care Unit as well as Oncology Unit.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>5.90</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>2</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>There are no services are dedicated to palliative care for children.</p> |



General data

POPULATION, 2023
6,623,183
PHYSICIANS / 1,000 INH, 2021
2.83

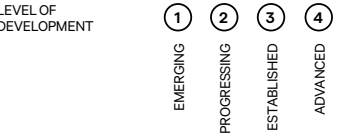
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
12,281
HEALTH EXPENDITURE (% GDP), 2021
10.01
UNIVERSAL HEALTH COVERAGE, 2021
72



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



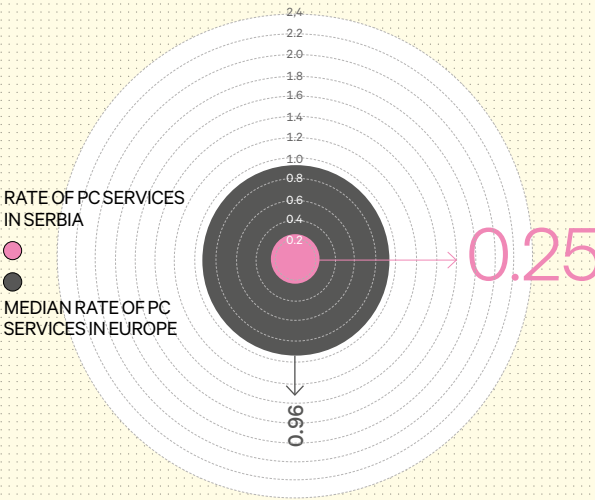
Consultants: Tomi Kovacevic and Katarina Vojvodic
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Serbia

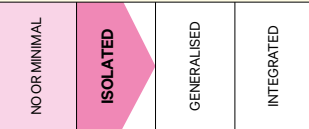
F Provision of PC (Specialised Services)

Total number of Specialised PC services
17
Rate of PC services per 100,000 inhabitants
0.25

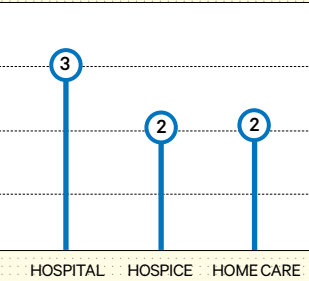
Serbia in the context of European region



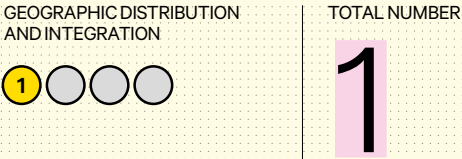
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

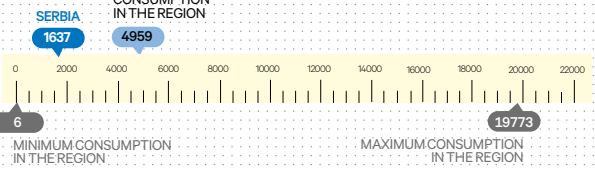


Serbia

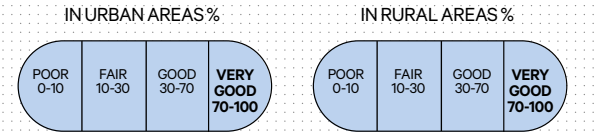
D Use of essential medicines

Opioids consumption (excluding methadone)
1,637
S-DDD/MILL INHABITANTS/DAY

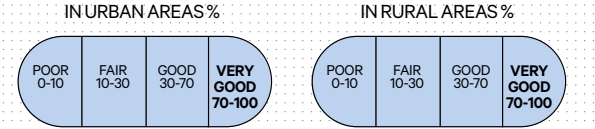
Serbia in the context of European region



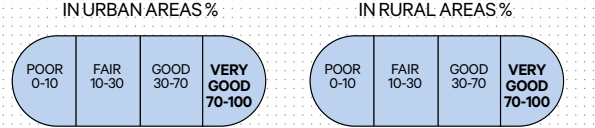
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
1/6

Nursing schools with mandatory PC teaching
0/28

PC Full Professors
0

Recognition of PC specialty
4

B Policies

National PC plan or strategy
2





Responsible authority for PC in the Ministry of Health
1





Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities




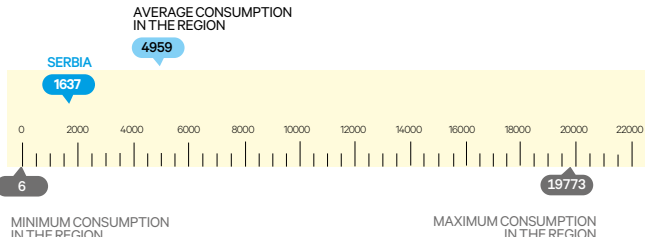
Groups promoting the rights of PC patients
3

Advanced care planning-related policies
2







| | | |
|---|---|---|
| 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/programme areas. | The Center for Palliative Care and Palliative Medicine 'BELhospice', established in 2004, is the first specialised organisation in Serbia which provides palliative care to adult patients with malignant diseases and children with life-threatening diseases and conditions. BELhospice is a charitable organisation providing -besides clinical care- education for professionals, volunteers and the public, and influencing national policy makers to develop specialised palliative/hospice services. Furthermore, there are many organisations advocating for different groups of patients with diagnosed life treating illnesses, mostly working on improvement of early diagnosis, diagnostic procedures and treatment option. A Serbian Association for Palliative Care is in process to be established and it is expected to be founded end of March 2025; and there is also the Serbian Association of Supportive Care in Cancer (SASCC). |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on surrogate decision-makers. | In the Law of patients rights (The Official Gazette RS No. 45/2013 and 25/2019) the surrogate decision maker (legal representative) is the person who advocates for incompetent patient regarding conducting of any diagnostic and therapeutic procedure providing written consent. |
| 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. |  Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | Serbia published the National Strategy for Palliative care developed in 2009 (Official Gazette RS17/2009) and the Regulation of National programme for palliative care for children in Republic of Serbia 2016 (Official; Gazette 22/2016). Furthermore, some Regulation for National programme 'Serbia against cancer' (Official Gazette 20/2009) where a reference to palliative care is included. Likewise, a section is dedicated to palliative care for cancer patients within the Programme for the Improvement of Cancer Control in the Republic of Serbia for the Period 2020–2022. 'Official Gazette of the RS', No. 105/2020. Additionally, there is a National guide for doctors in primary health care Republican expert commission for the development and implementation of guidelines in clinical practice (MoH 2004); as well as a Palliative care - guide for employees in social care. 2020 |

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care is defined and included in the Regulation on the nomenclature of health services at the primary level of health care (Official Gazette RS 70/2019, 42/2020, 74/2021 and 118/2023) mentioned in 5 service types (first and control visits for children and adults as well as at home visit). Within the Health care Law [Zakon o zdravstvenoj zaštiti] (in Serbian), published in the Official Gazette RS 25/2019 and 92/2023. Act 65, Palliative care is included in the list of health services provided at the primary care level in the General Health Law. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There was a National Expert Committee for Palliative Care that existed until 23 October 2023 and was abolished by the decision of former Minister of Health together with suspension of some other Expert Committees in MoH. The former Expert Committee for Palliative Care was made up out of seven members meeting regularly discussing several topics such as expert opinions about new treatment options and discussions on the need for development of new documents. |



EU Serbia

| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  At least one national conference specifically dedicated to palliative care every year. | The first Palliative Medicine Congress of Serbia was held on October 13-14 2023 with intention to be held biannually. The Second Palliative Medicine Congress is planned for March 20-21st 2025 in Sremska Kamenica. Furthermore, there is a Regional Education Meeting on Supportive Care in Cancer Patients for Eastern Europe and Balkan Region which included Palliative Care and was held on 2016, 2017, 2019, 2021 and 2023. Other type of integration of Palliative Care in National and International Conferences in Serbia is carried in many numbers of Conferences and CME including either whole Palliative care session or lectures about palliative care mostly in Oncological conferences and in Pain conferences, Respiratory medicine, Pain medicine, General Medicine, Neurology, etcetera. |
| Ind7.1 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. | |
| Ind7.2 Inclusion of PC topics in national research calls. |  Although there are national research calls, no PC topics are ever included. | No palliative care research programmes were found in Serbia. During 2015-2019 there were several actions at local level promoting palliative care founded by Local Government such as, for example, several Programmes funded by the City Health Administration, City of Novi Sad, Serbia, mostly with educational goals. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <p>1,637 S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>MINIMUM CONSUMPTION IN THE REGION: 6 MAXIMUM CONSUMPTION IN THE REGION: 19773</p> |

EU Serbia

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | All Primary Care Health Centers can use drugs from Republic Fund of Health Insurance List B (Drugs used during outpatient or hospital treatment in health institutions). According to the National health Insurance Fund Lists of Drugs, of application since 2024, the majority of medications of the WHO model List of Essential Medicines are available: fentanyl, morphine, methadone, amitriptyline, cyclizine, dexamethasone, diazepam, docusate sodium, fluoxetine, Haloperidol, hyoscine hydrobromide, lactulose, loperamide, midazolam, ondansetron. The annual report from Agency for Medicines and Medical Devices of Serbia collects data on sales and Consumption of Medicines for Human Use in the Republic of Serbia in 2022 with information about quantity of sold medicines and Defined daily dose/1000 citizens/day. |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Liquid oral morphine is on the positive list of drugs and can be prescribed in every Primary Health Centre, as documented at the annual report from Agency for Medicines and Medical Devices of Serbia on sales and Consumption of Medicines for Human Use in the Republic of Serbia in 2022. |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Several opioids and in diverse formulations are available at primary care level as documented at the annual report from Agency for Medicines and Medical Devices of Serbia on sales and Consumption of Medicines for Human Use in the Republic of Serbia in 2022. |

EU Serbia

| | | |
|---|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>1/6</p> <p>4/6</p> <p>0/28</p> <p>0/28</p> <p>0</p> <p>Yes</p> | <p></p> <p>The University of Cuprija does have a subject on palliative care. In 4 out of 6 palliative medicine is an optional subject, like in the Faculty of Medicine University of Novi, optional in 5th course, in University of Kragujevac, in the University of Belgrade, and in the Faculty of Medicine University of Nis. Normally, there is no Palliative Care subject in high school but it is partially included in Subject Oncology. Normally, there is no Palliative Care subject in Nursing high schools, but it is partially included in the oncology subject, meaning that Palliative care is included there as compulsory in all 9 Governmental Faculties of Nursing in Country. Although there is no such a full professor in Palliative Medicine, one teaching assistant would become a Associate Professor in March 2025 at University of Novi Sad with degree of Palliative Medicine Specialist. While there is no existing legislation/regulation specially for undergraduate Palliative care, there is regulation on Specialisations and Sub Specialisations of Healthcare Workers and Healthcare Associates, Official Gazette Of the RS/2013, 91/2013, 113/2013, 109/2014, 53/2018, 17/2021, 77/2022, 6/2023 and 93/2023. p. 391-396.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Specialisation in Palliative Medicine was officially established on 2013. It is included in the Faculty of Medicine University of Belgrade since 2013 and in Faculty of Medical Sciences University of Kragujevac since 2022. The first specialist finished specialisation in 2017 and, to date, there are 11 finished Palliative Medicine specialists and another 10 physicians currently in specialisation in Serbia. See the Regulations on specialisations and narrow specialisations of healthcare workers and healthcare associates ('Official Gazette RS', No. 10/2013, 91/2013, 113/2013, 109/2014, 53/2018, 17/2021, 77/2022, 6/2023 i 93/2023).</p> |

EU Serbia

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> | <p>There are 17 specialised services with Palliative Medicine Specialist or a trained professional: General Hospital Kikinda (6 beds with Specialist); Health Center Uzice, Unit Pozega, (12 beds with Specialist); General Hospital Leskovac, Unit Vlasotince (10 beds Specialist); the General hospital Prokuplje (5 beds with Specialist); the General Hospital Pozarevac (12 beds with Specialist); University Clinical Center Kragujevac, (10 beds); General Hospital Cuprija (10 beds, with trained HCP); the University Clinical Center of Novi Sad (22 beds with consultative Specialist); the Institute for Pulmonary Diseases of Vojvodina (Palliative consultation team with Specialist, 10 beds); the Specialised hospital for internal diseases Vrnjacka Banja (Unit with 12 beds with Specialist); Institute for geriatrics and PC Department for home treatment, nursing and PC, Belgrade (with specialist); and the Institute for Oncology and radiology of Serbia, Belgrade (HCP with PC education). Furthermore, there are four centers with palliative wards or dedicated beds (58 beds, 630 discharged patients in 2023): Klinikal center Dr Dragisa Misovic (10 beds), KC Zvezdara (30 beds), KC Zemun (13 beds), and KC Bezanijska kosa (5 beds).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>SERBIA 0.25 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>3.68</p> <p>17 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>1</p> <p>PPC TEAMS</p> | <p>There is one specialised team for pediatric palliative care that started to work in Belhospice Cenet in Belgrade since 2023. In general, and even though some palliative care is provided to children, there is no specialised PC services in hospitals in Serbia, nor children hospices or home care PC teams for children in Serbia.</p> |



General data

POPULATION, 2023
5,426,740
PHYSICIANS / 1,000 INH, 2021
3.68

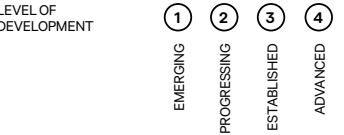
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
24,491
HEALTH EXPENDITURE (% GDP), 2021
7.75
UNIVERSAL HEALTH COVERAGE, 2021
82



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



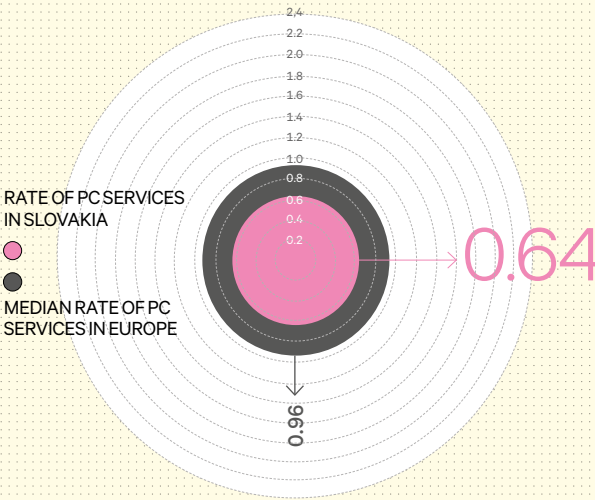
Consultants: Andrea Skripekova.
National Association: Association of Hospice and Palliative Care of Slovakia (AHAPS).
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Slovakia

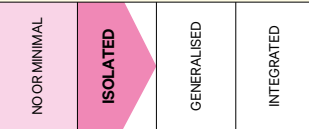
F Provision of PC (Specialised Services)

Total number of Specialised PC services
35
Rate of PC services per 100,000 inhabitants
0.64

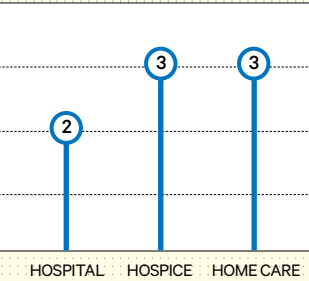
Slovakia in the context of European region



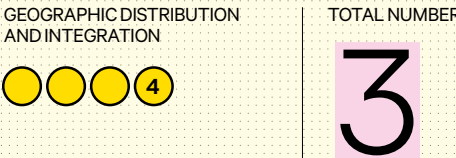
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

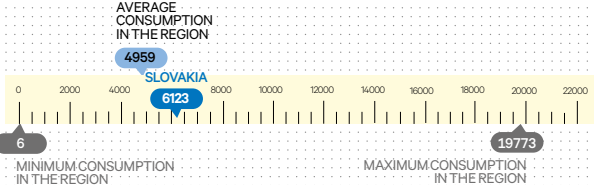


Slovakia

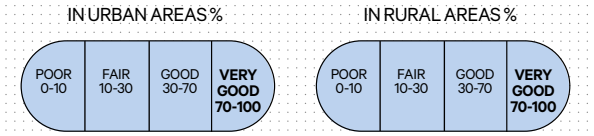
D Use of essential medicines

Opioids consumption (excluding methadone)
6,123
S-DDD/MILL INHABITANTS/DAY

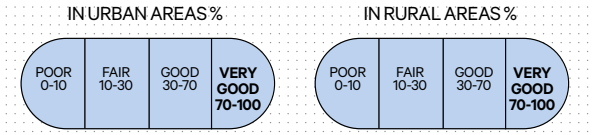
Slovakia in the context of European region



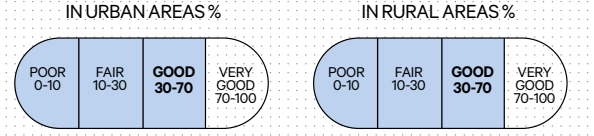
Overall availability of essential medicines for pain and PC at the primary level



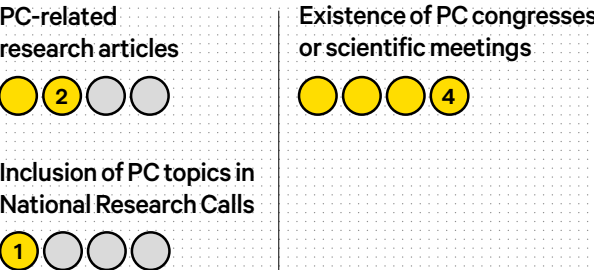
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
0/4

Nursing schools with mandatory PC teaching
0/9

PC Full Professors
0

Recognition of PC specialty
4

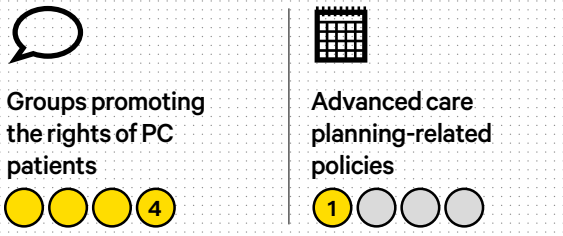
B Policies

National PC plan or strategy
2





Responsible authority for PC in the Ministry of Health
4

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



A Empowerment of people and communities



EU Slovakia

| | | |
|--|---|--|
| <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> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p> | <p>In 2000, the Association for Hospice and Palliative Care (AHAPS) was founded by Dr. Alena Kollarova, marking the initiation of structured palliative care advocacy and development. In 2006, the Conception of Palliative Care was officially accepted by the Ministry of Health, a significant step in formalizing policies, led by Dr. Kristina Krizanova. The Slovak Society of Palliative Medicine, a part of the Slovak Medical Society, was established in 2015 by Dr. Krizanova, Dr. Andrea Skripekova, and Dr. Jana Hoozova, to foster professional collaboration. The Postgraduate Educational Programme at the Slovak Health University was launched in 2012, contributing to the training of specialists. In 2022, the Palliative Care Legislation was adopted by the Slovak Parliament as part of the Resilience and Recovery Plan, a major policy development, under the leadership of Dr. Skripekova, who chaired the expert group.</p> |
| <p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p> | <p> 1</p> <p>There is no national policy or guideline on advance care planning.</p> | <p>In 1997, the National Assembly ratified the Convention on the Protection of Human Rights in Biomedicine, emphasising the importance of considering a patient's prior expressed wishes when they are unable to communicate. This principle underscores the significance of respecting patient autonomy, particularly in medical decision-making. In 1999, the Convention was published in the Collection of Laws under no. 40/2000. Although the Convention, according to Article 7, Act no. 460/1992, takes precedence over Slovak national laws, it was not fully incorporated into legal frameworks. Consequently, healthcare professionals attempting to respect a patient's autonomy at the end of life could risk violating Section 177, paragraph 2 of the Slovak Criminal Code, which mandates the provision of necessary assistance.</p> |
| <p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p> | <p> 2</p> <p>Developed over 5 years ago.</p> <p> 4</p> <p>Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p> | <p>Slovakia currently does not have an official Implementation Plan for Palliative Care Integration as a standalone legislative, sub-legislative, or government document, though such a plan is in preparation. However, palliative care is incorporated into the National Cancer Programme as outlined on the official website of the Slovak National Oncology Institute (NOI): National Cancer Programme. At the sub-legislative level, the Conception of Palliative Care was published in the Vestník MZ SR in August 2006, but it has not been updated since the acceptance of the palliative care legislation. A significant step forward occurred in June 2022, when the Slovak National Parliament accepted the new Palliative Care Legislation - Zákon 576/2004. This legislation introduced several key provisions, primarily included in Zákon 576/2004: a) Definition of Palliative Care: § 2, ods. 39, b) Definition of Basic and Specialised Palliative Care: § 10e, c) Referral to Palliative Care: § 6ba, d) Multidisciplinary Approach</p> |

