APHN Atlas of palliative care in the Asia Pacific Regions 2025

Laura Monzón, Vilma A. Tripodoro, Ednín Hamzah, Álvaro Montero, Fernanda Bastos, Eduardo Garralda, Daniela Suárez, Juan José Pons and Carlos Centeno

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Asia Pacific Hospice Palliative Care Network

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WHO Collaborating Centre for the Global Monitoring of Palliative Care Development

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The study included countries and territories from the SEARO and WPRO:

South-East Asia Region (SEARO): Includes countries such as Bangladesh, Bhutan, Indonesia, India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

Western Pacific Region (WPRO): Includes countries and areas such as Australia, Brunei Darussalam, Cambodia, China, Cook Island, Fiji, Hong Kong SAR, Japan, Kiribati, Laos, Macao SAR, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Vietnam.

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Abstract

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 healthcare systems remain inconsistent globally. Evaluating PC development offers critical insights into health system capacities, especially in addressing serious health-related suffering. This first Palliative Care Atlas for the Asia-Pacific Regions was developed under the guidance of WHO's Regional Offices for the Western Pacific and South-East Asia.ATLANTES WHO Collaborating Center and APHN led this project.

Objectives

This study aimed to establish indicators and methodologies for evaluating PC health policies, services, emphasising integration into health systems, including pediatric palliative 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 structured into four main steps. First, **Building Networks of National Informants** involved forming a network of consultants from key organisations like WHO Regional Offices and global, regional or national PC associations. Consultants were selected based on their expertise in PC, and the data gathered was validated. Second, **Data Collection through the E-Course** utilised a free online course accredited by the University of Navarra. Participants completed modules introducing PC development dimensions and indicators, providing narrative justifications and supporting documents for their responses. The third step, **Analysis: Conciliation, Validation, and Endorsement**, involved compiling and harmonising consultant data to create structured country reports, incorporating quantitative and qualitative information validated by national PC associations. Finally, the fourth step, **Results Dissemination**, culminates with releasing the new Palliative Care Asia-Pacific Atlas in April 2025, aimed at raising awareness, informing policy, and fostering collaboration to improve PC services globally. The ATLANTES Global Observatory of Palliative Care designed the evaluation process and compiled findings.

Results

The Atlas highlights the state of PC in the South-East Asia Region (SEARO) and the Western Pacific Region (WPRO), providing a detailed analysis of resources, policy gaps, and opportunities. Comparative data and infographics offer actionable insights, enabling benchmarking and advocacy for PC integration. The indicators align with global UHC objectives, enhancing the quality, equity, and transparency of PC. Chapter 1 underscores efforts to empower individuals and communities, with initiatives such as ACP in Australia and Singapore promoting patient autonomy. Chapter 2 details progress in health policy, where 16 countries have updated their PC strategies, and Malaysia exemplifies integration through a comprehensive national framework. Chapter 3 reviews research activity, noting limited publications but a growing interest and initiatives, such as those in Thailand and New Zealand. Chapter 4 addresses disparities in the availability of opioid and essential PC medicines, particularly in rural areas, with regulatory and awareness barriers hindering access. Chapter 5 examines PC education, highlighting its inclusion in curricula across several countries, with Japan and Mongolia setting benchmarks. Chapter 6 explores integrated health services, where full PC integration exists in seven countries, while others face early development challenges, with Thailand showcasing effective incorporation of PC into primary care. These chapters collectively illustrate the strides made and the persistent gaps, advancing the vision of equitable and accessible PC.

Conclusion

This first Asia Pacific Regions Atlas, WHO-SEARO and WPRO, establishes a baseline for regional PC monitoring, contributing to future enhancements in care delivery. Despite data limitations, the comprehensive evaluation highlights the immense potential for progress. This collaborative endeavour demonstrates a commitment to reducing health inequities and achieving universal access to PC.

Way forward

The atlas findings highlight key priorities and opportunities to strengthen PC across Asia and the Pacific regions, 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 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 crucial steps toward progress. ●

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Presentation

Foreword

Ednin Hamzah
Former Chair, Asia Pacific Hospice
Palliative Care Network

Asia Pacific Palliative Care Atlas

The world needs palliative care more than ever as increasing numbers of people require such care. The Asia Pacific is home to about 4.3 billion people. It has some of the most populous nations in India and China and the most remote nations of the Pacific Islands. The World Health Assembly resolution 67.19, titled 'Strengthening palliative care as a component of comprehensive care throughout the life course', passed in 2014, called on nations to improve access to all that need it. Despite this, the vast majority of those who need it cannot access it, predominantly in low- and middle-income countries.

Using the WHO member states regional classification, about 26.8% of adults in need of palliative care are in the Western Pacific Region (WPRO) and 17.1% in South East Asia Region (SEARO), covering a total of about 43.9% of the global need with many nations in the region also being low and middle-income countries. For children, the figures are 7.7% in the Western Pacific Region and 19.5% in the South East Asian region. Nations in the region are at different stages of developing palliative care as part of their health system and its inclusion as part of universal health care. However, many are still in the nascent phase of development.

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 indicators address policies, palliative care services, essential medicines, education and training, empowerment of people and communities and research. These indicators are grouped into core and strategic indicators. Many countries in the region still have challenges in making access to opioids and essential medicines available to all who need them, especially at the primary care level, due to regulatory and other factors. While some nations have started to develop services and specialised care, others have barely introduced palliative care at undergraduate levels. Research informs policy, and such activity aids in palliative care development. It is recognised that empowering patients and their communities are key areas that assist delivery systems, but in many nations, this is an area that requires greater encouragement. This new approach in assessing palliative care development in the 2 WHO Asia Pacific regional groups is the first time it has allowed a mapping of the region through the key components that form a palliative care public health strategy. This Atlas forms the most relevant and contemporary documentation, allowing countries to assess the components of palliative care provision and inform them of priorities and gaps in national provision. It references the current state of palliative care in the SEARO and WPRO WHO regions moving forward.

The continued development of palliative care strives to find solutions to alleviate suffering, which is possible through the mutual efforts of all. ●

"This Atlas is the most relevant and contemporary documentation allowing countries to assess the components of palliative care provision and identify priorities and gaps in national strategies."

Megan Doherty
Two Worlds Cancer Collaboration Foundation
WHO Consultant on Palliative Care

Progress and Hurdles in a Transforming Landscape*

Palliative care is needed by almost 60 million people each year, most of whom live in low- and middle-income countries. Despite its importance, access to palliative care is one of the largest disparities in global health, with more than 86% of those needing palliative care not being able to access this essential care.

The Asia-Pacific region is home to over half of the world's population, with diverse healthcare systems and significant variations in health status, the region faces unique challenges in achieving universal health coverage and improving access to palliative care. There is an urgent need for comprehensive palliative care services to address the growing health burden from noncommunicable diseases and aging populations in the region.

At the same time, the Asia-Pacific region also holds great potential to create transformative solutions for palliative care access. As a global leader in digital innovations, countries across the region are pioneering digital health solutions to improve healthcare access and outcomes. This dynamic environment positions the region to lead groundbreaking discoveries and development using health technology to address challenges to delivering palliative care.

The use of community-based health initiatives in the Asia-Pacific region represents another innovation which can be leveraged to strengthen palliative care. In countries across the region, there are already successful community-based palliative care programs which engage local communities in supporting those with serious illness. Mobilizing local resources and training community health workers to provide accessible and culturally appropriate care to patients with serious illnesses are scalable solutions to increase palliative care access, which reduces burdens on families and health systems, while also increasing engagement of patients and families to ensure that the care respects cultural and individual preferences.

The Atlas of Palliative Care in the Asia-Pacific Region is a critical milestone for the region. This is the first atlas assessing palliative care in the region, which can be used to leverage policy decisions and support targeted interventions to increase access to palliative care. The Atlas can drive innovation in palliative care, highlighting successful models of care and best practices that can be replicated and adapted in other settings.

Through national-level evaluation, we can identify gaps in care delivery, assess the effectiveness of current practices, and innovate to reach those who are under-served. Monitoring can also inform policy decisions, guide resource allocation, and support the development of targeted interventions tailored to the specific needs of different populations.

Assessing palliative care development also fosters accountability and transparency within healthcare systems. Tracking progress and measuring the impact of palliative care initiatives, creates trust and support for health programs, helping people feel confident that palliative care programs are there to meet their needs, at critical times in their life.

Congratulations to all the partners and consultants who contributed to this first Atlas of Palliative Care in the Asia-Pacific Region, a key step towards ensuring that all patients receive the compassionate and holistic care they deserve. ●

"The Asia-Pacific region holds great potential to lead transformative solutions in palliative care."

* The views expressed in this article are solely those of the author, and do not necessarily reflect the views of the author's employer, institution, or other associated parties.

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 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 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 marks the first-ever Palliative Care Atlas for the Asia-Pacific Regions, a historic achievement that sheds light on the current state and future potential of PC in these countries and territories. The project was coordinated under the leadership of the NCDs Prevention unit at the WHO Regional Offices for the Western Pacific Region (WPRO) and the South-East Asia Region (SEARO), 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 Asia-Pacific Regions 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 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.

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

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.

While the methodology employed adheres to accepted practices, it is essential to acknowledge that the data presented remain estimates. This limitation underscores the challenges of verifying data accuracy and precision in some instances. Nonetheless, the potential for improvement is immense, providing a solid foundation for future endeavors. At this point, this is the best information available from the region. This optimism reflects the contributors' commitment and passion for enhancing PC development.

The authors wish to express their heartfelt gratitude to the WHO Regional Offices for the WPRO and SEARO and the Department of Integrated Health Services at WHO headquarters for their unwavering support and leadership. Special acknowledgment is due to the regional experts and consultants whose expertise enriched the study. Additional thanks go to the Asia Pacific Hospice Palliative Care Network (APHN), the International Association for Hospice & Palliative Care (IAHPC), and the Worldwide Hospice Palliative Care Alliance (WHPCA) for their enduring dedication and significant contributions. Ultimately, this document aspires to achieve its primary aim: improving the quality of life for individuals with PC needs. It symbolises a collective dedication to addressing suffering, advocating for equity, and building a future where PC is universally accessible. ●

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

Network of collaborators

NET 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, providing essential information on the development of palliative care in their respective countries and territories.

Three hundred thirty-seven experts were identified as key informants in 40 territories. However, key informants from six territories—Macao SAR (China), Nauru, Niue, Tokelau, Tuvalu, and Vanuatu—did not ultimately participate in the course or survey. Their country profiles were instead completed through a literature review. No experts or relevant literature on PC development were identified for the Democratic People's Republic of Korea, which is therefore not represented in the atlas. ●

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

WHO Regions	Country or area	Name	Institutional affiliation
WPRO	Australia	Layla Edwards	University of Technology Sydney
WPRO	Australia	Christine Drummond	Central Adelaide Palliative Care Service and Australasian Palliative Link International
SEARO	Bangladesh	Md. Shahinur Kabir	Hospice Bangladesh
SEARO	Bangladesh	Mostofa Kamal Chowdhury	Department of Palliative Medicine, Bangabandhu Sheikh Mujib Medical University (BSMMU)
SEARO	Bangladesh	Rubayat Rahman	Department of Palliative Medicine, BSMMU
SEARO	Bangladesh	Sumit Banik	Palliative Care Project at AYAT Education
SEARO	Bangladesh	Wai Wai Mroy John	Dhaka Medical College and Hospital
SEARO	Bhutan	Tara Devi Laavar	Khesar Gyalpo University of Medical Sciences of Bhutan
WPRO	Brunei Darussalam	Tamin Norhasyimah	Geriatrics and Palliative Department, RIPAS Hospital
WPRO	Brunei Darussalam	Shyh Poh Teo	Geriatrics and Palliative Medicine, RIPAS Hospital,
WPRO	Cambodia	Keo Chamnan	Pain Society of Cambodia
WPRO	Cambodia	Lang Meng	National Cancer Center, Calmette Hospital
WPRO	Cambodia	Dina Nhim	Vital Strategies
WPRO	Cambodia	Kanika Prak	Douleurs Sans Frontières Cambodia
WPRO	Cambodia	Thol Dawin	Preventive Medicine Department, Ministry of Health
WPRO	Cook Islands	Ko Ko Lwin	Ministry of Health
WPRO	Hong Kong SAR	Annie Kwok Oi Ling	Hong Kong Society of Palliative Medicine
WPRO	Hong Kong SAR	Yuen Kwok Keun	Queen Mary Hospital
WPRO	China	Jinxiang Li	West China Fourth Hospital of Sichuan University
WPRO	China	Zhenzhen Gao	Second Affiliated Hospital of Jiaxing University
WPRO	China	Zhi Zhou	Palliative Medicine Department, BenQ Hospital Affiliated to Nanjing Medical University
WPRO	China	Jinfeng Ding Ding	Central South University
WPRO	China	Jiangtian Xu	Independent Researcher of Palliative Care in China
SEARO	Cook Islands	Ko Ko Lwin	Ministry of Health, Cook Islands
SEARO	Fiji	Belinda Chan	Fiji Cancer Society
SEARO	India	Naveen Salins	Kasturba Medical College Manipal Academy of Higher Education

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WHO Regions	Country or area	Name	Institutional affiliation
SEARO	India	Aparna Nanda	Indian Institute of Management
SEARO	India	Sachin Dwivedi	All India Institute of Medical Sciences
SEARO	India	Anu Savio Thelly	Nurse Consultant
SEARO	India	Aneka Paul	Independent Consultant
SEARO	Indonesia	Diah Martina	Faculty of Medicine Universitas Indonesia
SEARO	Indonesia	Teguh Kristian Perdamaian	Universitas Kristen Duta Wacana
WPRO	Japan	Mitsunori Miyashita	Hospice and Palliative Care Japan
WPRO	Japan	Yoshiyuki Kizawa	University of Tsukuba, Institute of Medicine
WPRO	Japan	Jun Hamano	Faculty of Medicine, University of Tsukuba
WPRO	Kiribati	Teanibuaka Tabunga	Ministry of Health
WPRO	Lao PDR	Champadeng Vongdala	National Cancer Center
WPRO	Lao PDR	Laura Monzón Llamas	Independent Global Health Consultant
WPRO	Malaysia	Ng Woon Fang	Malaysian Hospice and Palliative Care Council
WPRO	Malaysia	Cheong Wing Loong	Monash University Malaysia
WPRO	Malaysia	Fafazlina Ahmad	Ministry of Health
WPRO	Malaysia	Muhamad Hafiz	—
SEARO	Maldives	Abdulla Muaaz Adam	Health Protection Agency, Ministry of Health
SEARO	Maldives	Aishath Lubana Labeeb	Health Protection Agency, Ministry of Health
WPRO\	Marshall Islands	Jeannette Koijane	Kokua Mau, A Movement to Improve Care
WPRO	Micronesia Federated States	Jeannette Koijane	Kokua Mau, A Movement to Improve Care
WPRO	Mongolia	Gelegjamts Delgersuren	Mongolian National University, Universal Med Hospital
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SEARO	Myanmar	Shoon Mya Aye	Karuna Oncology and Compassionate Care Center
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SEARO	Nepal	Roshani Gautam	Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University
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WPRO	New Zealand	Wayne Naylor	Hospice New Zealand
WPRO	New Zealand	Amanda Landers	University of Otago and Hospice Southland
WPRO	Palau	Glenda Santos	Palau Ministry of Health and Human Services
WPRO	Palau	Jeannette Koijane	Kokua Mau, A Movement to Improve Care
WPRO	Philippines	Mari Joanne G. Joson	Philippine Society of Hospice and Palliative Medicine
WPRO	Philippines	Rumalie Alparaque Corvera	The Ruth Foundation for Palliative and Hospice Care
WPRO	Philippines	Criselda Isabel Cenizal	Department of Supportive Care at University Health Network, Toronto
WPRO	Philippines	Eddred Carillo	Southern Philippines Medical Center
WPRO	Philippines	Patrick Simon Soria	Southern Philippines Medical Center
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WPRO	Republic of Korea	Mihyun Park	Research Institute for Hospice/Palliative Care, The Catholic University of Korea
WPRO	Republic of Korea	Minjeong Jo	Research Institute for Hospice/Palliative Care, The Catholic University of Korea
WPRO	Samoa	Malama Tafuna'i	Samoa Cancer Society
WPRO	Samoa	Vaimaila Salele	Ministry of Health
WPRO	Singapore	Angel Lee	St. Andrew's Community Hospital

AP

WHO Regions	Country or area	Name	Institutional affiliation
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WPRO	Singapore	Poh Heng Chong	HCA Hospice, Singapore
SEARO	Sri-Lanka	Samadhi Wishwanath Rajapaksa	Institute of Palliative Medicine
SEARO	Sri-Lanka	GV Chamath Fernando	University of Sri Jayewardenepura
SEARO	Sri-Lanka	Thushari D. Hapuarachchi	National Cancer Institute Maharagama
SEARO	Sri-Lanka	Suraj Perera	National Cancer Control Programme
SEARO	Sri-Lanka	Eshani Fernando	National Cancer Control Programme
SEARO	Thailand	Duenpen Horatanaruang	Queen Sirikit National Institute of Child Health
SEARO	Thailand	Jiraphan Naruepatr	Faculty of Social Administration, Thammasat University
—	Taiwan	Ying Wei Wang	Tzuchi University
SEARO	Timor Leste	Mingota Da Costa Herculano	Hospital Nacional Guido Valadares Dili
SEARO	Timor Leste	Benilda De Gula	Saint Paul Clinic of the Foundation of the Sisters of St Paul of Chartres Congregation
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WPRO	Vietnam	Dai Duong Le	University of Medicine and Pharmacy Ho Chi Minh City
WPRO	Vietnam	Giang Huong Nguyen	Vietnam National Cancer Institute, National Cancer Hospital
WPRO	Vietnam	Vu Thao	Vietnam National Cancer Hospital

The atlas project

The APHN Atlas of Palliative Care in Asia Pacific 2025 is an initiative led by the Asia Pacific Hospice Palliative Care Network (APHN) 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 2022 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 South-East Asia (SEARO) and the Western Pacific (WPRO).

The development of this project was coordinated by the ATLANTES Global Observatory of Palliative Care at the University of Navarra, with 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 Ednin Hamzah, former Chair of the Asia Pacific Hospice Palliative Care Network (APHN).

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The institutions involved

THE ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK (APHN)
Dr. Ednin Hamzah, Former Chair

The Asia Pacific Hospice Palliative Care Network (APHN) is dedicated to promoting hospice and palliative care in Asia and the Pacific. Their purpose is to empower and support organisations and individuals committed to alleviating suffering from life-threatening illness. The Network promotes education and skills development, enhances awareness and communication, and fosters research and collaboration. It encourages established programmes to assist less experienced and more isolated colleagues.

APHN was registered as a charity under the Charities Act (Chapter 37) since 25 July 2003 (Charity Registration No. 01713) and is not an Institute of a Public Character. A sector is a geographic region which may include one or more countries, or part of a country.

- **In 2001, APHN started with 14 founding sectors:** Australia, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Myanmar, New Zealand, Philippines, Singapore, Taiwan, Thailand and Vietnam. Founding sectors will be permanent sectors of the association.

- **On the 15th October 2015**, a resolution was passed by the 15th APHN Council to accept Mongolia as the 15th Sector of the APHN. This was a new milestone for us as Mongolia was the first Sector to join the APHN since 2001.

- **In 2019, Bangladesh, Nepal and Sri Lanka joined APHN as Sectors**. In 2023, a resolution was passed to accept Bhutan, Brunei, Cambodia, China, Laos, Macau, Maldives, Pakistan and Timor Leste as Sectors of APHN, bringing our total number of Sectors to 27.

More Sectors will be invited to join the APHN in the future as hospice palliative care services are established in other Asia Pacific regions.

The APHN mission is to alleviate pain and suffering from life-limiting illnesses by fostering a supportive network that empowers organizations and individuals. APHN envisions a future where quality hospice and PC is accessible to all in the region. They emphasize the importance of respect for every individual, valuing life, and supporting informed decision-making for patients and families.

APHN's goals include reaching out to more communities in need of PC, building sustainable capabilities for service development, advocacy, education, and research. They aim to enhance communication and information dissemination, foster research and collaborative activities, and encourage cooperation with local, regional, and international organizations. By promoting professional and public education in PC, APHN strives to improve the quality of life for individuals facing serious health-related suffering.

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 specializing in medicine, social sciences, public health, bioethics, and policy analysis. The observatory works closely with international experts, professional organizations, and policymakers to generate and translate evidence into actionable strategies.

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-cantered 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 policymakers, 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 recognized 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 organization 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 organization 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 organizations and specialized 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 organizations to increase access to, and optimize the practice of, palliative care." The global board of directors supervises the organization's four pillars of work: education, advocacy, research, and communications.

The IAHPC has collaborated closely with regional palliative care organizations 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 organizations, 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.

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 organizations 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 organization focusing exclusively on hospice and palliative care development worldwide. We are a network of national and regional hospice and palliative care associations and affiliate organizations.

The WHPCA was formed in 2008 as a global voice for palliative care provider organizations 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 Deveopment 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 recognized as an essential component of the UHC continuum (Promotion–Prevention–Treatment–Rehabilitation–Palliative Care). Today, the WHPCA has over 500 organizational members across 103 countries. Organizational 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 millions 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 organizations in achieving this goal.
- We collaborate with partner organizations 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 organizations to build leadership and management capacity, enhance evidence-based advocacy and policy skills, provide technical assistance, and strengthen communication capabilities. ●

AP Aim and objectives

For the first time in these regions, this work aimed to implement a set of actionable indicators for evaluating PC development in the Asian Pacific Regions, the WHO-SEARO, and the WHO-WPRO. The goal was to establish a baseline to monitor the development of palliative care in the Member States.

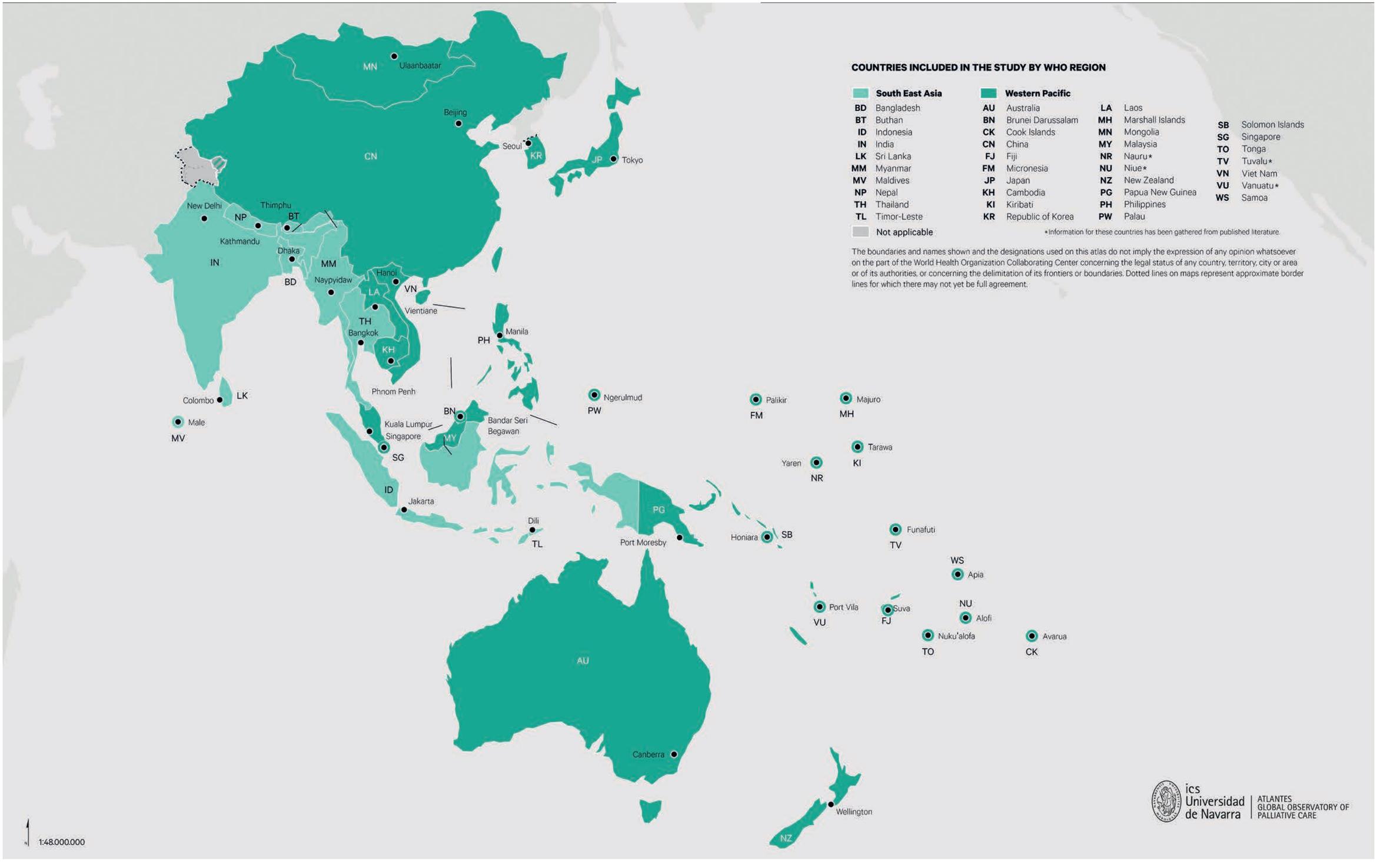
The objectives were to:

- Implement a set of WHO quantitative and qualitative indicators to monitor PC development in the WHO-SEARO and WHO-WPRO.
- 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-SEARO and WHO-WPRO 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

Geopolitical context

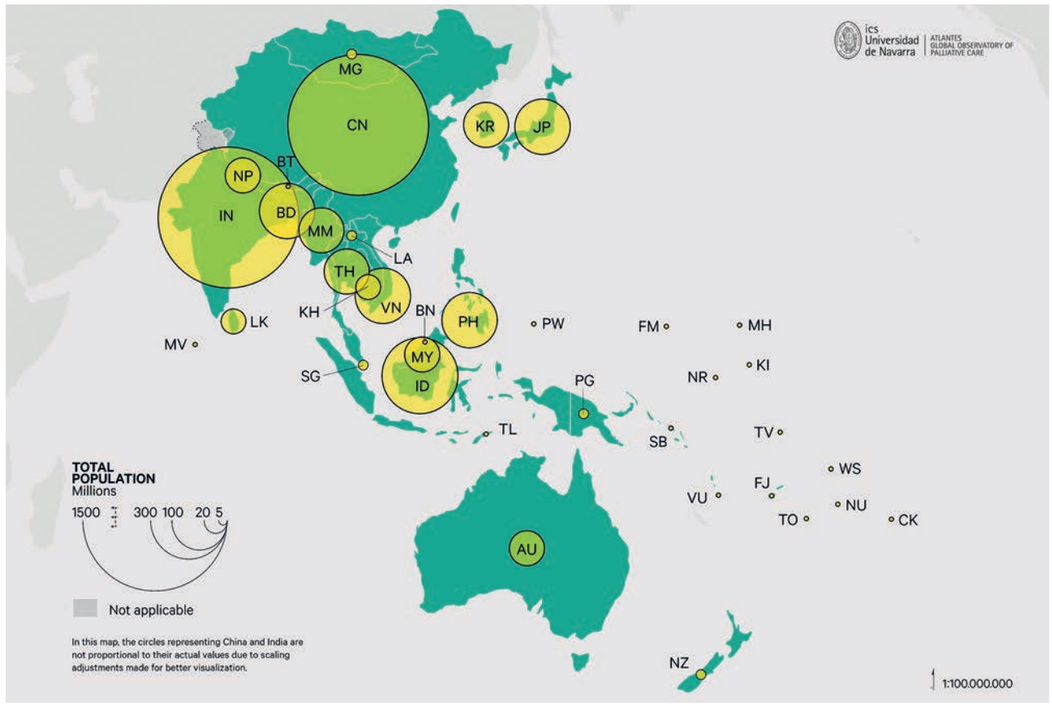


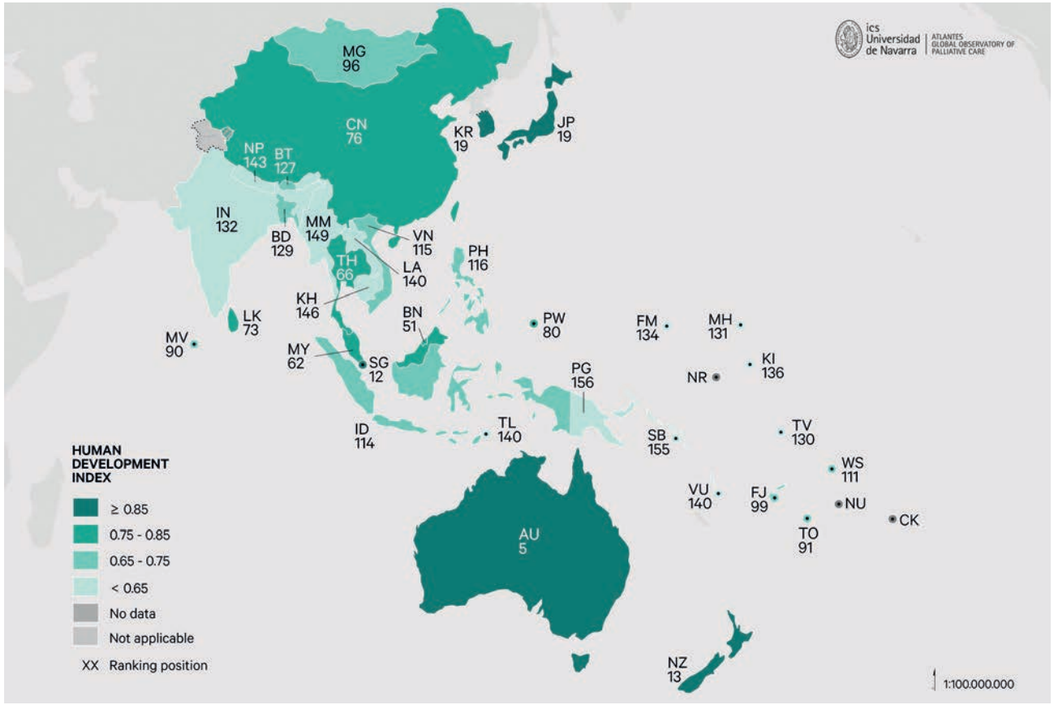
Socioeconomic context

TABLE 2. **Demographic and economic overview of the Asia-Pacific Region**

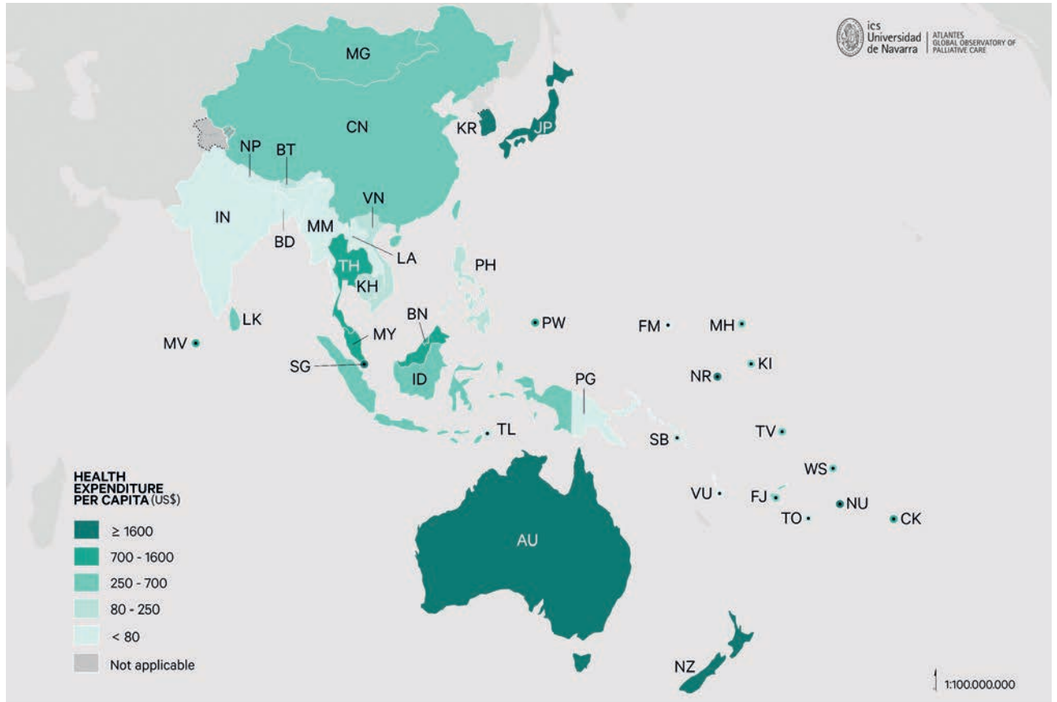
Country or Area	Population total 2023*	Health expenditure total (Per capita, US$), 2021	Income Levels	Human development index rank	Physicians per 1000 Inhabitants*
Australia	26658948	7741220	High	5	3.981
Bangladesh	171466990	147570	Lower-middle	129	2.518
Bhutan	786385	38390	Lower-middle	127	0.56
Brunei Darussalam	458949	5770	High	51	0.67
Cambodia	17423880	181040	Lower-middle	146	N/A
China	1410710000	9562910	Upper-middle	79	1.913
Cook Islands	15040	N/A	N/A	N/A	N/A
Fiji	924145	18270	Upper-middle	99	N/A
Hong Kong SAR (China)	7536100	N/A	High	4	N/A
India	1438069596	3287260	Lower-middle	132	0.727
Indonesia	281190067	1916907	Upper-middle	114	0.695
Japan	124516650	377969	High	19	2.614
Kiribati	132530	810	Lower-middle	136	N/A
Lao People's Democratic Rep.	7664993	236800	Lower-middle	140	0.327
Macao SAR (China)	678800	NA	NA	NA	NA
Malaysia	35126298	330411	Upper-middle	62	2.316
Maldives	525994	300	Upper-middle	90	N/A
Marshall Islands	38827	180	Upper-middle	131	N/A
Micronesia (Fed. States of)	112630	700	Lower-middle	134	0.963
Mongolia	3481145	1564116	Upper-middle	96	3.874
Myanmar	54133798	676590	Lower-middle	149	N/A
Nauru	11875	20	High	N/A	N/A
Nepal	29694614	147180	Lower-middle	143	0.867
New Zealand	5223100	267710	High	13	3.516
Niue	1681	N/A	N/A	N/A	N/A
Palau	17727	460	High	80	1.778
Papua New Guinea	10389635	462840	Lower-middle	156	0.063
Philippines	114891199	300000	Lower-middle	116	0.786
Republic of Korea	51712619	100440	High	19	2.517
Samoa	216663	2840	Lower-middle	111	0.548
Singapore	5917648	728	High	12	2.596
Solomon Islands	800005	28900	Lower-middle	155	N/A
Sri Lanka	22037000	65610	Lower-middle	73	1.192
Thailand	71702435	513120	Upper-middle	66	0.928
Timor-Leste	1384286	14870	Lower-middle	140	0.767
Tonga	104597	750	Upper-middle	91	1.009
Tuvalu	9816	30	Upper-middle	130	1.261
Vanuatu	320409	12190	Lower-middle	140	N/A
Viet Nam	100352192	331340	Lower-middle	115	N/A

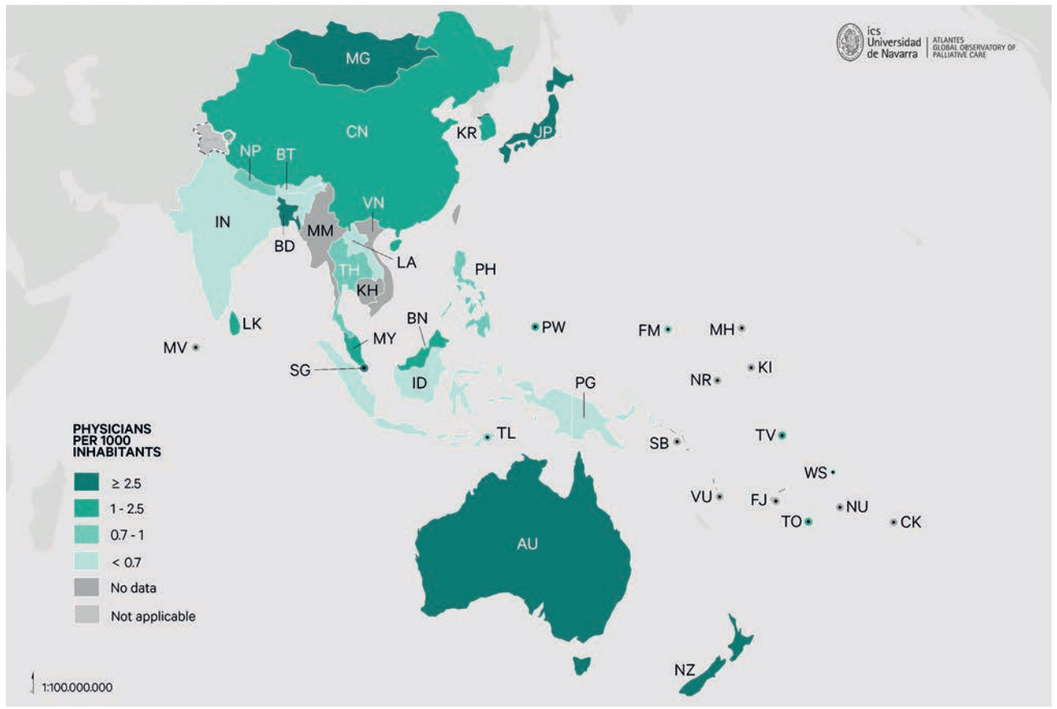
N/A: Not available
* Data have been retrieved from The World Bank open data 2023 (https://data.worldbank.org/)





AP Map 2: Socioeconomic context





AP PC needs across the WHO SEARO and WPRO

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)
Atherosclerosis	**112002** (0.43%)
Cancer	**7 552 877** (29.18%)
Chronic ischemic heart disease	**214660** (0.83%)
Congenital malformations	**313554** (1.21%)
Degenerative disease of CNS	**137023** (0.53%)
Inflammatory disease of CNS	**128817** (0.5%)
Cerebrovascular diseases	**4965411** (19.18%)
Dementia	**2275630** (8.79%)
Haemorrhagic fever	**13886** (0.05%)
HIV	**2820050** (10.89%)
Injury, poisoning, external causes	**2192988** (8.47%)
Leukemia	**118166** (0.46%)
Diseases of liver	**636422** (2.46%)
Low birth weight & prematurity	**532052** (2.06%)
Lung disease	**1 907542** (7.37%)
Malnutrition	**99982** (0.39%)
Musculoskeletal disorders	**184547** (0.71%)
Non-ischemic heart disease	**575021** (2.22%)
Renal failure	**208639** (0.81%)
Tuberculosis	**895883** (3.46%)
ALL CONDITIONS	**25885152** (100%)

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

TABLE 3. **Palliative care needs of people who die each year with serious health-related suffering (SHS) in selected countries of the WHO South-East Asia and Western Pacific Regions**

Conditions	Athero-sclerosis	Cancer	Chronic ischemic heart disease	Congenital malformations	Degenerative disease of CNS	Inflammatory disease of CNS	Cerebrovascular diseases	Dementia	Haemorrhagic fever
Australia	2.1	74.52	1.16	0.79	4.59	0.03	13.35	49.33	0.17
Bangladesh	0.94	164.37	5.64	16.65	4.39	5.05	162.76	36.38	1.45
Bhutan	0.01	0.66	0.04	0.11	0.03	0.04	0.45	0.29	0.01
Brunei Darussalam	0.01	0.55	0.01	0.03	0.02	0.01	0.15	0.09	0
Cambodia	0.38	20.60	0.61	1.88	0.27	0.58	13.10	4.86	0.12
China	43.92	3935.23	79.86	53.60	30.78	5.79	2664.54	1147.58	0.71
Fiji	0.06	1.16	0.06	0.11	0.02	0.01	0.62	0.25	0
India	15.95	1302.65	72.34	139.34	47.46	72.85	881.48	464.92	4.68
Indonesia	7.32	357.66	12.99	23.7	5.36	12.24	422.37	114.8	1.31
Japan	22.1	673.831	7.79	2.88	20.77	0.35	165.26	115.55	1.08
Kiribati	0	0.12	0	0.02	0	0	0.12	0.03	0
Lao PDR	0.15	8.81	0.29	1.14	0.12	0.42	5.43	2.29	0.05
Malaysia	1.13	40.01	1.53	1.61	0.51	0.32	19.86	17.49	0.07
Maldives	0.01	0.31	0.01	0.03	0.01	0	0.14	0.19	0
Micronesia FS	0	0.12	0.01	0.02	0	0	0.08	0.04	0
Mongolia	0.06	6.5	0.21	0.36	0.07	0.07	4.3	0.97	0.00
Myanmar	2.58	90.16	1.51	6.92	1.9	2.6	77.14	48.2	0.41
Nepal	0.28	27.58	1.53	2.72	0.63	1.64	19.62	13.53	0.21
New Zealand	0.45	4.84	0.29	0.22	0.79	0.01	3.23	7.67	0.01
Papua New Guinea	0.23	12.16	0.3	1.22	0.12	0.73	6.31	1.07	0.03
Philippines	2.42	113.02	6.15	11	2.9	2.99	110.97	3.6	0.78
Republic of Korea	1.42	142.75	1.25	0.71	7.37	0.1	36.23	42.46	0.32
Solomon Islands	0.02	0.53	0.02	0.08	0.01	0.02	0.41	0.13	0
Singapore	0.16	14.16	0.25	0.11	0.26	0.01	2.29	0.12	0.01
Sri Lanka	0.79	32.69	1.43	1.57	0.49	0.35	20.57	14.7	0.1
Thailand	4.56	159.47	3.16	3.83	1.67	1.14	70.24	70.16	0.50
Timor-Leste	0.02	1.42	0.04	0.26	0.02	0.08	0.87	0.45	0.01
Vanuatu	0.01	0.23	0.01	0.04	0	0.01	0.19	0.07	0
Vietnam	2.81	169.49	2.92	10.8	2.4	1.66	124.75	61.8	0.29

Conditions	HIV	Injury, poisoning, external causes	Leukemia	Diseases of liver	Low birth weight & prematurity	Lung disease	Malnutrition	Musculo-skeletal disorders	Non-ischemic heart disease	Renal failure	Tuberculosis	Total people with SHS
Australia	1	7.91	1.69	2.13	0.22	7.90	0.09	2.23	1.66	0.87	0.13	**171.88**
Bangladesh	13.72	61.16	1.83	22.27	24.81	55.88	5.03	2.24	8.58	5.14	74.92	**673.21**
Bhutan	1.56	0.41	0.02	0.17	0.09	0.31	0.01	0.01	0.11	0.06	0.13	**4.52**
Brunei Darussalam	0.04	0.09	0	0.02	0.01	0.06	0	0.01	0.02	0.01	0.03	**1.17**
Cambodia	32.57	8.86	0.54	2.07	1.80	2.41	0.24	0.16	1.53	0.74	8.65	**101.99**
China	366.04	626.68	51.51	159.64	35.23	820.37	10.54	46.30	266.70	61.11	36.48	**10442.6**
Fiji	0.23	0.3	0.03	0.06	0.06	0.11	0.01	0.01	0.2	0.13	0.07	**3.51**
India	1066.32	951.39	24.98	259.68	302.49	733.16	52.29	97.36	190.86	84.17	507.81	**7272.17**
Indonesia	556.06	97.59	8.26	58.15	28	52.21	17.94	11	26	12.71	106.01	**1931.66**
Japan	0.6	62.66	8.01	23.02	0.23	69.96	1.9	12.36	7.88	7.92	4.38	**1208.53**
Kiribati	0	0.05	0	0.02	0.03	0.02	0.02	0	0.01	0.01	0.03	**0.49**
Lao PDR	6.38	4.27	0.18	0.9	1.87	1.06	0.18	0.08	0.7	0.38	3.78	**38.47**
Malaysia	114.85	12.27	1.03	2.36	0.82	4.21	0.05	0.59	1.19	1.01	2.5	**223.39**
Maldives	0	0.11	0	0.03	0.01	0.05	0	0	0.01	0.02	0.02	**0.97**
Micronesia FS	0	0.04	0	0.01	0.02	0.02	0	0	0.02	0.01	0.02	**0.42**
Mongolia	0.06	2.12	0.04	1.07	0.29	0.22	0.00	0.03	0.25	0.14	0.69	**17.44**
Myanmar	153.23	32.16	1.64	22.18	9.51	18.9	1.16	1.54	10.31	3.29	28.20	**513.54**
Nepal	36.19	19.78	0.80	4.82	4.2	15.76	0.48	0.16	3.35	1.43	5.75	**160.46**
New Zealand	0.17	1.64	0.31	0.3	0.08	1.61	0.01	0.43	0.32	0.09	0.02	**32.47**
Papua New Guinea	13.84	5.1	0.19	1.18	1.98	1.43	0.25	0.12	1.04	0.56	3.24	**51.11**
Philippines	1.40	39.12	3.37	9.49	11.24	22.45	3.62	2.74	13.53	5.55	32.93	**399.25**
Republic of Korea	2.13	28.39	1.61	7.1	0.42	9.74	0.09	3.65	3.15	2.09	3.82	**294.78**
Solomon Islands	0	0.28	0.02	0.05	0.07	0.11	0.02	0.01	0.07	0.05	0.06	**1.97**
Singapore	0.78	1.07	0.17	0.25	0.02	0.57	0	0.26	0.57	0.16	0.07	**21.28**
Sri Lanka	2.04	16.14	0.7	4.73	0.6	4.02	0.16	0.16	2.28	1.77	1.29	**106.58**
Thailand	252.09	51.76	2.96	19.37	1.93	18.91	0.36	1.25	4.06	9.02	9.21	**685.66**
Timor-Leste	0.08	0.66	0.03	0.11	0.37	0.19	0.02	0.01	0.1	0.04	1.19	**5.98**
Vanuatu	0	0.09	0.01	0.02	0.03	0.05	0.01	0	0.03	0.02	0.02	**0.84**
Vietnam	141.99	54.21	3.89	16.07	7.02	18.45	0.01	0.9	8.3	4.49	16.52	**648.76**

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

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

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POPULATION AND METHODS

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 services[1].

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

1. **Empowerment 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. ●

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

TABLE 4. **WHO indicators**

Indicator	Core	Estrategic
Empowerment of peoples 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 Palliative care research on the country estimated by peer reviewed articles	✓	
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 General availability of immediate-release oral morphine (liquid or tablet) at the primary care level		✓
Education and training		
11 Proportion of medical and nursing schools with palliative care formal education in undergraduate curricula	✓	✓
12 Specialization in palliative medicine for physicians	✓	
Integrated palliative care services		
13 Number of specialized palliative care programmes in the country per population	✓	✓
14 Number of specialized palliative care programmes for paediatric population in the country	✓	

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

ATLANTES structured the research process in four steps (*Figure 3*):

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

Figure 3. 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 Offices SEARO and WPRO, the IAHPC, the WHPCA, the APHN, 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 if they want/consent to their data being 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 framework2. The course was available in English.

The PC experts were invited via official email based on detailed criteria. By 14th July 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 IAHPC membership, were offered upon course completion (*Figure 4*).

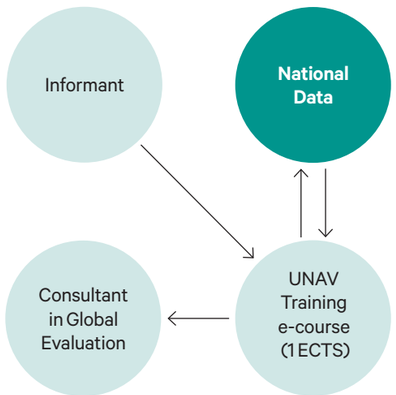

Figure 4. Data Collection through the E-Course with consultants from each country.

A total of 298 key informants were contacted, of whom **129 participated in the online course and data collection process (52,7 % female). Initially, the study included 40 countries and areas within the SEARO and WPRO**. 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.

Consultants' Palliative Care Expertise Profile

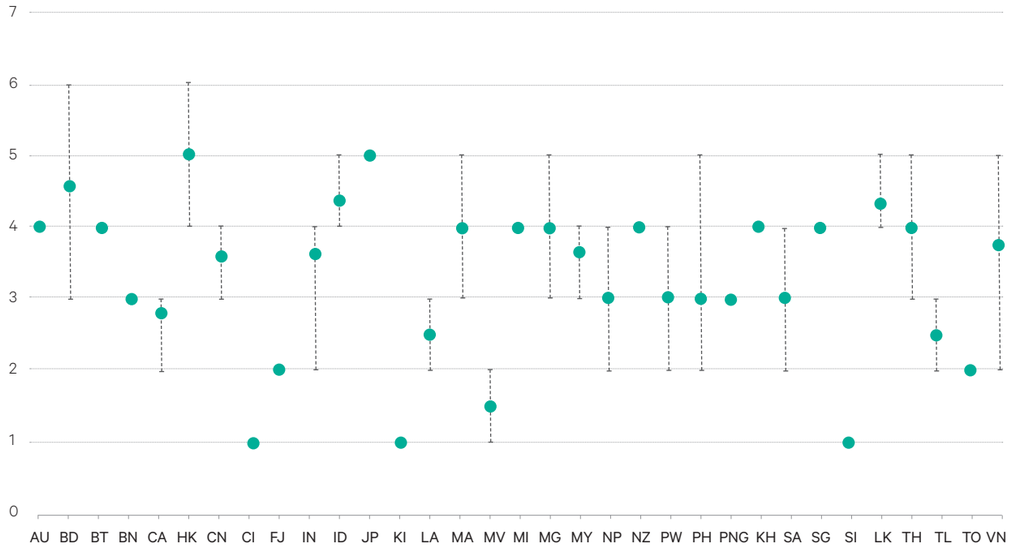

Figure 5. Consultants' palliative care expertise profile according to selection criteria (Average score, Max.Score, Min.Score).

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 41 country reports have been produced, including 35 reports with conciliated information from key informants and six reports based on a literature review (specifically for the previously mentioned Pacific Island Countries, PICs, and Macao SAR (China)). The path of the collected data is shown in Figure 6.

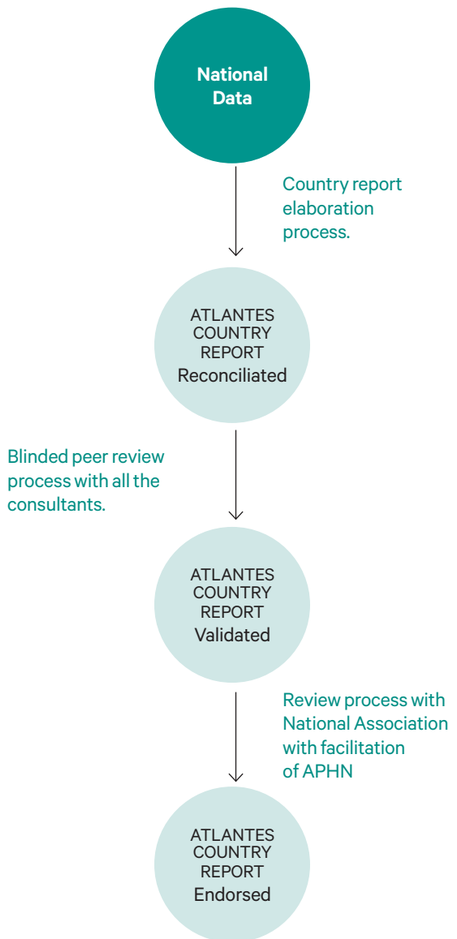

Figure 6. The path of the collected data.

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 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.

Statistical analysis

The 14 indicators were obtained from the different scores collected differently for each country. In particular, indicators 1 (Groups promoting the rights of patients), 2 (Advance care planning-related policies), 4 (Inclusion of PC in the basic health package at the primary care level), 6 (Existence of congresses or scientific meetings) , 7 (PC-related research articles) and 12 (Recognition of PC specialty) had just one integer score between 1 and 4. Indicators 3 (National PC plan or strategy), 5 (Responsible authority for PC in the Ministry of Health), 9 (Overall availability of essential medicines for pain and PC at the primary level), 10 (General availability of immediate-release oral morphine at the primary level) and 13 (Provision of PC (Specialised Services) were obtained as each median score. This means values between 1 and 4 eventually with decimals. Indicator 8 comes from the consumption of opioids in defined daily doses for statistical purposes per million inhabitants per day (S-DDD). Average consumption of narcotic drugs (excluding methadone) 2020–2022.

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 coverage used for the country boundaries is adapted to a small scale and was obtained from ESRI ArcGISOnline 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 Winkle II, with the central meridian at 90°. The scale is 1:45 000 000 for the Geopolitical Map, 1:80 000 000 for the smaller context maps and 1:60.000.000 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: "Green" for choropleths and "yellow" for symbols and charts.

Boundaries and Geopolitical Designations

The boundaries, names, and designations used in this palliative care atlas for the Asia-Pacific 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 Asia-Pacific 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.

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4. RESULTS DISSEMINATION

The upcoming release of the new Palliative Care Atlas for the WHO SEARO and WPRO marks a significant milestone in advancing PC across these regions. This comprehensive atlas, to be launched at the 16th Annual Conference in Kuching, Sarawak, Malaysia, in April 2025, results from a collaborative effort involving healthcare professionals, policymakers, and 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 needy individuals. The presentation at the APHN Congress will serve as a platform to engage the global CP community and highlight the ongoing efforts to address challenges in the WHO SEARO and WPRO.

Limitations and constraints

A small proportion of countries and territories is not represented in the atlas (1 out of 41), resulting in data being available for 40 countries/territories. Among these, 35 have had information provided by both key informants and available literature, while six have relied solely on information from available literature. The lack of engagement has been attributed to the selection criteria for key informants, as well as the limited or non-existent PC activity in some 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 both WHO regions.

Based in Spain, the ATLANTES Global Observatory of Palliative Care contributed their experience and knowledge from previous international atlas studies (EAPC, ALCP, EMRO, etc). 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, V.A. (Vilma A.); Garralda, E. (Eduardo); Gnangnon, F. (Freddy); et al. "Report on palliative care development in Benin based on WHO indicators". Pamplona: ATLANTES, WHO Collaborating Centre, Institute for Culture and Society, UNAV, 2023 https://dadun.unav.edu/entities/publication/fe2d982c-eb4e-42d6-ab73-dcba2c73d470

Abbreviations

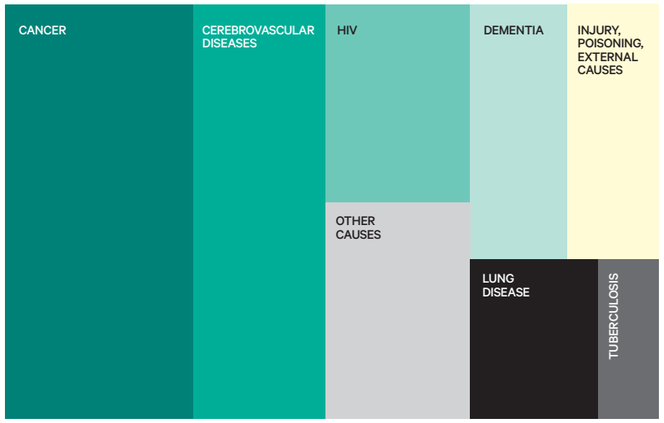
APHN	Asia Pacific Hospice Palliative Care Network
ArcGIS	Geographic Information System software
HIS	Health System Information
IAHPC	International Association for Hospice and Palliative Care
ICS	Universidad de Navarra
LMICs	Low- and Middle-Income Countries
MoH	Ministry of Health
NGOs	Nongovernmental Associations
NCDs	Non-Communicable Diseases
NLM	National Library of Medicine
NSAIDs	Non-Steroidal Anti-Inflammatory Drugs
OPD	Outpatient Department
PHC	Primary health care
PC	Palliative care
PPC	Paediatric palliative care
SAR	Special Administrative Region
SEARO	WHO South-East Asia 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
WPRO	WHO Western Pacific Region

Palliative Care in the Asia-Pacific Regions 2025: At a Glance

25 million of people faced serious health-related suffering in Asia-Pacific regions.

CONDITION	SHS IN THOUSANDS
Cancer	7356
Cerebrovascular diseases	4827
Dementia	2219
HIV	2763
Injury, poisoning, external causes	2086
Lung disease	1860
Tuberculosis	848
Others	3056
Total	**25015**

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

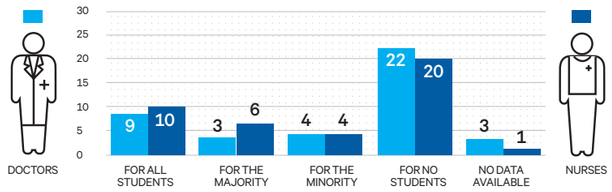


Education and Training

15/41

15/41 sectors officially recognize PC as a medical specialty or subspecialty through national regulatory authorities.

PALLIATIVE CARE EDUCATION FOR FUTURE DOCTORS AND NURSES: COUNTRIES AND AREAS TEACHING PALLIATIVE CARE



Research

15/41 countries and areas host **national PC conferences** at least every three years.

9/41 countries and areas have established or advanced level of **peer-reviewed articles focusing on palliative care** research: Japan, Thailand, Australia, Hong Kong SAR, Singapore, Taiwan, Republic of Korea, New Zealand, Macao SAR.

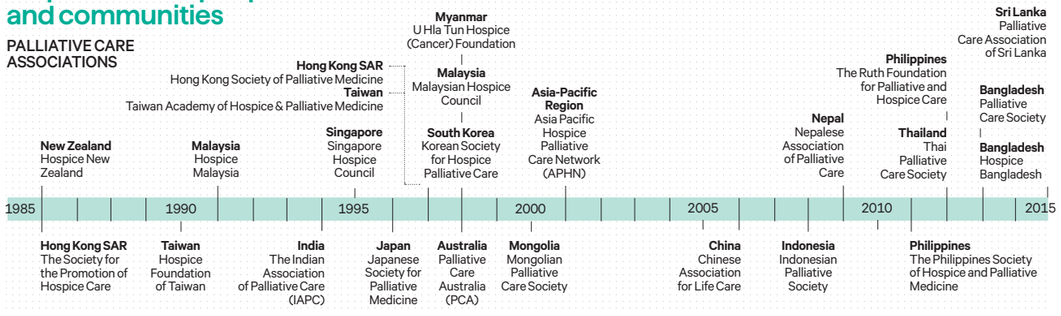
Health Policies

	LEVEL	CONTENT	COUNTRIES AND AREAS
NATIONAL PALLIATIVE CARE PLAN, PROGRAMME, POLICY, OR STRATEGY	4	Actualized, evaluated or audited in last 5 years	8
	3	Actualized but not evaluated or audited in last 5 years	12
	2	Developed over 5 years ago	10
	1	Not known or does not exist	11

PALLIATIVE CARE LAW	YEAR	NAME
South Korea	2018	Law No. 14013, Act on Hospice and Palliative Care and Decisions on Life-Sustaining Treatment for Patients at the End of Life (& Enforcement Decree)
Philippines	2019	H. No. 6422 - An Act Integrating Hospice and Palliative Care into the Philippine Health Care System.
Taiwan	2021	Hospice Palliative Care Act

Empowerment people and communities

PALLIATIVE CARE ASSOCIATIONS

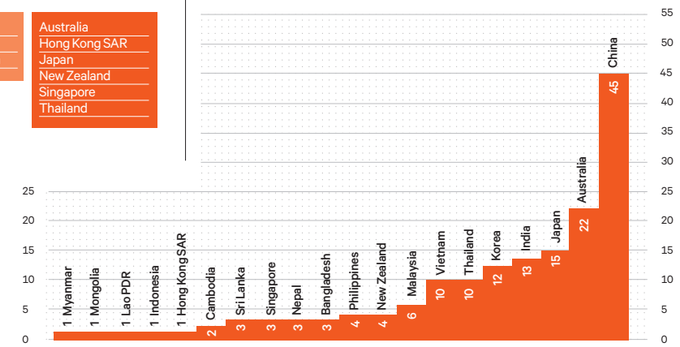


Specialized services

PROVISION OF PALLIATIVE CARE

LEVEL 1 NO OR MINIMAL	LEVEL 2 EXIST BUT ONLY IN SOME GEOGRAPHIC AREAS	LEVEL 3 EXISTS IN MANY PARTS OF THE COUNTRY	LEVEL 4 SYSTEMATICALLY PROVIDED
Bhutan	Bangladesh	Malaysia	Australia
Kiribati	Brunei Darussalam	Mongolia	Hong Kong SAR
Maldives	Cambodia	Republic of Korea	Japan
Nauru	China		New Zealand
Niue	Cook Islands		Singapore
Papua New Guinea	Fiji		Thailand
Samoa	India		
Solomon Islands	Indonesia		
Tokelau	Lao PDR		
Tuvalu	Macao SAR		
Vanuatu	Marshall Islands		
	Micronesia FS		
	Myanmar		
	Nepal		
	Palau		
	Philippines		
	Sri Lanka		
	Timor-Leste		
	Tonga		
	Viet Nam		

PC SERVICES OR TEAMS FOR CHILDREN
Countries and areas and total of services identified

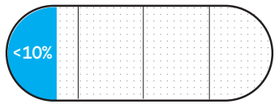


Use of Medicines

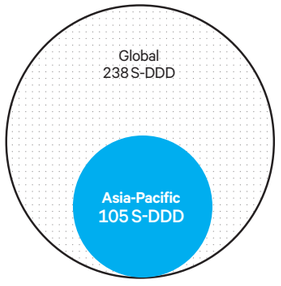
19/41

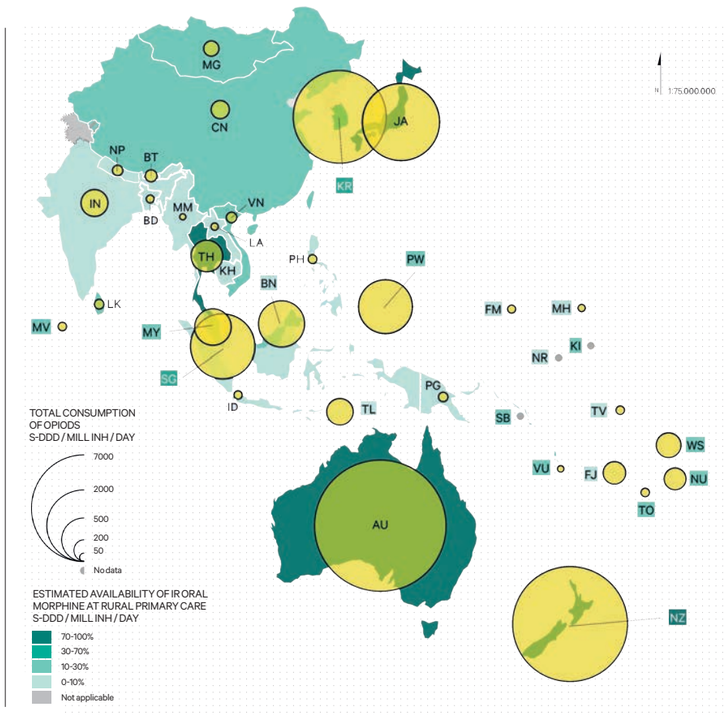
Urban Availability of Essential Medicines: 19/41 sectors report availability above 30%.

MORPHINE ACCESS
16/41 countries and areas report less than 10% access in Primary Care.



USE OF OPIOIDS





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

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

LEVEL OF DEVELOPMENT
1 EMERGING
2 PROGRESSING
3 ESTABLISHED
4 ADVANCED

Thematic maps

AP Map 1: Empower people and communities

Several resources and activities support empowering people and communities in PC development across countries. Ten out of 40 countries have groups integrating PC within broader healthcare programs, while nine countries demonstrate strong national and regional advocacy, promoting patient rights through professional associations. Additionally, 13 countries have national policies on advance directives and/or advance care planning (ACP), ensuring patient autonomy in end-of-life care decisions.

Notable examples include Australia's ACP framework (2021), which ensures nationwide policy consistency with government-funded training and resources for informed decision-making. Similarly, the Singapore ACP initiative, part of its National Strategy, expands it into community settings managed by a Steering Committee. Both initiatives strengthen policies, legal protections, and patient empowerment in palliative care. ●

TABLE 5. **Associations promoting PC**

Country or Area	Association promoting PC	Founded
Australia	Palliative Care Australia (PCA)	1998
Bangladesh	Palliative Care Society Bangladesh	2013
	Hospice Bangladesh	2013
China	Chinese Association for Humanistic and Palliative Care (CAHPC)	—
	Chinese Association for Life Care	2006
Hong Kong SAR (China)	The Society for the Promotion of Hospice Care	1986
	Hong Kong Society of Palliative Medicine	1997
India	The Indian Association of Palliative Care (IAPC)	1994
	All India Institute of Medical Sciences	1956
	Pallium India	2003
Indonesia	Indonesian Palliative Society	2008
Japan	Japanese Society for Palliative Medicine	1996
South Korea	Korean Society for Hospice Palliative Care	1998
Malaysia	Hospis Malaysia	1991
	Malaysian Hospice Council	1998
Mongolia	Mongolian Palliative Care Society	2000
Myanmar	U Hla Tun Hospice (Cancer) Foundation	1998
Nepal	Nepalese Association of Palliative Care	2009
New Zealand	Hospice New Zealand	1986
Philippines	The Ruth Foundation for Palliative and Hospice Care	2012
	The Philippines Society of Hospice and Palliative Medicine	2011
Singapore	Singapore Hospice Council	1995
Sri Lanka	Palliative Care Association of Sri Lanka	—
Thailand	Thai Palliative Care Society	2012

AP

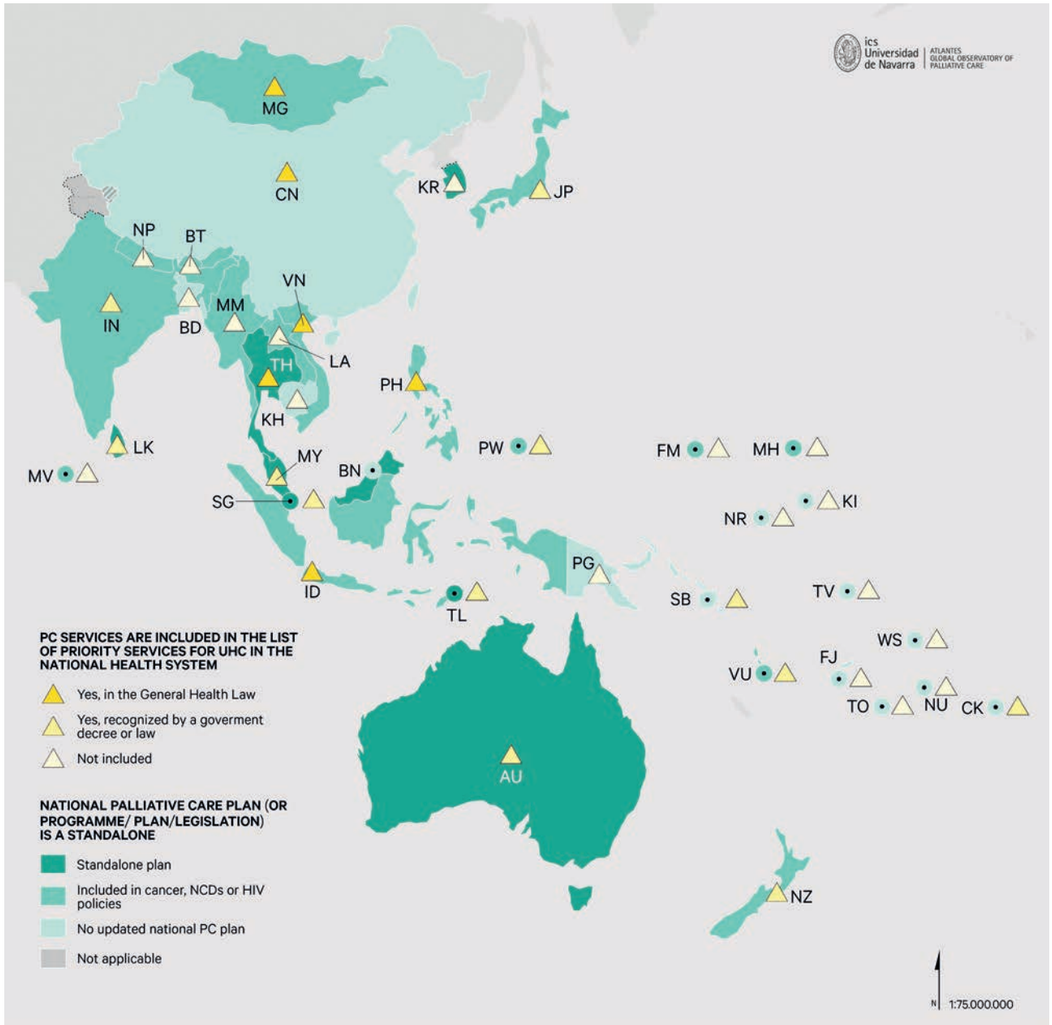
Map 2: Health policy related to PC

Among 40 countries, 18 have an updated national PC strategy, while 8 have standalone plans or legislation governing PC, including the Philippines and South Korea, with comprehensive legal coverage. Malaysia's National Palliative Care Policy and Strategic Plan (2019–2030) also stands out as a significant step in policy development. It emphasises integrating PC into government hospitals, primary care, and community programs, while the Ministry of Health is developing a National Palliative Care Standard Framework to enhance implementation and service quality. Additionally, 18 countries integrate palliative care into essential health services within UHC, and 6 include PC in their General Health Law, ensuring broader access and legal recognition. ●