EU Slovakia

| | | |
|--|--|---|
| <p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p> | <p> 1</p> <p>Not known or does not exist.</p> | <p>in Palliative Care: § 4. These developments represent significant progress in integrating palliative care into the Slovak health-care system, although further steps, including the finalization of the implementation plan, are still pending.</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> 1</p> <p>Not at all.</p> | <p>No evidence found.</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> 4</p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p> <p> 1</p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p> | <p>The Ministry of Health of the Slovak Republic has a designated Chief Specialist for Palliative Medicine, currently held by Andrea Škripekova. This position is responsible for providing expert guidance in the field of palliative care, particularly in policy and practice development. However, it is important to note that the role exists without dedicated resources, meaning that the chief specialist's expertise and recommendations are not supported by specific funding or infrastructural backing. Despite this limitation, the position is crucial in advising and influencing the direction of palliative care in Slovakia, even though the lack of resources may constrain the full implementation of proposed initiatives or reforms.</p> |



EU Slovakia

| | | |
|--|---|--|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>Each year, the Slovak Society of Palliative Medicine and the Institute for Education in Palliative Medicine (IVPM o.z.) organize an annual conference to advance the field of palliative care in Slovakia. These conferences provide a platform for experts, healthcare professionals, and stakeholders to exchange knowledge, discuss new developments, and collaborate on improving palliative care practices.</p> |
| <p>Ind7:1</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>●●2●●</p> <p>Reflects a limited number of articles published.</p> | <p>The journal <i>Paliatívna medicína a liečba bolesti</i> is published electronically twice a year, focusing on PC and pain management. Additionally, some publications released are: 1) Availability and Accessibility of Antiemetics Recommended by the MASCC/ESMO Guidelines in the Eastern European and Balkan Region; 2) Availability of and Access to Strong Opioid Medications for Cancer Patients in Eastern Europe and the Balkans, etc.</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>1●●●●</p> <p>There are no national research calls at all.</p> | <p>Currently, there are no national research calls specifically dedicated to palliative care in Slovakia.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>6,123</p> <p>S-DDD PER MILLION INHAB / DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>SLOVAKIA</p> <p>6123</p> <p>0 2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> | |


EU Slovakia

| | | |
|--|---------------------------|--|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>●●●●4</p> <p>●●●●4</p> | <p>In Slovakia, while pain medication is generally accessible, there are significant barriers to its use. In 2010, only certain specialists such as oncologists, surgeons, and some pain specialists, were authorised to prescribe opioid medications. Family physicians and palliative care specialists were not allowed to prescribe opioids. Furthermore, patients who require opioids must register and obtain a permit to confirm their eligibility. There were also strict regulations on the quantity of opioid medication that can be prescribed at once. No updated information was found in this regard.</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>●●●●4</p> <p>●●●●4</p> | <p>In Slovakia there is no policy restriction for prescribing of immediate-release of morphine. However, despite there being no restrictions on its prescription, there are important barriers that make it difficult for patients to access the medication.</p> |
| <p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>●●●3●</p> <p>●●●3●</p> | <p>In Slovakia, the prescription of certain opioids, such as fentanyl, buprenorphine, and oxycodone, is restricted to specific specialists. Algesiologists, palliative care specialists, rheumatologists, orthopedists, oncologists, neurologists, hematologists, and geriatricians are authorised to prescribe these medications. This limitation ensures that opioid prescriptions are managed by healthcare professionals with specialised training in pain management and related fields.</p> |

EU Slovakia

| | | |
|--|--|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>0/4</p> <p>1/4</p> <p>0/9</p> <p>1/9</p> <p>0</p> <p>No</p> | <p></p> <p>According to the 2019 EAPC Atlas report, Slovakia has 4 medical schools, but only one of them offers an elective course in palliative care. Similarly, out of the 9 nursing schools in the country, only one offers an elective subject focused on palliative care. As of 2010, according to a Kjell Erik Strømskag's research, only two specialists in palliative medicine were identified in Slovakia at that time. Additionally, there were no academic positions or departments dedicated to palliative medicine at the medical faculties in the country. However, there were 40 specialists in pain treatment, and most of them had experience in palliative care. Currently, one person with a PhD in palliative medicine has been reported in Slovakia.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine has been recognised as a sub-specialisation in Slovakia since 2012. The accreditation of the palliative medicine programme is managed by the Department of Palliative Care at the Slovak Health University in Bratislava, initially led by Kristina Križanová since its establishment and subsequently by Andrea Škripeková from 2016 onwards.</p> |

EU Slovakia

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Isolated provision: Exists but only in some geographic areas.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Found in many parts of the country.</p> <p> Found in many parts of the country.</p> | <p>According to the Annual Report on the State of Oncology in Slovakia for the year 2023, the total number of services is 35. Published in Bratislava in 2024 (<i>Stav onkológie na Slovensku</i>), and compiled by the National Oncology Institute, the distribution of mobile hospices in Slovakia is as follows: Bratislavský kraj (6 mobile hospices), Trnavský kraj (4 mobile hospices), Trenčiansky kraj (3 mobile hospices with unmet minimum network), Nitriansky kraj (3 mobile hospices with unmet minimum network), Žilinský kraj (3 mobile hospices with unmet minimum network; one mobile hospice provides services through 5 health-care facilities), Banskobystrický kraj (5 mobile hospices with unmet minimum network), Prešovský kraj (9 mobile hospices), and Košický kraj (2 mobile hospices with unmet minimum network). The deployment of mobile hospices by service providers include: ADOS-NÁDEJ-AOK, s.r.o., Svidník; Arcidiecézna charita Košice, Bardejov; Diecézna charita Banská Bystrica, Banská Bystrica; Diecézna charita Nitra, Nitra; Domáca hospicová starostlivosť, s.r.o., Skalica; Dotyk Života, amongst others..</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>SLOVAKIA</p> <p>0.96</p> <p>0.64</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>35</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>3 PPC TEAMS</p> | <p>The mobile hospice 'Plamienok' in Bratislava, established in 2003, is a pioneering non-profit organisation that commenced providing home hospice care services back in 2004. The mobile hospice 'Svetielko pomoci', in Košice, founded in 2011, is a non-profit organisation dedicated to providing home hospice care and supporting families in eastern Slovakia. This institution has made significant strides in paediatric PC, establishing the first mobile hospice for children in the eastern region in 2012. Svetielko pomoci offers 24/7 individual patient transportation, palliative home-care for children at terminal stages of life, accommodation for families, and material, financial, and moral support. The mobile hospice 'Svetielko nádeje' in Banská Bystrica, established in 2013, operates as a civic association providing home hospice care with a focus on clinical oncology.</p> |



General data

POPULATION, 2023
2,120,461

PHYSICIANS / 1,000 INH, 2021
3.32

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
32,610

HEALTH EXPENDITURE (% GDP), 2021
9.48

UNIVERSAL HEALTH COVERAGE, 2021
84



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



Consultants: Maja Ebert Molara; Mateja Lopuh; Anamarija Meglič; Maja Šeruga; Erika Zelko; Andrej Žist; Marjana Bernot; Petra Gornik; Stanislav Malačič; Vesna Papuga and Katja Kusek.

National Association: Slovenian Association for Palliative and Hospice Care (SZPHO).

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

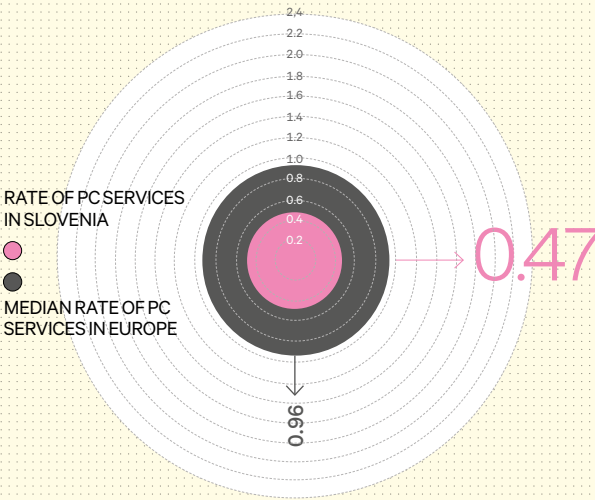
Slovenia

F Provision of PC (Specialised Services)

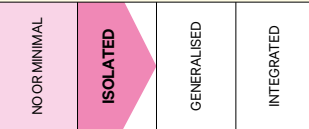
Total number of Specialised PC services
10

Rate of PC services per 100,000 inhabitants
0.47

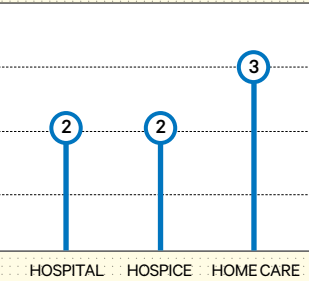
Slovenia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2

TOTAL NUMBER
1

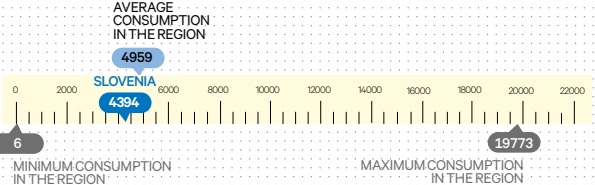


Slovenia

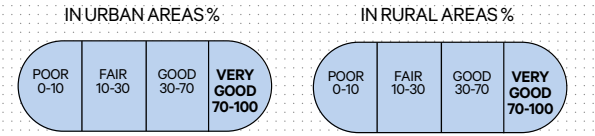
D Use of essential medicines

Opoids consumption (excluding methadone)
4,394
S-DDD/MILL INHABITANTS/DAY

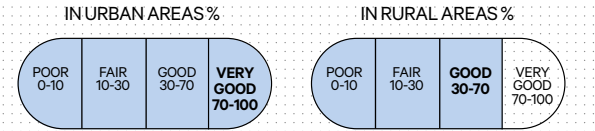
Slovenia in the context of European region



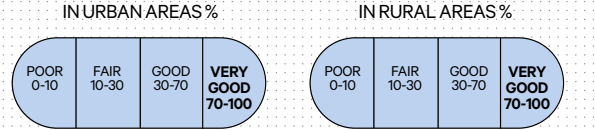
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
2

Existence of PC congresses or scientific meetings
3

Inclusion of PC topics in National Research Calls
2

E Education & Training

Medical schools with mandatory PC teaching
0/2

Nursing schools with mandatory PC teaching
1/9

PC Full Professors
0

Recognition of PC specialty
2

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
3





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
4

Advanced care planning-related policies
3

EU Slovenia

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | There are several groups promoting the rights of patients with palliative care needs such as the Slovenian Association for hospice and palliative care - national organisation, the Slovenian Hospice Society, the Third floor heroes - parents of children with malignant disease, the Julian Viljem Society - parents of children with rare diseases, the Palias Society - promoting empowerment of patients and their proxies, better understanding of palliative care. However, it is important to note that, in Slovenia, since majority of other groups, specially patient groups, still do not recognize the value and need of palliative care promotion, the strength of palliative care advocacy is uneven. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is/are national policies or guidelines on living wills and/or on advanced directives. | Advanced care planning and surrogate decision makers are described in the Patients' Rights ACT, nonetheless advance care planning is not part of everyday practice; it is rather scarce and as part of some ongoing studies. There is also the right for refusing medical care in advance (in slov.: Vnaprejšnja zavrnitev zdravstvene oskrbe). |
| 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 dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | There have been a number of national PC programmes, starting by the Slovenian National programme for PC development 2010 (prepared with the help of WHO experts and with short, mid and long term goals). The first Action Plan was the 2011-2016-plan. In 2016 a National coordinator for PC development was designated. The Second Action Plan was prepared in 2016-2021, aimed at developing guidelines for the introduction PC at all levels of health care, including consultants services. The work group stopped its work in 2019 due to COVID epidemic. In 2021, the MoH began implementing an European project, in progress, on mobile PC units: 9 teams were established. Five more need to be funded by the end of the project (2026). In 2023, a third working group designation to prepare a third Action Plan was delayed due to organisational circumstances at the MoH. In August 2024, a new national coordinator was named. Furthermore, the National Cancer Programme 2017-2021 had a specific section and several goals related to palliative care and |







EU Slovenia

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented. | there is a National programme for paediatric palliative care (in slov.: Na rt paliativne oskrbe otrok na vseh zdravstvenih nivojih) and public policy of the Ministry of Health but no National palliative care law nor indicators in national plan yet. |
| 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 recognised by a government decree or law but not in the General Health Law. | In Law on Patients' Rights, Article 39, on the prevention and alleviation of suffering, it is recognised that (...), "the terminally ill patient and the patient with an incurable disease causing severe suffering have the right to palliative treatment." However, it is not listed under the list of health services at the primary care level contemplated in the general health care law. |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? |  There is a coordinating entity but has an incomplete structure (lack of scientific or technical section). | National coordinator for palliative care was named in 2016, and recently a new one has been appointed in August 2024. Nevertheless, there is no specific budget for the palliative care development at the Ministry of Health as funding is provided from the insurance. National coordinator has a budget of 15.000 Eur for educational purposes. |
| 5.2. The national authority has concrete functions, budget and staff. |  There are concrete functions but do not have a budget or staff. | |

EU Slovenia



| | | |
|---|--|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div>3</div><div></div></div></div> <div>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care.</div> | <div>There is a national conference on palliative care, but it takes place every second year. The 6th congress will take place in October 2025.</div> |
| <div>Ind7:1</div> <div>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.</div> | <div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Reflects a limited number of articles published.</div> | <div>A low number of research articles have been retrieved.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Although there are national research calls, no PC topics are ever included.</div> | <div>Although there are national research calls, no palliative care topics were ever included.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | | <div><div>4,394</div><div>S-DDD PER MILLION INHAB / DAY</div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>SLOVENIA</div><div>4394</div><div>0200040006000800010000120001400016000180002000022000</div><div>619773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> |

EU Slovenia

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | Any physician can prescribe any of the medicines in the list independently or in consultation with a physician from the Paediatric Palliative Care Team University Children's Hospital on call 24/7. The patient receives the medicine from a pharmacy that is part of the public health system. Nevertheless, according to the List of indispensable medications from Agency for Medicinal Products and Medical Devices of the Republic of Slovenia, not all medicines in the WHO model list are included. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | Morphine(in tablets) is included in the List of indispensable medications from Agency for Medicinal Products and Medical Devices of the Republic of Slovenia. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | Any physician can prescribe any of the medicines in the list independently or in consultation with a physician from the Paediatric Palliative Care Team University Children's Hospital on call 24/7. The patient receives the medicine from a pharmacy that is part of the public health system. Nevertheless, according to the List of indispensable medications from Agency for Medicinal Products and Medical Devices of the Republic of Slovenia, not all medicines in the WHO model list are included. |





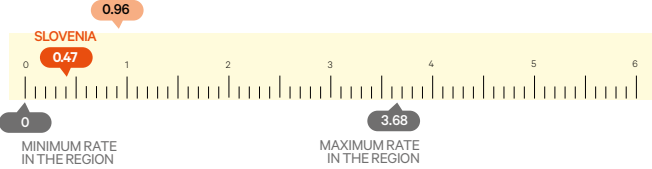

EU

Slovenia

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>0/2</p> <p>2/2</p> <p>1/9</p> <p>N/A</p> <p>0</p> <p>No</p> | <p></p> <p>There are no obligatory formal undergraduate medical education in palliative care yet in medical or in nursing schools. One of the two universities in the country offers a non-obligatory course. However, the 2 medical schools have some palliative care basics integrated into other modules. Regarding nursing schools, 1 out of 9 has a palliative care subject while all others include palliative care but only as part as oncology, long term care, geriatrics, and other subjects. There are no full professors in palliative medicine in the country and there is only the recommendation of the Medical Chamber of Slovenia for the training of residents of paediatrics, oncology and some other specialities.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>There is an educational 60 hours programme of basic palliative care (in slov.: <i>Korak za korakom</i>) that can be completed with certificate of additional knowledge (certificate of the Medical Chamber of Slovenia), but there is no advanced palliative care educational programme such as (sub)specialisation for physicians.</p> |

EU

Slovenia

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Isolated provision: Exists but only in some geographic areas.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Found in many parts of the country.</p> | <p>There are ten specialised palliative care teams, two of which have hospital beds: two hospices (1/2 has beds), 9 perform home visits but, but the majority (7) only once or twice a week. These ten specialised services represent 0,47 services per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p>  <p>0.96</p> <p>0.47</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>10 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>1 PPC TEAMS</p> | <p>There is one team for Palliative Care for Children, University Children's Hospital Ljubljana. Palliative care teams for children are in the process of setting up in some regional hospitals in the country after the conduction of training courses in each region. To date, there is no home care support for children.</p> |



General data

POPULATION, 2023
48,347,910

PHYSICIANS / 1,000 INH, 2021
4.48

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

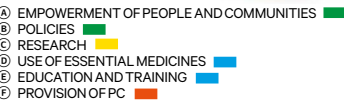
GDP PER CAPITA (US\$), 2023
33,509

HEALTH EXPENDITURE (% GDP), 2021
10.74

UNIVERSAL HEALTH COVERAGE, 2021
85



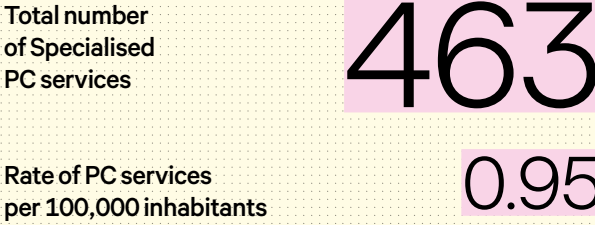
WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



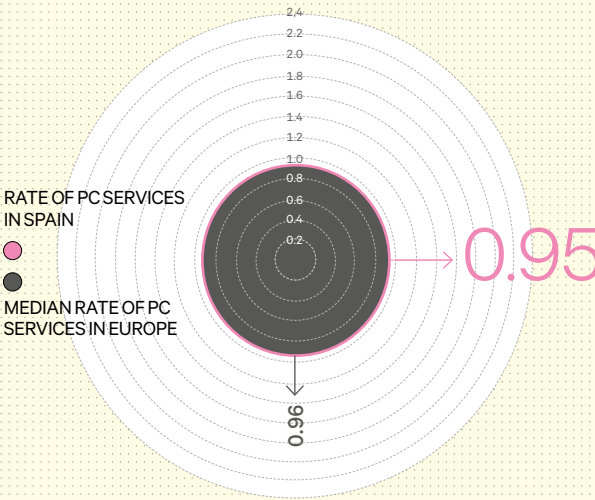
Consultants: Pilar Barnestein-Fonseca; Blanca Escat Juanes; Salvador Martín Utrilla; Elena Oliete; Javier Resa; Federico Talledo; Eva Vibora-Martín; Elia Martínez; Alberto Alonso; Ricardo Martino Alba and Fátima Parra.
National Association: Spanish Society for Palliative Care (SECPAL).
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

spain

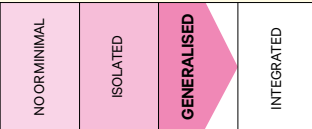
F Provision of PC (Specialised Services)