TABLE 6. **Palliative Care related health policies and funding**

Country or area	PC Plan, programme, policy or strategy	National PC authority within the government	The national authority has concrete functions, budget and staff
Australia	Actualized in last 5 years, and actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Bangladesh	Developed over 5 years ago	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.)
Bhutan	Actualized in last 5 years, but not actively evaluated or audited	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
Brunei Darussalam	Not known or Does not exist	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.)
Cambodia	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
China	Developed over 5 years ago	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Cook Islands	Actualized in last 5 years, but not actively evaluated or audited	There is a coordinating entity but has an incomplete structure (lack of scientific or technical section)	Does not have concrete functions or resources (budget, staff, etc.)
Fiji	Not known or Does not exist	There is no authority defined	There are concrete functions but do not have a budget or staff
Hong Kong SAR (China)	Actualized in last 5 years, and actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
India	Developed over 5 years ago	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Indonesia	Actualized in last 5 years, but not actively evaluated or audited	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
Japan	Actualized in last 5 years, and actively evaluated or audited	There is a coordinating entity but has an incomplete structure (lack of scientific or technical section)	There are concrete functions, staff and budget
Kiribati	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Lao People's Democratic Republic	Developed over 5 years ago	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.)
Macao SAR (China)	Developed over 5 years ago	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Malaysia	Actualized in last 5 years, but not actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Maldives	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Marshall Islands	Developed over 5 years ago	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Micronesia (Federated States of)	Developed over 5 years ago	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Mongolia	Actualized in last 5 years, but not actively evaluated or audited	There is a coordinating entity but has an incomplete structure (lack of scientific or technical section)	Does not have concrete functions or resources (budget, staff, etc.)
Myanmar	Actualized in last 5 years, but not actively evaluated or audited	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
Nauru	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Nepal	Actualized in last 5 years, but not actively evaluated or audited	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
New Zealand	Actualized in last 5 years, but not actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Niue	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Palau	Actualized in last 5 years, and actively evaluated or audited	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Papua New Guinea	Not known or Does not exist	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.)
Philippines	Developed over 5 years ago	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
Republic of Korea	Actualized in last 5 years, and actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Samoa	Developed over 5 years ago	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Singapore	Actualized in last 5 years, and actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Solomon Islands	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Sri Lanka	Actualized in last 5 years, but not actively evaluated or audited	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
Thailand	Actualized in last 5 years, and actively evaluated or audited	The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical)	There are concrete functions, staff and budget
Timor-Leste	Developed over 5 years ago	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
Tokelau	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Tonga	Not known or Does not exist	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.)
Tuvalu	Not known or Does not exist	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Vanuatu	Actualized in last 5 years, but not actively evaluated or audited	There is no authority defined	Does not have concrete functions or resources (budget, staff, etc.)
Viet Nam	Actualized in last 5 years, but not actively evaluated or audited	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

AP Map 2: Health policy related to PC



AP Map 3: Research

Regarding research activity and promotion, 14 countries host national PC conferences at least every three years, featuring multidisciplinary participation. In 32 countries, the level of estimated peer-reviewed publications on PC research remains low or very low. However, a perceived interest in PC research is increasing, with a growing number of regional researchers. Notable initiatives include Thailand's Karunruk Palliative Care Research Collaboration Center (KPCRCC), launched in 2024 to establish a national research network and promote academic publications, and New Zealand's Palliative Care Aotearoa Research Network (2023), which fosters nationwide researcher collaboration. ●

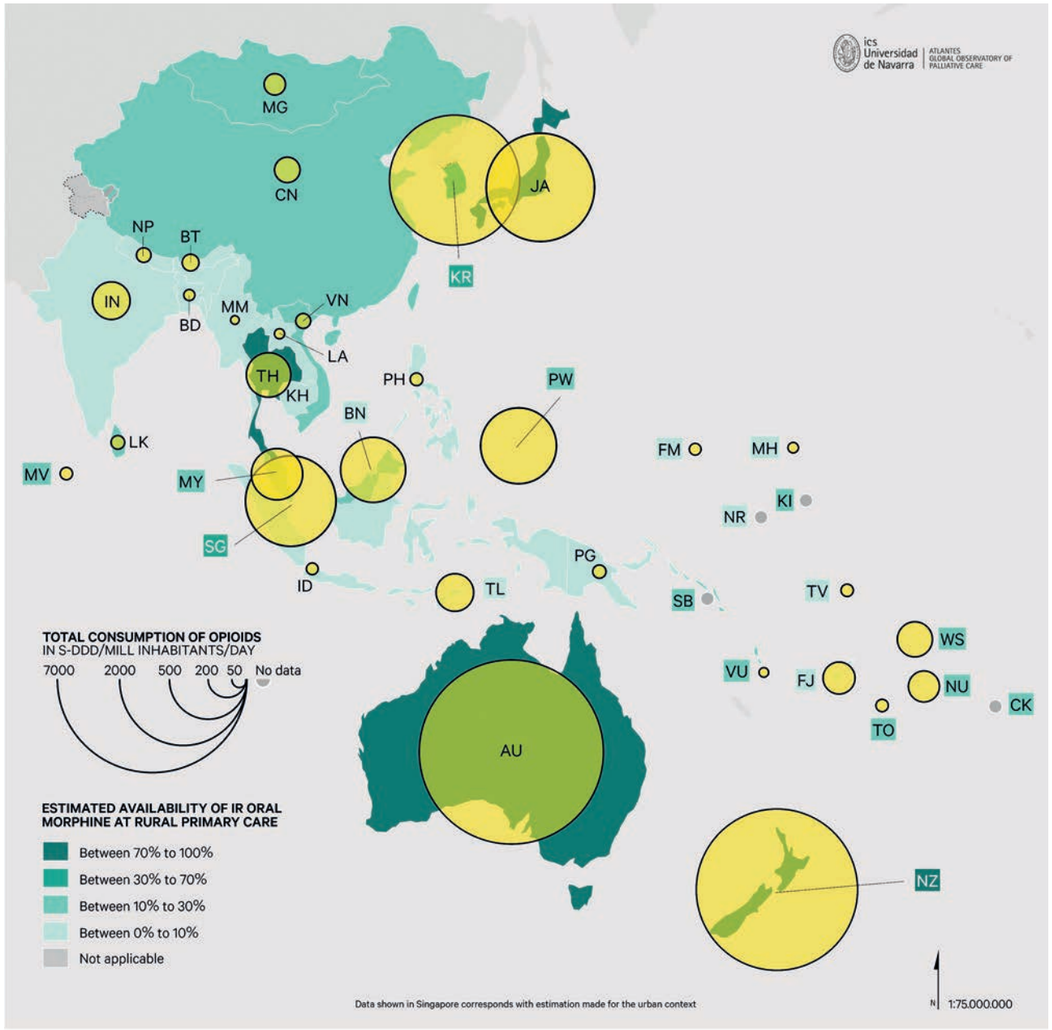
Map 4: Essential medicines

Access to opioids and essential PC medicines in the region is often limited and uneven, with significant disparities between urban and rural areas. While half of the countries report urban availability above 30%, only six report 70-100% availability, and in rural areas, 32 out of 40 countries report less than 30%. Opioid restrictions are a key barrier, with 16 countries reporting less than 10% access to morphine in primary care. Strict regulations delay availability, as seen in the Philippines, while low prescribing confidence limits use in Malaysia. In Indonesia, morphine is unavailable in public primary health centers, and in both,Indonesia and India, the exclusion of certain WHO-recommended strong opioids from their National Medicines Lists limits access to critical pain management options. These challenges underscore the effects of restrictive policies, inadequate provider training, and regulatory exclusions, significantly limiting opioid availability, particularly in primary care and rural settings. ●

TABLE 7. **Consumption of strong opioids in S-DDD, excluding methadone***

Country or area	Consumption of strong opioids in S-DDD*, excluding methadone
Australia	6871
Bangladesh	22
Bhutan	60
Brunei Darussalam	387
Cambodia	No data reported
China	119
Cook Islands	No data reported
Fiji	164
Hong Kong SAR (China)	210
India	201
Indonesia	27
Japan	915
Kiribati	No data reported
Lao PDR	16
Macao SAR (China)	260
Malaysia	295
Maldives	32
Marshall Islands	19
Micronesia (Fed. States of)	27
Mongolia	92
Myanmar	6
Nauru	No data reported
Nepal	45
New Zealand	4865
Niue	157
Palau	503
Papua New Guinea	38
Philippines	34
Republic of Korea	2141
Samoa	185
Singapore	689
Solomon Islands	No data reported
Sri Lanka	39
Thailand	249
Timor-Leste	201
Tokelau	No data reported
Tonga	30
Tuvalu	31
Vanuatu	11
Viet Nam	47

*S-DDD defined daily doses for statistical purposes per million inhabitants per day



Map 5: Palliative care education

Efforts to integrate PC education into nursing and medical school curricula are progressing across the region. The median proportion of medical schools offering compulsory palliative care education is 15.6%, with nine countries ensuring its inclusion in all medical schools. However, in 22 out of 40 countries, no medical school mandates PC compulsory training.

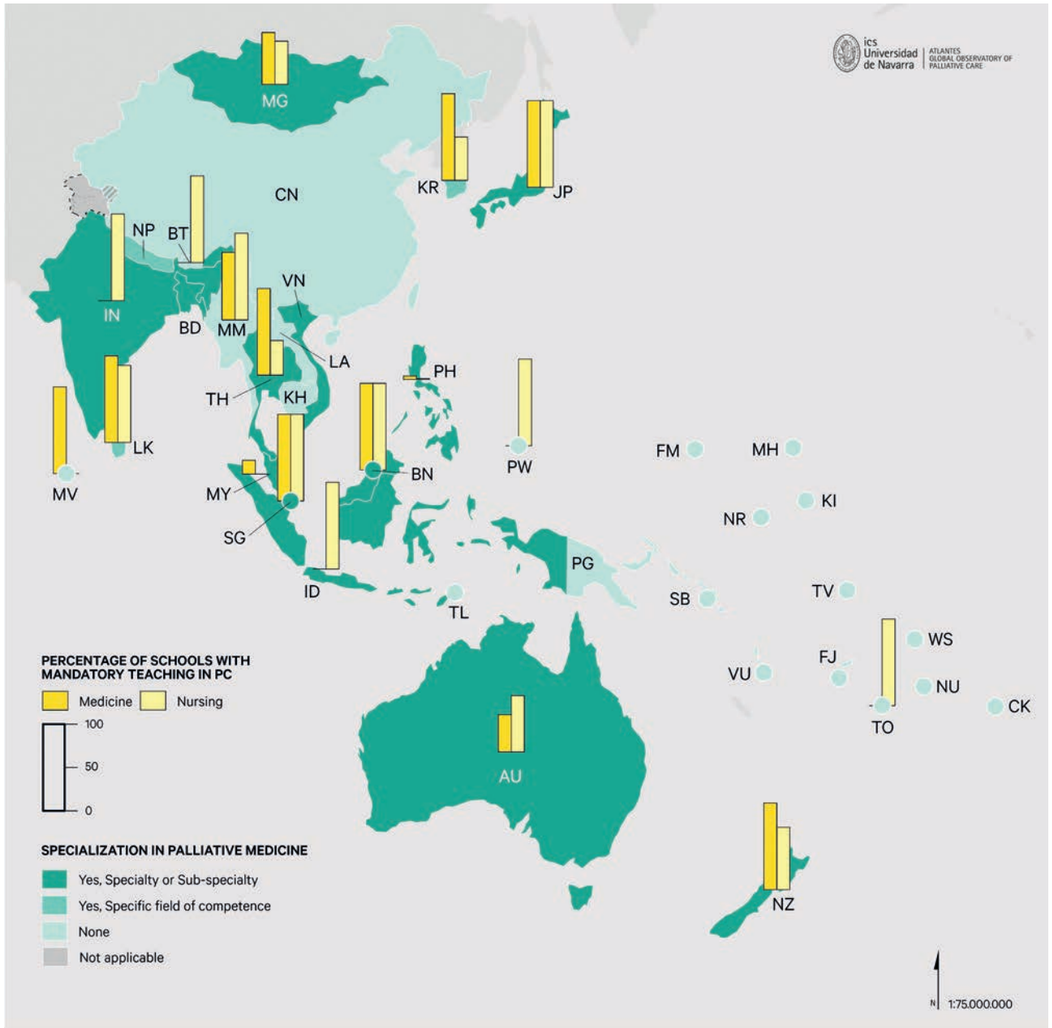
Similarly, the median proportion of nursing schools offering compulsory palliative care education is 18.2%. Additionally, 14 out of 40 countries officially recognise PC as a medical specialty or subspecialty through national regulatory authorities.

Several countries have taken notable steps to integrate PC education. The Philippines' national PC law mandates its inclusion in medical and nursing school curricula. In Japan, PC is included in all medical and nursing curricula and is part of the national examination criteria, with organisations like Hospice Palliative Care Japan standardising education across training levels. Similarly, Mongolia has integrated PC into medical, nursing, and social work curricula. ●

TABLE 8. **Percentage of medical and nursing schools with optional PC teaching**

Country or area	Percentage of medical schools with OPTIONAL teaching in PC*	Percentage of nursing schools with OPTIONAL teaching in PC*
Australia	19	5
Bangladesh	0	0
Bhutan	100	0
Brunei Darussalam	0	0
Cambodia	9	20
China	N/A	N/A
Cook Islands	0	0
Fiji	0	0
Hong Kong SAR (China)	0	0
India	N/A	0
Indonesia	N/A	0
Japan	0	0
Kiribati	0	0
Lao PDR	0	0
Macao SAR (China)	0	50
Malaysia	47	18
Maldives	0	100
Marshall Islands	0	0
Micronesia (FSO)	0	0
Mongolia	40	50
Myanmar	0	0
Nauru	0	0
Nepal	4	N/A
New Zealand	0	N/A
Niue	0	0
Palau	0	0
Papua New Guinea	50	0
Philippines	N/A	N/A
Republic of Korea	0	19
Samoa	0	0
Singapore	0	0
Solomon Islands	0	0
Sri Lanka	0	11
Thailand	0	11
Timor-Leste	100	N/A
Tokelau	0	0
Tonga	0	0
Tuvalu	0	0
Vanuatu	0	0
Viet Nam	28	5

*without compulsory teaching



Map 6: Integrated Health Services

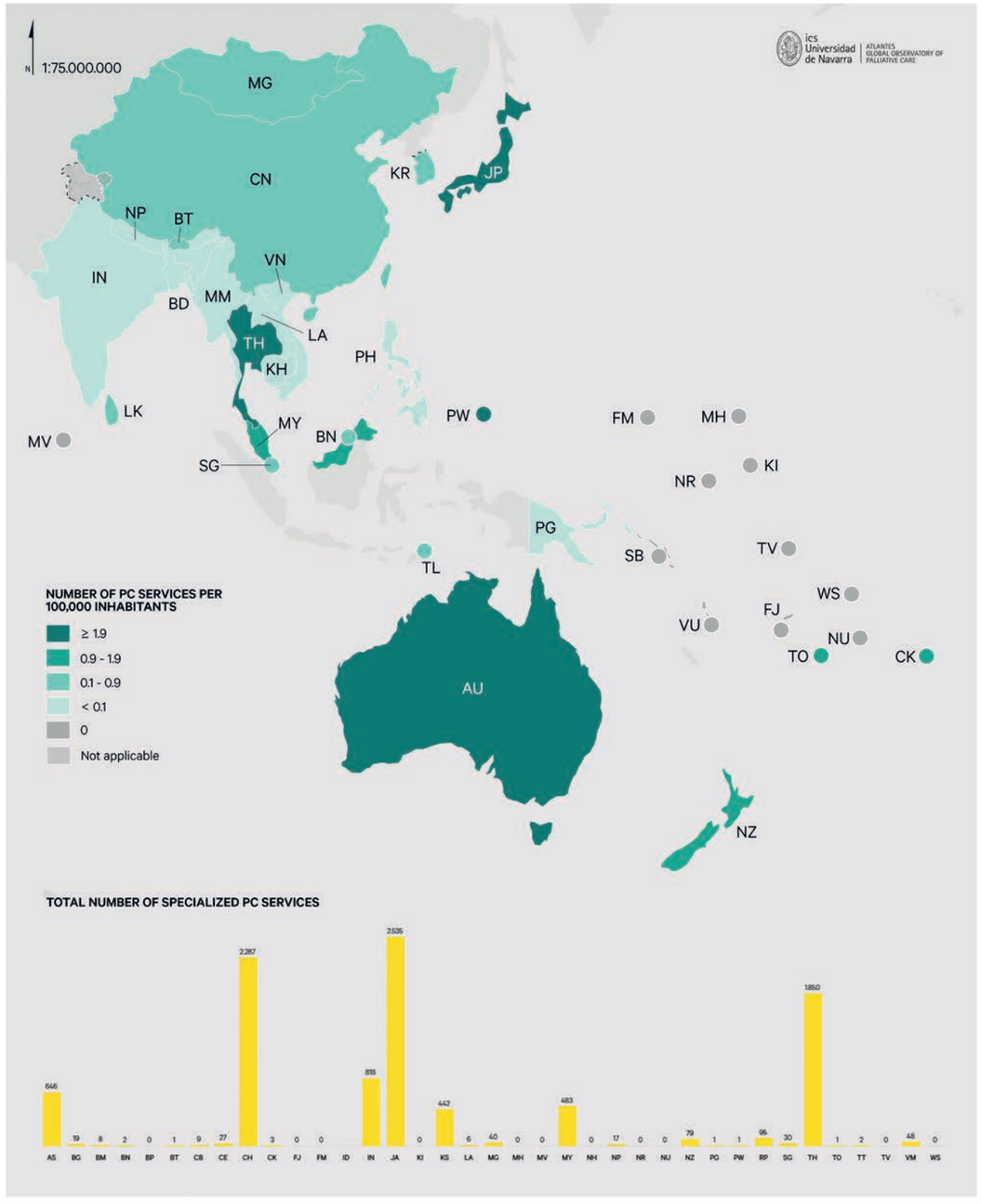
There are significant variations in the integration of PC services across the region. While 6 out of 40 countries have fully integrated PC services into their healthcare systems, three provide generalized services with some gaps in integration. However, in about half of the countries, PC services integration remains in the early stages of development, with only isolated provision available, often concentrated in specific geographic areas. Nearly 30% of countries have a well-established network of homecare teams or widely distributed services, while 9 out of 40 have PC services accessible in most hospitals. In contrast, standalone hospices are the least available, with only 3 countries having a well-established presence of such facilities.

Thailand represents a notable example of PC integration within its healthcare system. The Ministry of Public Health has incorporated PC into primary care, with the Health Region Network ensuring coordination by connecting district hospitals to tertiary and local facilities. ●

TABLE 9. **Provision of specialised palliative care services per 100,000 inhabitants**

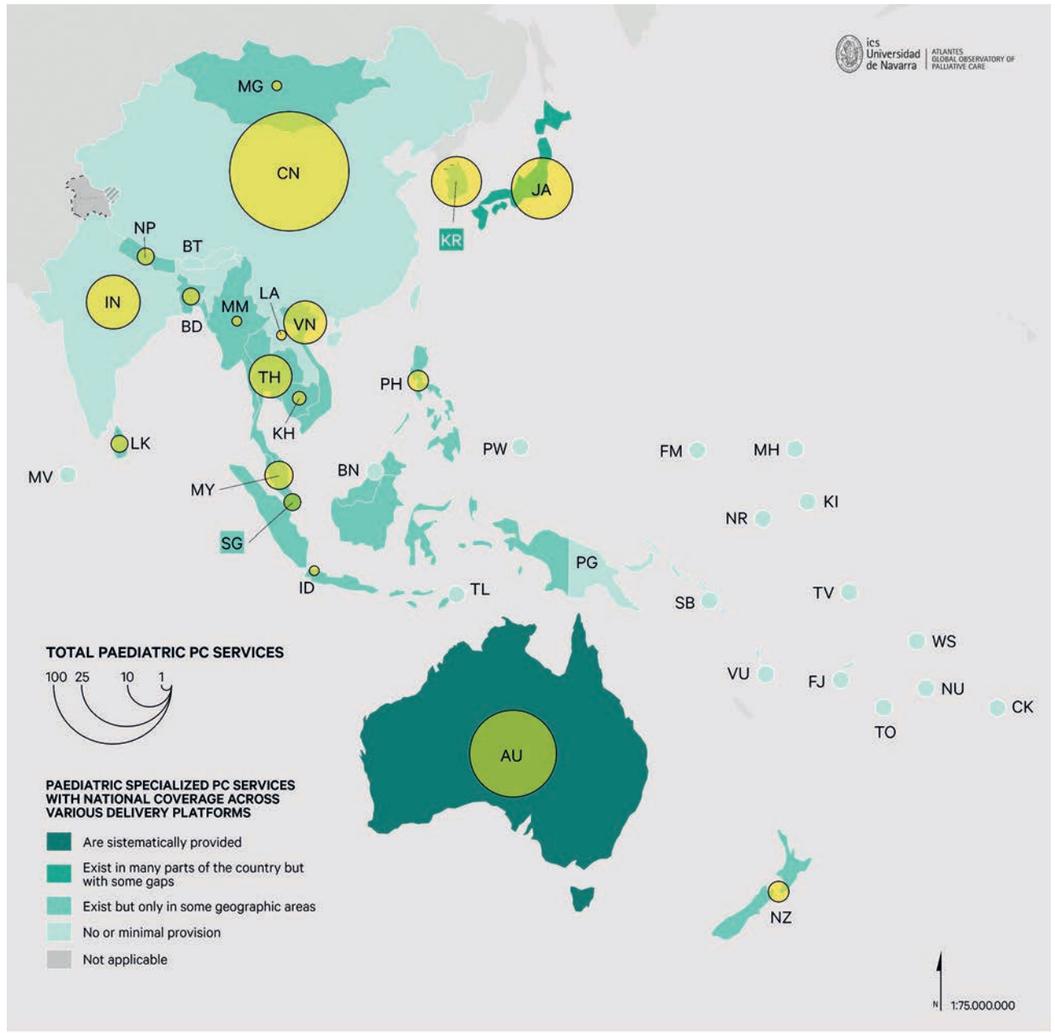
Country or area	Provision of total palliative care services
Australia	646
Bangladesh	19
Bhutan	1
Brunei Darussalam	2
Cambodia	9
China	2,287*
Cook Islands	3
Fiji	0
Hong Kong SAR (China)	30
India	818
Indonesia	N/A
Japan	2,535*
Kiribati	0
Lao PDR	6
Macao SAR (China)	2
Malaysia	483*
Maldives	0
Marshall Islands	0
Micronesia (Fed. States of)	0
Mongolia	40
Myanmar	8
Nauru	0
Nepal	17
New Zealand	79
Niue	0
Palau	1
Papua New Guinea	1
Philippines	95
Republic of Korea	442
Samoa	0
Singapore	30
Solomon Islands	0
Sri Lanka	27
Thailand	1,850*
Timor-Leste	2
Tokelau	0
Tonga	1
Tuvalu	0
Vanuatu	0

*At least



AP Map 7: Children PC provission

Specialised paediatric palliative care services in the region remain limited or isolated in most countries and territories, primarily concentrated in urban areas and major hospitals. Only five countries have integrated or generalised provision of these services. Australia's paediatric palliative care system stands out for its broad geographic reach, offering services through both hospitals and independent providers, ensuring accessibility across multiple care platforms.



Country reports

AP

Australia

General data

POPULATION, 2023
26,658,948

SURFACE, KM² 2022
7,741,220

PHYSICIANS / 1,000 INH, 2022
3.981

Socioeconomic data

COUNTRY INCOME LEVEL, 2023
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
5

GDP PER CAPITA (US$), 2023
64,820.91

HEALTH EXPENDITURE (% GDP), 2021
10.54

UNIVERSAL HEALTH COVERAGE, 2021
87

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

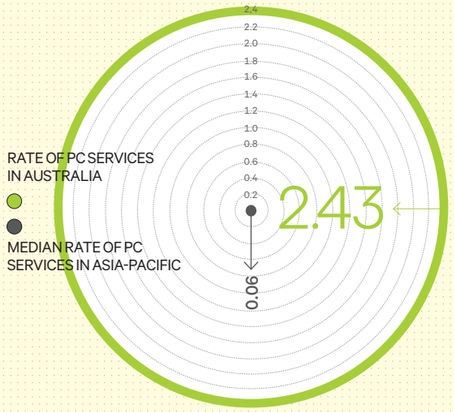
1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

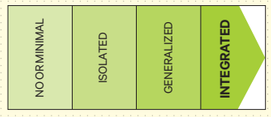
Total number of Specialized PC services **646**

Rate of PC services per 100,000 inhabitants **2.43**

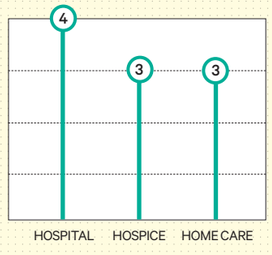
Australia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 4

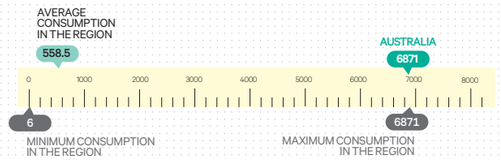
TOTAL NUMBER: **22**

AP Australia

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **6871**
S-DDD/MILL INHABITANTS/DAY

Australia in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 4

National Association: Palliative Care Australia (PCA).

Consultants: Layla Edwards; Christine Drummond.

Data collected: June-September 2024.

Report validated by consultants: October-November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **9/21**

Nursing schools with mandatory PC teaching **37/57**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Australia

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.)

There are several groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors. Palliative Care Australia (PCA) is the national peak body supported by its member State/Territory palliative care associations and national professional associations, as well as a national register of carers and consumers, to advocate for accessible palliative care. PCA aligns with the Australian National Palliative Care Strategy and has a strong consumer focus, organizing forums and providing information digitally and in print. Other key organizations include Australia & New Zealand Society of Palliative Medicine (ANZSPM), Palliative Care Nurses Australia (PCNA), Palliative Care Social Work Australia (PCSWA), and Carers Australia, all of which advocate for professionals and caregivers. Additionally, Cancer Council Australia, Palliative Care New South Wales (NSW), and Carers NSW offer support and resources for patients and families.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).

4

There is a national policy on advance care planning.

Australia has a national framework for advance care planning (ACP), established in May 2021. This framework provides guidelines for healthcare professionals, patients, and families on discussing and documenting future healthcare preferences. It supports policymakers and regulators in each State and Territory to create their own ACP policies, which are valid nationwide. Advance Care Planning Australia™ is a national project funded by the Australian Government Department of Health and Aged Care. It offers training, education, and guidance on ACP for health professionals, as well as tailored resources for diverse communities and specific health settings, helping Australians make informed choices about their future care.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/government decrees on PC.

The National Palliative Care Strategy (2019) provides a comprehensive framework for palliative care in Australia, with an Implementation Plan requiring annual progress reports from States and Territories. The plan, due for completion in 2024, has been reviewed and is yet to be replaced by a new version Implementation Plan by the Australian Government. The Australian Institute of Health & Welfare (AIHW) publishes six-monthly updates and holds national meetings to discuss progress. While no national law governs palliative care, services operate under various legislation, including the Aged Care Act (1997) and Health Practitioner Regulation National Law. Each State and Territory aligns its policies with the national strategy and reports annually to the Australian Government as a funding condition. The strategy's indicators track progress, with data on services, workforce, and outcomes published by AIHW,

AP Australia

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

with most providers contributing through the Palliative Care Outcomes Collaborative to monitor service effectiveness and responsiveness.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care services are included in Australia's universal health coverage, Medicare, which covers consultations with general practitioners, specialists, home visits, and other related medical services. While not legislated, palliative care is considered an essential component of primary care, integrated by Primary Health Networks (PHNs). Medicare funds palliative care services, regardless of the service location or provider type. Essential palliative care medications are available through the national Pharmaceutical Benefits Scheme, and can be prescribed by any medical practitioner, including general practitioners, specialists, or Palliative Care Nurse Practitioners. A 2022 scoping review highlighted the Australian Government's significant investment in PHNs to enhance palliative care provision within primary health care settings. Palliative care services are regularly reported on as part of national health assessments.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

The Australian Department of Health and Aged Care oversees palliative care policies, programs, and funding across the country. The Newborn Screening and Palliative Care Branch handles the development and delivery of services, coordinating quarterly meetings with States and Territories to align national objectives. The department funds palliative care activities through the Australian Institute of Health and Welfare (AIHW) and supports initiatives like the National Palliative Care Grants Programme, which funds impactful projects such as the Palliative Care Outcomes Collaborative (PCOC) and the Palliative Care Curriculum for Undergraduates (PCC4U) at Queensland University of Technology. It collaborates with organizations such as Palliative Care Australia, universities, and other stakeholders to advance policies and campaigns. The department advises the Federal Minister for Health on palliative care issues, ensuring a cohesive approach to service delivery. This comprehensive framework supports ongoing development and implementation of national palliative care priorities.

AP Australia

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

There are several national congresses and scientific meetings dedicated to palliative care. The biennial Oceanic Palliative Care Conference (OPCC), organized by Palliative Care Australia (PCA), is the country's premier event. State branches of PCA also hold annual conferences. Other national conferences include those by the Australian & New Zealand Society of Palliative Medicine (ANZSPM) and Palliative Care Nurses Australia (PCNA). Many Royal Australasian Colleges, such as the Royal Australasian College of Physicians and the Royal Australasian College of General Practitioners, include palliative care topics in their annual meetings. Additionally, the Palliative Care Research Network (PCRN) and the Australian Pediatric Palliative Care Conference provide platforms for discussing research and clinical practices in palliative care. National Palliative Care Week also hosts various activities.

Ind 7

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.

4

Very High: Denotes an extensive number of articles published on the subject.

Medicines

Ind 8

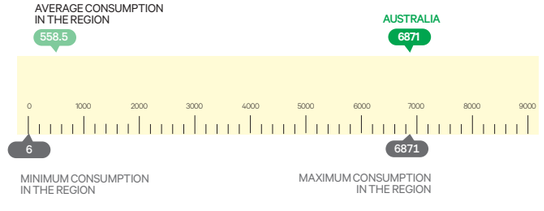
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 6871 S-DDD

6871

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Australia

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

Urban primary care facilities typically have reliable access to pain and palliative care medications listed in the WHO Model List of Essential Medicines through the Pharmaceutical Benefits Scheme (PBS). The PBS ensures these essential medicines are widely available in urban pharmacies and healthcare facilities. Prescribing controlled substances is governed by national and state/territory laws, alongside professional standards set by the Australian Health Practitioner Regulation Agency (AHPRA) and medical colleges like the Royal Australasian College of Physicians and the Royal Australasian College of General Practitioners. While most primary care facilities and pharmacies in regional and rural areas also provide PBS-listed medications, these regions face challenges, including lower healthcare facility density, which can hinder access to medicines. Despite the PBS's efforts to ensure availability, the geographic and logistical constraints in rural and remote areas can affect patients' ability to obtain essential pain and palliative care medications.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

Immediate-release oral morphine (liquid or tablet) is listed on the Pharmaceutical Benefits Scheme (PBS) in Australia. This inclusion ensures that it is subsidized by the government, making it more affordable and accessible to patients who need it for pain management. While rural areas face challenges such as fewer healthcare facilities, immediate-release oral morphine is generally available at the primary care level in the facilities that are present. The PBS ensures its affordability and accessibility, though the availability may still be impacted by the lower density of healthcare services in remote areas.

AP Australia

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	9/21
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	4/21
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	35/57
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	3/57

In Australia, palliative care education is not legally mandated in medical or nursing schools but is widely incorporated into programs, supported by a government-endorsed national curriculum. Freely accessible education packages and a nationally funded training scheme further promote palliative care integration. The National Safety and Quality Health Service Standards, particularly Standard 5, ensure consistent quality of end-of-life care. Additionally, the Australian Health Practitioner Regulation Agency (AHPRA) outlines professional responsibilities in its Code of Conduct for Doctors, emphasizing patient autonomy and surrogate decision-makers. Nurses and midwives are similarly guided by professional codes of conduct and practice, which stress the importance of consent, cultural sensitivity, and respectful relationships in end-of-life care. The Shared Code of Conduct for various health professionals, issued by AHPRA, highlights collaboration and ethical practices in this domain.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

There is an official specialization process in palliative medicine for physicians in Australia, recognized by the Royal Australasian College of Physicians (RACP). The RACP oversees a structured three-year, full-time Specialist Palliative Medicine training program, which includes clear requirements for both trainees and accredited training sites. The college develops and accredits all medical specialty training programs, ensuring rigorous standards for physicians specializing in palliative medicine.

AP Australia

Provision of PC / Services

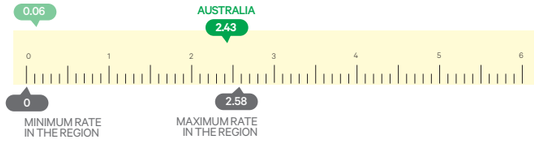
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	4 — Integrated provision: Specialized palliative care services or teams are systematically provided.
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.	4 — Are part of most/all hospitals in some form.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	3 — Found in many parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	3 — Found in many parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	646

Australia has a system of specialized palliative care services with broad geographic reach, delivered through multiple platforms. Hospital inpatient units in larger hospitals provide multidisciplinary palliative care, while outreach services offer home-based care with support from nurses, doctors, and allied health professionals. Hospices provide intensive care in home-like settings, with around 211 freestanding palliative care units nationwide. Consultation services in hospitals support providers managing palliative care patients. Approximately 25% of public acute hospitals in cities have dedicated palliative care units, but availability decreases in rural and remote areas. 900 Home Care Providers deliver services through Home Care Packages (HCP), though access remains limited in remote areas, and waiting times are significant. Australia has 646 specialized palliative care teams corresponding to 2.43 services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



646 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	4 — Integrated provision: Specialized palliative care services or teams for children are systematically provided
14.2. Please enter the total number of pediatric specialized PC services or teams in the country	22 PPC TEAMS

Australia has 13 children's hospitals, with 11 offering specialized palliative care services. In 2021, nearly half of children who died from life-limiting conditions received palliative care from these hospitals. Additionally, there are 11 freestanding specialist pediatric palliative care services across the country. This system provides broad geographic reach through hospitals and independent services, ensuring care is available across various service platforms.