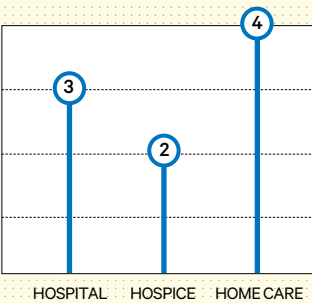
Spain in the context of European region



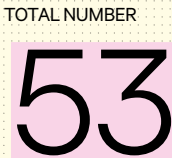
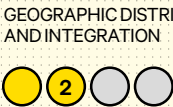
Geographic distribution and integration of PC services



Level of development of different types of PC services

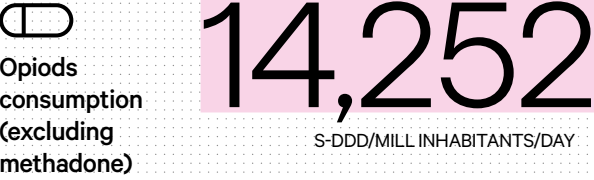


Paediatric PC Services

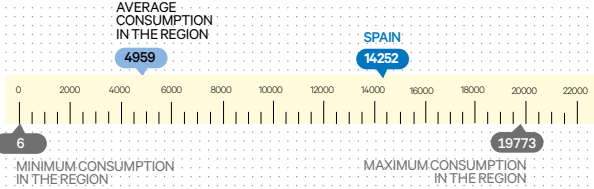


Spain

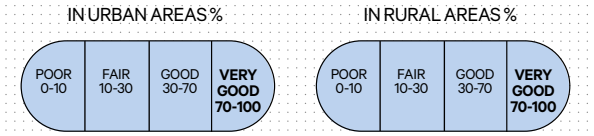
D Use of essential medicines



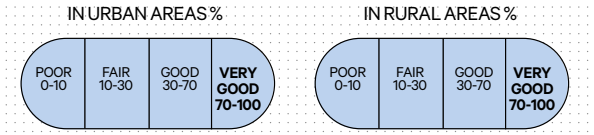
Spain in the context of European region



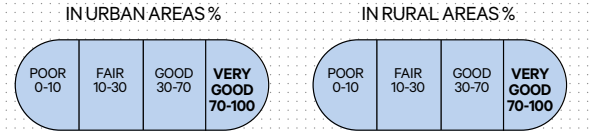
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



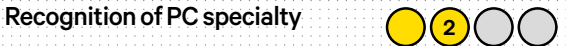
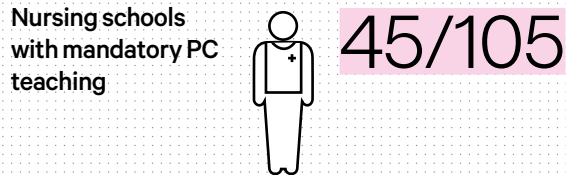
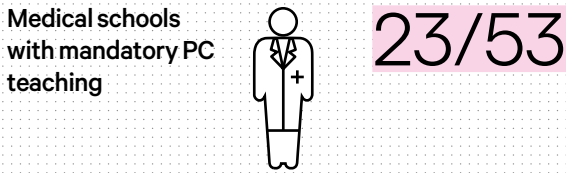
Inclusion of PC topics in National Research Calls



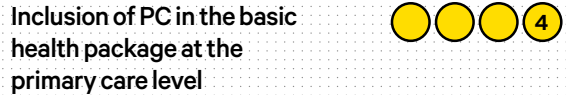
Existence of PC congresses or scientific meetings



E Education & Training











B Policies



A Empowerment of people and 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> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p> | <p>In Spain, there are a number of organisations dedicated fully to promote the rights of PC patients, such as the Spanish Society for Palliative Care (established in 1992), the Spanish Association against Cancer (NGO working for over 60 years in the fight against cancer), Palliative without Borders (2009), At the end of life, PORQUE VIVEN Foundation (2009), the PalliaClinic Foundation, New Health Foundation, and the Pía Aguirreche Foundation. Furthermore, the Compassionate Communities movement was initiated under the leadership of Dr.Herrera and New Health Foundation in Seville, and Professor Gómez-Batiste, of the WHO Collaborating Centre for Public Palliative Care Programmes in Barcelona. The ‘Todos Contigo’ (all with you) methodology to promote the development of Compassionate Communities throughout Spain was extended to Bidasoa (Bidasoa Zurekin Association), Pamplona (San Juan de Dios Organisation), etc.</p> |
| <p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p> | <p> 4</p> <p>There is a national policy on advance care planning.</p> | <p>Law 41/2002 on patient autonomy and the rights and obligations regarding clinical information and documentation, regulates in article 11 the AD document (...). Effectiveness of this right requires that AD are known precisely and in a timely manner by health professionals. For this reason, article 11 provides that (...) the National Register of Prior Instructions shall be created at the MoH and Consumer Affairs. The Royal Decree 124/2007, regulating the National Registry of AD and the corresponding automated personal data file, includes the creation of the Registry, its assignment to the MoH, its object and purpose, the registration and access procedure and the mandate for the creation of the corresponding automated file. However, the extent to which ACP is implemented in the health system, remains uncertain.</p> |
| <p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p> | <p> 2</p> <p>Developed over 5 years ago.</p> <p> 4</p> <p>Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p> | <p>The National Palliative Care Strategy was last updated in 2010-2014, and evaluated between 2015-2020. There is also an outdated strategy entitled “Paediatric Palliative Care in the Spanish National Health System. Care criteria (2014)”, that was audited in 2022 in an assessment report: Evaluation Report of the document ‘Paediatric Palliative Care in the National Health System: Care Criteria’, 2022. Additionally, although palliative care is not included in the Spanish Public Health Strategy, it is constantly included in the Strategy for Cancer of the National Health System, updated in 2021. Palliative care is not observed in the General Healthcare law (1986), but there are several regulations and decrees related to palliative care: the law 5/2015 on rights and guarantees of the dignity of people with advanced and terminal illnesses, and regional adaptations of the same law; as well as Law 41/2002 of 14 November 2002, on patient autonomy.</p> |

| | | |
|--|---|--|
| <p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p> | <p> 3</p> <p>The indicators exist, but have not been updated (implemented out of the determined period).</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> 4</p> <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p> | <p>The Law on Social Cohesion and Quality in the NHS is a general law dealing with many aspects of the general law (not up to date). Palliative care is included as a basic benefit in the ‘Law on Cohesion and Quality in the National Health System’ and in the portfolio of common services of the National Health System. Indeed Law 16/2003, of 28 May, on the cohesion and quality of the National Health System. BOE no. 128, 29 May 2003, states: “Primary care includes community care, palliative care for the terminally ill, oral health and mental health. Specialised care focuses on medical and surgical consultations and day hospitals, and also includes hospital at home, palliative care for the terminally ill and mental health.” The Royal Decree 1030/2006, 15 September 2006, establishing the portfolio of common services of the National Health System and the procedure for updating it. BOE no. 22, 16 September 2006. In annex 2, point 7.</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> 1</p> <p>There is no authority defined.</p> <p> 1</p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p> | <p>Health care authority in Spain is devolved to the Autonomous Regions, not the national Ministry, and there is no overarching national authority across these regions. A national strategy figure exists, but it operates outside the ministry’s framework. Specific budget information for Palliative Care is not available; instead, there’s a general budget line item for Health Care managed by regional governments. This decentralised structure reflects Spain’s approach to health care governance, balancing regional autonomy with national coordination efforts.</p> |



EU Spain

| | | |
|--|---|---|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>SECPAL organises international congresses or conferences every year: 2023, 2022, 2021, to cite the latest years' editions.</p> |
| <p>Ind7:1</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>●●●●4</p> <p>Denotes an extensive number of articles published on the subject.</p> | <p>Depending on search strategies, but usually searcher denote an extensive number of articles published on palliative care. Nearly 50 studies can be retrieved in Pubmed for the latest five years. According to international bibliometric analysis, Spain is ranked as top 12 publisher in the world (nearly 400 studies published between 2002-2020).</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>●●●3●</p> <p>They do exist national research calls that do include palliative care topics.</p> | <p>Although there are not many neither are palliative care specifically-related, there are some national calls for proposals on health or cancer that include Palliative Care.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>14,252</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>SPAIN 14252</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> | |




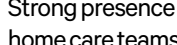

EU Spain

| | | |
|--|---------------------------|--|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>●●●●4</p> <p>●●●●4</p> | <p>The Royal Legislative Decree 1/2015, of 24 July, which approves the revised text of the Law on guarantees and rational use of medicines and medical devices in its article 3 Guarantees of supply and dispensing. With the exception of ondansetron analogues, which are only for hospitalary use, all the essential medicines are fully available at the primary care level.</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>●●●●4</p> <p>●●●●4</p> | <p>The Royal Legislative Decree 1/2015, of 24 July, which approves the revised text of the Law on guarantees and rational use of medicines and medical devices in its article 3 Guarantees of supply and dispensing.</p> |
| <p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>●●●●4</p> <p>●●●●4</p> | |

EU Spain

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>23/53</p> <p>7/53</p> <p>45/105</p> <p>14/105</p> <p>2</p> <p>Yes</p> | <p></p> <p>Of a total of 53 faculties of medicine in Spain, 23 teach palliative care as mandatory and further seven as an elective subject. Although 56 out of 115 nursing schools teach palliative care (according to a recent study), other data reveals that 45 have mandatory teaching of palliative care, and another 14 have optional teaching. There are two full professors of palliative medicine in Spain and there is an education-related legislation pending specification/application in the accreditation of professionals to obtain the diploma. The Regulation of the content of competencies of the advanced accreditation Diploma is Order SND/1427/2023, of 26th December, publishing the regulations for the creation of Accreditation Diplomas in the Functional Area of Palliative Care.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>To date, Spain continues without a recognition of a specialisation process in palliative medicine for physicians. However, importantly, a Ministerial Order (SND/1427/2023, of December 26) was published, establishing the bases for the creation of Accreditation Diplomas in the Functional Area of Palliative Care for doctors, nurses, psychologists and physiotherapists (not for social workers or spiritual agents). Currently, this order is pending development by the different Autonomous Communities, with a very uneven process.</p> |

EU Spain

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p> | <p>Spain has 463 specialised services (0,95 services per 100,000 inhabitants). While not all hospitals have a palliative care team, a significant number have specialised palliative care units or hospital support teams. There are not many hospices but a great volume of home-based care teams spread and operating throughout most of the country. The services distributes as follows across regions: Andalucía 50, Islas Canarias 10, Galicia 22, Murcia 28, Extremadura11, País Vasco 28, Castilla y León 31, Cantabria 5, Cataluña 100, Islas Baleares 13, La Rioja 6, Navarra 6, Aragón 13, Castilla La Mancha 25, Comunidad Valenciana 41, Comunidad de Madrid 56, Ceuta 1, Melilla 1, Asturias 16. Of note, these estimations for many regions account for non 100% full specialised palliative care teams.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>SPAIN</p> <p>0.95</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>463</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>53</p> <p>PPC TEAMS</p> | <p>According to the Evaluation Report 'Paediatric Palliative Care in the National Health System: Care Criteria', 2022, produced by the Paediatric Palliative Care Association, interdisciplinary PC services for children are available in 14 regions, and operated by 45 specialised teams. These are distributed as follows: Andalucía (9), Asturias (1), Aragón (1), Islas Baleares (1), Cataluña (5), Canarias (3), Castilla y León (2), Comunidad Valenciana (5), Extremadura (2), Galicia (2), Navarra (1), Comunidad de Madrid (7), Región de Murcia (5), País Vasco (1). Latest data suggest there are 53 services/teams registered, almost all mixed units, providing care both in hospital and at home. Only two provide care exclusively at home. There is an intermediate care centre in Barcelona, with convalescence, respite, admissions for family instruction, and admissions for symptom control.</p> |



General data

POPULATION, 2023
10,536,632
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
55,516
HEALTH EXPENDITURE (% GDP), 2021
11.25
UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



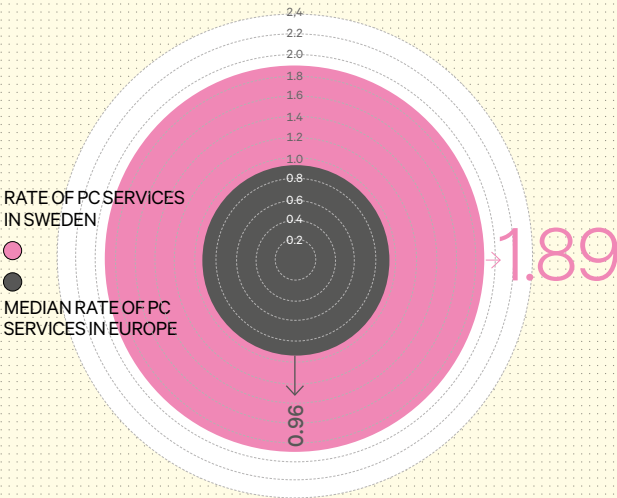
Consultants: Anna Sandgren; Carl-Magnus Edenbrandt; Staffan Lundström; Jonas Bergström and Sofia Dettmann.
National Association: Swedish Association for Palliative Medicine (SfPM).
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Sweden

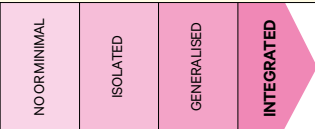
F Provision of PC (Specialised Services)

Total number of Specialised PC services
200
Rate of PC services per 100,000 inhabitants
1.89

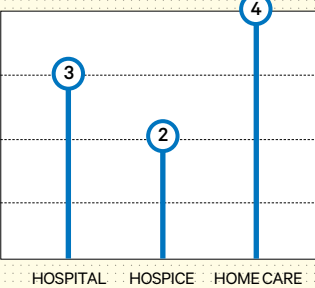
Sweden in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2
TOTAL NUMBER
5

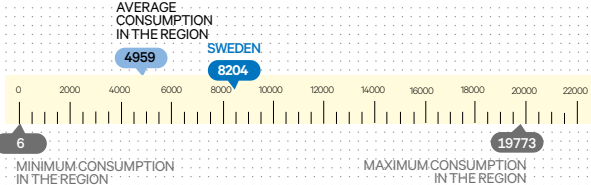


Sweden

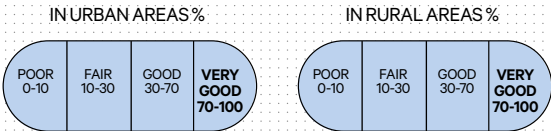
D Use of essential medicines

Opioids consumption (excluding methadone)
8,204
S-DDD/MILL INHABITANTS/DAY

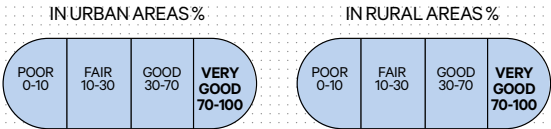
Sweden in the context of European region



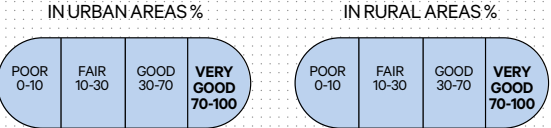
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching
5/7

Nursing schools with mandatory PC teaching
4/25

PC Full Professors
5

Recognition of PC specialty
4

B Policies

National PC plan or strategy
4

Responsible authority for PC in the Ministry of Health
2





Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
4




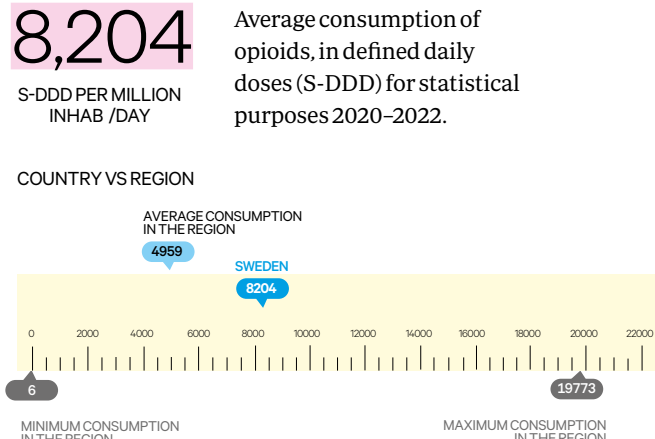
EU Sweden

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | The Swedish Council for PC is an umbrella organisation set up to enhance and support the development of palliative care in Sweden. The council, created in 2004, consists of 11 national professional PC groups and networks (including physicians, nurses, nurse aids, social workers, physiotherapists, etc). The Council works with identifying neglected areas as well as suggesting improvements. It is involved in updating of the national directory for specialist units. Further networks include the National Association of Palliative Medicine Physicians, the national associations for Palliative Nursing, Occupational therapy, Physiotherapy, Dieticians, and priests in PC; and local NGOs like Betanästiftelsen and local hospices. There are also regional PC Competence/Research Centers in Lund, Stockholm, and Växjö. The Swedish Association for Palliative Medicine, since 1997, has been a powerful organisation in collaboration with the government. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | There is one national policy addressing ACP of medical decisions for use of life-sustaining treatment or end-of-life care from the National Board of Health and Welfare, SOSFS 2011:7. There are no possibilities for patients or relatives to write legally binding AD or 'living wills'; the concept ACP is used in the everyday care process and is formulated in the National Programme for Palliative Care (Adult) and in the National Programme for PC for Children, the National Palliative Care Pathway (including discussion between health care staff and the person and/or relatives around the transition to palliative care, wishes and goals of care and documented in the medical record), the National guidelines and the National Board of Health and Welfare terms/concepts related to palliative care. However, these are not legally binding. |
| 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, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC. | There is a governmental decree for decision makers on PC guidelines issued by the national board of health and welfare (2013, audited 2017, currently under revision, 2025). There is a national PC programme (2011, actualized in 2023, currently under revision), a national PC programme for children (2021), and PC is included in sections within most national plans, both for cancer and non-malignant diseases. In the National Board of Health's law/government policy on PC from 2013, there is a chapter on indicators (p.61 – 68), and a subsequent update in 2017 by the National Board of Health and Welfare. Indicators are continuously monitored and published by the National Board of Health and Welfare and by the Swedish Registry of Palliative care, since 2005. Several of these indicators have been implemented by the National Board of Health and Welfare in their guidelines also. The Swedish Register of Palliative Care is a national quality register that contributes to research and devel- |







EU Sweden

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | opment of PC. It is built on an end-of-life questionnaire (ELQ) with 30 questions that is answered by responsible staff after the death of a patient. The questions reflect quality of care delivered during the last week in life and is based on the principles of a good death proposed by the British Geriatrics Society. Collected data is used for research, projects involving development and quality as well as local audits. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Palliative care is a priority service in the Swedish Healthcare system, which is outlined in the general Health care law. Palliative care is considered the most priority of all health care services, at the same level as acute emergency care, according to the government proposition: "Regeringens proposition 1996/97:60" page 31, which has become a law. All healthcare in Sweden is free of charge (paid by taxes) and in the diagnostic manual of the official healthcare palliative care has n° Z515. According to the government's priority investigation SOU 1995:5, palliative care must have the highest priority and is included in the list of health services provided at the primary care level. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions but do not have a budget or staff. | The national authority for palliative care in Sweden is the National Board of Health and Welfare, which is a government agency under the Ministry of Health and Social Affairs. However, this agency has not a specifically assigned desk, department or person, with responsibility for palliative care development. Its main duty with regard to palliative care, is providing knowledge-based report and guidance for palliative care to the diverse regions; a role that is shared with many other disciplines. |

EU Sweden


| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>There is a national palliative care congress every year, organised by the NRPV (National Council for Palliative Care) together the regional organisation where the congress is hosted that year. It started in 2010 and was initially organised every other year but since 2021 it is organised every year. The congress is multi professional and has scientific speakers in both Swedish and English. The latest congress took place in September 2024 with more than 800 delegates.</p> |
| Ind7.1 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>Denotes an extensive number of articles published on the subject.</p> | <p>A search for 'palliative care' and author affiliated with Sweden yielded 794 articles in PubMed, 323 articles in Embase and 638 articles in Cinahl during the last 5 years.</p> |
| Ind7.2 Inclusion of PC topics in national research calls. |  <p>They do exist national research calls that do include palliative care topics.</p> | <p>Palliative care projects have received funding from national calls from the government research fund FORTE, and the private Cancerfonden.</p> |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. |  <p>8,204 S-DDD PER MILLION INHAB / DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION: 4959</p> <p>SWEDEN: 8204</p> <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 19773</p> | |

EU Sweden

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | <p>All fully certified physicians can prescribe all of the listed essential medicines. All the medicines are available at the local pharmacy and patients pay a maximum of up to 2350 SEK (201 euros) per 12 months for all prescribed drugs. The rest is subsidized by the government. There is no difference between rural and urban areas in Sweden, since all physicians can prescribe the medicines and they are available all over the country.</p> |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | <p>All primary care health facilities in Sweden have access to immediate-release oral morphine, either in stock or through requisition.</p> |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | <p>As for immediate-release oral morphine, all primary care health facilities in Sweden have access to different opioids, either in stock or through requisition. The rules for prescribing opioids are the same in the whole country and the availability is the same in the whole country.</p> |

EU

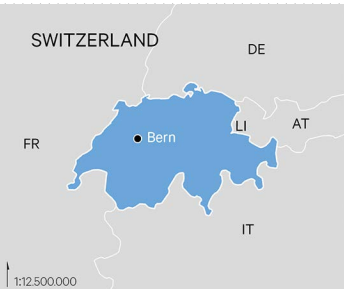
Sweden

| | | |
|--|--|---|
| Ind11 <ul style="list-style-type: none">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.11. 5. PC Full Professors.11. 6. Legislation/ regulations concerning PC education. | <div>5/7</div> <div>2/7</div> <div>4/25</div> <div>11/25</div> <div>5</div> <div>No</div> | <div></div> <p>According latest compilation of training in palliative care in medical schools in Sweden for the national conference in palliative care in 2023, entitled “Palliative medicine on the medical programme – current situation and future”, five medical schools teach palliative care to future physicians, while further two teach optional at the medical schools in Linköping and Stockholm (optional 4 week in addition to compulsory courses). There are today 25 nursing schools in Sweden and, as per the latest mapping of palliative care education done in 2019, four schools had a compulsory course (article, pages 5 and 6). Sweden is home for five full professors: 4 professors in palliative care (nurses), 2 in Stockholm, 1 in Östersund/Sundsvall and 1 in Göteborg; and 1 professor in palliative medicine (physician) in Stockholm.</p> |
| Ind12 <ul style="list-style-type: none">Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. | <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine was recognised as an add-on speciality in Sweden in 2015 by the National Board of Health and Welfare/ the government. Descriptive of the objectives can be found in English here. There is a specialist course in palliative medicine which is currently running its sixth round of the course (a yearly course divided into four week long modules spread across the country). Around 35 participants in each round. There are currently approximately 260 specialists in palliative medicine.</p> |

EU

Sweden

| | | |
|---|--|---|
| Ind13 <ul style="list-style-type: none">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. | <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <div><div><div></div><div></div><div></div><div></div><div>3</div></div></div> <p>In a growing number of private hospitals.</p> <div><div><div></div><div></div><div></div><div></div><div>2</div></div></div> <p>Ad hoc/ in some parts of the country.</p> <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Strong presence of home care teams in all parts of the country.</p> | <p>The Swedish Council of Palliative Care maintains a directory of specialised palliative care services, updated using data from the Swedish Register of Palliative Care. Services are available in all counties, though not on a 24/7 basis. There are 200 services, primarily advanced home care teams and specialised palliative care wards, typically located outside hospitals at an intermediate level between primary care and hospital care. Many also provide consultation services to hospitals. Two regions lack palliative care beds in hospitals or units, and some regions have palliative care teams but no 24/7 specialised services. A few hospitals now have specialised palliative care teams, a trend that is slowly growing. Sweden’s healthcare system is publicly funded through taxes, and most specialised palliative care services are financed by regional authorities. These include advanced home care teams, palliative wards, and consulting services. While the wards are not called hospices, they deliver specialised palliative care. Hospices in Sweden are private, typically offering 10–15 beds and rarely providing home care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <div><div><div>0.96</div><div>SWEDEN</div><div>1.89</div><div>3.68</div></div><div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div></div><div><div>MINIMUM RATE IN THE REGION</div><div>MAXIMUM RATE IN THE REGION</div></div></div> <div><div>200</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div> |
| Ind14 <ul style="list-style-type: none">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. | <div><div><div></div><div></div><div></div><div></div><div>2</div></div></div> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <div><div><div></div><div></div><div></div><div></div><div>5</div></div></div> <p>PPC TEAMS</p> | <p>There is only one specialised PC ward/hospice for children in Sweden, called Lilla Erstagården, localised within the private foundation Ersta clinic. There is one specialised PC home care service, called <i>Sjukhusansluten Avancerad Barnsjukvård i Hemmet</i>, localised at the Karolinska University Hospital. Both these services are located in Stockholm. In the rest of the country children in need of specialised PC are cared for in their homes or in a PC ward/hospice by a specialised PC service for adults in collaboration with the Department for children’s diseases at the local hospital. This collaboration is growing but not established all over the country. There has recently been an establishment of a palliative multi professional consultant team for children in the south health care region (Skåne), and a similar one in the northern health care region.</p> |



General data

POPULATION, 2023
8,888,093
PHYSICIANS / 1,000 INH, 2021
4.44

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
99,564
HEALTH EXPENDITURE (% GDP), 2021
11.80
UNIVERSAL HEALTH COVERAGE, 2021
86



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



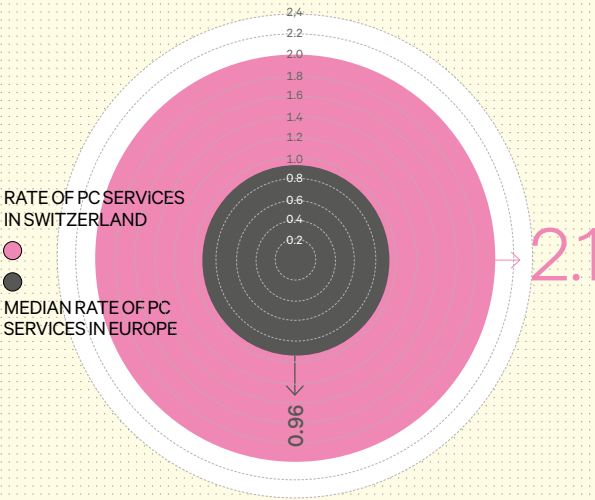
Consultants: Milenko Rakic; Lea Von Wartburg; Claudia Gamondi; Sofia Zambrano, and Philip Larkin.
National Association: Palliative ch, the Swiss Society for Palliative Medicine.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Switzerland

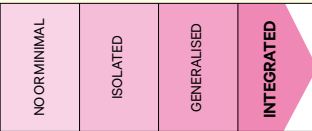
F Provision of PC (Specialised Services)

Total number of Specialised PC services
187
Rate of PC services per 100,000 inhabitants
2.1

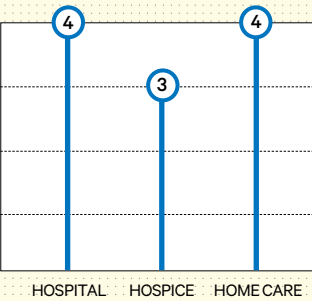
Switzerland in the context of European region



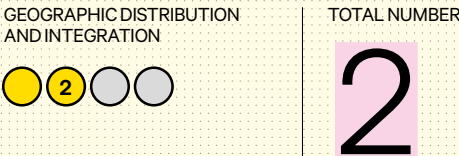
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

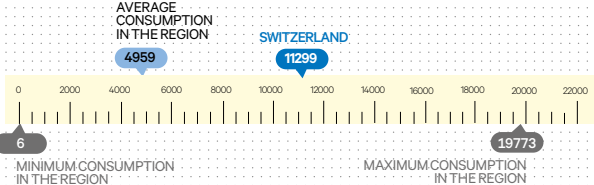


Switzerland

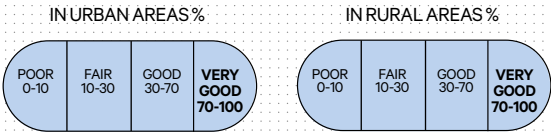
D Use of essential medicines

Opiods consumption (excluding methadone)
11,299
S-DDD/MILL INHABITANTS/DAY

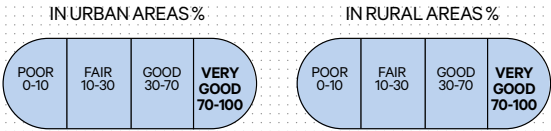
Switzerland in the context of European region



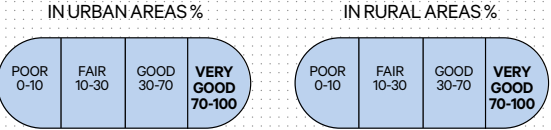
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opiods and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings

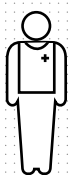


E Education & Training

Medical schools with mandatory PC teaching
4/5



Nursing schools with mandatory PC teaching
8/8



PC Full Professors
5



Recognition of PC specialty
4

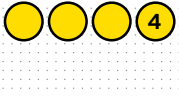


B Policies

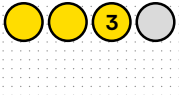
National PC plan or strategy
4



Responsible authority for PC in the Ministry of Health
4



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
4







Advanced care planning-related policies
4



EU Switzerland

| | | |
|---|--|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | The Swiss Association for Palliative Medicine, Care and Support, is strongly committed to patient engagement and empowerment. They offer comprehensive advice and support to patients and their relatives to help them make informed decisions. They also promote networking and dialogue between the various stakeholders in the PC field. It has several regional sections providing specialised and supportive PC services for patients and their relatives. They advise and support patients individually and help them plan the final phase of their life. In addition, Switzerland offers a comprehensive range of patient services that advocate for the rights of patients, regardless of their diagnosis or state of health: Patients' rights and Your Options of Counselling. In the area of paediatric PC, there is a foundation in Switzerland that supports families with seriously ill children with a range of services (including legal issues): Pro Pallium. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is a national policy on advance care planning. | Patient decree and AD are two instruments regulated in the Swiss Civil Code ZGB (SR 210), in 2013. In a patient decree, a person who is capable of judgement may specify which medical procedures he or she agrees or does not agree to in the event that he or she is no longer capable of judgement. He or she may also designate a natural person who, in the event that he or she is no longer capable of judgement, should discuss and decide the medical procedures with the doctor. He or she may issue instructions to this person. The patient decree must be executed in writing, and be dated and signed. To strengthen the awareness, accessibility, and quality of ACP, the Federal Council established a ACP national working group in 2021 led by the Federal Office of Public Health and the Swiss Academy of Medical Sciences. |
| 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, and actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | The Head of the Federal Department of Home Affairs (FDHA) commissioned the Federal Office for Public Health (FOPH) in 2008 to clarify the PC situation. This showed its inadequate establishment in the public health sector and the urgent need to raise awareness among professionals and public. Consequently, the FDHA declared the promotion of PC to be a priority and, as a result, the FOPH entered into discussions with the 'Swiss Conference of the Cantonal Ministers of Public Health'. In 2008, they jointly set up a National Funding Committee 'Palliative Care' and prepared the 'National Strategy 2010-2012'. In this strategy, the Confederation and Cantons set the main objective of establishing PC together with the most important healthcare, social, training and research actors; and implemented measures in sub-projects: Care, Financing, Awareness, Training, Research and Interdisciplinarity. In 2012, the 'Dialogue on national health policy', the common platform of the Confederation and |

EU Switzerland

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  The indicators to monitor and evaluate progress are currently implemented. | the Cantons, adopted the National PC Strategy 2013–2015 and decided to transform the Strategy into a PC Platform (2017), aimed at encouraging those working in PC to share experiences and expertise. By 2020, the Federal Council adopted the report <i>Better care and treatment for people at the end of life</i> . The National PC Platform conducts a review every three to five years in order to monitor the development of regulatory requirements, care structures and services. |
| 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 recognised by a government decree or law but not in the General Health Law. | On 16 June 2021, the National Council forwarded motion 20.4264 'For adequate funding of palliative care'. It instructed the Federal Council to create the necessary legal basis to guarantee needs-based treatment and care for all people at the end of their lives. |
| 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. |  The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget. | Beyond the 'National Strategy for Palliative Care 2010-2015', the <i>Dialogue on national health policy</i> decided in 2015 to transform the National Strategy for Palliative Care into a National Platform Palliative Care, aimed at encouraging those working in palliative care to share their experiences and expertise and address specific issues and problems. The Platform Palliative Care was launched in 2017. |

EU

Switzerland

| | | |
|---|--|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | <p>The National Platform Palliative Care organizes every year a conference ‘Forumsveranstaltung’ specifically dedicated to palliative care. The audience consists of so-called forum members (representatives of national organisations (civil society and private organisations) and national/cantonal authorities involved in palliative care). Palliative.ch organises a national conference on palliative care every two years. This congress is for professionals from the various disciplines of palliative care. Besides, there are a lot of individual conferences throughout the country related to palliative care each year.</p> |
| Ind7:1 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. | <div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p> | <p>A PubMed search for ‘palliative care’ and ‘Switzerland’ yielded 970 results for the last five years.</p> |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div></div><div>4</div></div> <p>There is a palliative care-specific national research call.</p> | <p>Currently there are no dedicated programmes to PC, but within the National Research Programme “End of life”, of the Swiss National Science Foundation, 33 research teams studied aspects of the end of life in Switzerland. The recommended measures in the report <i>Better care and treatment for people at the end of life</i>, adopted by the Federal Council, are based, on findings by the National Research Programme ‘End of Life’.</p> |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | <div><div>11,299</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>SWITZERLAND</div><div>11299</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> |

EU

Switzerland

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>The opioid medications are in dispensing category A, the opioid cough suppressants are in dispensing category B. Dispensing category A means that a one-time dispensing is possible on a doctor’s prescription. Medicines that are listed in schedule A according to the Narcotics Act also require a narcotic prescription. In dispensing category B, multiple dispensing is possible on a doctor’s prescription. Pharmacists may dispense category B drugs without a doctor’s prescription under certain conditions. However, the dispensers are obliged to provide advice and documentation.</p> |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>Oral morphine (immediate release) is generally available as suggested by the EAPC Atlas of Palliative Care in Europe 2019 and the Global Health Observatory , by the World Health Organization.</p> |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>No evidence found.</p> |

EU

Switzerland

| | | |
|--|--|---|
| 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. 11. 5. PC Full Professors. 11. 6. Legislation/ regulations concerning PC education. | <div>4/5</div> <div>1/5</div> <div>8/8</div> <div>5/8</div> <div>5</div> <div>Yes</div> | <div></div> <p>Optional courses for both doctors and nurses across the country at Bachelor level are available in Switzerland. For instance, amongst Swiss medical faculties, the university of Lausanne teaches palliative care as an optional course under the title “Collaboration interprofessionnelle dans le contexte clinique des soins palliatifs” (Interprofessional collaboration in the clinical context of palliative care). Nurses are all taught at Bachelor level at Technical Universities (University of Applied Sciences) and approximately five out of eight offer some form of optional palliative care training. In the French speaking sector, there are -at the moment- two nursing schools with one planned in Geneva in Sept 2025. Also, the University of Applied Sciences and Arts of Southern Switzerland and the University of Applied Sciences of Bern. Furthermore, there are three full professors in Lausanne and further two across Switzerland. In terms of regulations, the Medical Professions Act and the Health Professions Act regulate certain health professions at the federal level. Both acts stipulate that students must acquire the necessary competencies to provide diagnostic, therapeutic, palliative care.</p> |
| Ind12 Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. | <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>In Switzerland, there is a nationally recognised specialist medical qualification (<i>Schwerpunkt</i>) in palliative medicine. These so-called <i>Schwerpunkte</i> are subspecialties and are considered a confirmation of structured and controlled further training in the field of clinical and non-clinical medicine (3 years clinical training and additional theoretical curriculum; final examination). For others, including nurses, they can take a certificate (CAS), diploma (DAS) or Masters (MAS) in Advanced Studies in Palliative Care (the MAS is only available in the German speaking region) with the CAS considered the specialist entry qualification to work in a palliative care setting.</p> |

EU

Switzerland

| | | |
|--|---|---|
| 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. | <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Are part of most/all hospitals in some form.</p> <div><div><div></div><div></div><div></div><div></div><div>3</div></div></div> <p>Found in many parts of the country.</p> <div><div><div></div><div></div><div></div><div></div><div>4</div></div></div> <p>Strong presence of home care teams in all parts of the country.</p> | <p>There are 187 specialised palliative care services in 20 out of 26 cantons. The Palliative Care Platform conducts a review every three to five years in order to monitor and measure the development of regulatory requirements, care structures and services in the field of palliative care in Switzerland. Among other things, this is to verify whether palliative care services are available to everyone in line with their needs and at a high quality –which corresponds to the goal of the National Palliative Care Platform. There are 49 units, 39 consultation teams, 27 ambulatory teams, 28 inpatient services (such as hospices and nursing homes) and 44 mobile teams.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>0.96</p> <p>SWITZERLAND</p> <p>21</p> <p>3.68</p> <p>187</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| 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. | <div><div><div></div><div></div><div></div><div></div><div>2</div></div></div> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <div><div><div></div><div></div><div></div><div></div><div>2</div></div></div> <p>PPC TEAMS</p> | <p>The FOPH commissioned an in-depth study of palliative care needs, with a focus on newborns, children and adolescents and conducts a survey every three to five years in order to monitor and measure the development of regulatory requirements, care structures and palliative care services in Switzerland. Among other things, this is to assess whether palliative care services are available to everyone in line with their needs and at a high quality –which corresponds to the goal of the Palliative Care Platform.</p> |



General data

POPULATION, 2023
10,389,799
PHYSICIANS / 1,000 INH, 2021
2.13

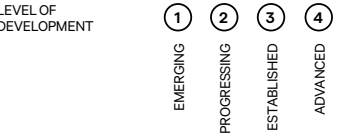
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income
GDP PER CAPITA (US\$), 2023
1,160
HEALTH EXPENDITURE (% GDP), 2021
8.00
UNIVERSAL HEALTH COVERAGE, 2021
67



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



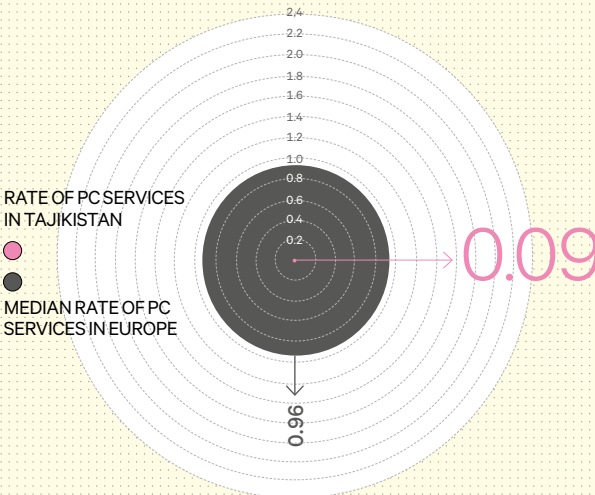
Consultants: Data gathered through literature and AI tools.
National Association: Tajikistan Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Tajikistan