AP

Bangladesh

General data

POPULATION, 2023
171,466,990

SURFACE, KM², 2022
147,570

PHYSICIANS / 1,000 INH, 2022
2.518

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
129

GDP PER CAPITA (US$), 2023
2,551.02

HEALTH EXPENDITURE (% GDP), 2021
2.36

UNIVERSAL HEALTH COVERAGE, 2021
52

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

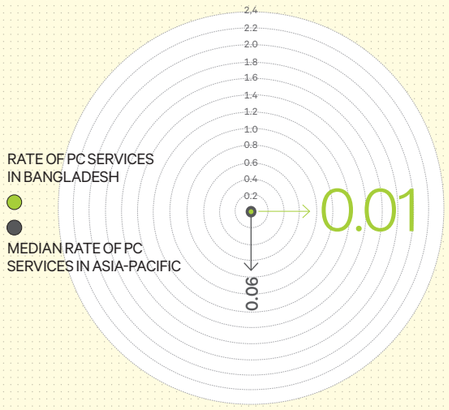
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

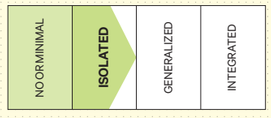
Total number of Specialized PC services **19**

Rate of PC services per 100,000 inhabitants **0.01**

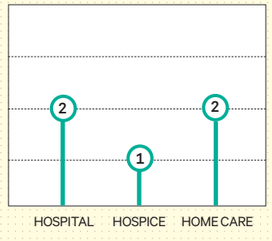
Bangladesh in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

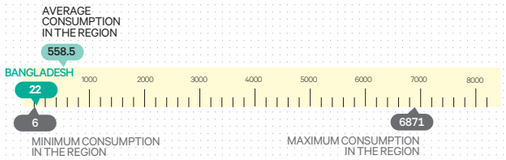
TOTAL NUMBER: 3

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **22**

S-DDD/MILL INHABITANTS/DAY

Bangladesh in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 2

National Association: Hospice Bangladesh; Palliative Care Society Bangladesh.

Consultants: Md. Shahinur Kabir; Mostofa Kamal Chowdhury; Rubayat Rahman; Sumit Banik; Wai Wai Mroy John.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **0/107**

Nursing schools with mandatory PC teaching **0/115**

Recognition of PC specialty: 4

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 1

AP Bangladesh

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

Several groups promote the rights of palliative care patients, caregivers, and disease survivors. These include non-profit organizations such as Palliative Care Society of Bangladesh (PCSB), Hospice Bangladesh, and the Bangladesh Palliative and Supportive Care Foundation (BPSCF), and key organizations such as the Department of Palliative Medicine at Bangabandhu Sheikh Mujib Medical University. These groups advocate for palliative care awareness, support for caregivers, and policy development. While most services are centralized in Dhaka, efforts like PCSB's community projects aim to extend care to broader populations. These organizations address healthcare limitations, rising chronic diseases, cultural barriers, and provide emotional support for caregivers and survivors.

Ind 2

Is a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).

1

There is no national policy or guideline on advance care planning.

Bangladesh does not yet have a national policy or guideline on advance care planning (ACP). While the Directorate of Health Services' Non-Communicable Disease Control wing has included palliative and geriatric care in their upcoming 5-year operational plan, currently, there is no formal ACP framework in place.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

Currently, there is no national palliative care (PC) policy, strategy, or program, although a concept note has been submitted to the Directorate General of Health Services (DGHS). Since 2022, the DGHS has initiated introductory palliative care training for healthcare providers and published a training module for nurses and paramedics. The National PC Guideline was introduced in 2018, and palliative care is included in the DGHS's pending 5-year operational plan. Oversight of PC initiatives, including training programs, falls under the National Non-Communicable Disease Control Program. However, there are no specific indicators or formal systems to monitor or evaluate progress.

AP Bangladesh

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care is not yet included in the list of priority services for primary care in Bangladesh's national health system. However, a pilot community-based project, "Compassionate Narayanganj," has introduced palliative care at an outpatient department within a primary health complex, in collaboration with the Non-Communicable Disease Control program (DGHS). If successful, this model could be expanded. Although Bangladesh is a signatory to WHA resolution 67.19 (2014), the integration of palliative care into universal health coverage is still in its early stages.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

Palliative care falls under the Non-communicable Disease Control program of the Directorate General of Health Services (DGHS) within the Ministry of Health. Currently, it lacks dedicated staff, a specific budget, or an established implementation plan. However, Palliative Care Operational Plan, along with its budget, is in the final approval stage. Groundwork has been completed, and efforts are underway to secure government implementation, aiming to make palliative care services accessible nationwide.

AP Bangladesh

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There is no regular national-level congress or conference dedicated solely to palliative care in Bangladesh. However, sporadic meetings led by the Directorate General of Health Services (DGHS) have focused on developing guidelines, training manuals, and initiating palliative care services in hospitals. Two international conferences on palliative care have been held in Bangladesh, the most recent taking place in January 2011. More recently, oncology conferences have included palliative care sessions, signaling growing recognition of its importance in healthcare and contributing to the progression of palliative care integration in Bangladesh.

Ind 7

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.

2

Reflects a limited number of articles published.

Since palliative care is an emerging field with very few institutional frameworks, only a limited number of articles have been published in the past five years.

Medicines

Ind 8

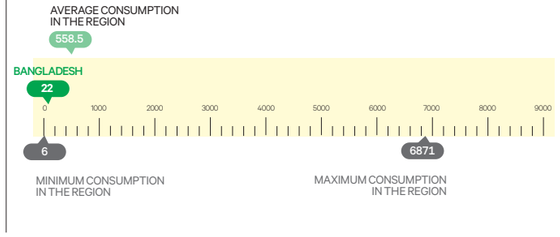
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 22 S-DDD.

22

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Bangladesh

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Bangladesh's 2016 Essential Drug List includes only four palliative care-specific drugs: Hyoscine Butylbromide, Amitryptyline, Propantheline Bromide, and Lactulose. Morphine is listed only for anesthetic purposes, with limited availability in the capital and select divisional cities. Access to pain and palliative care medications from the WHO Model List of Essential Medicines is restricted, especially in rural, coastal, hilly, and border areas. Government facilities struggle to procure essential opioids, except for specialized institutions like Bangabandhu Sheikh Mujib Medical University. Drug availability is more consistent in urban areas, but rural regions face significant shortages.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Immediate-release oral morphine (liquid or tablet) is not widely available in urban areas of Bangladesh, except in Dhaka, where institutions like the National Institute of Cancer Research & Hospital (NICRH) provide it. Strict narcotics regulations limit production to two pharmaceutical companies, and many doctors lack the knowledge to prescribe morphine, leaving patients reliant on palliative care physicians or oncologists. Morphine is rarely accessible at the primary care level, particularly in rural areas. Public and private palliative care services are centralized in Dhaka, further restricting access to morphine outside the capital.

AP Bangladesh

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.

0/107

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

0/107

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/115

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

0/115

In Bangladesh, palliative care is not included in the mandatory curriculum of the country's 39 public and 68 private medical colleges, nor is it formally integrated into undergraduate medical or nursing programs. While final-year students encounter palliative care concepts through clinical attachments and textbooks, their understanding remains limited. None of the 115 nursing colleges (10 government and 105 private) offer compulsory or optional palliative care education. Efforts are underway to advocate for its inclusion in the national medical and nursing curricula, but no structured modules or dedicated teaching slots currently exist.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

Palliative Medicine became a recognized medical specialty in Bangladesh in 2015. The MD residency program, established in 2016, offers a 5-year course in Palliative Medicine. The Department of Palliative Medicine at Bangabandhu Sheikh Mujib Medical University (BSMMU) trains specialists, with 13 MD students in 2018. The country also engages in public outreach programs, collaborating with both national and international organizations to promote palliative care, particularly for children.

AP Bangladesh

Provision of PC / Services

Ind 13

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

2

Isolated provision: Exists but only in some geographic areas.

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.

2

Ad hoc/ in some parts of the country.

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

1

Not at all.

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

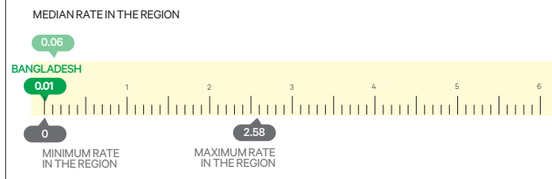
2

Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

19 ← SPECIALIZED PALLIATIVE CARE SERVICES

Specialized palliative care services in Bangladesh are largely centralized in Dhaka, with Bangabandhu Sheikh Mujib Medical University (BSMMU) hosting the only dedicated Department of Palliative Medicine, offering inpatient, outpatient, home care, training, and research. Limited palliative care units operate in a few government hospitals, private hospitals, and NGOs. There are no standalone hospice facilities, and hospice care is integrated into existing palliative services. Community-based programs like 'Compassionate Korail' and 'Compassionate Narayanganj' provide home care in underserved areas. Hospice Bangladesh and the Bangladesh Cancer Society also offer home care, with Hospice Bangladesh introducing inpatient care and online consultations. However, services outside Dhaka are minimal, fragmented, and not integrated into the primary healthcare system. Bangladesh has an estimated 19 specialized palliative care services, corresponding to a rate of 0.01 palliative care services per 100,000 inhabitants.



Ind 14

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

2

Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country

3 PPC TEAMS

Bangladesh has a limited system of specialized palliative care services for children, primarily concentrated in Dhaka. The Department of Palliative Medicine at Bangabandhu Sheikh Mujib Medical University (BSMMU) serves as the country's primary centre for palliative medicine, offering pediatric palliative care, including home care, and operating a dedicated 3-bed pediatric ward. Additionally, two private hospitals, the ASHIC Foundation and Hospice Bangladesh, provide pediatric palliative care services. Other private hospitals, as well as government institutions, such as the National Institute of Cancer Research & Hospital (NICRH) PC Unit and the Dhaka Medical College Hospital (DMCH) PC Unit, offer pediatric palliative care, though their services are limited. Access to pediatric palliative care outside Dhaka remains minimal.

AP

Bhutan

General data

POPULATION, 2023
786,385

SURFACE, KM², 2022
38,390

PHYSICIANS / 1,000 INH, 2022
0.56

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
127

GDP PER CAPITA (US$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
3.85

UNIVERSAL HEALTH COVERAGE, 2021
60

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

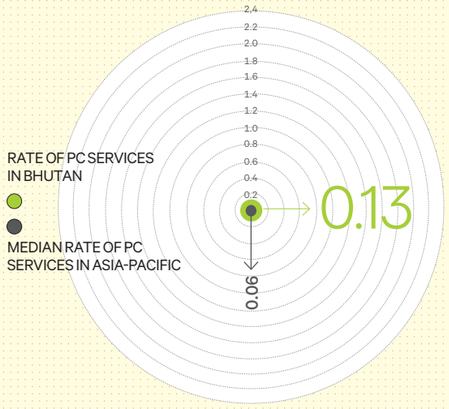
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

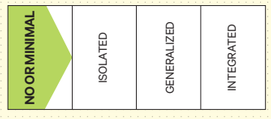
Total number of Specialized PC services **1**

Rate of PC services per 100,000 inhabitants **0.13**

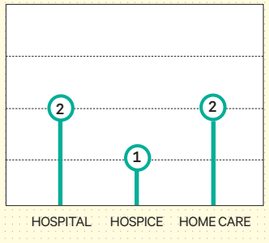
Bhutan in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

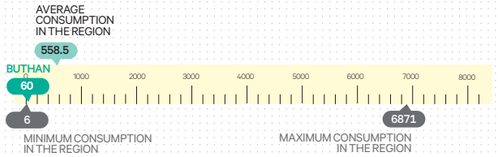
TOTAL NUMBER: 0

AP Bhutan

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone) **60** S-DDD/MILL INHABITANTS/DAY

Buthan in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 2

National Association: -
Consultants: Tara Devi Laavar.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **0/1**

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

Recognition of PC specialty: 2

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Bhutan

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

In 2018, a home-based palliative care team was established at the national referral hospital in Thimphu, Bhutan, and continues to serve as the only formal palliative care provider in the country. In collaboration with a PhD-specialized palliative care nurse and lecturer at the Medical University of Bhutan, the team works to further develop palliative care services in Bhutan, enhance the knowledge and skills of healthcare professionals, and advocate for palliative care among healthcare providers, policymakers, and the general public.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).

1

There is no national policy or guideline on advance care planning.

The first national palliative care guideline has recently been finalized, but it provides limited guidance on advance care planning, as palliative care itself is still a relatively new concept in the country. Currently, no specific guideline exists for advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

The palliative care strategy is integrated into the Cancer Control Program. The Ministry of Health has recently developed a national palliative care guideline, though it has not yet been officially published.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

AP Bhutan

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Bhutan's National Health Policy is currently undergoing review, with palliative care incorporated into the updated version.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

Palliative care is currently integrated into the Cancer Control Programme, with the Public Health Department at the Ministry of Health serving as the coordinating body responsible for overseeing its progress.

5.2. The national authority has concrete functions, budget and staff..

2

There are concrete functions but do not have a budget or staff.

AP Bhutan

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

In September 2023, the Ministry of Health hosted an international Cancer Symposium, where the significance of palliative care was emphasized, and several palliative care research findings were presented.

Ind 7

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.

2

Reflects a limited number of articles published.

Although a few foundational studies on palliative care development have been published in Bhutan, the overall volume of research publications remains low.

Medicines

Ind 8

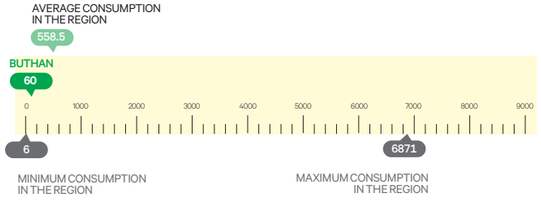
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical (S-DDD) purposes per million inhabitants per day, 2020–2022: 60 S-DDD.

60

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Bhutan

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%

In Bhutan, medicines for pain management and opioids as morphine tablets and injections are available at secondary and tertiary healthcare centers. Primary health centers in communities does not have availability of most of the palliative care medications as defined in the WHO Model List of Essential Medicines (just paracetamol and ibuprofen for pain management).

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

In Bhutan, medicines for pain management and opioids as morphine tablets and injections are available only at secondary and tertiary healthcare centers. Primary health centers in communities does not have availability of most of the palliative care medications as defined in the WHO Model List of Essential Medicines (just paracetamol and ibuprofen for pain management).

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

AP Bhutan

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/1
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	1/1
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	1/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

Bhutan has one medical university, comprising four faculties: the Faculty of Nursing and Public Health (FNPH), the Faculty of Traditional Medicine, the Faculty of Postgraduate Medicine, and the newly established Faculty of Undergraduate Medicine. Currently, palliative care is not a mandatory part of the undergraduate medical curriculum. However, it is included as a compulsory component in the nursing and community health curriculum at FNPH.

Ind 12

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

2

There is no process on specialization 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 of institutions).

Bhutan has only one palliative care physician, who recently completed a year-long Fellowship in Palliative Medicine at the Singapore National Cancer Center. The country currently lacks a specialized palliative care or postgraduate program in this field.

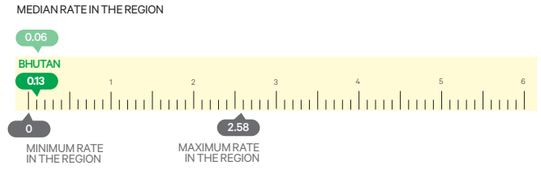
AP Bhutan

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 — No or minimal provision of palliative care specialized services or teams exist in the country.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	2 — Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 — Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 — Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	1

There is only one specialized Palliative Care team in Bhutan based at the Jigme Dorji Wangchuck National Referral Hospital. While the team primarily serves adult cancer patients, its services have recently been extended to include non-cancer patients living in Thimphu city. According to 2023 World Bank population data for Bhutan, this corresponds to a rate of 0.13 specialized palliative care services per 100,000 inhabitants.



← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 — No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

Palliative care for children is in the very early stages of development in Bhutan. It was in 2023 that pediatricians, resident doctors, and nurses began receiving training in pediatric palliative care. A year-long Pediatric Palliative Care Leadership Course is currently being conducted in the region, with a PhD-trained palliative care nurse and lecturer at the Medical University of Bhutan (Dr. Laabar), among the scholars in the inaugural cohort. The program, offered by Two Worlds Cancer Collaboration and Sunflower Children's Hospital, aims to build capacity in this field. Through the course, Dr. Laabar has been working to enhance the knowledge and skills of healthcare professionals involved in pediatric palliative care in the country.

COUNTRY REPORTS

AP

Brunei Darussalam

General data

POPULATION, 2023
458,949

SURFACE, KM², 2022
5,770

PHYSICIANS / 1,000 INH, 2022
0.67

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
51

GDP PER CAPITA (US$), 2023
32,962.91

HEALTH EXPENDITURE (% GDP), 2021
2.2

UNIVERSAL HEALTH COVERAGE, 2021
78

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

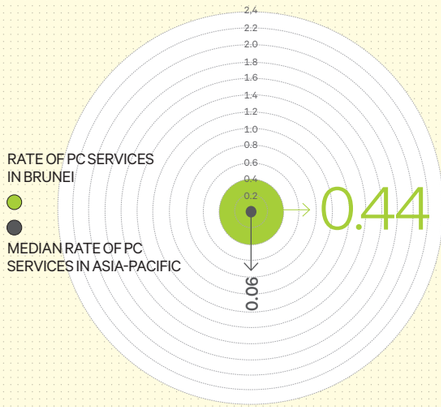
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

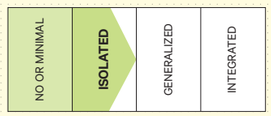
Total number of Specialized PC services: **2**

Rate of PC services per 100,000 inhabitants: **0.44**

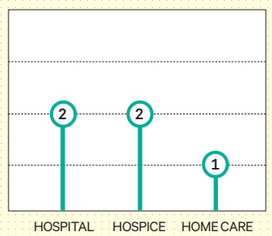
Brunei in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

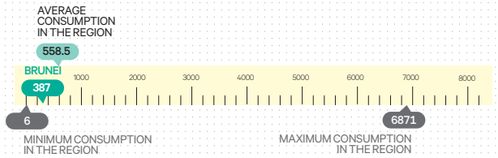
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **387** S-DDD/MILL INHABITANTS/DAY

Brunei in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 2

National Association: -

Consultants: Tamin Norhasyimah; Shyh Poh Teo.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **1/1**

Nursing schools with mandatory PC teaching: **3/3**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Brunei Darussalam

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

The Foundation for Children with Cancer (Yayasan Kanser Anak Anak, YASKA) offers information and support to children with cancer. Additionally, the Brunei Cancer Centre (TBCC) provides a supportive care team dedicated to assisting patients and their families.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).

1

There is no national policy or guideline on advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or Does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

The Brunei Darussalam Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (Bru-MAP-NCD) 2021–2025 includes an initiative to strengthen patient support systems for better NCD management. This will be accomplished through a multidisciplinary approach that incorporates rehabilitative, geriatric, palliative, and social care services, with a target completion date of 2025.

AP Brunei Darussalam

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

At present, palliative care services (PC) are limited to hospital settings.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

5.2. The national authority has concrete functions, budget and staff..

1

Does not have concrete functions or resources (budget, staff, etc.)

There is no specific unit or department within the Ministry of Health for coordinating palliative care (PC) development. However, several technical groups provide assessments and reports to guide progress. The Geriatrics and Palliative Unit at RIPAS Hospital, the country's main tertiary hospital, offers critical input for decision-making, including contributions to guidelines such as those for Cardiac Failure. Collaborative efforts also exist, such as the Conservative Kidney Management (CKM) service, jointly operated by renal and palliative teams. The Brunei Cancer Centre (TBCC) plays a key role, regularly consulting with the Ministry on cancer treatment and palliative care matters. Additionally, the Ministry has a Technical Working Group on Cancer Control, co-chaired by the Director of Hospital Services and the Director of TBCC, which contributes to advancing cancer-related and PC initiatives.

AP Brunei Darussalam

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

The Brunei Darussalam Palliative and Supportive Care Interest Group previously held monthly sessions at Universiti Brunei Darussalam, with the last session taking place in 2018. The Palliative Care team at The Brunei Cancer Centre (TBCC) also organizes events at the World Hospice and Palliative Care Day. In 2023, they hosted a forum titled "Towards the End of Life from Cultural Perspectives."

Ind 7

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.

2

Reflects a limited number of articles published.

Medicines

Ind 8

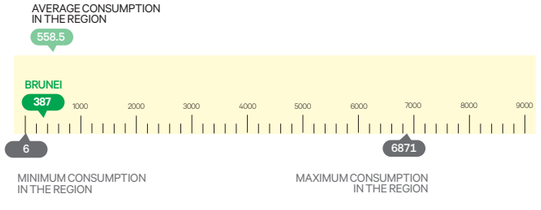
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

According to national sources the reported annual opioid consumption —excluding methadone — in oral morphine equivalence (OME) per capita would be 10.67 for 2023. Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 387 S-DDD (INCB 2023)

387

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Brunei Darussalam

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The Head of Primary Care in the country reports that essential palliative care medicines available at the primary healthcare (PHC) level include paracetamol, certain NSAIDs, paracetamol with codeine (but not codeine alone), and tramadol. Approximately 50% of the palliative care medications listed in the WHO Model List of Essential Medicines are accessible in PHC facilities. In public primary care centers, IV morphine is kept in treatment rooms exclusively for emergencies and is supplied by the RIPAS Hospital pharmacy. However, oral morphine is not prescribed at this level.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Oral morphine is primarily available in tertiary hospital settings and is not accessible at the primary healthcare level.

AP Brunei Darussalam

Education & Training

Ind 11

11.1. Proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).	1/1
11.2.The proportion of medical schools with OPTIONAL teaching in PC.	0/1
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	3/3
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/3

Brunei has one medical school, the PAPRSB Institute of Health Sciences (Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences), which is part of Universiti Brunei Darussalam (UBD). According to direct sources from the university, undergraduate medical students attend a compulsory teaching session on palliative care, though it is not a full module. There are three nursing education programs in Brunei offered by Universiti Brunei Darussalam (UBD), Politeknik Brunei, and the JPMC College of Health Sciences (JCHS), all of which include palliative care as a mandatory component in their undergraduate curricula. At UBD and Politeknik Brunei, palliative care is taught as part of a compulsory session, while at JCHS, it is delivered as a full module, taught in Year 2.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

In Brunei, clinicians aiming to specialize in palliative care must pursue training overseas, as with all medical subspecialties. Common pathways include training in Singapore, supported by an MOU with the Academy of Medicine, or in the UK through a twinning arrangement. These training opportunities are seamlessly integrated into the healthcare system, and palliative care specialists, along with other consultants who complete advanced training in Singapore, are officially recognized as consultants upon their return to Brunei.

AP Brunei Darussalam

Provision of PC / Services

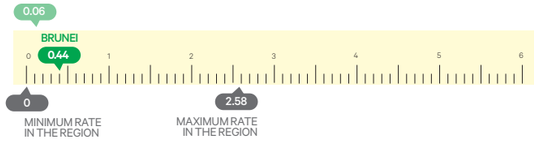
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 — Isolated provision: Exists but only in some geographic areas.
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.	2 — Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 — Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 — Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	2

Brunei has two specialized palliative care services: one at The Brunei Cancer Centre (TBCC) and another at RIPAS Hospital, the main tertiary hospital. The RIPAS palliative care team focuses on managing cancer complications and pain and operates a Conservative Kidney Management (CKM) clinic in collaboration with the renal department. They are also developing guidelines for chronic pulmonary and hepatic failure and training palliative care champions in district hospitals, though this initiative is in its early stages. Currently, district hospitals lack dedicated palliative care services, and patients requiring specialized care must be transferred to TBCC (for cancer patients) or RIPAS Hospital. The longest transfer, from Suri Seri Begawan Hospital in Kuala Belait, takes 1.5–2 hours by ambulance. Palliative care teams at TBCC and RIPAS also provide community-based home visits, follow-up calls, and virtual consultations via the BruHealth app. Brunei has 0.44 specialized palliative care services per 100,000 inhabitants (2023).

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 — No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

There are no specialised palliative care services for children.

Cambodia

General data

POPULATION, 2023
17,423,880

SURFACE, KM², 2022
181,040

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
146

GDP PER CAPITA (US$), 2023
2,429.75

HEALTH EXPENDITURE (% GDP), 2021
7.53

UNIVERSAL HEALTH COVERAGE, 2021
58

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

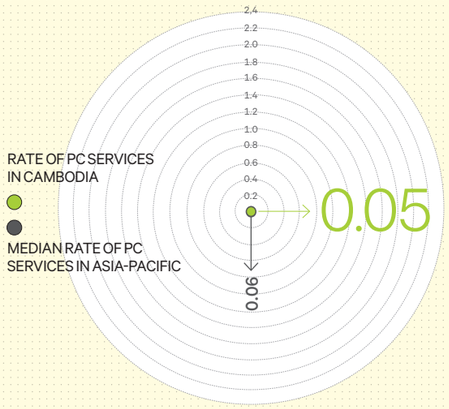
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **9**

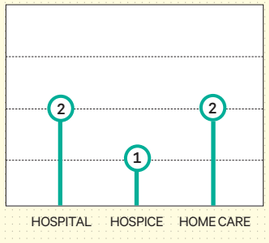
Rate of PC services per 100,000 inhabitants: **0.05**

Cambodia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

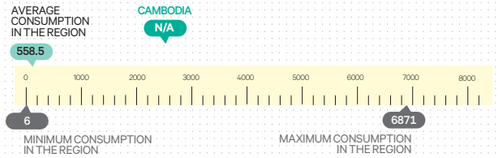
TOTAL NUMBER: 2

Cambodia

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **N/A**

Cambodia in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: —

Consultants: Keo Chamnan; Lang Meng; Dina Nhim; Kanika Prak; Thol Dawin.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/11**

Nursing schools with mandatory PC teaching: **0/10**

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 2

AP Cambodia

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

The Pain Society of Cambodia (PSC), in partnership with the Ministry of Health and Douleurs Sans Frontières (DSF), is working on developing guidelines to assist clinicians in pain management. Additionally, these organizations are actively involved in raising awareness and advancing palliative care initiatives.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

Approximately half of the hospitals offering palliative care services participate in a Multidisciplinary Team (MDT) Tumor Board. These hospitals commonly use legal documents that allow patients and their families to designate surrogate decision-makers and, in some cases, engage in advance care planning (ACP).

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or Does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

Cambodia currently does not have a comprehensive national plan, program, policy, or strategy for palliative care. However, progress has been made with the introduction of the Standard Operating Procedures for Palliative Care for Cancer Patients in 2023. In addition, efforts are underway to develop national guidelines for palliative care. At this moment, there are no specific indicators or measurable targets to monitor and assess the progress of palliative care development.

AP Cambodia

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care services are recognized as a priority within Universal Health Coverage (UHC) but are not included in the General Health Law. Currently, these services are primarily provided as part of oncology care at major national hospitals, supported by the NGO Pain Society of Cambodia and home care teams from Doleurs Sans Frontiers. A needs assessment by the City Cancer Challenge (C/Can) in June 2024 revealed that palliative care is not included among the health services provided at the primary care level within the national health system.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

There is currently no national coordinating authority within the Ministry of Health responsible for overseeing palliative care. The Department of Preventive Medicine under the Ministry is tasked with addressing non-communicable diseases in the country. However, its efforts have primarily concentrated on hypertension and diabetes programmes. As a result, there has been minimal focus on cancer care, and no significant initiatives have been established to support palliative care development.

AP Cambodia

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

According to the Cambodia Ministry of Health annual conference report, there are no congress or scientific meetings at national level specifically related to palliative care. However, a recent national meeting of the City Cancer Coordination Group was held to review, discuss, and revise the findings of the needs assessment report concerning hospitals providing cancer services in Phnom Penh. Palliative care for cancer patients was a key topic of discussion during the meeting. Organized by the Ministry of Health on July 10, 2024, the event received financial support from the City Cancer Challenge in Switzerland.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

The number of peer-reviewed articles on palliative care in Cambodia is very limited, and the existing publications primarily feature a foreign lead author, with Cambodian co-authors.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

No data reported for Cambodia.

AP Cambodia

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In Cambodia, according to the National Essential Medicines List, around 35% of the medicines listed in the WHO Model List of Essential Medicines for palliative care are available at the primary healthcare facility level. The Health Workforce Development Plan highlights an urban concentration of health services, including palliative care, while rural areas face significant shortages.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Morphine is only accessible at the hospital level. According to the Health Workforce Development Plan, health services, including palliative care, are predominantly concentrated in urban areas, while rural regions experience significant shortages.

AP Cambodia

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/11	Cambodia has a total of 11 medical schools, comprising 6 public institutions and 5 private ones. The University of Health Sciences offers palliative care as an optional subject in its medical training curriculum. Additionally, the country has 10 nursing schools, consisting of 5 public and 5 private institutions. Two nursing schools offer palliative care training as an elective, one at the International University and the other at the Medical Care School.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	1/11	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/10	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	2/10	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	Currently, there is no formal specialization process in palliative medicine for physicians in Cambodia that is recognized by the competent authority. While oncologists, whose field is officially recognized, often provide palliative care, there are no designated palliative care specialists. Physicians with palliative care skills have typically acquired them through short overseas training programs.

AP Cambodia

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ Isolated provision: Exists but only in some geographic areas.	Cambodia has specialized palliative care services provided by public, private, and NGO sectors, but lacks a formal national coordinating authority to systematize these efforts. Services are offered by nine palliative care teams across the country, including public hospitals like Calmette Hospital, Khmer-Soviet Friendship Hospital, and Kuntha Bopha Children's Hospital; private institutions such as Orange Cancer Clinic, Chakra Cancer Clinic, and Expert Cancer Clinic; and NGOs like Japan Heart Children's Medical Center, Mercy Medical Center Cambodia, and Douleurs Sans Frontières (DSF). Eight hospitals offer palliative care within their oncology departments, but there are no standalone hospices. DSF also operates a home-based care team serving 10 provinces, with rural patients typically receiving monthly visits and urban patients, such as those in Phnom Penh, receiving care up to twice a month. With a total of 9 palliative care teams, this corresponds to a rate of 0.05 specialized services per 100,000 inhabitants (World Bank pop.est. 2023).
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.	2 ○ ○ Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 ○ ○ Ad hoc/ in some parts of the country.	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 CAMBODIA 0.05 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION
13.5. Please enter the total number of specialized PC services or teams in the country.		9 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 ○ ○ Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.	Although there are no pediatric palliative care specialists, two palliative care services for children are available at Kuntha Bopha Children's Hospital and Japan Heart Children's Medical Center.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	2 PPC TEAMS	

AP

China

General data

POPULATION, 2023
1,410,710,000

SURFACE, KM², 2022
9,562,910

PHYSICIANS / 1,000 INH, 2022
1.913

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
79

GDP PER CAPITA (US$), 2023
12,614.06

HEALTH EXPENDITURE (% GDP), 2021
5.38

UNIVERSAL HEALTH COVERAGE, 2021
81

Note. For the purposes of this study, we have included hospice care, end-of-life care, and palliative care concepts under the umbrella of palliative care as a whole.

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

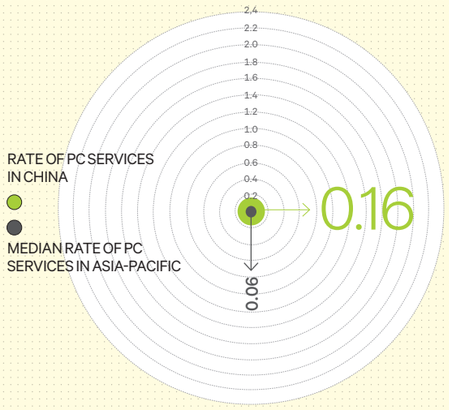
Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services **2,287***

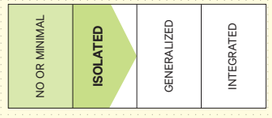
* Note: More than

Rate of PC services per 100,000 inhabitants **0.16**

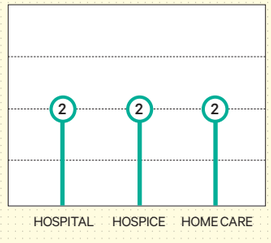
China in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
100*

* Note: No more than

AP

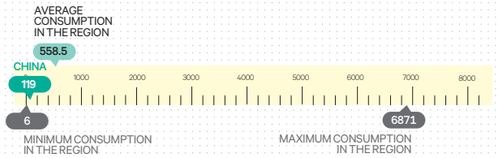
China

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **119**

S-DDD/MILL INHABITANTS/DAY

China in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles **2**

Existence of PC congresses or scientific meetings **4**

National Association: Chinese association for Humanistic and Palliative Care (CAHPC), Chinese Association for Life Care.

Consultants: Jinxiang Li; Zhenzhen Gao; Zhi Zhou; Jinfeng Ding Ding; Jiangtian Xu.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **N/A**

Nursing schools with mandatory PC teaching **N/A**

Recognition of PC specialty **2**

Ⓑ 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 **4**

Ⓐ Empowerment of people and communities

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

Advanced care planning-related policies **3**

AP China

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

The Professional Committee of Cancer Rehabilitation and Passing Therapy of the China Anti-Cancer Association has been active since 1994, organizing conferences and advocating for palliative care. In 2015, the Chinese Academy of Tumor Interest Treatment (CPAI) was established, involving over 50 experts to educate doctors, promote palliative care, and enhance international collaboration. CPAI has also initiated national research projects, launched a hotline for over 10,000 cancer patients, and continues to expand its efforts. Additionally, organizations like the China Anti-Cancer Association and the Hospice Care Committee of the Chinese Nursing Association hold annual events in October for World Hospice and Palliative Care Day. These initiatives, involving educational activities and public outreach, aim to raise awareness, improve care quality, and foster community engagement in palliative care.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).

3

There is/are national policies or guidelines on living wills and/or on advanced directives.

In mainland China, there is a lack of specific laws or regulations regarding Advance Care Planning, but significant strides are being made through pilot projects and local initiatives. Civil society organizations have introduced programs like "Choices and Dignity," China's first web-based ACP initiative launched in 2006, fostering discussions on end-of-life care. In 2019, Chinese health organizations formulated the "Model Expert Consensus on Medical Directives and Medical Proxy Authorization Documents" to raise public awareness and promote hospice care practices. Notably, Shenzhen became the first city in October 2022 to legally incorporate end-of-life directives, mandating hospitals to honor patients' "Do Not Resuscitate" (DNR) requests. Additionally, Zhejiang Province is actively expanding ACP awareness through educational and advocacy programs in pilot areas.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

China has made significant progress in advancing palliative care, but it lacks a unified national plan or strategy with a defined implementation framework. The government has emphasized enhancing hospice care through initiatives like the 2011 National Health and Family Planning Commission's (NHFPC) standardized pain management pilot units for cancer patients. By 2017, the NHFPC issued documents setting service standards and quality guidelines for hospice care. Pilot projects, such as a community-based model in Shanghai, aim to create replicable frameworks. Initial hospice pilot cities include Shanghai's Putuo District, Deyang, Luoyang, Changchun, and Beijing's Haidian District. Many provinces, including Beijing and Zhejiang, have launched independent implementation plans. In 2022, Beijing launched the "Implementation Plan for Accelerating the Development of Hospice Care Services in

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

AP China

Policies

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 with clear targets exist but have not been yet implemented.

Beijing". By 2022, most provinces had implementation plans, actions, and service units to advance hospice and palliative care. Zhejiang's 2023 plan sets ambitious goals for hospice services across hospitals and health centers by 2025. Despite lacking a cohesive national strategy, these regional efforts align with national objectives to expand palliative care services.

Ind 4

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.