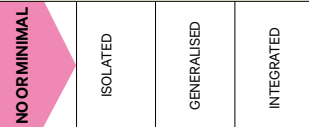
F Provision of PC (Specialised Services)

Total number of Specialised PC services
9
Rate of PC services per 100,000 inhabitants
0.09

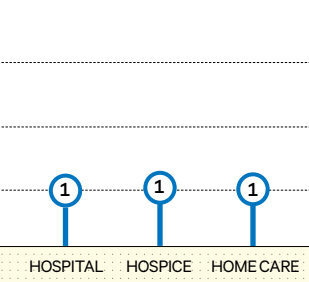
Tajikistan in the context of European region



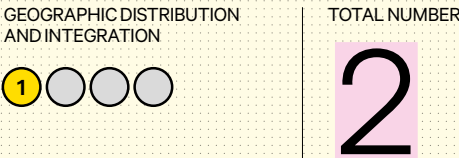
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

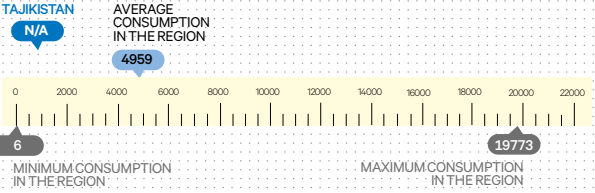


Tajikistan

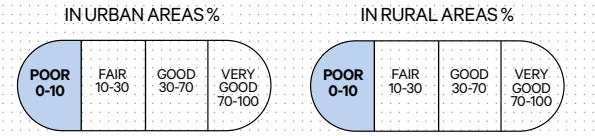
D Use of essential medicines

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

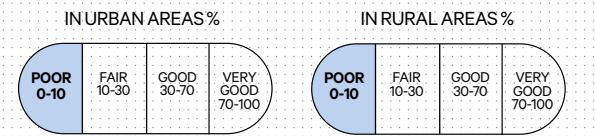
Tajikistan in the context of European region



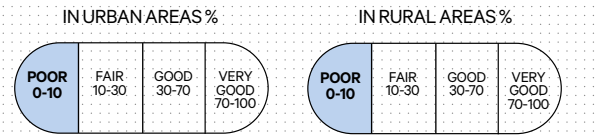
Overall availability of essential medicines for pain and PC at the primary level



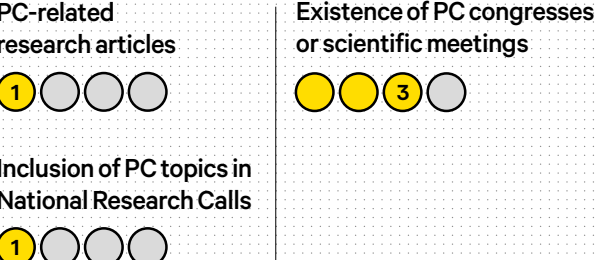
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
1/2

Nursing schools with mandatory PC teaching
11/11

PC Full Professors
0

Recognition of PC specialty
1

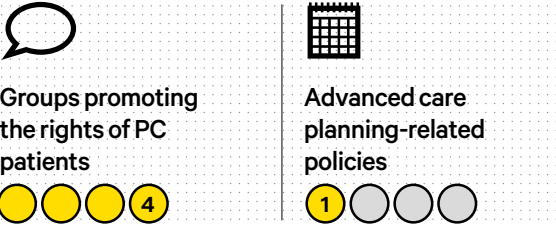
B Policies

National PC plan or strategy
2





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






EU Tajikistan

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | There is a National Association of Palliative Care in the Republic of Tajikistan, since 2015. Also the Open Society Foundations (OSF) has supported palliative care pioneers in the region, including Tajikistan, to establish services and advocate for integration into health services. |
| 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. | No evidence found. |
| 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. |  Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | Palliative care is included in the already outdated National health strategy 2010-2020. Under the section entitled “decreasing burden of NCDS”; it is stated: - strengthen the development of palliative care (PC) system for adults and children (formation of education system on PC, establishment PC departments and hospices on the bases of clinics, home care, put in order all standard-regulatory documents and etc.). |







EU Tajikistan

| | | |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | No evidence was identified within the General Health Law of the Republic of Tajikistan, even though the Health Code includes palliative care, defining it as a “form of provision of medical care to persons with incurable diseases for the purpose of simplification of their state of health”. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | There is no evidence of any national authority. |


EU Tajikistan

| | | |
|--|---|---|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p></p> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p> | <p>Palliative care has been some time ago included in the Congress of Oncologists and Radiologists of the Commonwealth, 2010. According to some literature, “in 2015, the first National Palliative Care Conference took place in Dushanbe with presentations by national, regional, and international palliative care experts who offered sessions on multiple palliative care topics to the 200 policy makers and health care professionals from Eastern Europe and Central Asia who participated”.</p> |
| <p>Ind7:1</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.</p> | |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p></p> <p>There are no national research calls at all.</p> | <p>No evidence found.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <div><div>N/A</div><div>S-DDD PER MILLION INHAB /DAY</div><div>COUNTRY VS REGION</div><div><div><div>TAJIKISTAN</div><div>N/A</div></div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div></div><div><div>0200040006000800010000120001400016000180002000022000</div><div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> | |







EU Tajikistan

| | | |
|--|---|---------------------------|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p></p> <p></p> | <p>No evidence found.</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. 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></p> | <p>No evidence found.</p> |
| <p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p></p> <p></p> | <p>No evidence found.</p> |

EU Tajikistan

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11. 5. PC Full Professors.</p> <p>11. 6. Legislation/ regulations concerning PC education.</p> | <p>1/2</p> <p>1/2</p> <p>11/11</p> <p>11/11</p> <p>0</p> <p>N/A</p> | <p></p> <p>No evidence found.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>No evidence found.</p> |

EU Tajikistan

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> | <p>There are estimated nine services in Tajikistan (0,09 services per 100,000 inhabitants). Tajikistan has limited services with some availability in community and home-based settings, but overall restricted, especially for pediatric patients. Literature reports a significant proportion of physicians reporting barriers such as limited access, lack of services, and insufficient education on palliative care; and an infrastructure and workforce underdeveloped compared to global standard.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>TAJIKISTAN 0.09</p> <p>MEDIAN RATE IN THE REGION 0.96</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p>9 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>A nurse-led City Nursing Hospital, funded by the Dushanbe City Authority, has 12 beds used for palliative care—four for men, four for women, and, since 2023, four for children.</p> |



General data

POPULATION, 2023

85,325,965

PHYSICIANS / 1,000 INH, 2021

2.16

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Upper middle income

GDP PER CAPITA (US\$), 2023

13,105

HEALTH EXPENDITURE (% GDP), 2021

4.57

UNIVERSAL HEALTH COVERAGE, 2021

76



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Rejin Kebudi and Tezer Kutluk.

National Association:-

Data collected: October 2024–March 2025

Report validated by consultants: Yes (Tezer Kutluk).

Endorsed by National PC Association:-

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Türkiye

F Provision of PC (Specialised Services)

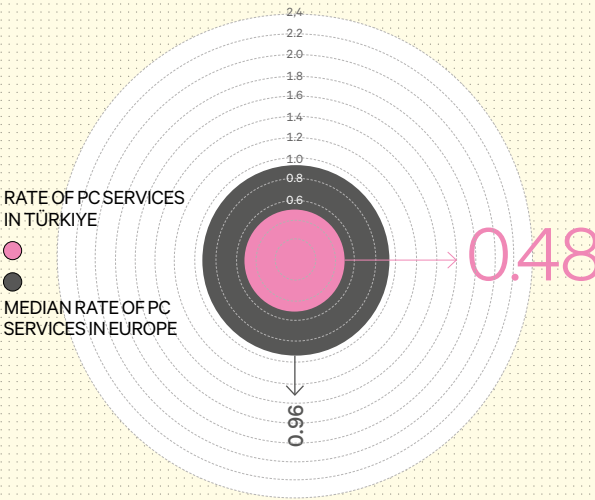
Total number of Specialised PC services

415

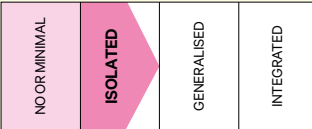
Rate of PC services per 100,000 inhabitants

0.48

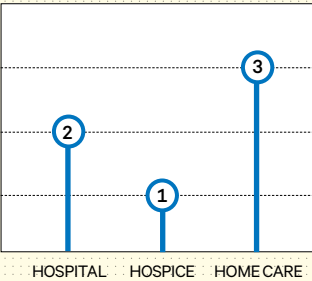
Türkiye in the context of European region



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

10



Türkiye

D Use of essential medicines

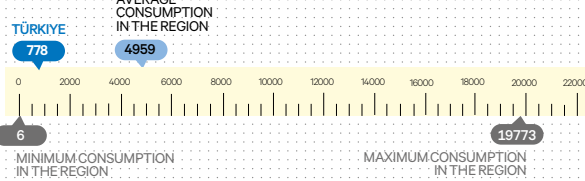


Opioids consumption (excluding methadone)

778

S-DDD/MILL INHABITANTS/DAY

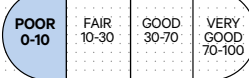
Türkiye in the context of European region



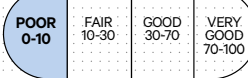
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

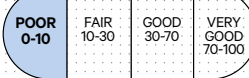


IN RURAL AREAS %

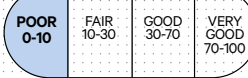


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

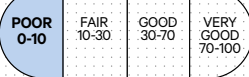


IN RURAL AREAS %

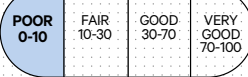


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



0/98

Nursing schools with mandatory PC teaching



70/138

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities











Groups promoting the rights of PC patients



Advanced care planning-related policies





| | | |
|---|---|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas. | There are certain NGOs advocating and promoting the rights of patients and caregivers, mostly for adults, and generally advocating for timely diagnosis, treatment, some also for survivorship and palliative care. Some examples include the Palliative Care Association and the Palliative Care Nurses Association. |
| 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. | To date, although in the PhD programme on Supportive and Palliative Care in Cancer established in the Istanbul University (where education on advanced care planning is included), there is not a national policy or guideline on advance care planning as such. |
| 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. |  Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | The Ministry of Health (MoH) in Turkey, brought the first Cancer Control Programme in 2008 and the Cancer Control Department of the Ministry of Health started the Palliatürk project in 2010, which was implemented in 2011. With the aim of Palliative Care provisions, the MoH established the palliative care Directive in 2014 and implemented it in 2015, becoming a strong legal support to the establishment of PC centres to provide and promote PC in Turkey. This palliative care directive described inpatient palliative care within the established hospitals, the involvement of family physicians and home care services in the outpatient setting were also included. In 2016, a Cancer Control Programme, with included sections for palliative care, was published; and in 2022 the Turkey Cancer Control Programme was updated with a number of palliative care mentions but without a specifically-dedicated chapter. Social Security Administration accepted the reimbursement of the inpatient PC costs |

| | | |
|---|--|---|
| 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). | in 2014 and there exists an update of the home care regulation released in 2015. |
| 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 recognised by a government decree or law but not in the General Health Law. | Although according to the literature, social Security Administration accepted the reimbursement of the inpatient palliative care costs in 2014, suggesting coverage of palliative care, no specific references to palliative care exist within the notification for amending the Social Security Institution Healthcare Implementation (published in The Official Gazette (2014) by The Presidency of the Republic of Turkey. However, in the Directive on The Application Procedures and Principles of Palliative Care Services, inpatient PC centers in hospitals and included family physicians and home care services for outpatient care were established. The comprehensive PC coverage encompasses medical, psychosocial, and legal support for patients and relatives. In 2014, the Social Security Administration approved reimbursement for inpatient PC costs, significantly improving access to these services. |
| 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 a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions but do not have a budget or staff. | According to the Directive on The Application Procedures and Principles of Palliative Care Services (Ministry of Health Directive), there is a national coordinating authority defined in the Ministry of Health responsible for palliative care; however no concrete functions or such as budget or staff are specified. |






| | | |
|---|---|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div></div><div></div><div>4</div></div></div> <div>At least one national conference specifically dedicated to palliative care every year.</div> | <div>National congresses of the Medical Oncology Society and Pediatric Oncology Societies every year include sessions on supportive and palliative care and, most importantly, the Palliative Care Association organizes the National Palliative Care Symposium every year. For instance, the 5th National Palliative Symposium was organized in November 2024, and the second Palliative care Nursing Congress took also place in 2024.</div> |
| <div>Ind7:1</div> <div>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.</div> | <div><div><div></div><div></div><div>3</div><div></div></div></div> <div>Represents a considerable amount of articles published.</div> | <div>A recent literature review (Kutluk T, Ahmed F, Cemalo lu M, Aydın B, Şengelen M, Kirazli M, Yurduşen S, Sullivan R, Harding R. Progress in palliative care for cancer in Turkey: a review of the literature. Ecancermedicalsecience. 2021 Nov 25;15:1321) yielded 331 articles (with no time filters).</div> |
| <div>Ind7:2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div></div><div></div><div>3</div><div></div></div></div> <div>They do exist national research calls that do include palliative care topics.</div> | <div>They do exist National research calls that do include palliative care topics (either scarce or more frequent).</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div>778</div><div>S-DDD PER MILLION INHAB /DAY</div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>TÜRKİYE</div><div>778</div></div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> | |

| | | |
|---|---|--|
| <div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</div> | <div><div><div>1</div><div></div><div></div><div></div></div></div> <div><div><div>1</div><div></div><div></div><div></div></div></div> | <div>According to existing studies, availability can be estimated as good both in urban and rural areas specially with some of the essential medicines such as acetylsalicylic acid, ibuprofen, paracetamol, ondansetron (and alternatives). However, codeine, morphine, and others are not available at the primary level and mostly available at secondary and tertiary levels; even more available at tertiary centers.</div> |
| <div>Ind10:1</div> <div>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div> | <div><div><div>1</div><div></div><div></div><div></div></div></div> <div><div><div>1</div><div></div><div></div><div></div></div></div> | <div>Morphine and other opioids are not available at the primary level and mostly available at secondary and tertiary levels; even more available at tertiary centers.</div> |
| <div>Ind10:2</div> <div>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</div> <div>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</div> | <div><div><div>1</div><div></div><div></div><div></div></div></div> <div><div><div>1</div><div></div><div></div><div></div></div></div> | <div>Morphine and other opioids are not available at the primary level and mostly available at secondary and tertiary levels; even more available at tertiary centers.</div> |

EU Türkiye

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>0/98</p> <p>1/98</p> <p>70/138</p> <p>70/138</p> <p>0</p> <p>Yes</p> | <p></p> <p>In 2019, the Palliative Care Nursing Association was established when the lack of PC training among medical, nursing, midwifery, students, physicians and nurses, healthcare staff, emergency care staff was within the range of 50%–80%. In 2021, a PhD programme in Supportive Care and Palliative Care for Cancer Patients, for physicians who are oncologists and nurses in oncology was established by myself in the Istanbul University Oncology Institute and Istanbul University Health Sciences Institute and was approved by the Higher Education Council of Turkey. There are five PhD candidates who are close to completion of the thesis (3), course (2).</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p> | <p>There is no official specialty or subspecialty recognition for palliative medicine for physicians. Nevertheless, there is a masters programme for Nurses (and official Palliative Care Certificate programme for Nurses by the Ministry of Health) and a single PhD programme for oncologists and oncology nurses.</p> |

EU Türkiye

| | | |
|---|---|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Found in many parts of the country.</p> | <p>As of February 2020, there were 415 palliative care centres, with 5,577 bed capacity and 6,011 palliative care workers in 81 Provinces. Among these, there were ten paediatric services with 119 bed capacity. This represents around 0.5 services per 100,000 inhabitants and, notably, the number of the beds for adult patients has increased to 7,352 beds.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>TURKEY 0.48</p> <p>0.96</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>415</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>10</p> <p>PPC TEAMS</p> | <p>There are around 10 specialised palliative care services for children. the number of the beds for children patients has increased up to 181 beds.</p> |

Turkmenistan



General data

POPULATION, 2023
7,364,438
PHYSICIANS / 1,000 INH, 2021
2.14

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,232
HEALTH EXPENDITURE (% GDP), 2021
5.56
UNIVERSAL HEALTH COVERAGE, 2021
75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

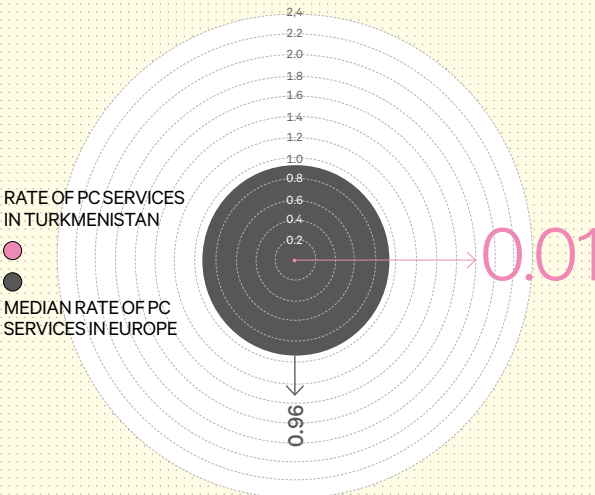


Consultants: Data gathered through literature and AI tools.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

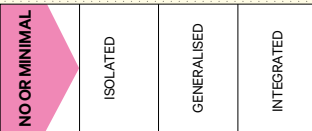
F Provision of PC (Specialised Services)

Total number of Specialised PC services
1
Rate of PC services per 100,000 inhabitants
0.01

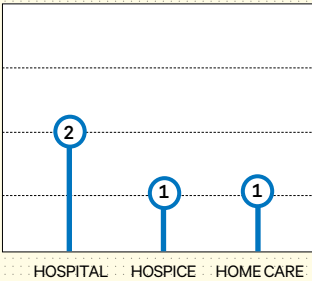
Turkmenistan in the context of European region



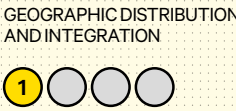
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

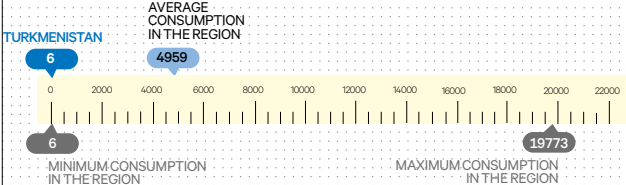


TOTAL NUMBER
N/A

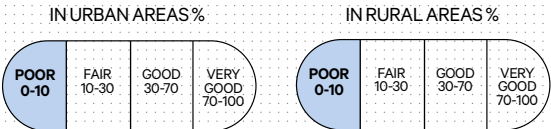
D Use of essential medicines

Opiods consumption (excluding methadone)
6
S-DDD/MILL INHABITANTS/DAY

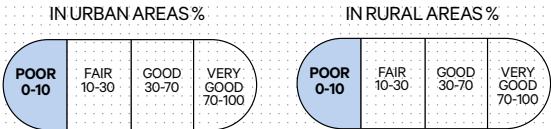
Turkmenistan in the context of European region



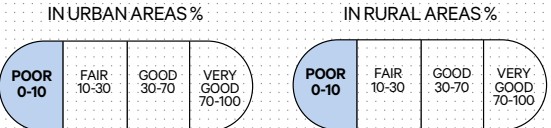
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
1

Existence of PC congresses or scientific meetings
1

E Education & Training

Medical schools with mandatory PC teaching
N/A

Nursing schools with mandatory PC teaching
N/A

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

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
1

Advanced care planning-related policies
1

EU Turkmenistan

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Only isolated activity can be detected. | No evidence found. |
| 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. | No evidence found. |
| 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. |  Developed over 5 years ago.  Not known or does not exist neither standalone nor is included in another national plan. | Turkmenistan has incorporated palliative care into its national health strategy. The Programme for the Implementation of the National Strategy for 2014-2020 outlines the provision of palliative care to the population, encompassing all diseases, including non-communicable diseases. No further information is available at this time. |

EU Turkmenistan

| | | |
|---|--|--------------------|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | No evidence found. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.). | No evidence found. |

EU Turkmenistan


| | | |
|--|--|---------------------------|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>1</p> <p>There are no national congresses or scientific meetings related to palliative care.</p> | <p>No evidence found.</p> |
| <p>Ind7:1</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>1</p> <p>Minimal or non-existent number of articles published on the subject.</p> | <p>No evidence found.</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>1</p> <p>There are no national research calls at all.</p> | <p>No evidence found.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>6</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>TURKMENISTAN</p> <p>6</p> <p>0 2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000</p> <p>6</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>19773</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> | |

EU Turkmenistan

| | | |
|--|-------------------|---|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>1</p> <p>1</p> | <p>Turkmenistan has implemented measures to enhance access to medications for a range of diseases, including non-communicable diseases (NCDs). A key initiative focused on strengthening the national health system’s capabilities includes the provision of medicines for the treatment of NCDs and other conditions. https://www.undp.org/turkmenistan/projects/provision-medicines-necessary-prevention-and-treatment-non-communicable-diseases-and-maternal-and-child-health-turkmenistan.</p> |
| <p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>1</p> <p>1</p> | <p>No evidence found.</p> |
| <p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>1</p> <p>1</p> | <p>No evidence found.</p> |

EU

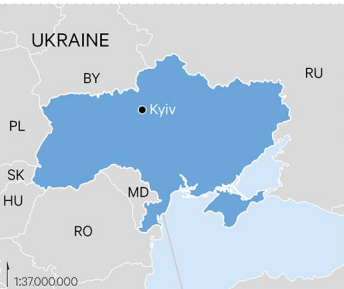
Turkmenistan

| | | |
|--|--|--|
| <div>Ind11</div> <div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</div> <div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div> <div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div> <div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div> <div>11. 5. PC Full Professors.</div> <div>11. 6. Legislation/ regulations concerning PC education.</div> | <div>N/A</div> <div>N/A</div> <div>N/A</div> <div>N/A</div> <div>0</div> <div>N/A</div> | <div></div> <div>No evidence found.</div> |
| <div>Ind12</div> <div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div> | <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>There is no process on specialisation for palliative care physicians.</div></div> | <div>No evidence found.</div> |

EU

Turkmenistan

| | | |
|--|--|--|
| <div>Ind13</div> <div>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.</div> <div>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.</div> <div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div> <div>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.</div> <div>13.5. Total number of specialised PC services or teams in the country.</div> | <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialised services or teams exist in the country.</div></div> <div><div><div>2</div><div></div><div></div><div></div><div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div> <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>Not at all.</div></div> | <div>Specific data on the exact number of palliative care services in Turkmenistan is not readily available. However, as mentioned before, according to the International Cancer Control Partnership 2020 Report, Turkmenistan has operationalized an integrated non-communicable disease (NCD) plan that includes palliative care. Additionally, a 2017 study assessing palliative care development across 198 countries categorized Turkmenistan as having “isolated palliative care provision”, indicating that while some services exist, they are limited in scope and not widely accessible (pmc.ncbi.nlm.nih.gov). The city of Arkadag in Turkmenistan has established a new Oncology Center that offers comprehensive palliative care services. This initiative aims to enhance the quality of life for patients and their families confronting incurable diseases. By integrating these services, the Oncology Center ensures that individuals with advanced cancer receive holistic support throughout their treatment journey.</div> <div><div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div>MEDIAN RATE IN THE REGION</div><div>TURKMENISTAN0.010.96</div><div>0123456</div><div>03.68</div><div>MINIMUM RATE IN THE REGIONMAXIMUM RATE IN THE REGION</div></div></div><div>1← SPECIALISED PALLIATIVE CARE SERVICES</div></div></div> |
| <div>Ind14</div> <div>14.1. There is a system of specialised PC services or teams for <u>children</u> in the country that has geographic reach and is delivered through different service delivery platforms.</div> <div>14.2. Number of pediatric specialised PC services or teams in the country.</div> | <div><div><div>1</div><div></div><div></div><div></div><div></div></div><div>No or minimal provision of palliative care specialised services or teams for children exists in country.</div></div> <div><div><div>0</div></div><div>PPC TEAMS</div></div> | <div>No evidence found.</div> |



General data

POPULATION, 2023
37,732,836
PHYSICIANS / 1,000 INH, 2021
-

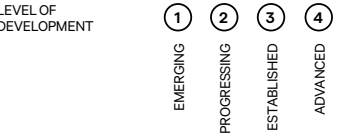
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
5,069
HEALTH EXPENDITURE (% GDP), 2021
8.00
UNIVERSAL HEALTH COVERAGE, 2021
76



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC



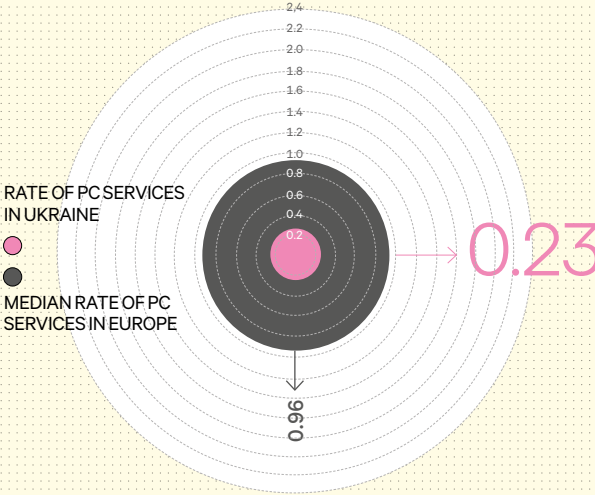
Consultants: Sofiya Shunkina.
National Association: Ukrainian League for the Development of Palliative and Hospice Care (Inactive).
Data collected: October 2024–March 2025
Report validated by consultants: -
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ukraine

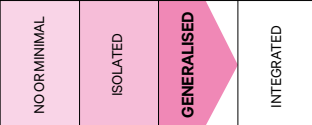
F Provision of PC (Specialised Services)

Total number of Specialised PC services
87
Rate of PC services per 100,000 inhabitants
0.23

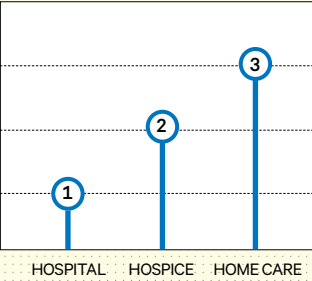
Ukraine in the context of European region



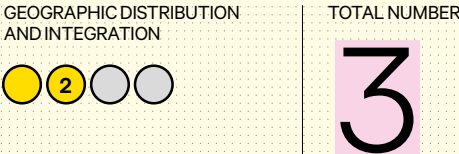
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

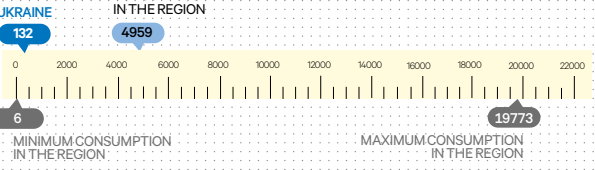


Ukraine

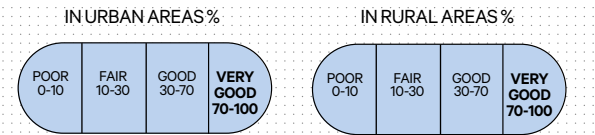
D Use of essential medicines

Opiods consumption (excluding methadone)
132
S-DDD/MILL INHABITANTS/DAY

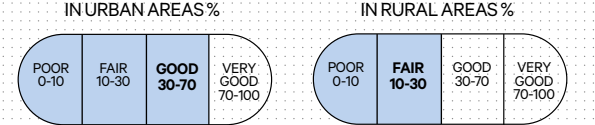
Ukraine in the context of European region



Overall availability of essential medicines for pain and PC at the primary level



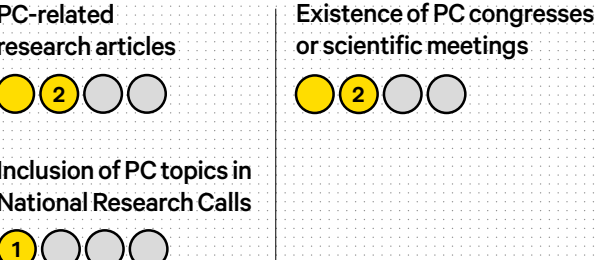
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
0/16

Nursing schools with mandatory PC teaching
N/A

PC Full Professors
0

Recognition of PC specialty
1

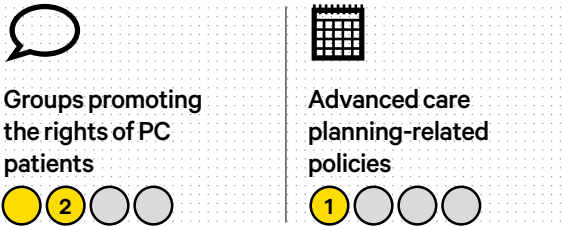
B Policies

National PC plan or strategy
2





Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
4





A Empowerment of people and communities



EU Ukraine

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | In Ukraine there are some public social media groups, where some specialists or volunteers work helping patients and care-givers. Also there are many advocacy organisations and charitable foundations but not any specialised organisation with advocacy activity in palliative care. The most famous public organisation is the “Ukrainian League for the Development of Palliative and Hospice Care”, devoted to the improvement of the existing legislation on palliative care, development of plans, programmes related to the provision of medical, psychological, physical, social, spiritual support to the terminally ill, promotion and approval of the State Programme for palliative care, support in the creation of a modern educational and methodological base for the training of personnel in the field of palliative care. |
| 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. | No evidence found. |
| 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. |  Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | There is an official national strategy for the period 2017-2027, developed but not implemented in full scale, due to different circumstances, including the war from 2014. This Strategy includes the principles of development of palliative care, some of which are similarly described in the General state programme against oncological diseases, in the Nationwide target social programme for combating tuberculosis, and in the National targeted social programme for combating HIV infection/AIDS. Furthermore, there are several legislative documents such as 1) Specialised MoH Order - ‘On improving the organisation of palliative care in Ukraine’, dated 04.06.2020 1308, 2) Law dated November 19, 1992 No. 2801-XII ‘Basics of Ukrainian legislation on health care’, stating that palliative care is provided free of charge in state and communal health-care institutions; 3) Law dated October 19, 2017 No. 2168-VIII ‘On State Financial Guarantees of Medical Services of the Pop- |

EU Ukraine

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | ulation’, describing how the state guarantees medical services and medicines related to the provision of palliative care at the expense of the state budget (medical component of palliative care-inpatient and mobile), and 4) the Order of the Ministry of Social Policy of January 29, 2016 No. 58 ‘On the Approval of the State Standard of Palliative Care’, defining the content, volume, norms and regulations, conditions and procedure for providing social services for palliative care, indicators of its quality. |
| 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. |  Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | Law n°2168-VIII ‘On State Financial Guarantees of Medical Services of the Population’ guarantees PC medical services and medicines at the expense of the state budget. The National Health Service pays for the medical component of PC inpatient and mobile. According to legislation, PC is divided into general, provided by a family doctor, and specialised, provided by a multidisciplinary team of a medical facility both in hospital and at the place of residence. If necessary, the family doctor can consult a multidisciplinary team and adjust/create a PC plan. The multidisciplinary team involves physicians, social workers, psychologists, volunteers, clergy, etc. The content and scope of PC medical services are determined by the programme of state guarantees. In 2024, general PC is provided as part of the ‘Primary medical care’ package, and specialised as part of the ‘Inpatient PC for adults and children’ and ‘Mobile PC for adults and children’ packages. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.). | There is no coordinating entity and, in consequence, it has no concrete functions or resources such as budget, staff, etc. |



EU Ukraine

| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div>2</div><div></div><div></div></div> Only sporadic or non-periodical conferences or meetings related to palliative care take place. | <p>The most famous scientific event dedicated to palliative care in Ukraine is the National Congress on Palliative Care. As of 2024, four congresses have been held (2012, 2015, 2020, 2023). The last Congress in 2023 was dedicated to palliative care and war in Ukraine. The National Congress always gathers the best leading specialists in the field of palliative care in Ukraine, and this is the place where doctors, scientists and other professionals can meet each other and exchange the knowledge. Also there some other congresses and conferences, which have special section related to palliative care, like oncology congresses, neurology, cardiology etc.</p> |
| Ind7.1 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. | <div><div></div><div>2</div><div></div><div></div></div> Reflects a limited number of articles published. | <p>There is, besides some peer reviewed articles, a specialised scientific journal 'Rehabilitation and palliative medicine', where various articles related to palliative care and abstracts from conferences are published.</p> |
| Ind7.2 Inclusion of PC topics in national research calls. | <div><div>1</div><div></div><div></div><div></div></div> There are no national research calls at all. | <p>There are no national research calls at all.</p> |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>132</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>UKRAINE</div><div>132</div><div>6</div><div>4959</div><div>19773</div></div><div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> | |







EU Ukraine

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | <p>Almost all the medicines, indicated as essential in WHO Model List in Palliative Care chapter are registered in Ukraine according to the official website of State Drug Register. Also these medicines are present on pharmacies.</p> |
| Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div>2</div><div></div><div></div></div> | <p>Although factual estimations are rather difficult, immediate-release morphine (tablets), is included in special governmental programme of medicines cost reimbursement. The general physicians or other doctor prescribe the morphine and patients go to the pharmacy and can receive this drug for free or for some part of payment.</p> |
| Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div> | <p>As of 2024 in Ukraine the following opioids (at the pharmaceutical market) are available. However, it is difficult to report official information about the primary facilities. 1) Morphine-solution for injection, immediate-release tablets (5, 10 mg). Oral syrup is registered nut not available in pharmacies. Sustained-release forms are not registered and not available; 2) Fentanyl-solution for injection, transdermal patches; 3) Hydromorphone - not registered; 4) Buprenorphine-solution for injection, sublingual tablets; 5) Oxycodone-solution for injection, Sustained-release tablets.</p> |

EU Ukraine

| | | |
|---|---|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/ regulations concerning PC education.</p> | <p>0/16</p> <p>16/16</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>No</p> | <p></p> <p>In Ukraine there is no specialised education standard about Palliative care. The palliative medicine discipline is included in education standard under 'Medicine', 'Paediatrics', not compulsory but as selective disciplines for students of 6th year. Regarding nurses, medical colleges have a general programme in which two subjects ('Therapy' and 'Gerontology') include 20 hours of the discipline "Palliative care", nonetheless the topics are different in different colleges. In Ukraine currently there are 30 universities (16 medical ones, 14 with with medical specialties where medicine is studied). In medical schools programme for students is similar in most universities and includes 75 hours of the discipline 'Palliative care'.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>There is no process on specialisation for palliative care physicians.</p> |

EU Ukraine

| | | |
|---|--|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Not at all.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>Ukraine is home to 87 specialised palliative care services, (0.23 services per 100000 inhabitants.) As per October 1, 2018, there were 19 hospices (567 beds) and 68 palliative care departments in institutions of various profiles (1,626 beds) in the health care system of Ukraine. This represented and approximate coverage of 64.3% of the need. Currently, due to the war, it is hard to evaluate the number of hospices or palliative care departments: many facilities were closed or destroyed. There are different types of palliative care facilities in Ukraine. 1) Hospices state or community-like Ivano-Frankivsk Regional Palliative Care Center, 2) Hospice as part of big net of state healthcare facilities —Hospital 'Hospice' in Lviv—, 3) Private hospices, and 4) Departments of palliative care in state or private hospitals. In each region of Ukraine there are departments of palliative care in hospitals of different profile (general, oncology, etc.). Mobile groups and home care teams are created mostly as a part of the facility (hospice or primary care facility).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>UKRAINE 0.23</p> <p>0.96</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>87 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p> | <p>There are several palliative care units in Ukraine for children: 1) Mobile hospice for children, Western Ukrainian Specialised Children's Medical Centre, 2) Nadvirna First Children's Hospice, and 3) Children's City Polyclinic No. 6 Compass in Odesa.</p> |



General data

POPULATION, 2023
68,350,000

PHYSICIANS / 1,000 INH, 2021
3.17

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income

GDP PER CAPITA (US\$), 2023
49,463

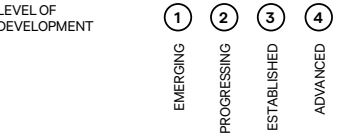
HEALTH EXPENDITURE (% GDP), 2021
12.36

UNIVERSAL HEALTH COVERAGE, 2021
88



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



Consultants: Nancy Preston; Joseph Clark; Victoria Hewitt; John Ellersaw; and members of the APM.

National Association: The Association of Palliative Medicine for Great Britain; Hospice UK.