The 2019 "Basic Medical and Health Promotion Law" mandates hospice care services at all levels of healthcare, including primary care. The National Health Commission has launched a second round of pilot projects in 75 districts and cities, emphasizing regional health planning and community-based services. While hospice units are present in nearly 80% of medical institutions in major cities, palliative care remains largely confined to secondary and tertiary hospitals, with limited integration into mainstream healthcare. Community-based and home care services are expanding, supported by government initiatives, but an ineffective payment system based on bed days and Diagnosis-Related Group (DRG) payments hinders progress. To address these gaps, efforts are focused on improving accessibility and integrating palliative care into primary and community healthcare to ensure broader, more equitable service coverage.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

The Department of Aging Health is the national authority responsible for palliative care progress. This department coordinates policies, science and PC technologies.

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

China

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

4

At least one national conference specifically dedicated to palliative care every 3 years.

Each October, on World Hospice and Palliative Care Day, academic organizations such as the China Anti-Cancer Association, provincial and municipal anti-cancer associations, the Chinese Life Care Association, and the Hospice Care Committee of the Chinese Nursing Association, among others, engage in nationwide educational activities in classrooms, communities, and nursing homes. Additionally, national conferences on palliative care are held annually, with Sichuan, Jiangsu, Zhejiang, and Beijing being the most frequent hosts. By 2024, the 20th National Congress on Cancer Rehabilitation and Palliative Medicine has been held. In addition, in Sichuan Province, the Committee of Specialized Palliative Medicine was founded in 2018 as part of the Sichuan Medical Association, and it has been actively involved in developing various educational and academic conferences.

Ind 7

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.

2

Reflects a limited number of articles published.

A growing interest in palliative care research, along with annual national scientific meetings in China contribute to the growing number of palliative care-related publications through posters, oral presentations, and paper compilations. A 2020 bibliometric study by Peking Union Medical College Hospital highlighted a significant increase in the quantity, quality, and impact of palliative care literature over the past decade. Despite this progress, challenges remain in efficiently organizing research programs, which are essential for advancing palliative care development.

Medicines

Ind 8

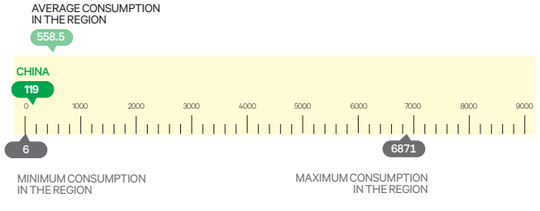
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 119 S-DDD.

119

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



China

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%

China's provincial policies on hospice (end-of-life) care must align with national regulations while adapting to local economic and demographic conditions to develop effective palliative care strategies. Therefore, the implementation of hospice care varies by region. In July 2023, Beijing, Hunan, Zhejiang, and Shanghai were designated as benchmark regions for comprehensive end-of-life care. As an example, in Zhejiang Province, urban tertiary hospitals offer well-established specialties and full access to all three tiers of pain medication, including opioids, with similar coverage available in urban community health centers. In contrast, rural areas face resource limitations, restricting patients to first- and second-tier pain medications, with opioids unavailable. By the end of 2023, every district city had at least one municipal hospital with a hospice care area, while 50% of counties had established hospice areas in county hospitals. Additionally, 20% of township health centers (rural community health service centers) were providing hospice services, including pain management.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%

Oral morphine availability at the primary care level in China varies significantly by region. In urban areas, such as in Zhejiang Province, tertiary hospitals and community health centers provide full access to all three tiers of pain medication, including opioids like morphine. However, in rural areas, access to opioids is limited due to resource constraints, restricting patients to first- and second-tier pain medications. Morphine is generally unavailable at the primary care level in rural settings, as opioids are predominantly dispensed through secondary and tertiary hospitals. Cancer patients in rural areas can access pain relief through hospital-based prescriptions tailored to their needs. This disparity highlights a gap in opioid availability for palliative care patients at the primary care level, particularly in underserved rural areas.

AP China

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	N/A	Palliative care is not widely integrated as a compulsory teaching of undergraduate medical and nursing curricula in mainland China. It is mostly offered as optional training or through postgraduate programs or trainings for professionals. In nursing schools, the curriculum allows limited time for palliative care content, and only a few include it in their courses. Some schools integrate palliative care into other subjects like geriatrics and community nursing. However, the "National Nursing Career Development Plan (2016–2020)" emphasized the need to strengthen hospice and palliative care education and improve related mechanisms. Hospice care has since been included in the national "14th Five-Year Plan" for nursing textbooks, making it a compulsory subject.
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) over the total number of nursing schools in the country.	N/A	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	N/A	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	2	There is no process on specialization 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 of institutions).

Currently, there is no official endorsement for palliative care education in mainland China. While some universities, like West China University of Medical Sciences, Nanjing Medical University, college of public Health of Sichuan University and Peking Union Medical College, offer elective courses or postgraduate diplomas, these programs remain limited in number. There is no official specialization process for palliative care physicians, though professional training diplomas exist without national recognition.

AP China

Provision of PC / Services

Ind 13

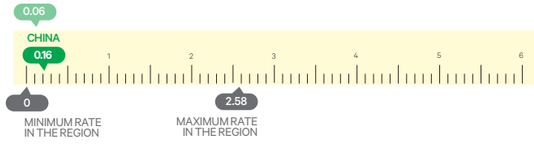
13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2	Isolated provision: Exists but only in some geographic areas.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	2	Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2	Ad hoc/ in some parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2	Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.		2,287* ← SPECIALIZED PALLIATIVE CARE SERVICES * Note: More than.

According to the "Blue Paper on Standards and Development for Palliative Care in China" (2019-2020), as of June 2019, China had a total of 2,287 specialized palliative care services, including 21 palliative care centers, 1,189 palliative care wards, and 1,077 service institutions. By 2023, the National Palliative Care Pilot Area initiative expanded to 137 pilot areas. These services are unevenly distributed, with more resources in cities like Beijing, Shanghai, and Guangzhou. The majority of palliative care professionals come from oncology backgrounds, and many have received international training. Based on 2023 World Bank data for China's population, the rate of specialized palliative care services is 0.16 per 100,000 inhabitants.

0.16
RATE OF SPECIALIZED PALLIATIVE CARE SERVICES PER 100,000 INHABITANTS

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1	No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.		100* PPC TEAMS

The Pediatric Palliative Care (PPC) subspecialty group of the Pediatrics Society of the Chinese Medical Association was founded in 2017 and currently comprises 45 PPC teams, though their distribution across mainland China is uneven. It is the only professional organization focused on PPC in the region, and its establishment constituted the beginning of PPC development in the Chinese mainland. According to palliative care consultants, the total number of pediatric palliative care teams in China is fewer than 100. While nearly all hospitals have children's units, only a limited number offer palliative care services, resulting in a limited presence of dedicated PPC teams within hospitals.

* Note: No more than.

AP

Cook Islands

General data

POPULATION, 2023
15,040

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
N/A

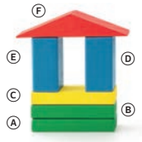
HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
46

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

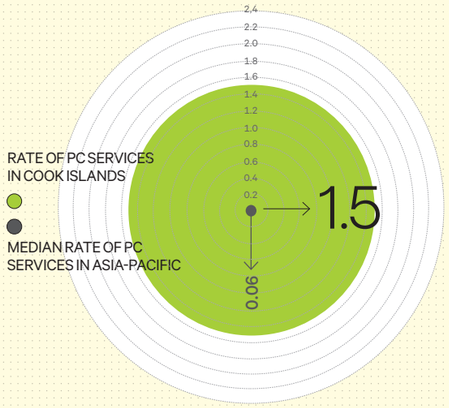
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **3**

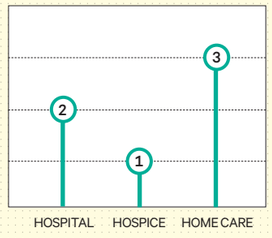
Rate of PC services per 100,000 inhabitants: **1.5**

Cook Islands in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

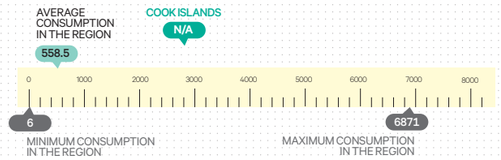
AP

Cook Islands

Ⓓ Use of essential medicines

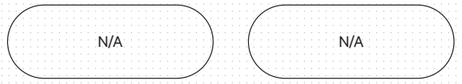
Opiods consumption (excluding methadone): **N/A**

Cook Islands in the context of Asia-Pacific regions



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

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



Ⓒ Research

PC-related research articles: 2 ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

National Association: —
Consultants: Ko Ko Lwin.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

Nursing schools with mandatory PC teaching: **0/1**

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ 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 ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2 ○ ○

Advanced care planning-related policies: 2 ○ ○

AP Cook Islands

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

In the Cook Islands, palliative care services are supported by several organizations dedicated to patient rights and care. The Ministry of Health's (TMO) Hospital and Community Palliative Team provides essential palliative care services. Additionally, the NGO Te Vaerua assists with mobility support and provides equipment to patients and families. Another key player is the Rarotonga Home Care Team, a private nursing service that cares for palliative patients in the community.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

The Cook Islands does not have a national policy on advance directives or advance care planning (ACP). While the Ministry of Health recognises ACP in its developed Palliative Care Policy, this policy does not specifically mention living wills. Teams follows ACP guidelines from New Zealand and are trained to discuss ACP with patients; however, not all are comfortable initiating these discussions at an early stage.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

A National Palliative Care Policy has been established; however, the accompanying palliative care plan is still under development. Additionally, there are currently no indicators in place to monitor the progress of palliative care implementation.

AP Cook Islands

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care is included in the Cook Islands' National Health Strategy, under the Family Health Services (Public Health Nursing) Strategic Objectives for 2017-2021. The Ministry of Health (TMO) is the primary healthcare provider in the country, including palliative care services. Healthcare services are largely free to citizens and encompass both public health and primary care services.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

3

There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

In the Cook Islands, the Ministry of Health coordinates palliative care through a multidisciplinary team, which includes both hospital and community teams. However, the structure is incomplete, lacking dedicated scientific or technical sections. The Palliative Care Policy outlines this approach but does not define specific functions or allocate resources such as budget or staff.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Cook Islands

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

No evidence is available regarding the existence of national congresses or scientific meetings specifically focused on palliative care.

Ind 7

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.

2

Reflects a limited number of articles published.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

No data reported for the Cook Islands.

AP Cook Islands

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%

Primary care facilities in the Cook Islands provide pain and palliative care medications as listed in the WHO Model List of Essential Medicines, supported by the Cook Islands Essential Medicines List (EML) 2024. While specific medication availability at each facility is not detailed, urban centers like the Tupapa Primary Health Care Centre offer comprehensive services, including pain management. Palliative care services, particularly for older adults, are emphasized, with free care provided for individuals over 60 years. In rural areas, Puna Health Clinics deliver general healthcare services. These clinics are likely to stock some palliative care medications, though exact details are unclear. Public health nurses play a critical role in promoting health by actively reaching out to communities. Training programs have also supported the development of palliative care initiatives across the country.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

N/A

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

N/A

The lack of reported morphine consumption suggests limited access in the Cook Islands. However, morphine is included in the Cook Islands Essential Medicines List (EML) 2024 as a controlled drug, indicating its availability within the healthcare system. It is offered in multiple forms, such as injections, oral liquid, and tablets or capsules with modified and immediate-release options. While the EML ensures morphine is accessible in Ministry of Health pharmacies and hospitals, it does not specify its distribution across all healthcare levels, including primary healthcare (PHC) centers. Healthcare services in the Cook Islands are provided through hospitals, the Tupapa Primary Health Care Centre, and Puna Health Clinics.

AP Cook Islands

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0	The Cook Islands does not have its own medical schools, and medical professionals from the country typically obtain their education in nearby nations such as New Zealand, Australia, or other Pacific countries with established medical programs. In 2022, the Cook Islands introduced the Bachelor of Nursing Pacific (BNP) program. However, the publicly available curriculum for this program does not explicitly include palliative care as a compulsory neither elective component.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/1	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	There is no officially recognized specialization process in palliative medicine for physicians in the Cook Islands.

AP Cook Islands

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ Isolated provision: Exists but only in some geographic areas.	Palliative care is considered essential in the Cook Islands and is delivered by a dedicated team from the Ministry of Health (TMO) Hospital and Community Palliative Team. Collaborations with Mercy Hospice Auckland and capacity-building initiatives among community care providers have enhanced these services. Palliative care offerings include personal care, carer support, health education, and pain management, with free healthcare available for individuals over 60 years. NGOs like Te Vaerua provide additional support, such as mobility aids, while private teams like the Rarotonga Home Care Team assist palliative patients in the community. The Cook Islands has an estimated two specialized palliative care teams, including the TMO team and the Rarotonga Home Care Team. This corresponds to a rate of more than 1.5 specialized palliative care services per 100,000 inhabitants.
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.	2 ○ ○ Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	3 ○ ○ Found in many parts of the country.	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 COOK ISLANDS 0 1 1.5 2 3 4 5 6 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION 3 ← SPECIALIZED PALLIATIVE CARE SERVICES
13.5. Please enter the total number of specialized PC services or teams in the country.		

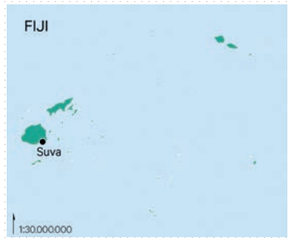
Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.	Currently, there is no evidence available about a specialized palliative care system specifically tailored for children in the Cook Islands.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS	

COUNTRY REPORTS

AP

FIJI



General data

POPULATION, 2023
924,145

SURFACE, KM², 2022
18,270

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
99

GDP PER CAPITA (US$), 2023
5,888.74

HEALTH EXPENDITURE (% GDP), 2021
5.38

UNIVERSAL HEALTH COVERAGE, 2021
58

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

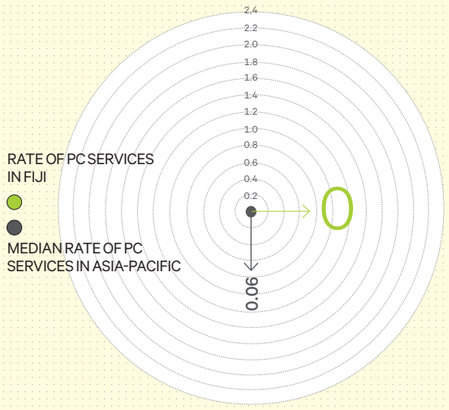
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **0**

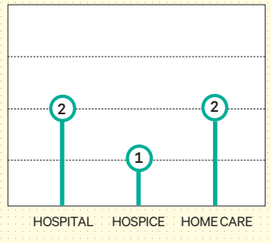
Rate of PC services per 100,000 inhabitants: **0**

Fiji in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

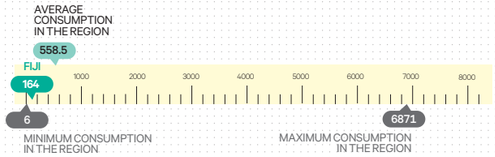
TOTAL NUMBER: 0

AP Fiji

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **164** S-DDD/MILL INHABITANTS/DAY

Fiji in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 1

National Association: Fiji Cancer Society.

Consultants: Belinda Chan.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/3

Nursing schools with mandatory PC teaching: 0/3

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Fiji

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

The Fiji Cancer Society (FCS) is an NGO that offers essential support to palliative patients by providing a vehicle and driver for nurses to conduct home visits. In partnership with the Sangam College of Nursing, FCS developed a training module for Community Health Workers, which empowerments women to return to their communities and teach basic care skills to their families. Additionally, the Society helps patients with planning and accessing retirement funds.

Ind 2

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.

There is currently no national policy on palliative care, nor is it included into any disease-specific or health plans. Recently, the United Nations Office on Drugs and Crime (UNODC) held a Stakeholders Meeting and Capacity Building Training for health professionals in Fiji, focusing on improving access to controlled medicines for palliative care. The meeting recommended the development of a National Palliative Care Plan based on the WHO's strategic actionable indicators.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

The Fiji National Cancer Prevention and Control Plan 2023-2030 (pending approval from MoHMS) identifies the need for scaling up sustainable, accessible palliative care services.

AP Fiji

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

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 Ministry of Health and Medical Services (MoHMS) Strategic plan 2020-2025 as part of the Universal Health Coverage initiative. However, there is currently no decree or legislation in place to establish palliative care at the primary healthcare level.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

There is no designated authority at the Ministry of Health level to oversee the progress of palliative care. Instead, the coordination of palliative care is assigned to oncology units within divisional hospitals. Funding for palliative care is included within the broader Wellness budget, requiring departments to submit budget requests rather than having a dedicated allocation. This structure poses challenges in ensuring adequate resources are available for effective palliative care delivery.

5.2. The national authority has concrete functions, budget and staff.

2

There are concrete functions but do not have a budget or staff.

AP Fiji

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Palliative care is not included in the National University's annual research symposium. However, the Fiji Cancer Society has recently set up a research department that plans to evaluate the impact of the palliative care program.

Ind 7

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.

1

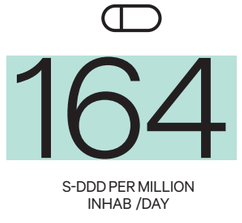
Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

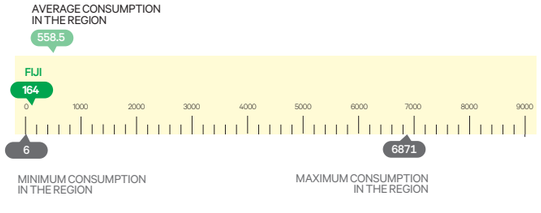
Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 164 S-DDD



COUNTRY VS REGION



AP Fiji

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Most essential palliative care medications are included in the 4th Edition of the Fijian Essential Medicines List (EML), with an updated version expected in 2024.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

While opioids such as oral morphine, morphine injections, and pethidine are primarily available at the hospital level, they are also accessible at some health centers, though availability can be inconsistent due to these supply chain challenges.

AP Fiji

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/3
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/3
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/3
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/3

Palliative care is not currently included in the undergraduate curricula of medical or nursing schools. However, there have been efforts to integrate the Essential Pain Management workshop into the curriculum for medical students. In addition, since 2022, the FCS, with financial support from the Women's Fund Fiji, has been implementing the Community Palliative Care Project, focusing on teaching family members essential palliative care skills through training Community Health Workers (CHWs).

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.

AP Fiji

Provision of PC / Services

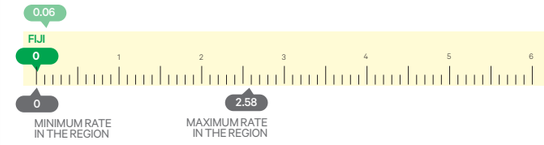
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ Isolated provision: Exists but only in some geographic areas.
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.	2 ○ ○ Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 ○ ○ Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	0 ← SPECIALIZED PALLIATIVE CARE SERVICES

In Fiji, palliative care services are primarily available at three divisional hospitals: Aspen Lautoka Hospital in the Lautoka Western Division, Colonial War Memorial Hospital (CWMH) in Suva, and Labasa Hospital in the Northern Division. The Fijian Cancer Society (FCS) has initiated a program aimed at enhancing the capacity of Community Health Workers (CHWs) to deliver palliative care within their communities. At CWMH in Suva, there is a specialized pain management service led by a medical officer and supported by two nurse practitioners, but this service is restricted to oncology patients. Additionally, the service includes home visits once a week for patients in need.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

There is no specialized pediatric palliative care service in the country. However, support for palliative care management is provided through a long-standing partnership with the pediatric department at Christchurch Hospital in New Zealand.

India

General data

POPULATION, 2023
1,438,069,596

SURFACE, KM², 2022
3,287,260

PHYSICIANS / 1,000 INH, 2022
0.727

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
132

GDP PER CAPITA (US$), 2023
2,480.79

HEALTH EXPENDITURE (% GDP), 2021
3.28

UNIVERSAL HEALTH COVERAGE, 2021
63

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

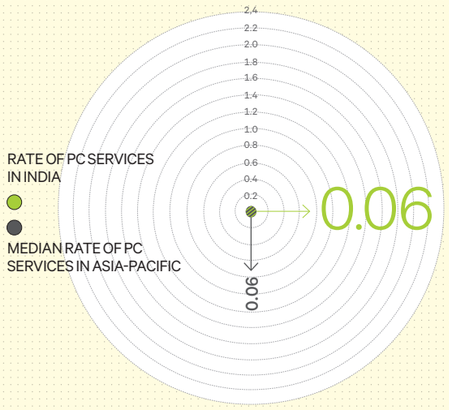
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

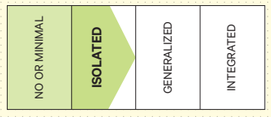
Total number of Specialized PC services **818**

Rate of PC services per 100,000 inhabitants **0.06**

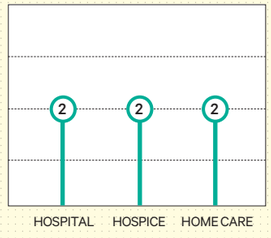
India in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: **13**

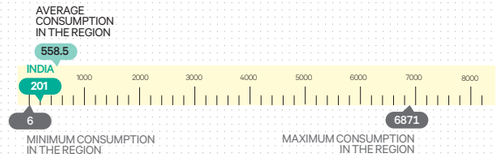
India

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone) **201**

S-DDD/MILL INHABITANTS/DAY

India in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 4

National Association: The Indian Association of Palliative Care (IAPC); All India Institute of Medical Sciences (WHO CC for training and education in PC); Pallium India.

Consultants: Naveen Salins; Aparna Nanda; Sachin Dwivedi; Anu Savio Thelly; Aneka Paul.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: NA/706

Nursing schools with mandatory PC teaching: 4,815 /4,815

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 3

AP India

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

There are several organizations that already play a crucial role in promoting and safeguarding the rights of patients and their caregivers. These groups focus on awareness, advocacy, and ensuring patient rights are upheld. Key organizations include the Indian Association of Palliative Care, Academy of Palliative Medicine, Pallium India, CanSupport, and the National Programme for Palliative Care (NPPC). Additionally, the CIPLA Palliative Care & Training Center and the Romila Palliative Care Centre, part of the Society for Nutrition, Education, and Health Action (SNEHA), contribute significantly to advancing palliative care in India. Despite these efforts, there is an ongoing need to incorporate other allied organizations engaged in palliative care, highlighting the potential advantages of establishing a unified federation or coordinating body to enhance collaboration and advocacy.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

3

There is/are national policies or guidelines on living wills and/ or on advanced directives.

In 2018, the Supreme Court of India recognized the right to die with dignity as a fundamental right, allowing the creation and use of Advance Medical Directives (AMDs) in 2023. However, the initial implementation faced challenges due to stringent requirements, including judicial oversight, which made it difficult to put AMDs into practice. Recent changes have simplified the process by removing the need for judicial approval; AMDs can now be validated through notarization and witnessed by two individuals. Despite these improvements, there remains a lack of comprehensive legislation or policy guidelines, and increased awareness is needed to encourage the adoption of AMDs. Organizations like the Indian Association of Palliative Care (IAPC) and the Vidhi Centre for Legal Policy have developed resources and templates to raise awareness and promote the use of AMDs.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

In 2012, India's Ministry of Health & Family Welfare formed an expert group to develop strategies for palliative care, resulting in the inclusion of the National Programme for Palliative Care (NPPC) in the 12th Five Year Plan. However, the plan lacked concrete policy changes and dedicated budgets. The NPPC was officially launched in 2018 to integrate palliative care services across all healthcare levels, aiming to strengthen care delivery within existing health programs for conditions like cancer, cardiovascular diseases, and diabetes. Under the National Health Mission (NHM), palliative care is included in the 'Mission Flexipool,' providing states and Union Territories with guidelines for implementation. While several indicators have been developed to evaluate palliative care activities across states, consistent monitoring remains a challenge due to inadequate funding and staffing.

AP India

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

The National Program for Palliative Care (NPPC), launched in 2012 by the Government of India, aims to integrate palliative care into the health system as part of Universal Health Coverage (UHC). The program highlights the role of Community Health Workers in identifying patients, providing basic care, and supporting families. Primary Health Centres (PHCs) and Urban Primary Health Centres (UPHCs) deliver outpatient, home, and end-of-life care, facilitating referrals when necessary. First Referral Units provide outpatient and inpatient services, ensuring continuity of care between hospitals and homes. District and Sub-Divisional Hospitals offer comprehensive services and discharge planning for home-based care. However, despite the policy's strong framework, challenges remain in fully integrating palliative care into primary healthcare. Current packages primarily focus on oncology, prompting the National Health Authority (NHA) to recommend establishing a distinct specialty for palliative care to improve the design, implementation, and monitoring of these packages.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

The National Programme for Palliative Care (NPPC) in India operates under the broader framework of the National Health Mission (NHM), without a specific national authority dedicated to palliative care within the government or the Ministry of Health. There is no specific budget for the NPPC; instead, it is included in the 'Mission Flexipool' of the NHM. A model Project Implementation Plan (PIP) provides operational and financial guidelines, allowing states and Union Territories to include palliative care proposals in their PIPs to secure funding through the NHM. This integration supports the delivery of palliative care within existing health programs but is constrained by the absence of targeted funding and oversight.

AP India

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

The Indian Association of Palliative Care (IAPC) organizes its annual IAPCON conference in various locations across India, featuring invited speakers, oral and poster presentations, and networking opportunities for members. Additionally, efforts are underway to include palliative care sessions in conferences of other medical fields, such as anaesthesia, pediatrics, and neurology. The Indian Society of Anaesthesiologists has already included a dedicated palliative care session into its conference. However, this needs to be all inclusive across other specialities and general scientific gatherings, including those organized by the Indian Medical Association (IMA) and student organizations, to foster interdisciplinary collaboration and awareness of palliative care.

Ind 7

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.

2

Reflects a limited number of articles published.

Palliative care research in India remains limited, with 1,397 articles found in PubMed meeting the inclusion criteria. This corresponds to a publication rate of 0.1 articles per 100,000 inhabitants. This low output highlights the need for greater support of research teams, including mentorship and resources to advance palliative care research. Establishing a research consortium could foster collaboration, improve research quality, and increase publication rates.

Medicines

Ind 8

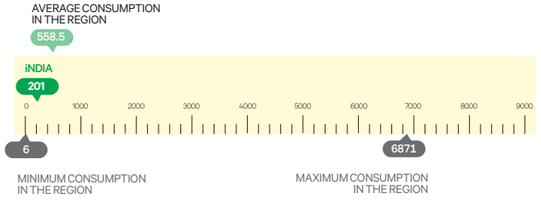
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 201 S-DDD

201

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP India

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Despite Kerala outperforming many states in palliative care, the availability of essential medicines across India remains insufficient. According to the Indian Public Health Standards (IPHS 2022), Primary Health Centres (PHCs) are required to stock medications like NSAIDs, Amitriptyline, and Tramadol, but strong opioids recommended by the WHO are absent. This creates significant barriers to effective symptom management. An analysis of India's national and state Essential Medicines Lists (EMLs) showed that the Central Government Health Services (CGHS) EML had the highest availability, meeting 48% of palliative care drug criteria. Among states, Delhi's EML aligned closely with International Association for Hospice and Palliative Care (IAHPC) guidelines, with 52% availability, while Nagaland had the lowest at 9%. Notably, no EML included all recommended formulations of morphine, and oral morphine was absent in one national and sixteen state EMLs, reflecting critical gaps in access to essential palliative care medications.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

India's Essential Medicines Lists (EMLs) for palliative care include NSAIDs, Amitriptyline and Tramadol, but exclude WHO-recommended strong opioids, posing significant challenges for effective symptom management. An analysis of national and state EMLs highlights inconsistent availability of immediate-release morphine, which impacts palliative care quality. Among state and Union Territory (UT) EMLs, 32% include both injectable and oral morphine, 48% include only injectable morphine, 3% include only oral morphine, and 16% do not include morphine at all. This limited and uneven inclusion of opioids creates barriers to accessing essential medications for patients requiring palliative care.

AP India

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	NA/706
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	NA/706
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	4,815/4,815
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/4,815

India has 706 medical colleges, including 386 government and 320 private institutions. In 2018, the National Medical Commission introduced the AETCOM (Attitude, Ethics, and Communication) module into the first-year undergraduate medical curriculum, incorporating basic palliative care competencies. However, the teaching of this module faced challenges due to the COVID-19 pandemic, and there is no systematic process to monitor how effectively these standards are being implemented. India also has 22 nursing education programs certified by the Indian Nursing Council and more than 4,815 nursing institutions. The nursing curriculum includes a mandatory 20-hour palliative care component, with 15 hours dedicated to theory and 5 hours to practical training. Additionally, some nursing schools and colleges offer optional palliative care training for vulnerable populations, often designing short courses or fellowships in collaboration with external experts. These programs aim to equip medical and nursing students with foundational and advanced skills, enhancing their ability to deliver effective palliative care within India's healthcare system.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

Palliative Care was officially recognized as a medical subspecialty by the Medical Council of India (MCI) in 2010. The MD in Palliative Medicine is a three-year onsite supervised training program offered at MCI-recognized medical colleges throughout India, with at least eight notable institutions are offering this program. In 2021, the National Board of Examinations (NBE) introduced a Diplomate in National Board (DNB) in Palliative Medicine, which is similarly a three-year onsite supervised training program available at NBE-accredited institutions, with at least nine centers offering the DNB in Palliative Medicine. Additionally, several universities, such as MUHS and the MNJ Institute of Oncology, provide fellowship courses in Pediatric Palliative Care.

AP India

Provision of PC / Services

Ind 13

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

2

Isolated provision: Exists but only in some geographic areas.

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.

2

Ad hoc/ in some parts of the country.

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

2

Ad hoc/ in some parts of the country.

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

2

Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

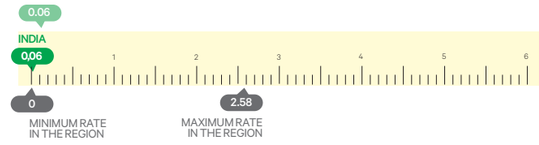
818

← SPECIALIZED PALLIATIVE CARE SERVICES

As of June 2024, India has 818 active palliative care services across 31 states and Union Territories, with approximately 200 hospitals, including government and private charitable institutions, providing palliative care. Services are primarily concentrated in urban areas, especially metropolitan cities, and include around 35 free-standing hospices. Home care teams are limited and unevenly distributed, with most concentrated in southern India, particularly Kerala, which accounts for a significant share despite representing just 1% of India's land area and 3% of its population. Organizations like CanSupport, Pallium India, and the Neighborhood Network of Palliative Care (NNPC) play key roles in home care. By November 2022, 62% of palliative care centers were functional, translating to four centers per 10 million people. Most centers provide outpatient (78%), inpatient (60%), and home care (72%) services. The rate of specialized palliative care services is 0.06 per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

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

1

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

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

13

PPC TEAMS

India's National Health Policy 2017 recognizes the importance of pediatric palliative care (PPC) and includes it among services to be provided at district hospitals. However, formal PPC services remain limited, with only 13 dedicated units operating independently or within hospital departments nationwide. These centers provide critical PPC services in collaboration with organizations like JEET (JASCAP) and Subhita, the Cankids Pediatric Palliative Care Center, New Delhi. Despite progress, PPC services remain rare, underscoring the need for further expansion.

COUNTRY REPORTS

AP

Indonesia

General data

POPULATION, 2023
281,190,067

SURFACE, KM², 2022
1,916,907

PHYSICIANS / 1,000 INH, 2022
0.695

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
114

GDP PER CAPITA (US$), 2023
4,876.31

HEALTH EXPENDITURE (% GDP), 2021
3.71

UNIVERSAL HEALTH COVERAGE, 2021
55

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

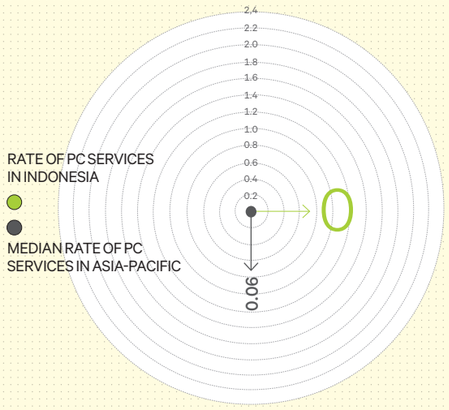
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

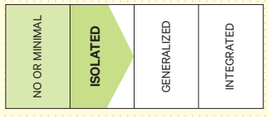
Total number of Specialized PC services: N/A

Rate of PC services per 100,000 inhabitants: N/A

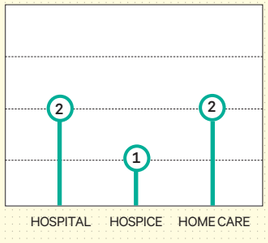
Indonesia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

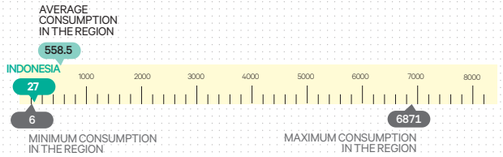
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

TOTAL NUMBER: 1

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **27** S-DDD/MILL INHABITANTS/DAY

Indonesia in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 4

National Association: Indonesian Palliative Society.

Consultants: Diah Martina; Teguh Kristian Perdamaian.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with a dedicated mandatory PC subject: NA/115

Nursing schools with a dedicated mandatory PC subject: 332 /332

Recognition of PC specialty: 4

Ⓑ 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: 4

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 3

AP Indonesia

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

Several Civil Society Organizations (CSOs) are actively involved in cancer care, focusing on prevention, early detection, psychosocial support, and some offering home-based palliative care. Key organizations include Yayasan Kanker Indonesia (Indonesian Cancer Foundation), which provides free palliative home care for adult cancer patients, informal caregiver training, and advocacy. The Indonesia Cancer Care Community (ICCC) and Indonesian Oncology Nurses Association (HIMPONI). Rachel House Indonesia, a Jakarta-based NGO, offers home-based palliative care for children with HIV and cancer. The Indonesian Palliative Society (Masyarakat Paliatif Indonesia) operates as a national interdisciplinary association with most activities at the sub-national level. The Surabaya Palliative Foundation (Yayasan Paliatif Surabaya) is pivotal in local palliative care advocacy.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

3

There is/are national policies or guidelines on living wills and/ or on advanced directives.