Data collected: October 2024–March 2025

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

United Kingdom

F Provision of PC (Specialised Services)

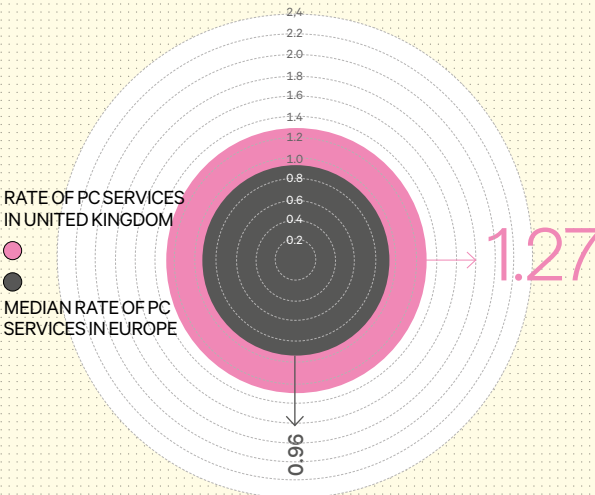
Total number of Specialised PC services

865

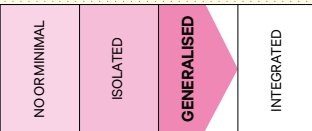
Rate of PC services per 100,000 inhabitants

1.27

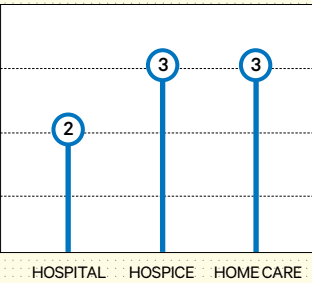
United Kingdom in the context of European region



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

40



United Kingdom

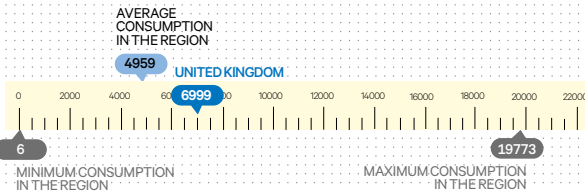
D Use of essential medicines



Opioids consumption (excluding methadone)

6,999
S-DDD/MILL INHABITANTS/DAY

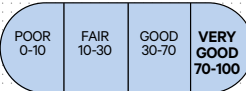
United Kingdom in the context of European region



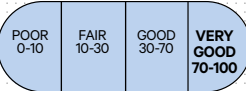
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %



IN RURAL AREAS %



General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %

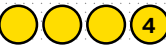


C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



46/46

Nursing schools with mandatory PC teaching



90/90

PC Full Professors



35

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities



Groups promoting the rights of PC patients



Advanced care planning-related policies



EU

United Kingdom

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. | <div><div></div><div></div><div></div><div>4</div></div> Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.) | There are numerous organisations promoting the interests of people with PC needs: 1) the Association of Paediatric PC, 2) the Association for Palliative Medicine of Great Britain and Ireland, 3) the Association for Paediatric Palliative Medicine for United Kingdom and all Ireland, 4) Hospice UK, (national champion for hospices), 5) Macmillan Cancer Support (Cancer information and support to patients and families), 6) Marie Curie (investigate and report on palliative and end of life care), 7) Sue Ryder (Care and support at the end of life and bereavement support); and 8) Together for Short Lives (Support for children with serious illnesses and families). A range of organisations contributed to NHS England's Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026, representing professionals and users. Others include: Age UK (older people), PC for People with Learning Disabilities Network, the National Bereavement Alliance. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? | <div><div></div><div></div><div></div><div>4</div></div> There is a national policy on advance care planning. | All four nations have policy and guidance on advance care planning: NHS England, Health Improvement Scotland, NHS Wales, and NHS Northern Ireland. The UK's National Institute for Health and Care Excellence has published guidance on ACP: Advance Care Planning: Guidance for care home managers, Decision making and mental capacity: Quality Standard 2 Advance Care Plans, and NHS England has also issued Advance decisions to refuse treatment (living will). In Paediatrics there is a national Advance care plan document with supported website and education. |
| 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. | <div><div></div><div>2</div><div></div><div></div></div> Developed over 5 years ago. <div><div>1</div><div></div><div></div><div></div></div> Not known or does not exist neither standalone nor is included in another national plan. | The last palliative care strategy for England was published in 2008, while Northern Ireland has no current strategy following the conclusion of its 'Transforming Your Palliative and End of Life Care Programme' in 2016. Northern Ireland also lacks statutory obligations for palliative care, regional DNACPR protocols, and health-related powers of attorney. An inquiry is underway to address disparities in palliative care compared to the rest of the UK. Scotland's last strategy ran from 2016 to 2021, with a children's palliative care strategy extending to 2026. A draft strategy is in progress. Wales leads with a National Palliative and End of Life Care Programme that provides leadership, monitoring, and evaluation, aligning with government priorities. In England, the Health and Care Act 2022 mandates integrated care boards to address palliative care but lacks strategic depth. National frameworks like 'Ambitions for Palliative |

EU

United Kingdom

| | | |
|---|--|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. | <div><div>1</div><div></div><div></div><div></div></div> Not known or does not exist. | and End of Life Care' aim to guide local action but do not replace a comprehensive strategy. |
| 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. | <div><div></div><div></div><div></div><div>4</div></div> Palliative care is included in the list of health services provided at the primary care level in the General Health Law. | PC is included in general health laws of all four nations at the primary health care level. In England, The Health and Care Act 2022 introduced a statutory requirement for Integrated Care Boards to commission PC services as part of their legal duty. There will be a debate in parliament regarding legalisation of assisted dying and this has forced acknowledging wide gaps in access across settings to PC. In Scotland, PC is a delegated function of Integration Authorities (local authorities, health boards, or joint boards) under Scotland's health and social care integration model and a proposed 'Right to PC' bill seeks to establish a statutory right to equitable access. In Wales, the Health and Social Care (Wales) Act 2025 governs the regulation and provision of health and social care services. While it does not specifically focus on PC, it provides a legal framework for delivering integrated health services, including end-of-life care. |
| 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. | <div><div></div><div></div><div>3</div><div></div></div> There is a coordinating entity but has an incomplete structure (lack of scientific or technical section). <div><div></div><div></div><div></div><div>4</div></div> There are concrete functions, staff and budget. | The Minister of State for Care is responsible for: adult social care (workforce, funding, system assurance and data, markets, technology and innovation, continuing healthcare); hospital and community discharge, health and social care integration, dementia, primary care: general practice, pharmacy, eye care, dentistry, community health, including neighbourhood health services, end of life and PC, disabilities and SEND (special educational needs and disabilities). Part of the Department of Health and Social Care includes: the PC and End of Life Care policy team, Department of Health and Social Care. This year a Policy Research Unit was also established which is a collaboration between universities and the Dept of Health NIHR Policy Research Unit in Palliative and End of Life Care. The Government funds some proportion of PC services. Although, hospices remain charities, raise some of their own funding and operate slightly independently of the formal healthcare system. Thus, they are not subjected to decision-making processes guided by cost-effectiveness (using QALYs). |

EU

United Kingdom



| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p> | Several national conferences take place annually; the Association of Palliative Medicine organises regular conferences and events (often national-level events) and also Marie Curie has a national annual conference Research Conference 2025, as well as Hospice UK, whose last conference was held in Glasgow. The Association for Paediatric Palliative Medicine holds a two-day annual conference (with alternate year research days). |
| Ind7:1 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. | <div><div></div><div></div><div></div><div>4</div></div> <p>Denotes an extensive number of articles published on the subject.</p> | United Kingdom is responsible for the highest number of submissions to EAPC conference and one of the leading publishers. According to a recent publication, UK was one of largest producers of palliative care publications in the world (subscribed by other bibliometric analysis), and several research groups in the UK publish hundreds of articles each year. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div></div><div></div><div>4</div></div> <p>There is a palliative care-specific national research call.</p> | UK Research and Innovation has regular funding calls for which palliative care clinical, social and applied health research are eligible. Palliative Care research received a low proportion of funds disbursed, but there is regular and predictable funding. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | <div><div>6,999</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>UNITED KINGDOM</div><div>6999</div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> | |

EU





United Kingdom

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | <div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div> | There is no per capita cap on opioid dose in the UK. However, there are access issues to opioids and other symptomatic medications, particularly for patients at home. Pharmacies may not stock drugs or have to order them, and may not be open when the patient requires the medication. Availability of appropriate route of administration for children is limited with loss of production of key opioids to manage paediatric population. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | <div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div> | Immediate-release oral morphine is available but access varies particularly in rural areas in the United Kingdom. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | <div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div> | Opioids are available, as set out in the British National Formulary and most prescribers use a limited range of opioids (morphine, oxycodone, fentanyl, buprenorphine, codeine). There were anecdotal reports of some brands and formulations being more difficult to obtain in the community than in hospitals (oxycodone 50mg/ml), with longer supply lead times. The Association for Paediatric Palliative Medicine wrote a national formulary which has been used for over a decade. This formulary support prescribing and awareness of available formulations. Often these formulations are sought from hospitals. |

EU United Kingdom

| | | |
|--|--|---|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>46/46</p> <p>46/46</p> <p>90/90</p> <p>90/90</p> <p>35</p> <p>Yes</p> | <p></p> <p>All medical and nursing schools teach palliative care across undergraduate programmes. The General Medical Council, which regulates medical education, outlines core competencies for medical students, including skills related to palliative and end-of-life care. It is therefore a requirement at the 'Outcomes for Graduates.' Likewise in the nursing field, education is regulated by the Nursing and Midwifery Council, and palliative care is a core aspect. Furthermore, nurse practitioners may specialise in palliative care and are able to prescribe opioids.*Despite this, both in medical and nursing schools, coverage is highly variable in terms of time and depth and, in the paediatric particular field, education is very limited. Doctors who opt to train as General Practitioners have palliative and end-of-life care as a core part of their vocational training as GP trainees to a variable extent. As for nurses, it is not part of mandatory training once they have qualified. Nurses and GPs have the option to undertake further training or continuing education in palliative and end-of-life care throughout their careers, alongside the many other areas of clinical care. There are approximately 35 full professors distributed as follows: Lancaster (4), King's (5), Hull York (3), Liverpool (2), Edinburgh (3), Wales (4), UCL (3), Oxford (1), Sheffield (1), Leeds (2), Nottingham (1), Newcastle (1), Cambridge (1), and two Professors of nursing and palliative care and another 2 paediatric in UCLH and 1 Kings.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p> | <p>Palliative medicine is a speciality under the name: Specialist training and Consultant in Palliative Care.</p> |

EU United Kingdom

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> <p></p> <p>Found in many parts of the country.</p> | <p>Specialised teams are present in all areas of the country, but access is still a problem, with some geographical differences and better provision in the south according to the report 'Better End of Life Report 2024'. Provision is not equivalent to need and there remains regional variations. In 2022 the UK introduced an amendment to the Health and Social Care Act and stated that Integrated Care Boards (ICBs) have a legal responsibility to commission palliative care services to meet the needs of the populations they serve. This includes "non-specialist palliative care delivered by primary, community, acute and urgent care services, as well as specialist-level palliative care services to enable the system to provide personalised care to the person". In spite of commissioning mandates, palliative care, and particularly hospices, rely heavily on charitable funding. Specialist Paediatric Palliative care teams exist in some paediatric hospitals and children's hospices. There is still significant disparity of access to services across the country ranging from no service to a fully functioning service.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>UK</p> <p>1.26</p> <p>3.68</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>865</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p>40</p> <p>PPC TEAMS</p> | <p>Specialist Paediatric PC teams exist in some paediatric hospitals and children's hospices. There is still significant disparity of access ranging from no service to a fully functioning service. There are around 38 children's hospices and the provision at home is patchy - about 30% of services have 24-hour home care provision. Children's PC services rely largely on charitable funding for key posts and services, geographical coverage is variable and provision is not equivalent to need. Community and Primary care services lack training and experience in children's PC. The Association for Paediatric Palliative Medicine supports healthcare professionals and produces an annual conference, national formulary (widely used internationally), topic specific symptom guidelines, and education. There are 42 whole time equivalent paediatric consultants working in the UK.</p> |

Uzbekistan



General data

POPULATION, 2023
35,652,307

PHYSICIANS / 1,000 INH, 2021
2.80

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

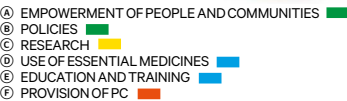
GDP PER CAPITA (US\$), 2023
2,849

HEALTH EXPENDITURE (% GDP), 2021
7.74

UNIVERSAL HEALTH COVERAGE, 2021
75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

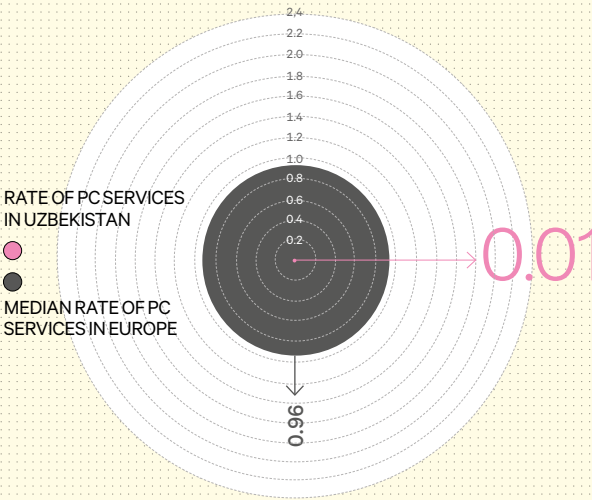


Consultants: Rustambek Norbaev.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

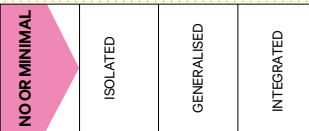
F Provision of PC (Specialised Services)



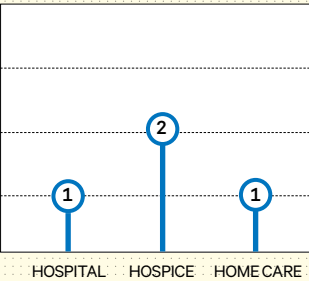
Uzbekistan in the context of European region



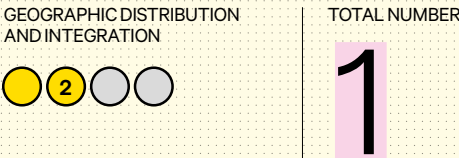
Geographic distribution and integration of PC services



Level of development of different types of PC services



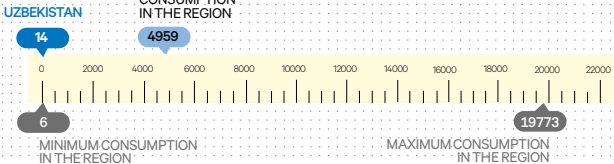
Paediatric PC Services



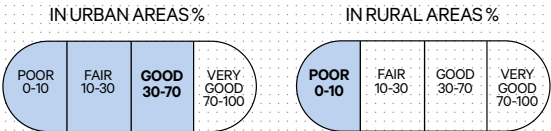
D Use of essential medicines



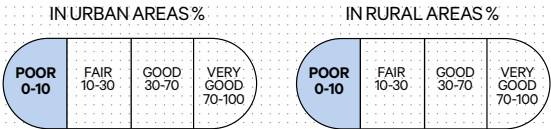
Uzbekistan in the context of European region



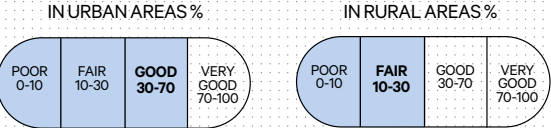
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



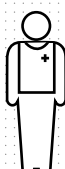
E Education & Training

Medical schools with mandatory PC teaching



0

Nursing schools with mandatory PC teaching



0

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities





Groups promoting the rights of PC patients







Advanced care planning-related policies






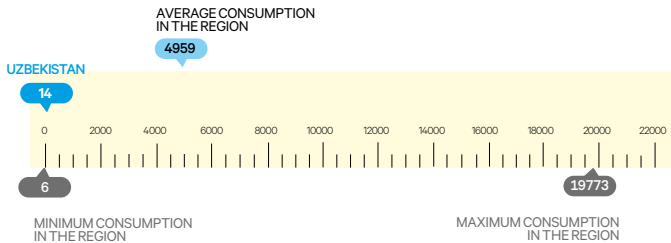
EU Uzbekistan

| | | |
|---|---|---|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | No evidence found. |
| 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. | There is no national policy or guideline on advance care planning. |
| 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. |  Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | All palliative care departments and hospices are designated exclusively for patients with oncological diseases and the healthcare system is only in the early stages of digitalization, making it impossible to determine the exact number of people in need of palliative care. A law on palliative care is under consideration in the lower house of parliament, which is an important step toward establishing a legislative framework. Additionally, the World Health Organization has developed a four-year plan to support the development of palliative care in Uzbekistan, aiming to address the existing challenges. |







EU Uzbekistan

| | | |
|---|---|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Decree or law to include palliative care in the list of health services provided at the primary care level in preparation. | Palliative care is included in the state's guaranteed free healthcare services. However, due to the absence of a national plan for the development of palliative care, as well as a lack of resources and personnel, palliative care is not provided within primary healthcare services. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.). | There is not a dedicated center or department within the Ministry of Health responsible for the development of palliative care. Furthermore, palliative care is solely perceived as a service for oncological patient all palliative care inquiries are redirected to the National Oncology Center. Ideally, the Tashkent hospice, incomplete since 2019, may become the central hub for the development of palliative care in Uzbekistan. |



EU Uzbekistan

| | | |
|--|---|--|
| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p></p> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p> | <p>No evidence found.</p> |
| <p>Ind7:1</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.</p> | <p>Only a few papers or reports have been such as The History and the Structure of Hospices in Uzbekistan, the report 'Pediatric Palliative Care in Uzbekistan: ADAPT Profile' or the interview around 'Uzbekistan's first children's hospice, 1 year on'.</p> |
| <p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p> | <p></p> <p>Although there are national research calls, no PC topics are ever included.</p> | <p>No evidence found.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <div><div><div>14</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div><div>COUNTRY VS REGION</div><div></div></div><div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>Uzbekistan: 14</div><div>Average consumption in the region: 4959</div><div>Minimum consumption in the region: 6</div><div>Maximum consumption in the region: 19773</div></div></div> | |

EU Uzbekistan

| | | |
|--|---|--|
| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC 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 PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p></p> <p></p> | <p>Documents and registers regarding these medications are difficult to find. While most of medications have been registered, not all are available for sale or provided by the government. The tablet form of morphine was registered in 2022, but its use began in August 2024. There are approximately 200 palliative care beds for adults functioning in the branches of the Republican Oncology Center, designated exclusively for oncological patients. Additionally, there are three hospices: one in Urgench with 20 beds, one in Samarkand with 50 beds, and a children's hospice in Tashkent with 20 beds.</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. 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></p> | <p>Oral morphine is currently available only at the Taskin Children's Hospice and it has not yet procured it for other institutions.</p> |
| <p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p></p> <p></p> | <p>In primary healthcare, patients are provided with tramadol, promedol, and morphine. The maximum allowance for opioid distribution is 28 ampoules per week per patient.</p> |

EU Uzbekistan

| | | |
|--|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p> | <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>No</p> | <p></p> <p>At present, there are no medical or nursing schools in Uzbekistan that offer dedicated palliative care training, nor is there a recognised specialty in palliative care. However, there are plans to establish such programmes starting in 2026.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>No evidence found.</p> |

EU Uzbekistan

| | | |
|---|---|---|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Ad hoc/in some parts of the country.</p> <p></p> <p>Not at all.</p> | <p>There are 3 hospices in the country: 2 of them are for adults and one is for children. There are approximately 200 palliative care beds for adults functioning in the branches of the Republican Oncology Center, designated exclusively for oncological patients. Of the three hospices, one is in Urgench with 20 beds, one in Samarkand with 50 beds, and a the children's hospice in Tashkent with 20 beds. These three services represent 0,01 services per 100000 inhabitants. The main challenges include a lack of trained staff, insufficient access to essential medications, and gaps in service organisation. Furthermore, these hospices lack positions for psychologists and social workers, which significantly limits the multidisciplinary approach. The children's hospice has the support from a charitable foundation, which ensures the necessary resources and assistance for its patients. However, systemic issues persist, including the absence of a national plan for the development of palliative care. Currently, a law on palliative care is under consideration in the lower house of parliament.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>0.01 0.96 3.68</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>3 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p> | <p>One specialised palliative care service is available in Taskin hospice. Furthermore, In accordance with Presidential Decree No. PQ-693 dated October 31, 2023, 120 pediatric palliative care beds are planned to be established across Uzbekistan by 2025. (lex.uz).</p> |



General data

POPULATION, 2023

PHYSICIANS / 1,000 INH, 2021

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

GDP PER CAPITA (US\$), 2023

HEALTH EXPENDITURE (% GDP), 2021

UNIVERSAL HEALTH COVERAGE, 2021



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



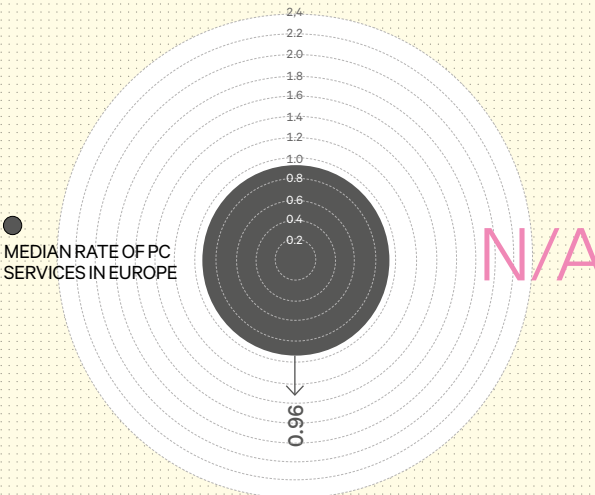
Consultants: Data gathered through literature and AI tools.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Vatican City