Indonesia's Guidelines for the Provision of Palliative Care (MoH Decree HK.01.07/Menkes/2180/2023) and the Regulation of the Minister of Health Number 37 (2014) explicitly address Advance Care Planning (ACP), including the withholding and withdrawal of life-sustaining treatment. However, effective implementation requires further recommendations and stakeholder engagement. Current ACP guidelines are largely limited to terminally ill patients, overlooking its broader application for healthy individuals or those with conditions like dementia, psychiatric disorders, and pediatric needs. Existing tools, such as Do-Not-Resuscitate (DNR) orders and informed consent, do not adequately capture comprehensive ACP discussions. While policies provide general ACP provisions, their dissemination is still in early stages.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Indonesia's updated policy, Decision HK.01.07/Menkes/2180/2023, aligns with Law 17/2023 on Health and Law 23/2014 on Regional Government, reaffirming the nation's commitment to accessible, high-quality palliative care. The policy aims to integrate palliative care across all healthcare levels, involving stakeholders such as government agencies, hospitals, and healthcare professionals. It emphasizes providing palliative care guidelines and promoting Advance Care Planning (ACP) but lacks defined frameworks for competencies, quality control, and clinical audits. Indonesia's palliative care journey began with the first national plan in 2007, which lacked structured evaluation. The 2023 updates address these gaps but fall short of delivering a comprehensive national palliative care program with a clear implementation strategy. Current efforts focus primarily on cancer care, and there remains no standalone national plan encompassing specific activities, budgets,

AP Indonesia

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

performance indicators, and robust monitoring systems. Further advancements are essential to establish a comprehensive, clearly defined implementation framework.

Ind 4

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 has been referenced in the Health Law, emphasizing its integration into all healthcare settings, particularly in the primary care level. Additionally, the Ministry of Health (MoH) is actively working on developing technical guidelines for the implementation of palliative care within primary care level.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

5.2. The national authority has concrete functions, budget and staff.

3

There are concrete functions and staff, but do not have a budget.

In Indonesia, a designated authority within the Ministry of Health, oversees the palliative care program and its budget. The policy document identifies several potential financing sources for palliative care services, including the State Budget, Regional Budget, health insurance financing, and other legal avenues. However, gaps persist due to the lack of a specific implementation plan for this framework. While palliative care is covered under the National Insurance program, the reimbursement rates are insufficient to meet the actual costs of care. Additionally, significant exclusions limit access and affordability, particularly the absence of coverage for home care services and strong opioids dispensed at public health centers.

AP Indonesia

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

Palliative care is regularly featured in conferences organized by the Indonesian Psychosomatic and Palliative Medicine Association. It is also included in cancer conferences hosted by the Indonesian Society of Oncology. The last national conference by the Indonesian Palliative Society was in 2019, held alongside the Asia Pacific Hospice Network Conference in Surabaya. The Indonesian Association of Psychosomatic and Palliative Physicians organizes biennial national scientific meetings, with the latest in Jakarta in 2023. Additionally, non-palliative medical associations, such as the Indonesian Society of Hematology and Medical Oncologist (ISHMO) and the Indonesian Association of Family Physicians, occasionally cover palliative care topics during their meetings. ISHMO's most recent biennial meeting was in June 2024, while the Indonesian Association of Family Physicians held its annual meeting in March 2024.

Ind 7

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.

2

Reflects a limited number of articles published.

The number of peer-reviewed articles on palliative care research from Indonesia remains limited but is gradually increasing as palliative care education expands.

Medicines

Ind 8

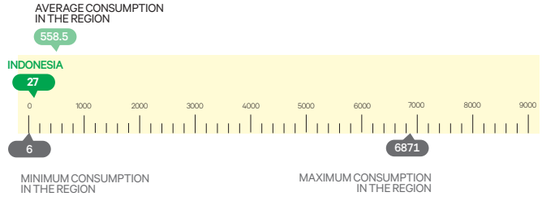
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 27 S-DDD

27

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Indonesia

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The national formulary, covered by the national health insurance, includes nearly 70% of palliative care medications at the primary care level, though not all formulations are available. For pain management, only mefenamic acid is included. Codeine is rarely accessible, and when available, it is mainly prescribed for cough rather than pain relief. Opioids are usually accessible in university, regional, and many district hospitals, with a generally stable supply chain. However, access remains limited in rural areas, where there are also fewer private practices and pharmacies. The Java/Bali region had the highest medicines availability, and rural areas in Eastern Indonesia had the lowest.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Strong opioids, including morphine, are not available at public primary health centers because they are not included in the National Essential Medicines List for use in primary health facilities. Patients are required to undergo biometric verification when obtaining these medications, often necessitating long travel for refills. Hospital specialists can prescribe strong opioids for up to one week after discharge and for up to one month for outpatients, as per insurance program regulations. In addition, immediate-release oral morphine is not widely accessible across the country and rural areas have even less accessibility to medicines.

AP Indonesia

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	NA/115	Indonesia has 115 medical schools, some of which have integrated palliative care into their curricula as either mandatory or elective courses. In 2019, palliative care competencies were included in the national education standards for General Practitioners (GPs), but implementation varies, and many institutions have yet to fully incorporate these standards. For nursing education, the Association of Indonesian Nursing Education Institutions (AIPNI) has established a mandatory 3-credit palliative care course in the undergraduate nursing curriculum, and palliative care is included in official examinations. As of June 2022, 332 accredited campuses in Indonesia offer undergraduate nursing programs. *While there is a requirement for both medical and nursing schools to teach palliative care, there is no systematic process to monitor or evaluate how effectively these standards are implemented, particularly in medical education.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	NA/115	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	332/332	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/332	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	4 Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.	Since 2017, palliative medicine has been recognized as a subspecialty of internal medicine, alongside psychosomatic medicine (Subspecialty of Psychosomatic and Palliative). The University of Indonesia in Jakarta offers a two-year "Psychosomatic Medicine and Palliative Care" subspecialty program under its Internal Medicine division.

AP Indonesia

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 Isolated provision: Exists but only in some geographic areas.	A 2022 policy brief from the Indonesian Ministry of Health reports that palliative care (PC) coverage for terminally ill cancer patients is below 1%. Although more hospitals, including private ones, are offering palliative care, it remains inconsistently available nationwide. PC services are typically limited to inpatient consultations and outpatient clinics, with few hospitals providing dedicated palliative care beds or wards, restricting comprehensive care. Home care services are scarce, often relying on out-of-pocket payments or support from Civil Society Organizations like the Indonesian Cancer Foundation. Public Health Centres offer occasional home visits and emotional support, but limited access to strong opioids hampers effective pain management. While home care from hospitals isn't covered by National Health Insurance (NHI), primary care services under NHI offer limited home care options. Currently, Dharmais Cancer Hospital is the only facility with a fully operational PC unit, and advocacy efforts are ongoing to integrate PC into primary care settings.
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.	2 Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 Ad hoc/ in some parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.		RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 INDONESIA N/A 0 2.58 MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION N/A ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas	Recently, the Pediatric National Cancer Control Plan 2024 – 2034 (NCCP 2024) was launched, outlining plans to expand cancer palliative care services at primary and secondary healthcare facilities. There is a specialized pediatric palliative care team in Indonesia, primarily represented by the Rachel House Foundation. Established in 2006, Rachel House is the first pediatric palliative care service in the country. They offer their services free of charge to children from marginalized communities and also plays a crucial role in training healthcare professionals in pediatric palliative care. They actively engage in community education and mobilization efforts to empowerment local health workers.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	1 PPC TEAMS	

COUNTRY REPORTS

Japan

General data

POPULATION, 2023
124,516,650

SURFACE, KM², 2022
377,969

PHYSICIANS / 1,000 INH, 2022
2.614

Socioeconomic data

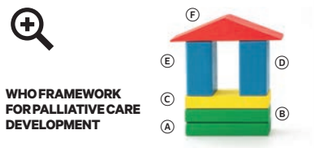
COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
19

GDP PER CAPITA (US$), 2023
33,766.51

HEALTH EXPENDITURE (% GDP), 2021
10.82

UNIVERSAL HEALTH COVERAGE, 2021
83



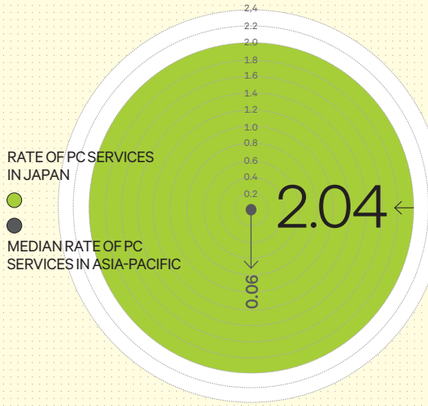
Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services **2,535***

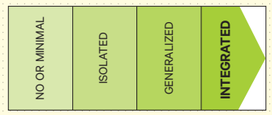
*Note: More than

Rate of PC services per 100,000 inhabitants **2.04**

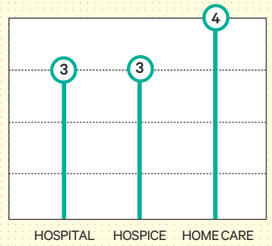
Japan in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 3

TOTAL NUMBER: **15**

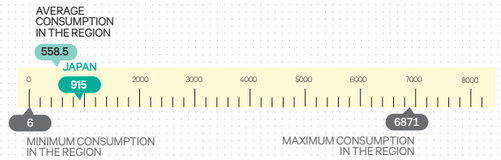
Japan

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone) **915**

S-DDD/MILL INHABITANTS/DAY

Japan in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 3

Existence of PC congresses or scientific meetings: 4

National Association: Japanese Society for Palliative Medicine.

Consultants: Yoshiyuki Kizawa; Mitsunori Miyashita; Jun Hamano.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **80/80**

Nursing schools with mandatory PC teaching **255/255**

Recognition of PC specialty: 4

Ⓑ Policies

National PC plan or strategy: 4

Responsible authority for PC in the Ministry of Health: 3

Inclusion of PC in the basic health package at the primary care level: 3

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Japan

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.).

In Japan, several organizations focus on advancing the rights and well-being of patients in need of palliative care, their caregivers, and disease survivors. Notable among these are Hospice and Palliative Care Japan and the Japanese Society of Palliative Medicine (JSPM). Additionally, other key groups such as the Japan Hospice Palliative Care Foundation (JHPCF), the Japan Association of Clinical Cancer Centers (JACCC), and the Cancer Survivors' Network Japan are actively involved in advocacy, support, and training. These organizations work together to improve services, raise awareness, and enhance the overall care environment for patients and their families.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

In 2022, a culturally tailored consensus definition and action guideline called "Japan's Advance Care Planning" was developed to support the implementation of ACP. While there are no specific laws governing Advance Care Planning (ACP), Advance Directives (AD), or surrogate decision-making in Japan, there are guidelines for end-of-life care decision-making. The Ministry of Health, Labour and Welfare (MHLW) actively promotes ACP through an ongoing project aimed at enhancing its adoption.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Japan does not have a standalone palliative care plan but integrates palliative care into broader healthcare plans for cancer and heart failure, with ongoing monitoring efforts. Regular national review meetings are conducted to assess cancer-related palliative care. While there is no specific document dedicated to monitoring palliative care progress, the "List of Evaluation Indicators for the Fourth Basic Plan for Promoting Cancer Control Measures" includes relevant indicators. These indicators are used to monitor the availability of palliative care services and increase awareness, contributing to the broader assessment of palliative care within the cancer control framework.

AP Japan

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Although Japan does not have a general health law or specific decree for palliative care provision, palliative care services are included in the list of priority services at the primary care level in the national health system. Home-based palliative care is covered under both the medical and long-term care insurance systems, regardless of the patient's condition. In 2014, the JPCA established two committees to enhance palliative care education for family physicians and primary care teams, as well as to improve the quality of palliative care within the community. The establishment of these committees aligns with the government's efforts to improve palliative care services and integrate them into the broader healthcare system.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

3

There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

The Division for Cancer Disease Control and Prevention within the Department of Health at the Ministry of Health, Labour and Welfare has a palliative care officer, and there is also a designated authority in the Office for Promotion of Home Healthcare within the Guidance Division of the Medical Affairs Bureau. However, these two roles are not integrated or systematically organized.

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

AP Japan

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

The Japanese Society of Palliative Medicine (JPSM) organizes an annual scientific meeting with participation ranging from 5,000 to 7,000 attendees. In addition, several scientific organizations of palliative care hold national conferences every year.

Ind 7

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.

3

Represents a considerable amount of articles published.

Medicines

Ind 8

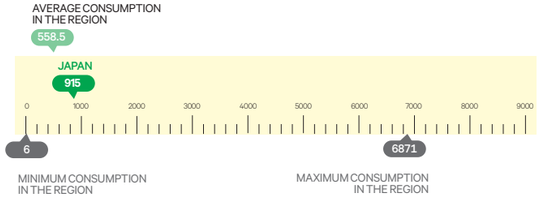
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Annual consumption of opioids (oral morphine equivalent dose, excluding methadone) is 30 mg/per/2023 (MoH data); Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 915 S-DDD

915

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Japan

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

As outlined in the Cancer Control Act established in Japan in 2006, patients and their families should have easy access to integrated, high-quality cancer care, regardless of their location. In Japan, all physicians can obtain a narcotic practitioner license, and nearly all dispensing pharmacies are authorized to handle narcotics, allowing individuals to access palliative care medicines anywhere in the country.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

As outlined in the Cancer Control Act established in Japan in 2006, patients and their families should have easy access to integrated, high-quality cancer care, regardless of their location. In Japan, all physicians can obtain a narcotic practitioner license, and nearly all dispensing pharmacies are authorized to handle opioids, allowing individuals to access morphine and palliative care medicines anywhere in the country.

AP Japan

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	80/80
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/80
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	255/255
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/255

Palliative care is integrated into the curricula of all medical schools and nursing education institutions in Japan and is explicitly included in the national examination criteria. A palliative care specialist is always part of the panel of examiners for these national exams. Japan has 88 medical schools and over 255 institutions offering nursing education. Significant efforts have been made to incorporate palliative care training in many universities. National organizations such as Hospice Palliative Care Japan and the JSPM have developed comprehensive curricula and collaborated to standardize and deliver palliative care education across undergraduate, postgraduate, and continuing professional development programs.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

The Japanese Society for Palliative Medicine, affiliated with the Japanese Medical Association, has been managing a specialist system for palliative medicine since 2009, currently comprising 361 specialists and 1,146 certified doctors. The Society is in the process of seeking accreditation as a subspecialty with the Japanese Specialist Medical Association. Additionally, the Ministry of Education, Culture, Sports, Science and Technology's Cancer Professional Development Plan supports the training of palliative medicine specialists, and the Japanese government officially recognizes the specialization.

AP Japan

Provision of PC / Services

Ind 13

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

4

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

Over the past decade, hospice and palliative care in Japan have significantly advanced under the Cancer Control Act, leading to increased palliative care units, hospital teams, and home hospice services. As of 2023, Japan has 465 inpatient palliative care units, and 1,174 home hospices, contributing to over 2,535 specialized palliative care services provided nationwide. Despite this growth, specialized home care services remain one of the least developed aspects of the palliative care system in the country. The government is addressing these gaps by revising laws, improving healthcare systems, and launching educational and collaborative initiatives to enhance service delivery. Japan's palliative care infrastructure includes hospital-based teams, inpatient palliative care wards, and clinics offering home hospice services, highlighting its commitment to accessible end-of-life care. According to 2023 World Bank population data, Japan has a palliative care service rate of 2.04 per 100,000 inhabitants.

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.

3

In a growing number of private hospitals.

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

3

Found in many parts of the country.

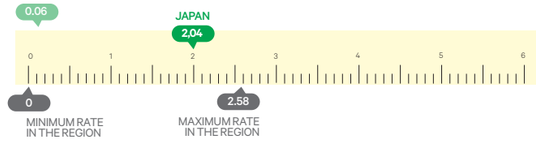
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

4

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

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



13.5. Please enter the total number of specialized PC services or teams in the country.

2,535*

← SPECIALIZED PALLIATIVE CARE SERVICES

* Note: More than.

Ind 14

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

3

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

In Japan, specialized pediatric palliative care (PPC) has primarily developed to support children with cancer, resulting in a more advanced system for these patients compared to those with non-cancer life-limiting diseases. Every region in Japan has a children's hospital along with a pediatric palliative care team, with a total of 15 teams nationwide. However, there are only a limited number of pediatric hospices in the country. Starting in 2024, insurance will cover the additional fees for pediatric palliative care treatment, and palliative care teams throughout Japan are beginning to collaborate with pediatricians to provide these services.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

15

PPC TEAMS

COUNTRY REPORTS

AP

Kiribati

General data

POPULATION, 2023
132,530

SURFACE, KM², 2022
810

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

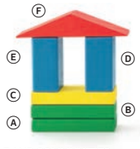
HUMAN DEVELOPMENT INDEX RANKING, 2021
136

GDP PER CAPITA (US$), 2023
2,106.76

HEALTH EXPENDITURE (% GDP), 2021
14.81

UNIVERSAL HEALTH COVERAGE, 2021
48

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

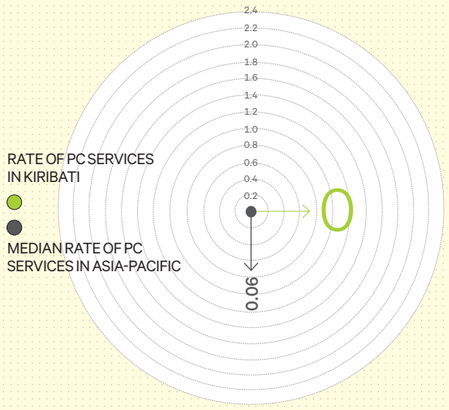
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

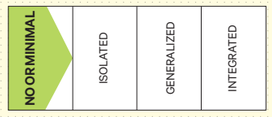
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

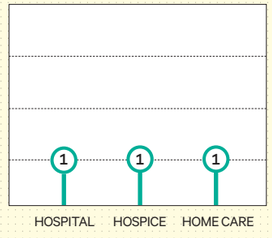
Kiribati in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

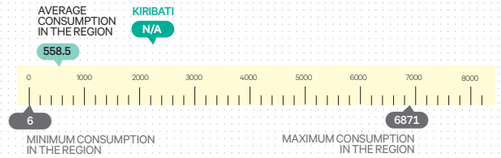
TOTAL NUMBER: 0

AP Kiribati

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **N/A**

Kiribati in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1 ○ ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

National Association: -

Consultants: Teanibuaka Tabunga.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

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

Recognition of PC specialty: 2 ○ ○

Ⓑ 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 ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1 ○ ○ ○

Advanced care planning-related policies: 1 ○ ○ ○

AP Kiribati

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1

Only isolated activity can be detected.

Ind 2

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.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

1

Not known or does not exist neither standalone nor is included in another national plan.

Kiribati includes palliative care (PC) into its National Health Plan, which prioritizes improving access to essential health services, including chronic illness management and end-of-life care. The plan emphasizes a holistic approach to addressing the needs of individuals with life-limiting conditions and outlines strategies to enhance health system capacity. However, while PC is acknowledged within the broader health plan, Kiribati does not have a specifically defined national palliative care plan, programme, policy, or strategy with a detailed implementation framework.

AP Kiribati

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care (PC) is recognized as an essential component of the healthcare system in Kiribati, but its development is still in the early stages. There is a shortage of formalized PC services and trained personnel to deliver comprehensive end-of-life care. Efforts are underway to improve training and resources, integrating PC into primary healthcare to meet the needs of those with chronic and terminal illnesses. However, there is no legal framework to formally include PC in primary care services, despite government initiatives and support from organizations like the World Bank to enhance healthcare infrastructure.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Kiribati

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

No data reported for Kiribati.

AP Kiribati

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

With a population of about 120,000 spread across 33 atolls, Kiribati is working to integrate palliative care (PC) into its healthcare system, particularly at the primary health care level. Despite recognizing PC as essential, its development is still in the early stages, facing challenges related to limited resources and infrastructure. The government and organizations like the World Bank are focused on strengthening healthcare access and improving logistics for medical supplies, especially in remote areas, but comprehensive PC services remain a significant hurdle.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

AP Kiribati

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0	Kiribati does not have dedicated medical and nursing schools but collaborates with international partners, including Australia and Fiji, to train healthcare workers. Public education efforts raise awareness about the significance of palliative care for those with chronic illnesses and end-of-life needs.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/0	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/0	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	2	There is no process on specialization 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 of institutions).

Kiribati collaborates with international partners, including Australia and Fiji, to train healthcare workers. NGOs and international organizations actively support palliative care initiatives, emphasizing capacity building, training, and resource provision. Notably, a palliative care workshop was conducted in July 2018, supported by Counties Manukau Health, alongside Essential Pain Management courses in 2014 and 2016, with recent follow-up training.

AP Kiribati

Provision of PC / Services

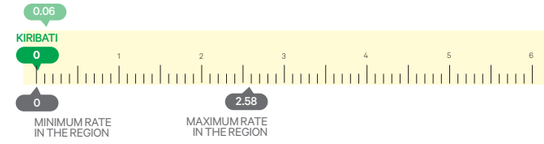
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1	No or minimal provision of palliative care specialized services or teams exist in the country.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	1	Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1	Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1	Not at all.
13.5. Please enter the total number of specialized PC services or teams in the country.		0 ← SPECIALIZED PALLIATIVE CARE SERVICES

With a population of about 120,000 spread across 33 atolls, Kiribati is working to integrate palliative care (PC) into its healthcare system, particularly at the primary health care level. Despite recognizing PC as essential, its development is still in the early stages, facing challenges related to limited resources and infrastructure. The government and organizations like the World Bank are focused on strengthening healthcare access and improving logistics for medical supplies, especially in remote areas, but comprehensive PC services remain a significant hurdle.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1	No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.		0 PPC TEAMS

Laos

General data

POPULATION, 2023
7,664,993

SURFACE, KM², 2022
236,800

PHYSICIANS / 1,000 INH, 2022
0.327

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
140

GDP PER CAPITA (US$), 2023
2,066.95

HEALTH EXPENDITURE (% GDP), 2021
2.74

UNIVERSAL HEALTH COVERAGE, 2021
52

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

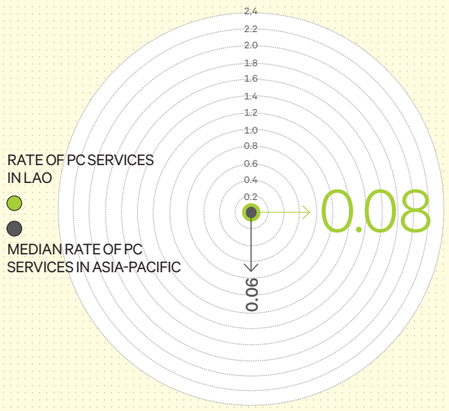
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

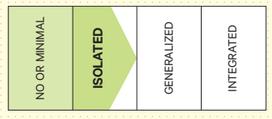
Total number of Specialized PC services: **6**

Rate of PC services per 100,000 inhabitants: **0.08**

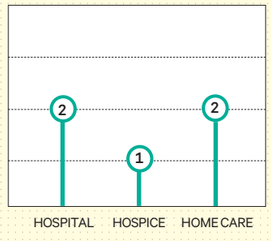
Lao in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

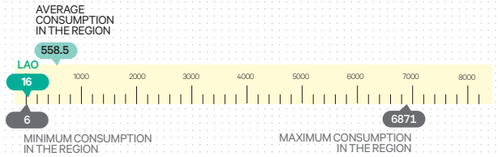
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: **1**

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **16** S-DDD/MILL INHABITANTS/DAY

Lao in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 4

National Association: -

Consultants: Champadeng Vongdala; Laura Monzón Llamas.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/4

Nursing schools with mandatory PC teaching: 0/4

Recognition of PC specialty: 2

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1

Advanced care planning-related policies: 1

AP Laos

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1

Only isolated activity can be detected.

At present, there are no groups or organizations in Lao PDR focused on advocating for the rights of patients requiring palliative care, their caregivers, and disease survivors. However, the National Cancer Center is providing palliative care services and support to cancer patients and their families. Additionally, the Karunruk PC Center from Khon Kaen University in Thailand is actively promoting and supporting the development of palliative care across the country. They are organizing training sessions primarily in Vientiane Province, with plans to expand these efforts to other provinces.

Ind 2

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.

At present, there are no documents, national policies, or guidelines in place that address advance care planning regarding medical decisions related to life-sustaining treatment or end-of-life care.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

Palliative care is integrated into the National Multisectoral Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020), focusing on enhancing access and services. The NCD plan outlines activities such as establishing a national steering committee on palliative care and defining indicators for development, including morphine-equivalent opioid consumption per cancer death. Despite these provisions, there are no published assessments evaluating progress on these indicators, underscoring the need for improved monitoring and implementation to advance palliative care in Lao PDR effectively. Although not part of a dedicated national strategy, a significant initiative is the "Developing Palliative Care Services in Lao PDR" program, a three-year education and training collaboration between Khon Kaen University in Thailand and the Lao PDR Ministry of Health.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

AP Laos

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care services are part of the hospital service package outlined in the Essential Health Service Packages (MOH Lao PDR, 2018-2020), but they are not prioritized at the primary healthcare level. However, there is an agreement between Thailand and Laos Food and Drug Administrations (FDA) to support the availability of opioids in Laos. This agreement is a component of a broader palliative care development plan, which includes collaboration between Khon Kaen University (KKU) in Thailand and the Ministry of Health of Laos, aiming to integrate palliative care at the community level.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

The Department of Health Care and Rehabilitation within the Ministry of Health oversees palliative care; however, no dedicated coordinating entity for palliative care has been established. Additionally, specific functions and resources for palliative care at the Ministry of Health level have not yet been assigned.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Laos

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

The Department of Health Care and Rehabilitation of the Ministry of Health, in collaboration with the Karunruk Palliative Care Center from Khon Kaen University in Thailand and the Asia Pacific Hospice Palliative Care Network (APHN), organized the first Lao National Palliative Care Conference on February 2023, at Mittaphab Hospital in Vientiane, Lao PDR. The conference was held again in February 2024 and is intended to become an annual event.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

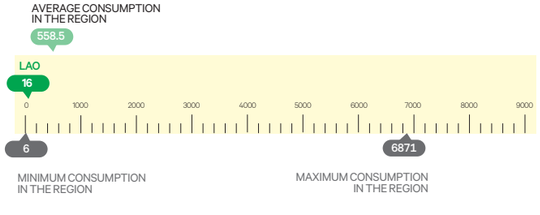
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 16 S-DDD

16

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Laos

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The Lao PDR Essential Health Service Packages for 2018-2020 list Paracetamol and Acetaminophen as the only medications consistently available at health centers. Primary healthcare services offered at district, provincial, and central hospitals include access to medications such as Diazepam, Phenobarbital, and opioids (both in tablet and injection form) for pain management and palliative care for cancer patients. Consequently, the availability of opioids and other essential medications for palliative care in rural areas remains limited and scarce.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

The Lao PDR Essential Health Service Packages for 2018-2020 list Paracetamol and Acetaminophen as the only medications consistently available at health centers. Primary healthcare services offered at district, provincial, and central hospitals include access to medications such as Diazepam, Phenobarbital, and opioids (both in tablet and injection form) for pain management and palliative care for cancer patients. Consequently, the availability of opioids and other essential medications for palliative care in rural areas remains limited and scarce.

AP Laos

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/4
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/4
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/4
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/4

Palliative care education is not yet part of the medical or nursing undergraduate curriculum in Laos, either as a required or optional subject. However, specialized training modules for palliative care professionals have been developed and are being implemented for palliative care teams in central hospitals and several provincial hospitals. These trainings are certified by Khon Kaen University in Thailand and the Ministry of Health in Laos, with plans to extend them to doctors and nurses at the primary healthcare level, including district hospitals.

Ind 12

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

2

There is no process on specialization 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 of institutions).

There is currently no formal specialization process for palliative care physicians in Laos. However, there are other officially recognized diplomas available. Specialized training modules for palliative care professionals have been developed and are being implemented in central and several provincial hospitals. These trainings are certified by Khon Kaen University in Thailand and the Ministry of Health in Laos, with plans to extend them to doctors and nurses at the primary healthcare level, such as district hospitals.

AP Laos

Provision of PC / Services

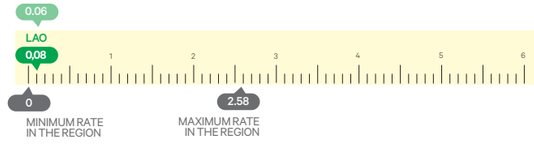
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 Isolated provision: Exists but only in some geographic areas.
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.	2 Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	6 ← SPECIALIZED PALLIATIVE CARE SERVICES

Laos has a developing system of specialized palliative care with limited geographic coverage. The National Cancer Center (NCC) in Vientiane features a dedicated palliative care unit with inpatient beds and a team that also provides some home care services. Additional palliative care teams are based in three regions: Luang Prabang Provincial Hospital in the north, Champasak Provincial Hospital in the south, and four central hospitals in Vientiane (Mahosot, Setthathirath, Mittaphab, the NCC, and the Mother & Child Hospital). Home care services are limited and available only in a few areas, primarily linked to hospitals rather than operating independently or as community-based teams. Laos has an estimated six specialized palliative care teams, all hospital-based. This includes one team in the northern and southern provincial hospitals and four teams at central hospitals in Vientiane. This corresponds to a rate of 0.08 services per 100,000 inhabitants, based on 2023 World Bank data.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 No or minimal provision of palliative care specialized services or teams for children exists in countrybut with some gaps.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	1 PPC TEAMS

In Laos, there is limited development of specialized palliative care services for children and a lack of systematic integration into the healthcare system. While the National Cancer Center (NCC) focuses primarily on adult patients, the Mother and Child Hospital in Vientiane has trained palliative care nurses and doctors who provide services for children. However, there is no dedicated pediatric palliative care unit, and services remain limited in scope and geographic reach.

COUNTRY REPORTS

AP

Malaysia

General data

POPULATION, 2023
35,126,298

SURFACE, KM², 2022
330,411

PHYSICIANS / 1,000 INH, 2022
2.316

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

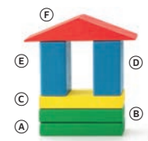
HUMAN DEVELOPMENT INDEX RANKING, 2021
62

GDP PER CAPITA (US$), 2023
11,379.09

HEALTH EXPENDITURE (% GDP), 2021
4.38

UNIVERSAL HEALTH COVERAGE, 2021
76

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

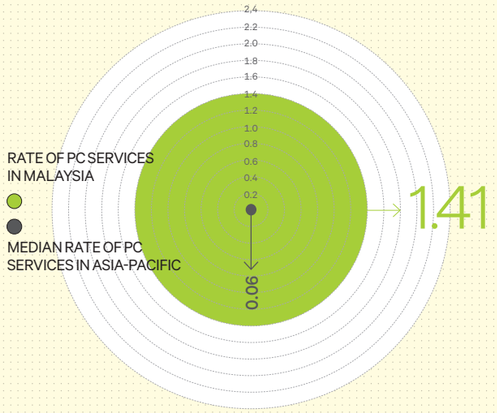
Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **483***

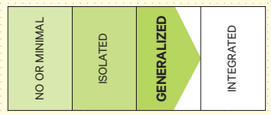
* Note: More than

Rate of PC services per 100,000 inhabitants: **1.41**

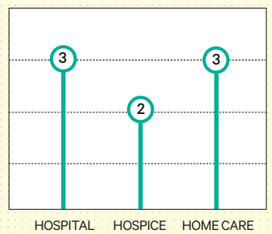
Malaysia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

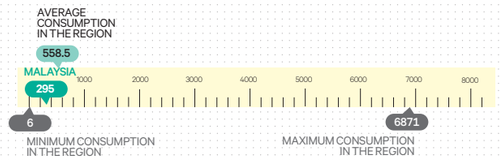
TOTAL NUMBER: **6**

AP Malaysia

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **295** S-DDD/MILL INHABITANTS/DAY

Malaysia in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 4

National Association: Hospice Malaysia; Malaysian Hospice Council.

Consultants: Ng Woon Fang; Cheong Wing Loong; Fafazlina Ahmad; Muhamad Hafiz.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **5/32**

Nursing schools with mandatory PC teaching: **0/33**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Malaysia

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.).

In Malaysia, two prominent organizations, the Malaysian Hospice & Palliative Care Council (MHPCC) and Hospis Malaysia, champion the needs and rights of palliative care patients and caregivers. Established in 1998, the MHPCC now includes 27 organizational and 49 individual members, advocating nationally for palliative care through educational initiatives, community awareness, and collaboration with societal stakeholders. Additional groups advancing palliative care rights include the Motor Neuron Disease Society Malaysia, focusing on advocacy, education, and support for caregivers; Cancer Survivor Malaysia, dedicated to holistic care for cancer patients; the National Cancer Society of Malaysia; and MAKNA (National Cancer Council Malaysia), which is dedicated to alleviating pain, suffering, and morbidity in cancer patients.

Ind 2

Is a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

Over the past 28 years, Malaysia has laid a strong foundation for palliative care, moving toward its integration within the healthcare system. This effort aligns with the WHA 67.19 resolution, the Declaration of Astana, and the United Nations Sustainable Development Goals as Malaysia strives for universal health coverage. Recently, the National Advance Care Planning program has been launched, along with clinical practice guidelines for advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

Malaysia's National Palliative Care Policy and Strategic Plan 2019–2030, launched on November 6, 2019, integrates palliative care into the national healthcare system. It emphasizes services in government hospitals, primary care, and community-based initiatives. While no specific palliative care legislation exists, the policy is a significant step forward. Progress has been made since its launch, with growing involvement from the private sector, though palliative care services remain relatively new and developing in practice. The plan includes outcome indicators to track and evaluate its progress. Additionally, the Ministry of Health is advancing a National Palliative Care Standard Framework through a dedicated subgroup to guide the policy's implementation and ensure quality care.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

AP Malaysia

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care services are included in Malaysia's national health system and are formally recognized as part of public healthcare. However, their integration into primary care remains limited and varies by region, depending on local resources and capacity. Current efforts focus on expanding domiciliary palliative care under the 2021–2025 Strategic Plan, with 308 teams providing services nationwide. These services are primarily aimed at patients with specific needs, such as those who are bed-bound, and are still categorized under services for disabled persons rather than dedicated palliative care. Additionally, the Ministry of Health collaborates with initiatives like the Community Palliative Care ECHO program (2022–2025) to train primary care providers, health staff at hospices, and general practitioners. Future plans include launching an online learning platform in 2025 and developing a Primary Palliative Care Competency Framework and training module tailored to local primary care systems.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

Malaysia's palliative care is overseen by the National Palliative Care Services Development Committee within the Ministry of Health, led by the National Palliative Care Head of Service. Supported by subcommittees, the committee focuses on hospital and community services, pediatric care, palliative care medicines, education, research, and standards, ensuring coordinated efforts under the Medical Division. While hospital-based palliative care units are present in most tertiary hospitals, primary care and public health palliative services are managed separately. The authority has established activities and monitoring mechanisms but is still in the process of full development. Funding for palliative care services includes financial aid for hospices and NGOs but covers only 10% of operational costs, indicating limited financial resources for broader implementation and support.

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

AP Malaysia

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

At least one national conference specifically dedicated to palliative care is held every two years. The Malaysian Hospice & Palliative Care Council, together with its collaborating hospice organisation members, organises the Malaysian Hospice Council Congress biennially. The most recent congress was held on 25th - 27th July 2024.

Ind 7

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.

2

Reflects a limited number of articles published.