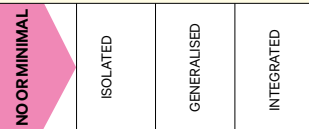
F Provision of PC (Specialised Services)



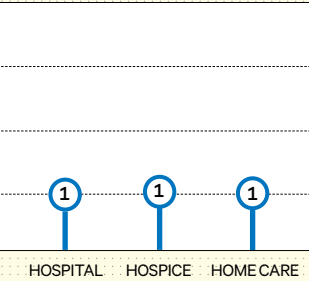
Holy See in the context of European region



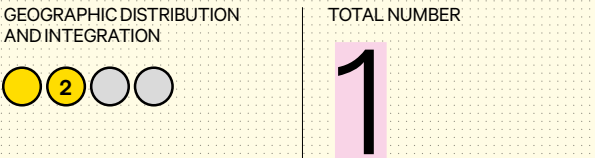
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

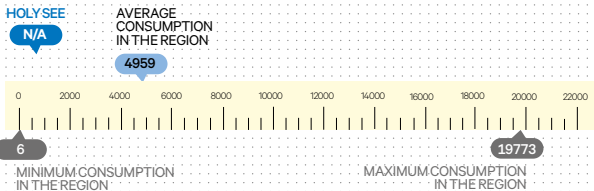


Vatican City

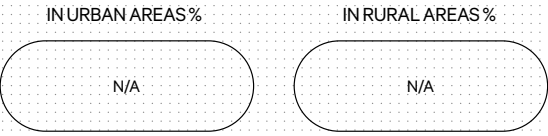
D Use of essential medicines



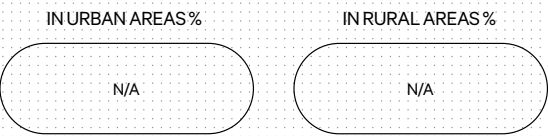
Holy see in the context of European region



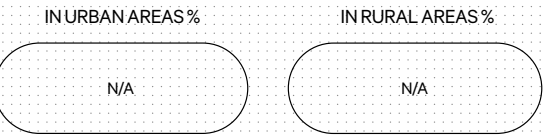
Overall availability of essential medicines for pain and PC at the primary level



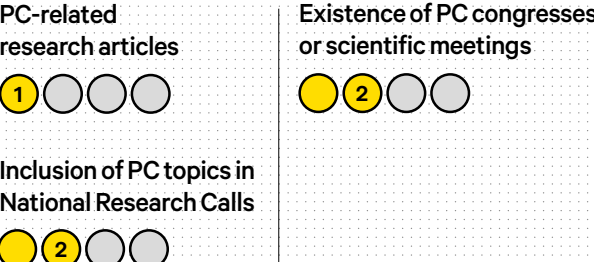
General availability of immediate-release oral morphine at the primary level



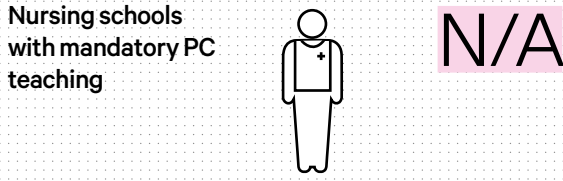
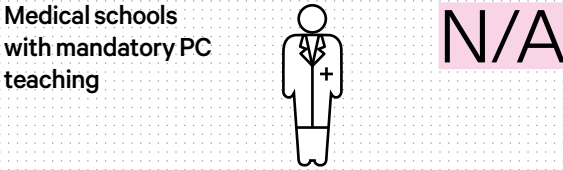
General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

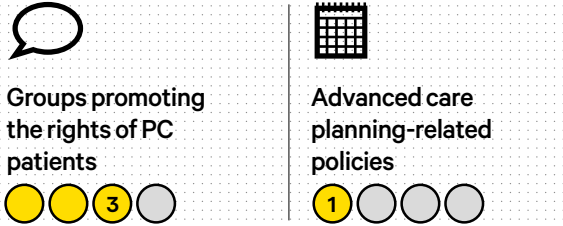


Recognition of PC specialty





B Policies







A Empowerment of people and communities



EU Vatican City

| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors. |  Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas. | There are groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors in Vatican City and associated with the Catholic Church. The most prominent of these is the Pontifical Academy for Life (PAV), which has taken a leading role in advocating for palliative care globally. The Pontifical Academy for Life (PAV) is a Vatican-based institution that has been actively promoting palliative care development worldwide. In 2017, they launched an international project called "PAL-LIFE: An International Advisory Working Group on diffusion and development of palliative care in the world". This project aims to: a) Promote greater sensitivity in Christian communities and civil society regarding palliative care development, b) Interact with academic institutions and scientific organisations to promote palliative care, and c) Work with various stakeholders to implement concrete palliative care initiatives. |
| 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. | There is no specific national policy or guideline on advance directives or advance care planning that is unique to Vatican City. |
| 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. |  Not known or Does not exist.  Not known or does not exist neither standalone nor is included in another national plan. | While there is no specific national palliative care plan, programme, policy, or strategy unique to Vatican City, the Vatican, through the Pontifical Academy for Life (PAV), has taken a leading role in promoting and developing palliative care initiatives globally. These efforts, while not limited to Vatican City itself, reflect the Vatican's stance on palliative care and influence Catholic healthcare institutions worldwide. |

EU Vatican City

| | | |
|---|--|--|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | No evidence found. |
| 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 authority defined.  Does not have concrete functions or resources (budget, staff, etc.). | There is no specific national authority for palliative care within the government or Ministry of Health in Vatican City. However, the Vatican, through the Pontifical Academy for Life (PAV), plays a significant role in promoting and developing palliative care initiatives globally. |

EU

Vatican City


| | | |
|---|--|--|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. | <div><div></div><div>2</div><div></div><div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div> | There are congresses and scientific meetings related to palliative care that have taken place in Vatican City, though they are typically international in scope rather than strictly national. |
| Ind7:1 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. | <div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject.</div> | No evidence found. |
| Ind7:2 Inclusion of PC topics in national research calls. | <div><div></div><div>2</div><div></div><div></div></div> <div>Although there are national research calls, no PC topics are ever included.</div> | No evidence found. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | |

EU







Vatican City

| | | |
|---|--|--|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. | | |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). | | |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. | | |

EU Vatican City

| | | |
|--|-----|---|
| Ind11 | | |
| 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) | N/A |  |
| 11.2. The proportion of medical schools with OPTIONAL teaching in PC. | N/A | |
| 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching). | N/A | |
| 11.4. The proportion of nursing schools with OPTIONAL teaching in PC. | N/A | |
| 11.5. PC Full Professors | 0 | |
| 11.6. Legislation/regulations concerning PC education | N/A | |
| Ind12 | | |
| Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. | | |

EU Vatican City

| | | |
|--|--|--|
| 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. |  <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> | While there are no specialised palliative care services specifically within Vatican City, the Vatican has been actively promoting and supporting palliative care initiatives both locally and globally. Its population may benefit from Roman palliative care providers. |
| 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. |  <p>Not at all.</p> | |
| 13.3. Free-standing HOSPICES (including hospices with inpatient beds). |  <p>Not at all.</p> | |
| 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. |  <p>Not at all.</p> | |
| 13.5. Total number of specialised PC services or teams in the country. | | |
| 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. |  <p>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> | Tough no physically in Vatican, they opened Bambino Gesù Hospital, which is the Vatican's pediatric hospital, Bambino Gesù, that opened a new palliative care center near Rome in March 2022. It is the largest palliative care center for children in Italy, with 30 beds, aiming to provide a home-like atmosphere for terminally ill children and their families. It has already welcomed Ukrainian refugee patients, demonstrating its commitment to vulnerable populations. |
| 14.2. Number of pediatric specialised PC services or teams in the country. |  <p>PPC TEAMS</p> | |

Others



General data

POPULATION, 2023
1,756,366
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
5,960
HEALTH EXPENDITURE (% GDP), 2021
-
UNIVERSAL HEALTH COVERAGE, 2021
-



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



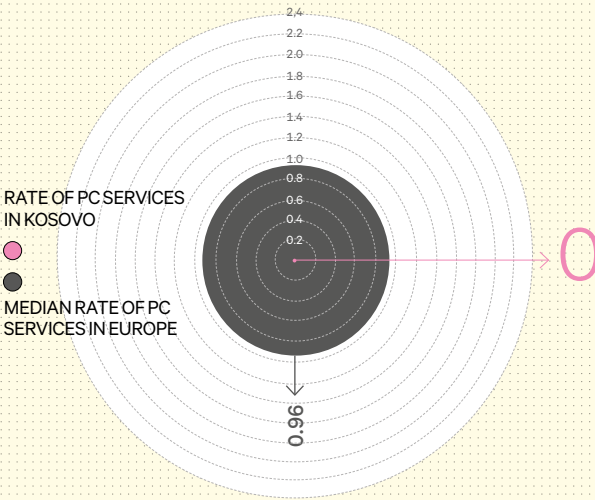
Consultants: Miranda Hoti.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Kosovo

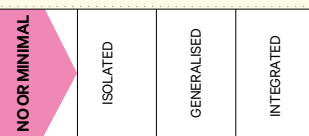
F Provision of PC (Specialised Services)

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

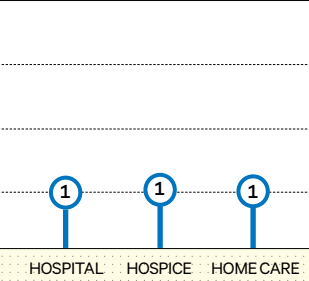
Kosovo in the context of European region



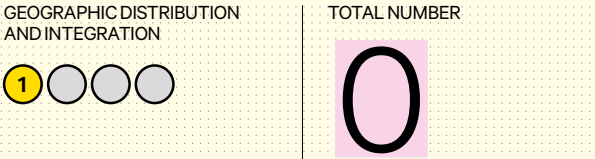
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

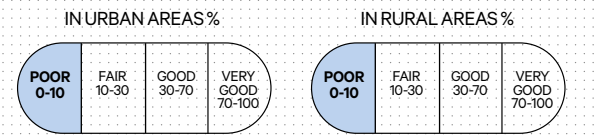


Kosovo

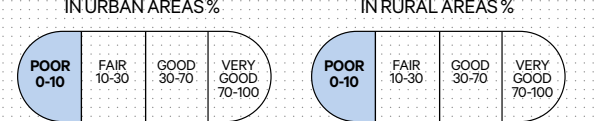
D Use of essential medicines

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

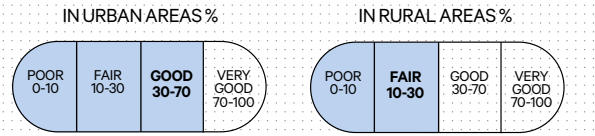
Overall availability of essential medicines for pain and PC at the primary level



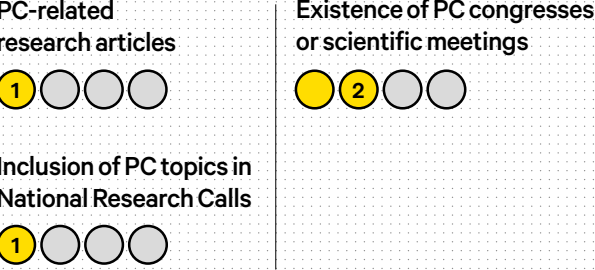
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching
0

Nursing schools with mandatory PC teaching
0

PC Full Professors
0

Recognition of PC specialty
1

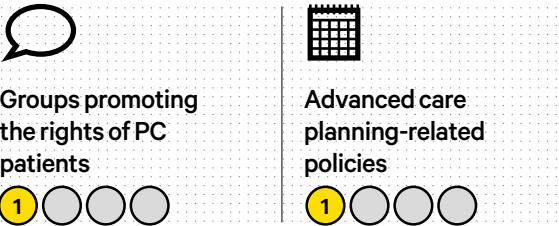
B Policies





National PC plan or strategy
1





Responsible authority for PC in the Ministry of Health
2




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







A Empowerment of people and communities





| | | |
|---|--|--|
| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Only isolated activity can be detected. | There is no institution for palliative care, but as doctors created small groups to support needed patients. There is also an existing mobile healthcare team who visits the palliative patients and administers them the symptomatic therapy. NGOs such as Smile International, Caritas Kosova, the Professional Health Association (PHA), and the Mother Teresa Society have begun to address the unmet need for palliative care. These NGOs provide palliative care and home care, hold training conferences on palliative care and pain management for doctors and nurses, and work with international groups to establish new programmes. |
| 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. | There were some proposals from the Ministry of Health but there are only some local initiatives and nothing like a guideline or plan. |
| 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. |  Not known or does not exist.  Not known or does not exist neither standalone nor is included in another national plan. | No evidence found. |

| | | |
|---|--|--------------------|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| 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. |  Not at all. | No evidence found. |
| 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. |  The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.) | No evidence found. |




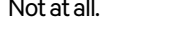



| | | |
|---|---|---|
| Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC. |  Only sporadic or non-periodical conferences or meetings related to palliative care take place. | No evidence but training conferences by NGOs such as Smile International, Caritas Kosova, the Professional Health Association (PHA), and the Mother Teresa Society. These NGOs, according to the report Palliative Care in Kosovo. Preliminary Policy Recommendations for a National Programme, provide palliative care and home care, and held training conferences on palliative care and pain management for doctors and nurses, and work with international groups to establish new programmes. |
| Ind7:1 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. |  Minimal or non-existent number of articles published on the subject. | No evidence of palliative care research was found. |
| Ind7:2 Inclusion of PC topics in national research calls. |  There are no national research calls at all. | There are no national research calls at all. |
| Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day. | | |

| | | |
|---|--|---|
| Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. |   | The Essential list of medicines of Kosovo (LMK) does not contain all essential drugs for palliative care as established by the Lancet Commission. |
| Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet). |   | No evidence found. |
| Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations. |   | No evidence found. |

EU Kosovo

| | | |
|---|---|--|
| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p> | <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>No</p> | <p></p> <p>No evidence found but an outdated reference in Palliative Care in Kosovo. Preliminary Policy Recommendations for a National Programme: “Formal palliative care training in Kosovo is very limited, and most doctors lack adequate trainings for providing palliative care. Palliative care training for doctors is limited in Kosovo. There are no dedicated units in standard medical training and there is no palliative care specialty. However, while there is no standalone subject for providing palliative care, sections about palliative care are incorporated into other topics such as geriatrics. This practice introduces the discipline and provides basic knowledge on palliative care to doctors trained in Kosovo. Only Family Medicine doctors who are trained in Kosovo receive a palliative care education in their residency programme. While these brief modules do expose physicians to palliative care in a basic sense, they generally do not include practical applications and do not prepare the doctors for providing palliative care to their patients. Some specialists receive more specific training in palliative care from schooling and residency outside of Kosovo.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>There is no process on specialisation for palliative care physicians.</p> |

EU Kosovo

| | | |
|---|--|--|
| <p>Ind13</p> <p>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.</p> <p>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.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>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.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> | <p>Limited home palliative care provided in several municipalities, specifically in Pristina, Suhareka, Ferizaj, and Fushe-Kosova. In these municipalities, mobile teams visit patients with identified palliative care and chronic care needs and provide frequent visits to administer treatments. These teams are not organized or intended to provide palliative care, rather they are teams that were implemented to provide home care to patients with chronic conditions, such as diabetes or hypertension, who cannot come to the FMCs. In Ferizaj, Fushe-Kosova, and Pristina, these teams emerged exclusively from FMC initiatives. In Suhareka, Mitrovica, Prizren, and other municipalities, the chronic care team emerged through a partnership with Caritas Kosova, an NGO dedicated to improving Kosovar quality of life, defending human rights, and peace-building in Kosovo.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>KOSOVO 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION 0 MAXIMUM RATE IN THE REGION 3.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>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.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p> | <p>No evidence found.</p> |

EU

The way forward

RECOMMENDATIONS FOR THE FUTURE
DEVELOPMENT OF PALLIATIVE CARE IN EUROPE

The findings of this atlas underscore critical priorities and emerging opportunities to strengthen palliative care (PC) across Europe. Sustained progress will require coordinated action in health policy, service delivery, access to essential medicines, education, research, and meaningful community engagement.

To move toward equitable access and the full integration of PC into **universal health coverage (UHC)**, particular emphasis must be placed on embedding PC **within primary health care systems**. Strengthening the role of generalist providers and interdisciplinary teams at the community level will help ensure early identification of needs, continuity of care, and the democratization of access—especially in rural, remote, or under-resourced settings.

Although significant **disparities in PC development** persist across the European region, this diversity presents an opportunity: by leveraging **benchmarking**, countries can learn from the most successful and contextually relevant examples. Highlighting scalable, transferable models from well-developed systems can help guide tailored strategies in less-resourced settings, fostering regional equity through shared learning and adaptation.

The use of WHO indicators to guide and monitor progress remains essential. These metrics are not only tools for evaluation but also aspirational benchmarks for national and regional improvement. While implementation strategies must be context-specific, several overarching recommendations hold relevance across the European region:

- **Strengthen primary care-based palliative care models** by incorporating PC competencies into existing primary care structures and enabling coordination with specialist services.
- **Empower communities** to participate actively in care, advocacy, and education. Local engagement is vital to building trust, ensuring cultural appropriateness, and promoting early integration of PC into chronic illness and aging trajectories.
- **Support the formation of national and regional professional networks and associations**, which play a key role in advocacy, capacity-building, and public awareness. Sustainable change cannot rely on isolated efforts.
- **Update and refine national PC strategies** regularly, with clear objectives and measurable actions that include expanding both specialist and generalist PC, and strengthening training across all levels.

- **Enact specific legislation on palliative care**, guaranteeing its recognition as a core component of public health systems.
- **Promote synergies in research** by fostering collaborative networks and actively leveraging European funding opportunities (e.g., Horizon Europe, Cost Action, Erasmus+, EU4Health, ICODEE). Cross-border cooperation enhances impact, prevents duplication, and supports the translation of evidence into practice.
- **Strengthen research infrastructure** through dissemination of calls for funding, visibility of ongoing projects, and expansion of training materials (e.g., online modules, core curricula). Networks like those of the EAPC can serve as foundational platforms.
- **Mandate undergraduate education in PC** for all students in medicine, nursing, and allied health fields. Foundational knowledge must be universally accessible, serving as a gateway to advanced training.
- **Remove barriers to essential medicines and opioids** by integrating evidence-based pain management education into health curricula and expanding the availability of qualified PC professionals and multidisciplinary teams.
- **Expand the number of specialised PC services**, especially in underserved areas of Eastern Europe and for paediatric populations. A robust information infrastructure (e.g., national registries and service directories) is essential to guide equitable resource allocation.

By pursuing these integrated strategies—anchored in primary care, driven by collaboration, informed by benchmarking, and responsive to community needs—European countries can move decisively toward inclusive, high-quality palliative care that truly leaves no one behind.

THE ATLANTES RESEARCH TEAM

ATLANTES

<https://www.unav.edu/web/atlantes-global-observatory-of-palliative-care>

EUROPEAN ASSOCIATION
FOR PALLIATIVE CARE

<https://eapcnet.eu/>

AUTHORS



ics
Universidad
de Navarra | ATLANTES
GLOBAL OBSERVATORY OF
PALLIATIVE CARE



WHO Collaborating Centre
for the Global Monitoring of
Palliative Care Development

WITH THE
SCIENTIFIC
CONTRIBUTION
OF



WITH THE
SUPPORT OF



FUNDACIÓN
RAMÓN ARECES



FONDATION
LONTANO



Fundación "la Caixa"

EUNSA