Medicines

Ind 8

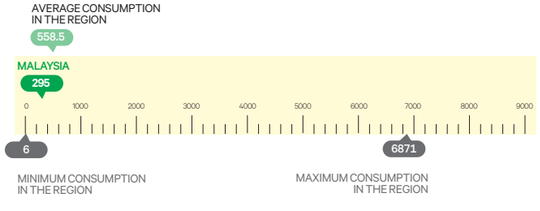
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 295 S-DDD

295

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Malaysia

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In Malaysia, primary care facilities have good access to non-opioid medications and Tramadol, but morphine access is limited due to low confidence in prescribing among primary care providers. While morphine is included in the WHO Model List of Essential Medicines and classified as Category B (prescribable by Medical Officers), it is mainly prescribed by hospitals. Primary care providers rarely stock or purchase morphine due to low demand and prescribing confidence. Rural clinics widely offer non-opioid medications like NSAIDs, paracetamol, and laxatives, but opioid access, including morphine, is more restricted. Availability in rural areas depends on clinic classification and staffing, with better-stocked clinics typically having doctors on-site. Overall, opioid access remains limited across primary care, especially in rural settings.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

Overall, opioid access remains limited across primary care, especially in rural settings.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

AP Malaysia

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	5/32	Malaysia has 32 medical schools, with Hospice Malaysia delivering compulsory palliative care (PC) education at five institutions, including Universiti Malaya and Universiti Teknologi Malaysia, while collaborating with international partners to evaluate undergraduate programs. PC is an elective in at least 15 medical schools and is included in some Family Medicine curricula, though its inclusion depends on trainer availability. In nursing education, PC is offered as an elective in at least six government colleges, with advanced training provided through post-basic Diplomas in Oncology and the ELNEC* curriculum. Despite the availability of postgraduate programs and advanced nursing diplomas, a unified national credentialing system and sufficient multidisciplinary training for allied health professionals remain a challenge. Efforts are ongoing to strengthen primary palliative care education and create structured programs for nurses and allied health professionals to address these gaps. * End-of-Life Nursing Education Consortium
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	15/32	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/33	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	6/33	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	4 Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.	The Malaysian Medical Council lists Palliative Care as a recognized subspeciality of Internal Medicine. This 3 years subspecialty training is offered by Ministry of Health.

AP Malaysia

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	3 Generalized provision: Exists in many parts of the country but with some gaps.	In Malaysia, specialized palliative care services are primarily urban, with state hospitals mandated to have palliative care units. Tertiary hospitals in most states have at least one palliative care physician, except for Perlis. Efforts focus on expanding primary palliative care access, developing specialized teams in provincial hospitals, and training Family Medicine Specialists in Palliative Medicine. Approximately 197 out of 265 primary care clinics offer home care services, supported by trained personnel. Additionally, 30 NGO-run hospices, primarily providing community-based care, operate nationwide except in Perlis, with only one offering inpatient unit in Pulau Pinang. There are at least 483 palliative care teams, including 59 hospital-based teams, 30 NGO teams, and 197 home care teams. With a rate of 1.41 specialized palliative care services per 100,000 people, Malaysia continues efforts to enhance accessibility and integrate primary and specialized palliative care.
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.	3 In a growing number of private hospitals.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 Ad hoc/ in some parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	3 Found in many parts of the country.	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 MALAYSIA 1.41 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION
13.5. Please enter the total number of specialized PC services or teams in the country.		483* ← SPECIALIZED PALLIATIVE CARE SERVICES * Note: More than.

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.	While most specialized providers offer care to children, there are only 6 specialized palliative care services or teams specifically dedicated to children.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	6 PPC TEAMS	

COUNTRY REPORTS

AP

Maldives

General data

POPULATION, 2023
525,994

SURFACE, KM², 2022
300

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
90

GDP PER CAPITA (US$), 2023
12,530.36

HEALTH EXPENDITURE (% GDP), 2021
10.03

UNIVERSAL HEALTH COVERAGE, 2021
61

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

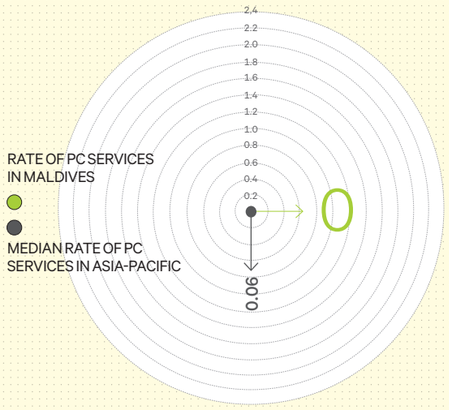
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

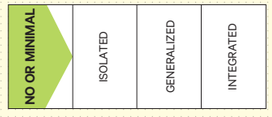
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

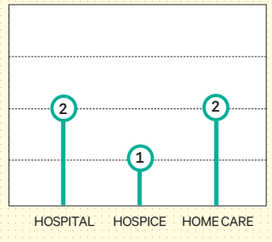
Maldives in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

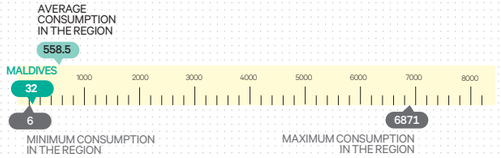
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **32** S-DDD/MILL INHABITANTS/DAY

Maldives in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: -

Consultants: Aishath Lubana Labeeb; Abdulla Muaaz Adam.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **1/1**

Nursing schools with mandatory PC teaching: **0/2**

Recognition of PC specialty: 2

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 1

AP Maldives

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

There are groups that cover palliative care in a more integrated way or over a wider range of disease/ program areas. They uasually collaborate with hospitals, clinics, and home health agencies to ensure these facilities have the necessary resources and training to incorporate palliative care services into their existing care frameworks.

Ind 2

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.

At present, there are no documents, national policies, or guidelines in place that address advance care planning regarding medical decisions related to life-sustaining treatment or end-of-life care.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in the last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NCDs, or HIV.

Although the Maldives does not currently have a specific national palliative care plan or dedicated palliative care policy, the Health Master Plan 2016-2025 aims to improve access to essential health services, indirectly supporting palliative care. The National Cancer Control Plan (NCCP) 2022-2026, however, directly addresses palliative and supportive care, aiming to expand services to referral centers and atoll hospitals. The NCCP outlines indicators for tracking progress in areas such as early diagnosis, access to cancer treatment, and palliative care coverage, though these measures are yet to be implemented.

AP Maldives

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

A plan is underway to establish palliative care services at both tertiary and atoll-level health facilities, specifying the services that will be offered at each level, along with the required steps and procedures for their implementation.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Maldives

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are some sporadic conferences that include palliative care topics. Including the International Conference on Medical and Health Sciences (ICMHS). However, there are no specific national congresses or scientific meetings focused solely on palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

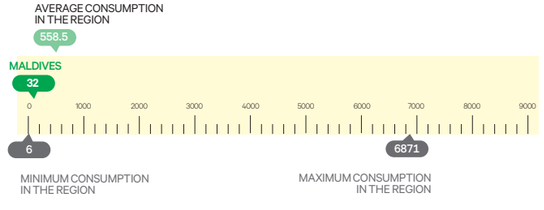
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 32 S-DDD

32

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Maldives

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

According to the National Essential Medicines List 2023 palliative care medicines are available at the primary healthcare level, including opioids, though morphine is reserved for secondary and tertiary levels. The Maldives Food and Drug Administration (MFDA) under the Ministry of Health authorizes a list of controlled substances eligible for import. Pharmacies authorized by the MFDA can procure these medicines.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

In the Maldives, access to immediate-release oral morphine, in both tablet and liquid forms, is limited due to strict regulations surrounding its use as a controlled substance. Its availability is limited to tertiary hospitals in urban areas and regional hospitals, with primary healthcare facilities generally lacking access to this essential palliative care medication.

AP Maldives

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	1/1	The Maldives has one medical school, where palliative care is integrated into oncology and cancer modules rather than offered as a standalone subject. Of the two nursing schools in the country, neither includes palliative care formally in the core undergraduate curriculum, but related content is embedded in other subjects. Additionally, elective palliative care training modules are available for nursing students and primary healthcare providers.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/1	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/2	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	2/2	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	2	There is no process for specialization for palliative care physicians but exists other types of professional training diplomas without official and national recognition.

There is no process on specialization 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 of institutions).

AP Maldives

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1	Palliative care services, including pain management for cancer patients, are offered at four tertiary hospitals in the Greater Malé Region and some atoll-level facilities. While these public services provide some level of palliative care, they do not involve specialized palliative care teams. There are not free-standing hospices dedicated solely to palliative care, but a home visit program launched in 2015 provides care for bedridden elderly patients over 65 in the Greater Malé area. This program aims to improve home-based care quality, especially for those with limited mobility.
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.	2	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2	
13.5. Please enter the total number of specialized PC services or teams in the country.	0	

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

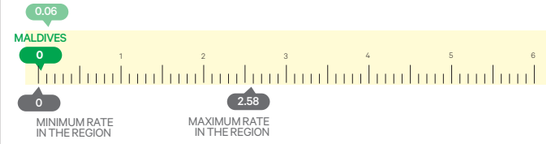
Ad hoc/ in some parts of the country.

Not at all.

Ad hoc/ in some parts of the country.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1	While public palliative care services lack specialized teams, they provide basic support at four tertiary hospitals in the Greater Malé Region and some atoll-level facilities, including pain management for cancer patients and pediatric care.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0	

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

0 PPC TEAMS

AP

General data

POPULATION, 2023
38,827

SURFACE, KM², 2022
180

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

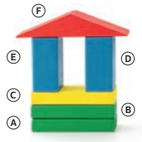
HUMAN DEVELOPMENT INDEX RANKING, 2021
131

GDP PER CAPITA (US$), 2023
6,678.34

HEALTH EXPENDITURE (% GDP), 2021
12.55

UNIVERSAL HEALTH COVERAGE, 2021
59

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

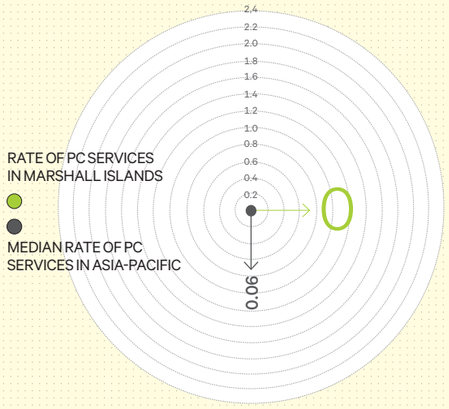
Marshall Islands

Ⓕ Provision of PC (Specialized Services)

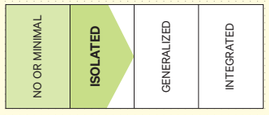
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

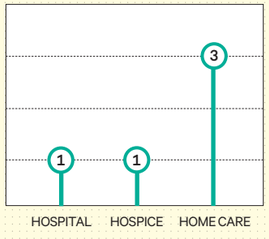
Marshall Islands in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

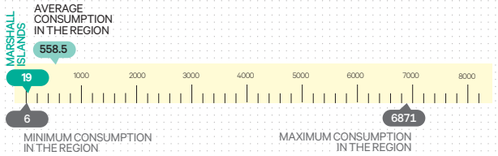
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **19** S-DDD/MILL INHABITANTS/DAY

Marshall Islands in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1 ○ ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

National Association: -
Consultants: Jeannette Koijane.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: No
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

Nursing schools with mandatory PC teaching: **0/1**

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ 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 ○ ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: ○ 2 ○ ○

Advanced care planning-related policies: ○ 2 ○ ○

AP Marshall Islands

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

The Cancer Council of the Pacific Islands (CCPI) has prioritized palliative care since 2012 as a crucial aspect of cancer care across U.S.-affiliated Pacific jurisdictions, including Palau, the Federated States of Micronesia, and the Marshall Islands. In the Marshall Islands, both the national Cancer Control Program and the Ministry of Health, work actively to support cancer patients, their families, and caregivers, with a cancer survivor group receiving ongoing administrative and financial assistance from the Cancer Control Program. This community support is essential given the unique and tragic history of the Marshall Islands, where nuclear testing in the 1950s and early 1960s has had lasting effects on health and displacement for generations. Cancer awareness remains high, and specific programs provide care to those affected by radiation exposure, including treatment options in Honolulu. This extensive support network addresses the complex needs of cancer patients and survivors within the Pacific Island communities, fostering awareness and long-term care across the region and among the Marshallese diaspora.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

There is no national policy or guideline on advance directives or a POLST (Physician Orders for Life-Sustaining Treatment). However, patients can designate a representative to make decisions on their behalf if they lose the ability to do so, and this information is documented in their health record.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

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 palliative care program, legislation, or policy in the Marshall Islands. However, palliative care is recognized as an essential strategy within the national cancer plan, and state-level CDC strategies include goals for palliative care services, with evaluation measures in place for over five years. These strategies emphasize the registry, awareness initiatives, and education. Additionally, a pain control protocol was commissioned by the Marshall Islands 'government in 2022, while it has been widely shared through the Cancer Council of the Pacific Islands (CCPI), it has not been yet implemented.

AP Marshall Islands

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Palliative care is included as a priority within the national cancer control plan and is recognized as an important component of the strategy. However, it is not formally mandated or implemented through any specific decree or law at the primary care level within the national health system.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Marshall Islands

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

While there is extensive research on cancer, and survivorship, especially regarding the impact of U.S. nuclear testing and high cancer rates, no peer-reviewed palliative care research has been published in the last five years with an author from the country.

Medicines

Ind 8

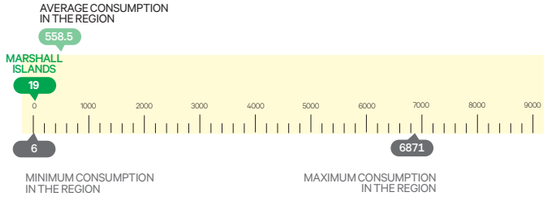
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 19 S-DDD

19

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Marshall Islands

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In the Republic of the Marshall Islands, access to pain and palliative care medications at the primary care level is limited. While pain management medications are generally available at the main hospitals in urban centers like Majuro and Ebeye, there are no dedicated palliative care units, and PC services are not available in rural areas. A 2019 survey found that only 12% of health facilities had all the essential medicines needed, and there are frequent stock-outs of medicines and supplies, particularly in remote islands. According to the last Primary Health Care Performance Assessment, not all facilities, especially those in rural areas, have the operational capacity to provide these services. Even when palliative care medications are listed on the Essential Medicines List, availability and access to the full palliative care package remain inconsistent.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In the Republic of the Marshall Islands, access to pain and palliative care medications at the primary care level is limited. While pain management medications, including morphine, are generally available in urban hospitals, there are no palliative care services in rural areas, and morphine is not available. A 2019 survey found that only 12% of health facilities had the full range of essential medicines, with frequent stock-outs, particularly in remote islands due to logistical challenges.

AP Marshall Islands

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

While there is no medical school in the Marshall Islands, the College of the Marshall Islands (CMI) offers nursing programs, including an associate degree in nursing, aimed at equipping nurses to meet the healthcare needs of the local population. Palliative care was previously integrated into the nursing curriculum before the pandemic, but there is currently no clear evidence of its ongoing inclusion. Additionally, CMI has organized training programs for caregivers to support the provision of palliative care at home.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○

There is no process on specialization for palliative care physicians.

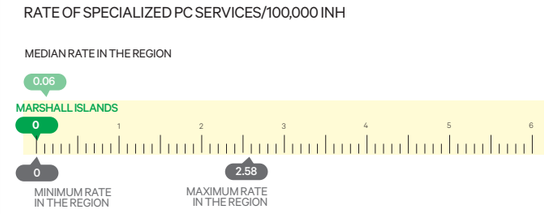
AP Marshall Islands

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ ○ Isolated provision: Exists but only in some geographic areas.
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.	1 ○ ○ ○ Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	3 ○ ○ ○ Found in many parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Currently, there is no comprehensive, specialized palliative care system or dedicated teams in the Republic of the Marshall Islands. While palliative care is included in the national cancer care strategies, there are significant service delivery gaps, especially in rural and remote areas. Palliative care is available at main hospitals in urban centers like Majuro and Ebeye, but these hospitals do not have dedicated palliative care units, and services are unavailable in rural areas. There are no specialized, coordinated palliative care teams across the islands. Although some home health teams provide care in rural communities and have some training in palliative care skills, the country lacks an organized palliative care infrastructure. Furthermore, frequent stock-outs of essential medicines and logistical challenges hinder the widespread delivery of services, particularly in remote islands.



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

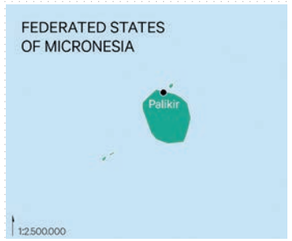
In the Republic of the Marshall Islands, there is a referral system for sending both adults and children abroad for treatment. However, there are no on-island palliative care services specifically for children. When children return from receiving palliative care abroad, they face significant challenges accessing similar services locally, including limited availability of essential medications. This gap highlights the difficulties in maintaining continuity of care for pediatric patients once they return from overseas treatment.

COUNTRY REPORTS

AP

Micronesia

Federated States of



General data

POPULATION, 2023
112,630

SURFACE, KM², 2022
700

PHYSICIANS / 1,000 INH, 2022
0.963

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

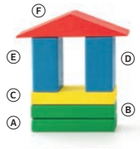
HUMAN DEVELOPMENT INDEX RANKING, 2021
134

GDP PER CAPITA (US$), 2023
4,084.17

HEALTH EXPENDITURE (% GDP), 2021
10.96

UNIVERSAL HEALTH COVERAGE, 2021
48

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

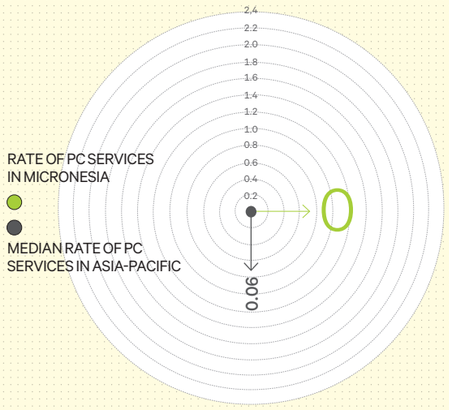
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

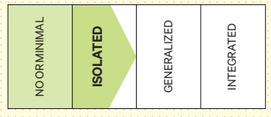
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

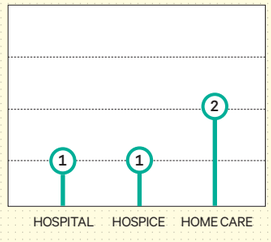
Micronesia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

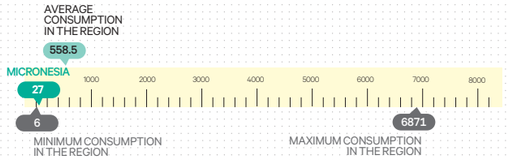
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **27** S-DDD/MILL INHABITANTS/DAY

Micronesia in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 1

National Association: -

Consultants: Jeannette Koijane.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/0

Nursing schools with mandatory PC teaching: 0/1

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 2

AP Micronesia

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

In the Federated States of Micronesia, the Cancer Council of the Pacific Islands (CCPI) has been advocating for the integration of palliative care in cancer care since 2012. Additionally, the Comprehensive Cancer Control Program (CCCP), run by the Ministry of Health, supports palliative care initiatives and has organized several workshops to raise awareness. These efforts include a cancer survivor group that receives support from the CCCP, aiming to assist patients, caregivers, and healthcare professionals in managing serious illness through comprehensive care strategies.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

In the Federated States of Micronesia, there is no formal national policy or guideline on advance directives or advance care planning (ACP). While patients can designate a surrogate decision-maker, this information is recorded in their health record, and regular discussions occur between healthcare providers and patients about surrogate decision-making, often with family involvement. However, there is no established formal framework for advance directives, such as POLST (Physician Orders for Life-Sustaining Treatment). In June 2024, Kokua Mau, a nonprofit organization based in Hawaii focused on improving palliative care and advance care planning across the Pacific region, facilitated a training session to enhance healthcare providers' knowledge and practices related to advanced care planning (ACP).

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

In the Federated States of Micronesia (FSM), palliative care (PC) is recognized as a key component in the national cancer plan. However, there is no standalone palliative care program, policy, or legislation. Each state is required to develop strategies for the Centers for Disease Control (CDC), which include goals for palliative care services. Evaluation is also an integral part of these plans. Despite PC integration, this framework has not been updated for five years.

AP Micronesia

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Palliative care services are not explicitly highlighted as a primary care service in the broader national health system. However, palliative care is included as part of the national cancer control program, which is integrated into the national health plan. While the public health system is largely state-regulated, palliative care, alongside survivorship care, is recognized as a priority in the cancer strategy. As part of this plan, training in palliative care, including pain management and communication, has been conducted in 2024. Additionally, the Primary Health Care Strengthening Programme, supported by WHO, is part of the country's ongoing efforts to improve health services, though disparities in infrastructure and access exist, particularly in remote areas.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Micronesia

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

There are no national congresses or scientific meetings focused on palliative care in the Federated States of Micronesia.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Palliative care-related research, such as studies on pain management, has been conducted in the country, but not by local researchers.

Medicines

Ind 8

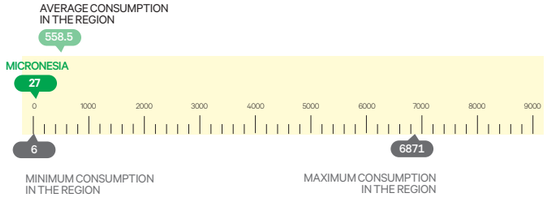
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 27 S-DDD

27

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Micronesia

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The country does not have a unified national essential medicines list. Instead, each of the four states has significant autonomy in managing healthcare services, including essential medicines. This means that the availability of medications may vary between states. For example, Pohnpei updated its formulary in August 2024 after a palliative care training session in June, with plans for incorporating essential medications discussed during the training. Additionally, a pain management protocol developed for the Marshall Islands was shared with Pohnpei, and there is interest in implementing it not only in that state but also across the FSM, particularly in Yap state. The CCPI has played a role in facilitating this interest and collaboration.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

The country does not have a unified national essential medicines list. Instead, each of the four states has significant autonomy in managing healthcare services, including essential medicines. This means that the availability of medications may vary between states. Oral morphine is primarily available only in the main hospital of each state.

AP Micronesia

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

In the Federated States of Micronesia (FSM), there is no dedicated palliative care curriculum at local medical or nursing schools. Whereas there are not any medical school in the country, students typically go abroad to institutions in Fiji or Papua New Guinea for medical training. There is a nursing school at the community college in Pohnpei, which serves students from across the country. A palliative care subject, "Caring the Pacific Way," was integrated in the nursing curriculum, but it stopped in 2020. Palliative care concepts are integrated into broader training efforts supported by regional health organizations CCPI.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○

There is no process on specialization for palliative care physicians.

AP Micronesia

Provision of PC / Services

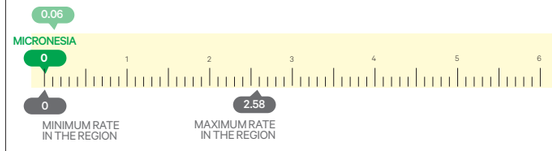
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ ○ Isolated provision: Exists but only in some geographic areas.
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.	1 ○ ○ ○ Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 ○ ○ ○ Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	0

There is currently no established system of specialized palliative care services or teams with broad geographic reach. Palliative care is generally integrated within broader cancer care initiatives, and services are primarily delivered at the main hospitals in each of the four states, rather than through dedicated palliative care units or teams. All hospitals have providers who have some palliative care training but there are not dedicated palliative care teams or units. Although home health teams, connected to rural health clinics, sometimes have staff trained in basic palliative care skills, there is no palliative care infrastructure in rural areas, no hospices, and patients generally pass away in hospitals.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

The Federated States of Micronesia (FSM) has a referral system for off-island treatment for both adults and children. However, there are currently no dedicated palliative care services for children available on the islands. When children return after receiving treatment abroad, they, like adult patients, often face challenges in accessing palliative care, including limited availability of necessary medications.

AP

Mongolia

General data

POPULATION, 2023
3,481,145

SURFACE, KM², 2022
1,564,116

PHYSICIANS / 1,000 INH, 2022
3.874

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

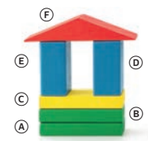
HUMAN DEVELOPMENT INDEX RANKING, 2021
96

GDP PER CAPITA (US$), 2023
5,838.63

HEALTH EXPENDITURE (% GDP), 2021
6.91

UNIVERSAL HEALTH COVERAGE, 2021
65

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

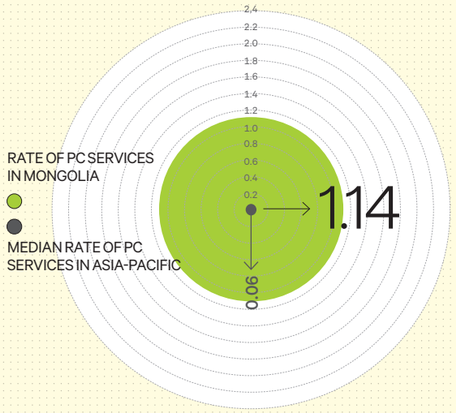
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

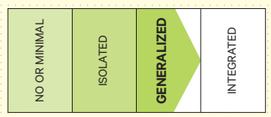
Total number of Specialized PC services: **40**

Rate of PC services per 100,000 inhabitants: **1.14**

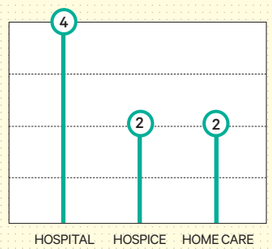
Mongolia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

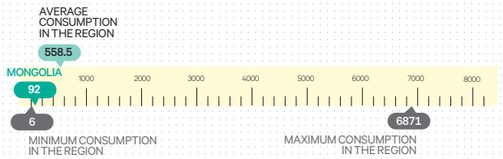
TOTAL NUMBER: 1

AP Mongolia

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **92** S-DDD/MILL INHABITANTS/DAY

Mongolia in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 3

National Association: Mongolian Palliative Care Society.

Consultants: Gelegjamts Delgersuren.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **6/10**

Nursing schools with mandatory PC teaching: **6/12**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 3

AP Mongolia

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

The Mongolian Palliative Care Society (MPCS), officially registered as NGO in Mongolia, advocates for the rights of palliative care patients, caregivers, and disease survivors, ensuring comprehensive support as the field develops in Mongolia. Their initiatives include inpatient services, consultancy, and education. MPCS established a Palliative Care Resource Training Center, awarding diplomas to doctors and nurses to build a skilled workforce. They have also trained 8,000 health workers in different aspects of palliative care, such as pain and symptom management, as well as ethical and psychological aspects of care. In 2023, 264 medical workers completed courses, followed by 729 in 2024, reflecting the growing impact of MPCS's efforts.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

3

There is/are national policies or guidelines on living wills and/ or on advanced directives.

Mongolia has developed a guideline on advance care directives. A designated official at the Ministry of Health, in collaboration with the MPCS, has been responsible for advancing palliative care and creating this guideline. However, the guideline is still awaiting formal approval, pending the signature of newly appointed Ministry of Health staff.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Since 2006, Mongolia has integrated palliative care into its healthcare system, establishing palliative care centres and recognizing it in national health policies. Standards for Palliative Care Services were approved in 2005, and Pain Management Guidelines followed in 2012. Amendments to the Health Insurance Law in 2012 and 2015 ensured palliative care coverage, while the Social Welfare Law (2006, updated in 2011 and 2021) offers financial support to caregivers. Although Mongolia lacks a separate palliative care plan, it is integrated into broader health programs like the National Program on Non-Communicable Diseases (2005) and the Health Law of Mongolia (2006, revised in 2011). In 2023, Ministry of Health regulations clarified service roles, ethical standards, eligibility criteria, and monitoring mechanisms. Progress is assessed through indicators developed after a 2004 Ministry of Health and WHO Conference.

AP Mongolia

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

3

The indicators exist, but have not been updated (implemented out of the determined period).

Since 2000, advocacy efforts have promoted training, guideline development, and the establishment of the Palliative Care Department at the National Cancer Center.

Ind 4

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 services are included as part of the priority services for Universal Health Coverage (UHC) at all levels of Mongolia's health system, including primary care. The Health Law of Mongolia, renewed in 2015, mandates subsidies for palliative care treatment (Article 24.8.7) and integrates palliative nursing care into healthcare service centers (Article 15.1.3). Palliative care is also covered under the Health Insurance Law, ensuring treatment is available across all levels of care. While the Social Welfare Law provides monthly support for caregivers from low-income families and some home care insurance coverage, implementation has faced challenges due to insufficient funding.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

3

There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

There is a national authority that oversees palliative care within the government, but further advancements are needed to enhance its development in Mongolia. Currently, there is a lack of sufficient scientific initiatives and technical implementation efforts. Additionally, the national authority does not have a dedicated budget or offer scientific and technical support for the growth of palliative care services.

AP Mongolia

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

3

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 (and no national conference specifically dedicated to palliative care).

Mongolia hosts national-level events focused on palliative care. Key events include the Leadership Conference on Palliative Care in 2002 and the WHO Conference on the Development of Palliative Care Policies and Standards in 2004. Since 2005, the Mongolian Palliative Care Society (MPCS) has organized national and international conferences during World Hospice and Palliative Care Day (WHPCD), covering topics like essential palliative care drugs, pediatric and non-cancer palliative care, and improving quality of life through comprehensive palliative care. The most recent event, in 2020, focused on "20 Years of Developing Palliative Care in Mongolia." Additionally, palliative care is increasingly integrated into broader health-focused events, like the National Conference on Non-Communicable Diseases.

Ind 7

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.

2

Reflects a limited number of articles published.

Since 2000, a total of 242 articles and abstracts related to palliative care have been published, with 90 appearing in international journals or conference proceedings.

Medicines

Ind 8

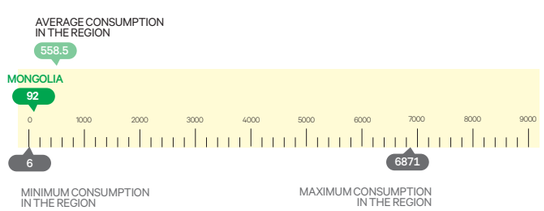
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 92 S-DDD

92

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



COUNTRY REPORTS

AP Mongolia

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In Mongolia, urban primary care facilities have improved access to pain and palliative care medicines, supported by a 2004 Ministry of Health regulation allowing seven-day opioid prescriptions. Locally manufactured injectable morphine and pethidine have been available since 2014, with plans to produce injectable oxycodone. Certain treatments, such as for advanced cancer, are provided free of charge in secondary and tertiary health facilities. However, rural areas face significant challenges, with limited access to opioids and palliative care medications. Efforts to improve access, including ensuring affordable, quality-assured medicines, are ongoing, but rural distribution continues to face barriers, particularly in affordability and availability.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

While regulations permit opioid prescriptions nationwide, urban areas have higher availability. Only 0–10% of rural primary care facilities have immediate-release oral morphine, compared to 10–30% in urban areas.

AP Mongolia

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	6/10	In Mongolia, palliative care education is integrated into medical, nursing, and social work curricula. Out of 10 medical universities, 6 have made palliative care a mandatory subject, while 4 offer it as an elective. Similarly, in 12 nursing schools, 6 include palliative care as a required subject, and 6 offer it as an elective. Since 2005, palliative care has been included in medical, nursing, and social work programs, and since 2010, it has been part of the core curriculum for general practitioners. Over 500 palliative care-related questions have been incorporated into the licensing examination for general practitioners. Workshops in 2006 and 2010 trained physician and nurse leaders in all provinces and Ulaanbaatar districts to support palliative care education.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	4/10	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	6/12	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	6/12	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	●●●● 4 Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.	Palliative care was officially recognized as a medical subspecialty in 2005, following approval from both the Ministry of Health and the Ministry of Education. To become specialized palliative care physicians, doctors are required to complete a six-month training program to obtain a Diploma of Specialization in Palliative Care. Similarly, a specialized diploma for palliative care nurses is also recognized.

AP Mongolia

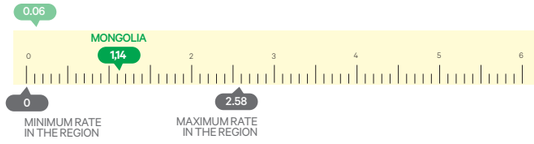
Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	●●●○ 3 Generalized provision: Exists in many parts of the country but with some gaps.	Mongolia's specialized palliative care (PC) system is expanding with nationwide coverage. According to Ministry of Health Resolution No. 475 (September 23, 2022), all 21 provinces and nine districts must provide up to three PC beds and specialized teams in both public and private hospitals. Major facilities like the National Centre for Infectious Diseases (5-10 PC beds) and the National Cancer Centre (over 40 PC beds) offer extensive inpatient and outpatient services. Prison hospitals are required to maintain at least five PC beds. Since 2000, government funding has supported PC beds and outreach in both urban and rural areas, with PC patients occupying 3% of total hospital beds. Free-standing hospices like "Green Home," "Compassionate Gaze," and "Agapa" provide services, including home care, alongside the National Cancer Centre. Home care services also exist in Ulaanbaatar and three aimag centres, though they are limited and hospital linked. Mongolia has 40 specialized palliative care teams, corresponding to 1.14 services per 100,000 inhabitants.
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.	●●●● 4 Are part of most/all hospitals in some form.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	●●○○ 2 Ad hoc/ in some parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	●●○○ 2 Ad hoc/ in some parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.	40 ← SPECIALIZED PALLIATIVE CARE SERVICES	

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	●●○○ 2 Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.	Mongolia has made progress in pediatric palliative care, with a dedicated unit opened in 2014 at the Pediatric Oncology Hematology Center in the National Center for Child and Mother Health. However, specialized pediatric palliative care services are still limited in geographic reach. Outreach services are available in Ulaanbaatar and three aimag centers, with support from charity organizations. While palliative care is expanding across the country, there is no system of specialized pediatric teams widely distributed through various service platforms beyond these regions, and resources remain insufficient.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	1 PPC TEAMS	

COUNTRY REPORTS

AP

Myanmar

General data

POPULATION, 2023
54,133,798

SURFACE, KM², 2022
676,590

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
149

GDP PER CAPITA (US$), 2023
1,233.2

HEALTH EXPENDITURE (% GDP), 2021
5.63

UNIVERSAL HEALTH COVERAGE, 2021
52

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

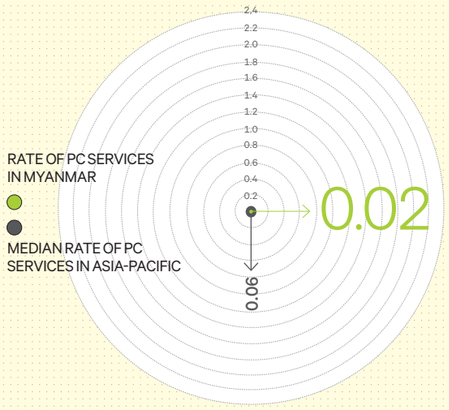
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

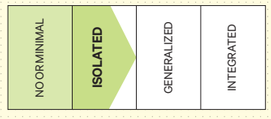
Total number of Specialized PC services: **8**

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

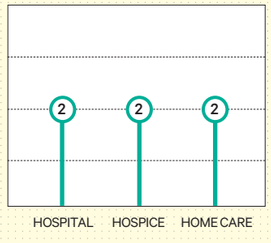
Myanmar in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

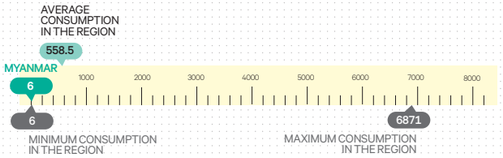
TOTAL NUMBER: 1

AP Myanmar

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **6** S-DDD/MILL INHABITANTS/DAY

Myanmar in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: U Hla Tun Hospice (Cancer) Foundation.

Consultants: Wah Wah Myint Zu; Shoon Mya Aye; Thet Hein.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with a dedicated mandatory PC subject: **7/9**

Nursing schools with a dedicated mandatory PC subject: **26/26**

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Myanmar

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

In Myanmar, several organizations advocate for palliative care and support for patients with serious illnesses. The Palliative Care Team OPD at Yangon General Hospital promotes education and guidelines to integrate palliative care into primary healthcare, collaborating with local providers to expand home care services. The U Hla Tun Hospice Cancer Foundation, established in 1988, provides free, holistic care for end-of-life cancer patients, including home and inpatient hospice care, and collaborates with the Palliative Care Team and Padummar Cancer Support Group. The Padummar Foundation, founded in 2019, emphasizes community involvement, offering psychosocial and spiritual support for cancer patients. Additionally, the Myanmar Oncology Society (MOS) promotes palliative care for cancer patients across the country.

Ind 2

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.

There are no established national policies or guidelines for advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

The Myanmar's National Palliative Care Plan was initiated under the previous democratic government but has faced setbacks due to political instability. Palliative care is currently included in the updated National Cancer Control Plan for 2023-2027, with specific indicators and policies. However, these indicators and policies have yet to be fully established, and palliative care remains a component within broader national plans for cancer and non-communicable diseases.

AP Myanmar

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

There are no specific policies or legislation ensuring the integration of palliative care into primary healthcare across the country.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

5.2. The national authority has concrete functions, budget and staff.

2

There are concrete functions but do not have a budget or staff.

There is no specific national authority for palliative care within the government or the Ministry of Health in Myanmar. However, the Noncommunicable Disease Control Department of the Ministry of Health, with support and guidance from the Cancer Pain and Palliative Care OPD group (Yangon General Hospital), is leading efforts to promote palliative care in the community. These efforts include training primary healthcare staff and developing a locally adapted palliative care handbook to aid in service expansion. Although the Palliative Care Plan outlines specific functions, it lacks both dedicated staff and a budget for implementation.

AP Myanmar

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

Although there are currently no national-level palliative care congresses organized, several workshops are held annually in Yangon to promote palliative care and research activities. Some significant examples include a 2023 webinar on managing cachexia in cancer patients and the Myanmar Health Science Conference focusing on palliative and hospice care sustainability. Other activities include a psychosocial and spiritual care workshop for cancer patients in Yangon, an online CME talk on nutritional issues in cancer patients (2022), and World Hospice and Palliative Care Day events by U Hla Tun Hospice. Additionally, a 2020 military conference addressed safe and effective morphine use, while earlier initiatives, such as a 2019 talk on palliative care updates and a 2018 discussion on its role in cancer survivorship at the Myanmar Research Congress, have further advanced awareness and education.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

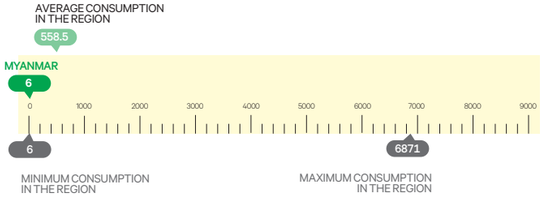
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 6 S-DDD

6

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Myanmar

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Access to essential medicines for pain and palliative care in Myanmar faces significant challenges. While morphine was locally manufactured until 2017 by Burma Pharmaceutical Industry (BPI) and made available in injection form, advocacy efforts pushed for intermediate-release morphine in tablet and syrup forms. BPI also produced codeine and tramadol, supplied to tertiary hospitals for cancer patients. Despite improved availability of opioids in pharmacies, irregular supply, shortages, and affordability issues persist. The ongoing crisis has further disrupted medical supply chains, exacerbating shortages and limiting access, especially in conflict-affected and rural regions. In these areas, caregivers must travel to tertiary facilities for morphine, which is only provided for up to two weeks.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

The availability of immediate-release (IR) morphine in Myanmar is limited due to regulatory barriers, logistical challenges, and ongoing crises affecting medical supply chains. Despite being included in the national formulary, opioids like morphine are often unavailable. IR morphine is provided free of charge at tertiary government hospitals with cancer centers, but caregivers in rural and conflict-affected regions face significant hurdles, often traveling long distances to access it. Even then, morphine is supplied for a maximum of two weeks. Supply shortages and affordability issues further exacerbate disparities in opioid accessibility for pain management across the country.

AP Myanmar

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	7/9
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/9
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	26/26
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/26

Myanmar has eight civil medical schools and one military medical academy, with palliative care integrated as a mandatory 30-hour module in the undergraduate curriculum at seven of the eight civil schools. The updated MBBS curriculum, including palliative care, is expected to be adopted by all schools by 2025. Although training opportunities for physicians remain limited, initiatives like the Asia-Pacific Hospice Palliative Care Network and LIEN Foundation have trained 28 providers through collaborations with the Myanmar Medical Association. In nursing schools, palliative care is included as part of a lecture within the compulsory "Adult Medicine" subject.

Ind 12

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

1 ○ ○ ○

There is no process on specialization for palliative care physicians.

Although there is an international training course in palliative care for physicians (MRCP), it is not official recognized as palliative medicine specialization in the country.

AP Myanmar

Provision of PC / Services

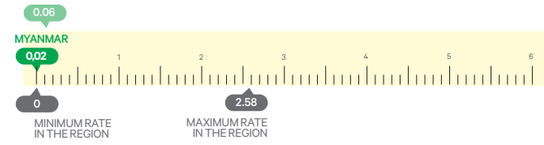
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	● 2 ○ ○ Isolated provision: Exists but only in some geographic areas.
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.	● 2 ○ ○ Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	● 2 ○ ○ Ad hoc/ in some parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	● 2 ○ ○ Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	8 ← SPECIALIZED PALLIATIVE CARE SERVICES

In Myanmar, there is a developing system of specialized palliative care services but faces challenges, including limited manpower, regulatory barriers, and rural-urban disparities. Hospice services are led by U Hla Tun Hospice, which operates centers in Yangon and Mandalay, providing inpatient and home care. Hospital-based services include Yangon General Hospital, the only public facility with a dedicated palliative care unit (established in 2015), offering inpatient, outpatient, and home care services through a multidisciplinary team. Mandalay General Hospital also has trained palliative care staff. Private facilities like Shwe La Min Hospital and Karuna Compassionate Care Center contribute to palliative care delivery. Home-based care is supported by local organizations like CARE Myanmar, Padummar Cancer Support Group, and primary healthcare staff, focusing on urban communities. Myanmar has at least eight palliative care teams across public and private hospitals, hospices, and home care initiatives, corresponding to a rate of 0.015 specialized services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	● 2 ○ ○ Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	1 PPC TEAMS

Yangon Children's Hospital (YCH) provides extensive pediatric oncology services that incorporate palliative care for children with cancer.

COUNTRY REPORTS

AP

Nauru

General data

POPULATION, 2023
11,875

SURFACE, KM², 2022
20

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US$), 2023
12,982.76

HEALTH EXPENDITURE (% GDP), 2021
13.06

UNIVERSAL HEALTH COVERAGE, 2021
60

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

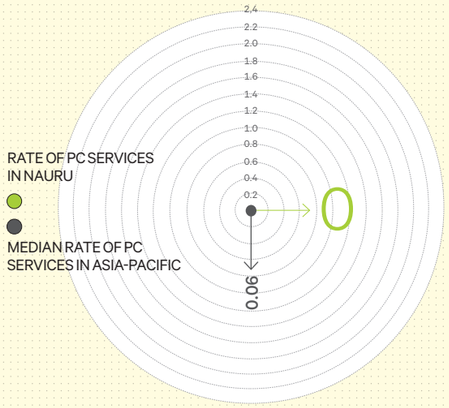
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

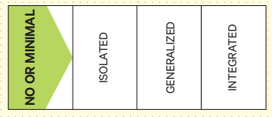
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

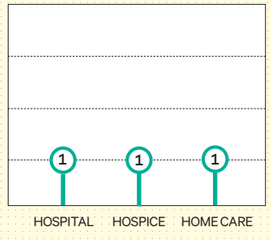
Nauru in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

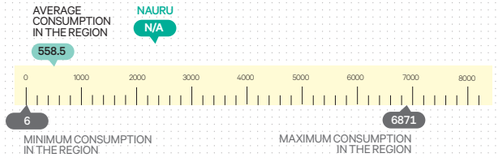
TOTAL NUMBER: 0

AP Nauru

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **N/A**

Nauru in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1 ○ ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

Data gathered through a literature review.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

Nursing schools with mandatory PC teaching: **0/1**

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ 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 ○ ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1 ○ ○ ○

Advanced care planning-related policies: 1 ○ ○ ○

AP Nauru

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1

Only isolated activity can be detected.

Currently, there is no evidence of dedicated groups in Nauru that specifically promote the rights of patients in need of palliative care, their caregivers, or disease survivors.

Ind 2

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.

There is no publicly available information indicating that Nauru has a national policy or guideline specifically addressing advance directives or advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

1

Not known or does not exist neither standalone nor is included in another national plan.

Nauru does not have a dedicated national palliative care plan, program, policy, or strategy. The Nauru Health Strategy (NHS) 2021–2025 emphasizes strengthening the health system and promoting universal health coverage for comprehensive services across the care continuum and life course. However, it does not specifically address palliative care. Similarly, the NCD plan includes a strategic intervention to assess workforce capacity needs for palliative and rehabilitative care, but it does not outline a palliative care plan or implementation framework.

AP Nauru

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Palliative care services are not explicitly included in the list of priority services for Universal Health Coverage (UHC) at the primary care level in Nauru. While the Nauru Non-Communicable Disease Strategic Action Plan 2015–2020 recognizes the need to assess workforce capacity for palliative and rehabilitative care, there is no comprehensive framework for implementing palliative care. The national health system lacks formal palliative care services, and family support as part of palliative care is not mentioned in national documents. Nauru's health strategy focuses on strengthening health systems, primary care, curative health, and support services, with an emphasis on addressing non-communicable diseases (NCDs) and mental health gaps. The health workforce requires improvements to address these challenges. Despite ongoing efforts to enhance healthcare services, including specialist care and community engagement, palliative care remains unintegrated within the national health priorities.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

There is no evidence of a dedicated national authority for palliative care within the government or the Ministry of Health in Nauru. While the government and health system acknowledge the need to address gaps in rehabilitative and palliative care, a formal framework or specific authority to oversee palliative care implementation is not mentioned in the national health strategy or related documents.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Nauru

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

1

There are no national congresses or scientific meetings related to palliative care.

There is no mention of congresses or scientific meetings specifically related to palliative care at the national level in Nauru. The available information highlights efforts to strengthen the health system, address non-communicable diseases, and improve mental health care, but it does not reference organized national events, conferences, or scientific meetings dedicated to palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

No data reported for Nauru.

AP Nauru

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In Nauru, no formal palliative care services or frameworks exist at the primary care level, and pain management medications, including opioid analgesics as defined in the WHO Model List of Essential Medicines, are likely limited. The Nauru Standard Treatment Guidelines (2014) do not include palliative or end-of-life care, indicating gaps in integrating such services. Efforts focus on prevention, health promotion, and addressing workforce shortages, with a call for WHO support to strengthen primary healthcare planning and expand rehabilitation and palliative care. However, the lack of specific guidelines and limited availability of essential medicines suggest minimal capacity for palliative care at primary care facilities.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

The Nauru Standard Treatment Guidelines (2014) include injectable morphine but recommend it for tertiary-level interventions, with no evidence of opioid analgesics availability at the primary care level. The lack of formal palliative care services and guidelines further highlights gaps in integrating essential pain management medications into the primary healthcare system.

AP Nauru

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

Nauru does not have medical schools. The country relies on external institutions for medical education, with Cuba playing a significant role in training Nauruan medical students and providing health professionals to address local workforce gaps. Cuban specialists have supported the Ministry of Health in key areas like Medicine, Pediatrics, and Obstetrics. While a Certificate in Nurse Aide is recognized by the Ministry of Health, palliative care is not included in its curriculum.

Ind 12

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

1 ○ ○ ○

There is no process on specialization for palliative care physicians.

Nauru does not have medical schools. The country relies on external institutions for medical education, with Cuba playing a significant role in training Nauruan medical students and providing health professionals to address local workforce gaps. Cuban specialists have supported the Ministry of Health in key areas like Medicine, Pediatrics, and Obstetrics.

AP Nauru

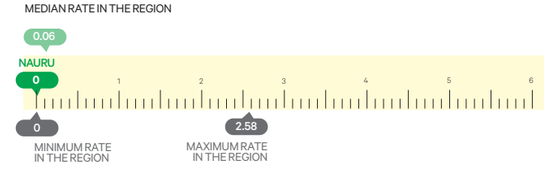
Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams exist in the country.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	1 ○ ○ ○ Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○ Not at all.
13.5. Please enter the total number of specialized PC services or teams in the country.	0

Nauru does not have a system of specialized palliative care (PC) services or teams. While the government provides healthcare services, including primary care and specialized curative services, there are no formal palliative care services or a PC implementation framework. The healthcare system priorities include management of non-communicable diseases (NCDs), addressing mental health gaps, and strengthening procurement and supply system of medicines. Despite efforts to engage communities and support from international medical teams, palliative care remains limited. The government has called on the WHO for technical support to strengthen health planning and augment palliative care services, but no dedicated teams or specialized services currently exist.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

COUNTRY REPORTS

AP

Nepal

General data

POPULATION, 2023
29,694,614

SURFACE, KM², 2022
147,180

PHYSICIANS / 1,000 INH, 2022
0.867

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
143

GDP PER CAPITA (US$), 2023
1,377.63

HEALTH EXPENDITURE (% GDP), 2021
5.42

UNIVERSAL HEALTH COVERAGE, 2021
54

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

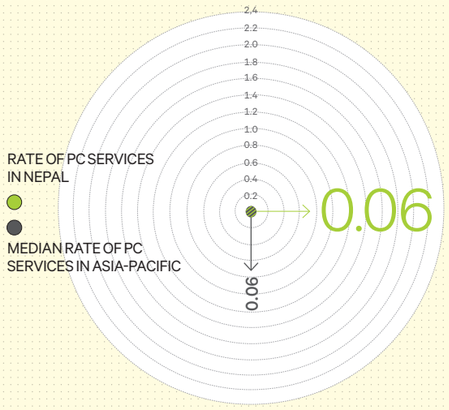
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **17**

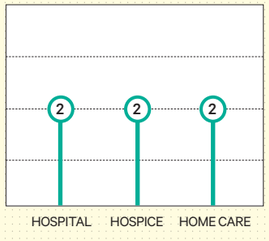
Rate of PC services per 100,000 inhabitants: **0.06**

Nepal in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

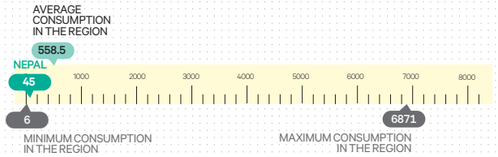
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

TOTAL NUMBER: 3

Ⓓ Use of essential medicines

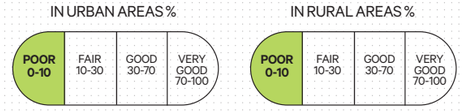
Opiods consumption (excluding methadone): **45** S-DDD/MILL INHABITANTS/DAY

Nepal in the context of Asia-Pacific regions



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

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



Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: Nepalese Association of Palliative Care.

Consultants: Roshani Gautam; Bikash Anand.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/24**

Nursing schools with mandatory PC teaching: **0/150**

Recognition of PC specialty: 3

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Nepal

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

Several groups in Nepal advocate for the rights of patients in need of palliative care, caregivers, and disease survivors. Hospice Nepal focuses on enhancing palliative care access, running initiatives for both adult and pediatric care. Additionally, the Nepalese Association of Palliative Care promotes networking among professionals, advocates for nationwide access to morphine, and pushes for the inclusion of palliative care in national health planning. These organizations collaborate with international partners to improve healthcare resources and standards for palliative care patients. Their efforts are focused on ensuring that more people, especially children and families, receive comprehensive care and support.

Ind 2

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.

There is no national policy or guideline on advance care planning.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

The National Strategy for Palliative Care has been developed by the Nepalese Association of Palliative Care in collaboration with the Ministry of Health and Population (MoH), the World Health Organization (WHO), and Two Worlds Cancer Collaboration, Canada. It is currently in the process of approval. The strategy aims to strengthen palliative care services across the country, ensuring comprehensive care for individuals with life-limiting illnesses. While it has not yet been incorporated into a standalone national plan or integrated into an existing framework, it includes clearly defined indicators to monitor its implementation.

AP Nepal

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Primary care is recognized as a human right in Nepal, as outlined in the Fifth National Human Rights Action Plan, under the right to health (Health 3.2.2). Efforts are being made to include palliative care in the list of health services provided at the primary care level. This is part of the ongoing development of the new Palliative Care Strategy, which is being prepared by the government in coordination with stakeholders like NAPCare and the WHO.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

In Nepal, there is no dedicated unit or section within the Ministry of Health and Population (MOHP) for palliative care services. However, the curative division of the MOHP is currently responsible for overseeing palliative care-related activities. This arrangement is part of ongoing efforts to integrate palliative care within the broader health system, although a specific authority is still in development.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Nepal

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There have been some scientific meetings and events related to palliative care at the national level in Nepal. The Nepalese Association of Palliative Care (NAPCare) is actively involved in organizing networking events for palliative care professionals. These events serve as platforms for sharing knowledge, discussing best practices, and enhancing the skills of healthcare providers working in palliative care. In addition, collaborations have been initiated with international organizations, such as the Asia Pacific Hospice Palliative Care Network (APHN), to strengthen palliative care services in Nepal.

Ind 7

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.

2

Reflects a limited number of articles published.

Medicines

Ind 8

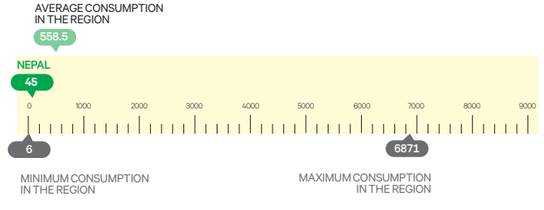
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 45 S-S-DDD

45

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Nepal

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In urban primary care facilities in Nepal, most pain management medications, including sevral forms of morphine (e.g., tablets, syrup, and injection), are generally available. However, access in rural areas is limited, and only physicians are authorized to prescribe these medications.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Nepal, a licensed pharmaceutical company began producing 10-mg immediate-release oral morphine tablets in 2011, along with sustained-release tablets and syrup. However, availability at primary care facilities, even in urban areas, is inconsistent. Limited production and supply often fail to meet demand, contributing to a morphine equivalence (ME) well below the global average. Despite WHO recommendations emphasizing morphine accessibility, these challenges persist in the country.

AP Nepal

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/24
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	1/24
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/150
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	NA/150

Nepal has 24 medical schools regulated by the Medical Education Commission, but palliative care is not yet a compulsory subject in their curricula. Institutions like Patan Academy of Health Sciences (PAHS) offer palliative care as an elective and provide a Fellowship in Palliative Care to train physicians to lead service development and improve end-of-life care. *Similarly, over 150 nursing schools, overseen by the Nepal Nursing Council (NNC), do not mandate palliative care but include it in electives or specialized training programs. Efforts by the Nepalese Association of Palliative Care (NAPCare) aim to integrate palliative care into medical and nursing curricula. NAPCare also conducts training and awareness programs for doctors, nurses, and allied health workers, promoting skills and awareness across the healthcare system.

Ind 12

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

3

There is no process on specialization 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).

The Patan Academy of Health Sciences (PAHS) offers a one-and-a-half-year Fellowship in Palliative Care (FPC), designed for physicians with an MD in General Practice (MD GP). As the first program of its kind in the country, this fellowship aims to equip physicians with the skills needed to deliver high-quality palliative care.

AP Nepal

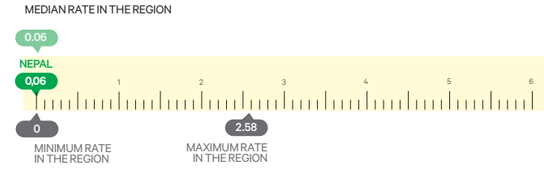
Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 — Isolated provision: Exists but only in some geographic areas.
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.	2 — Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 — Ad hoc/ in some parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 — Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	17 ← SPECIALIZED PALLIATIVE CARE SERVICES

Nepal is gradually developing its palliative care system, with services expanding across multiple platforms. Palliative care began in 1991 at Bir Hospital in Kathmandu, providing clinical services and postgraduate training. Facilities like B.P. Koirala Memorial Cancer Hospital (BPKMCH) and Bhaktapur Cancer Hospital, with Nepal's first registered MD in Palliative Medicine, offer comprehensive palliative care services. Public and private hospitals provide palliative care, often led by oncologists, while non-governmental organizations support underserved regions. There are free-standing hospices, such as Hospice Nepal, and community programs like Patan Academy of Health Sciences' rural palliative care initiative, that trains female community health volunteers for home-based care. NGOs like the International Nepal Fellowship (INF) also expand services in rural districts. Nepal has at least 17 palliative care services, including hospital, hospices, and homecare services, corresponding to a rate of 0.06 services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 — Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	3 PPC TEAMS

In Nepal, specialized palliative care services for children are provided by three major centers: Kanti Children's Hospital in Kathmandu, BPKMCH in Bharatpur, and Bhaktapur Cancer Hospital. These institutions treat pediatric cancers and offer palliative care to children in need. Furthermore, on May 24, 2024, the Government of Nepal hosted a stakeholder workshop in Kathmandu, bringing together healthcare professionals from pediatrics, pediatric oncology, and palliative care. The workshop resulted in an agreement to develop a training manual based on the NHTC guidelines, with a core team identified to lead the curriculum development and hold regular virtual meetings for content discussion.

COUNTRY REPORTS

AP

New Zealand

General data

POPULATION, 2023
5,223,100

SURFACE, KM², 2022
267,710

PHYSICIANS / 1,000 INH, 2022
3.516

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

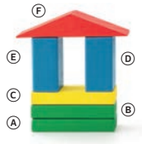
HUMAN DEVELOPMENT INDEX RANKING, 2021
13

GDP PER CAPITA (US$), 2023
48,280.81

HEALTH EXPENDITURE (% GDP), 2021
10.05

UNIVERSAL HEALTH COVERAGE, 2021
85

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

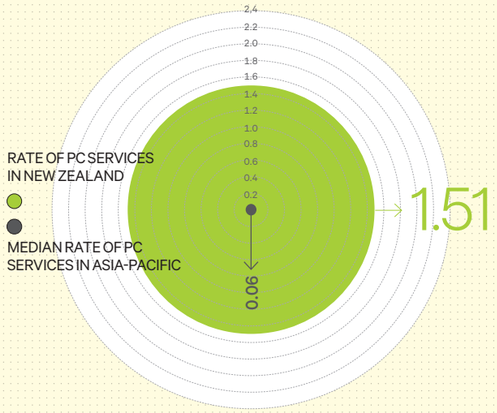
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

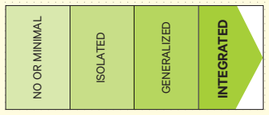
Total number of Specialized PC services: **79**

Rate of PC services per 100,000 inhabitants: **1.51**

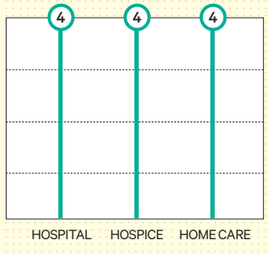
New Zealand in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

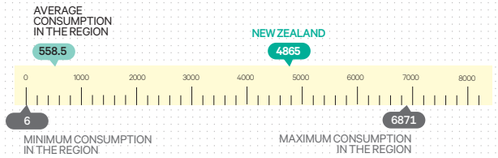
TOTAL NUMBER: **4**

AP New Zealand

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **4865** S-DDD/MILL INHABITANTS/DAY

New Zealand in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 4

National Association: Hospice New Zealand.

Consultants: Wayne Naylor; Amanda Landers.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team

University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **2/2**

Nursing schools with mandatory PC teaching: **13/18**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 3

AP New Zealand

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.)

New Zealand has several groups dedicated to advocating for the rights of patients needing palliative care, their caregivers, and disease survivors. Key organisations include Hospice New Zealand, which supports equitable access to quality palliative care nationwide, and the Palliative Care Collaborative Aotearoa NZ, a coalition of five member organisations promoting consistent and equitable palliative care. Professional groups such as the Australian and New Zealand Society of Palliative Medicine, Palliative Care Nurses New Zealand, and the Pediatric Palliative Care Clinical Network further contribute to advocacy efforts. While there are no patient-specific advocacy groups solely focused on palliative care, broader organisations like Age Concern New Zealand, the NZ Dementia Foundation, and the Cancer Society.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

3

There is/are national policies or guidelines on living wills and/or on advanced directives.

New Zealand does not have a specific national policy on advance care planning (ACP) but has established guidelines coordinated by Te Tāhū Hauora Health Quality & Safety Commission since 2016. These guidelines are developed in collaboration with Te Whatu Ora Health New Zealand districts and include culturally tailored resources for Māori, Pacific peoples, and those with learning disabilities. A dedicated website offers tools for clinicians and the public to create and understand ACPs. Advance Directives, supported by law, and provisions for Enduring Powers of Attorney under the Protection of Personal and Property Rights Act allow individuals to appoint surrogate decision-makers for future health decisions. ACP in New Zealand has evolved from a grassroots movement to one receiving government support and funding.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

New Zealand's last comprehensive national palliative care strategy was developed in 2001 and remains outdated. A 2017 Palliative Care Action Plan was created but lacked government funding for implementation. Currently, palliative care is integrated into broader health frameworks like Te Pae Tata – Interim New Zealand Health Plan 2022 and the New Zealand Cancer Action Plan 2019–2029, focusing on equitable access and specific goals rather than a standalone policy. Health New Zealand (Te Whatu Ora) leads efforts to develop a consistent national model for pediatric and adult palliative care, with the first design phase expected by 2025. However, there is no overarching strategy or mandated government standards; while Hospice New Zealand has developed voluntary standards for palliative care, these are not mandated by the government.

AP New Zealand

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

3

The indicators exist, but have not been updated (implemented out of the determined period).

There are no up-to-date, defined indicators in national plans to monitor and evaluate progress in palliative care, and no defined implementation framework exists for the palliative care work programme currently in development.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care is included in several health service specifications, including primary and community health services. However, it is not explicitly specified in government health legislation as a required component of primary care. While national service specifications exist, their implementation varies across the country. For example, palliative care is included in the specifications for Specialist Community Nursing Services, but there is no uniform mandate or requirement for its inclusion in primary care across the national health system.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

Palliative care in New Zealand is integrated into the national health system and funded by the Ministry of Health. Health New Zealand manages a small palliative care team within the National Commissioning Team – Living Well Directorate, supported by the National Palliative Care Steering Group, which includes sector and consumer representatives. While Health New Zealand oversees service delivery, the Ministry of Health focuses on policy but lacks dedicated palliative care staff or programs. The national authority for palliative care has a budget, staff, and concrete functions, with funding allocated to the national palliative care work programme, including hospice care and related initiatives. However, funding for aged residential and primary care is managed separately. The work programme aims to develop new models of care, monitoring, and funding approaches, addressing gaps in previous strategies that lacked implementation funding and evaluation mechanisms. Responsibilities are overseen by Health New Zealand leadership and the Minister of Health.

AP New Zealand

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

In New Zealand, several national scientific meetings and conferences are focused on palliative care. The Australia and New Zealand Society of Palliative Medicine (ANZSPM) organizes regular scientific meetings, including trainee days, and an Australasian conference every two years with New Zealand representation. Hospice New Zealand hosts the biennial Hospice NZ Palliative Care Conference, with the 2024 event marking its 26th edition. This multidisciplinary conference is open to all health professionals involved in palliative care. Additionally, the ANZSPM Aotearoa branch organizes an Annual Medical Update and a Biennial Conference, which alternates between Australia and New Zealand.

Ind 7

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.

4

Very High: Denotes an extensive number of articles published on the subject.

Palliative care research in New Zealand is significantly underfunded. However, the establishment of the Palliative Care Aotearoa Research Network in 2023, with around 130 members, aims to connect researchers nationwide. Currently, much of the existing literature focuses on clinical care, with some publications about family/carer experiences, and the palliative care system.

Medicines

Ind 8

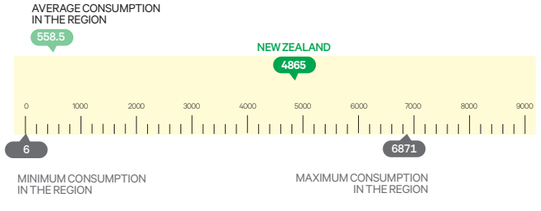
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 4865 S-S-DDD

4865

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP New Zealand

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

In New Zealand, urban primary care facilities have access to pain and palliative care medications listed in the WHO Model List of Essential Medicines, regulated by Medsafe and funded by Pharmac, making most medications free or low-cost. Non-opioids and NSAIDs are widely available, while opioids, though challenged post-pandemic, remain accessible with guidance from the specialty society and Pharmac. Prescriptions can be issued by medical practitioners, nurse practitioners, and designated nurse prescribers, with additional support from the Te Ara Whakapiri toolkit for symptom management and end-of-life care. In rural areas, essential medicines are approved and funded nationally, with non-opioids like paracetamol and NSAIDs available in supermarkets. However, challenges include shortages of medical professionals and limited pharmacy access, causing potential delays in obtaining medications. Delivery services help mitigate these issues, but rural barriers to timely access persist, particularly for opioids and prescriber-dependent medications.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

Immediate-release (IR) oral morphine is accessible in urban primary care facilities in New Zealand, including hospices and aged care facilities, as an essential medicine. However, systemic barriers, such as cost, limited appointment availability, GP enrollment issues, and cultural safety concerns, hinder access for Māori, Pacific peoples, people with disabilities, and low-income groups. In rural areas, access to healthcare services is further limited by fewer providers accepting new patients, after-hours service challenges, and logistical issues, including the $5 prescription fee. Despite these obstacles, morphine remains widely available and essential, though systemic and cultural barriers must be addressed to ensure equitable access for all populations.

AP New Zealand

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	2/2	In New Zealand, palliative care education is integrated into undergraduate medical and nursing curricula. The University of Otago and the University of Auckland include compulsory palliative care modules guided by a national curriculum framework, ensuring all medical students receive formal training. Optional clinical attachments provide additional experience. Among New Zealand's 18 accredited nursing schools, palliative and end-of-life care (PEOLC) is incorporated through a 'life course' stream. Thirteen nursing schools formally include PEOLC in their programs, and eleven have designated leads for PEOLC teaching. However, PEOLC is not compulsory across all nursing schools, highlighting variations in implementation.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	13/18	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	NA/18	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	●●●● 4 Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.	New Zealand has an official specialization process in Palliative Medicine for physicians, recognized by the Royal Australasian College of Physicians (RACP). Palliative Medicine has been a recognized specialty for over 20 years. Physicians can pursue this specialty through two pathways: completing 5-6 years of basic training and passing the physician exams, followed by 3 years of advanced training, or undertaking the 3-year Advanced Training in Palliative Medicine programme after becoming a fellow of another college. On average, it takes approximately 13 years from the start of medical school to qualify as a Palliative Medicine specialist, earning the title of Fellow of the Australasian Chapter of Palliative Medicine (FAChPM). The programme is overseen by the RACP, and a limited number of funded training positions are available annually in New Zealand.

AP New Zealand

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	●●●● 4 Integrated provision: Specialized palliative care services or teams are systematically provided.	New Zealand has a well-established palliative care system with over 79 specialized services, including 32 hospices, 20 hospital-based palliative care teams (HPCTs), and 27 home care teams, corresponding to a rate of 1.51 services per 100,000 people. Hospices provide community-based care, home visits, inpatient services, and day activities. HPCTs, led by palliative medicine specialists and supported by multidisciplinary teams, are present in all major hospitals except Dunedin, which operates nurse-led services. Rural areas, like the West Coast of the South Island, lack local hospice services and rely on Christchurch-based specialists, district nurses, and General Practitioners. Health New Zealand funds and supports community nursing services for palliative care in some regions, often complementing hospice care. While most areas are covered, disparities persist in rural regions. Overall, New Zealand's hospice network and integrated palliative care services deliver comprehensive support to patients and families nationwide.
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.	●●●● 4 Are part of most/all hospitals in some form.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	●●●● 4 Strong presence of free-standing hospices in all parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	●●●● 4 Strong presence of home care teams in all parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.	79	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 NEW ZEALAND 1.51 0 1 2 3 4 5 6 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	●●○○ 2 Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.	New Zealand has a total of four specialized pediatric palliative care teams. These include services at Starship Children's Hospital in Auckland, Rainbow Place in Hamilton, Rei Kotuku in Wellington, and Nurse Maude Hospice in Christchurch. With an estimated 1.295 million children and young people aged 0–19 in the country in 2023, this equates to one specialized pediatric palliative care team per 323,750 individuals in this age group. Additionally, an estimated 3,500 children and young people in New Zealand live with life-limiting conditions and could benefit from palliative care services.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	4 PPC TEAMS	

AP

Niue

General data

POPULATION, 2023
1,681

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
N/A

HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
N/A

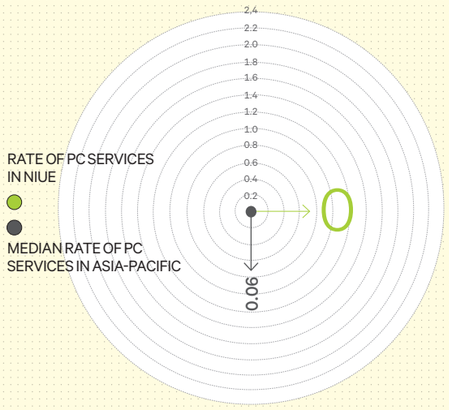
UNIVERSAL HEALTH COVERAGE, 2021
44

Ⓕ Provision of PC (Specialized Services)

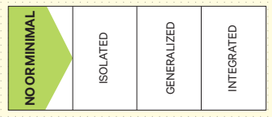
Total number of Specialized PC services **0**

Rate of PC services per 100,000 inhabitants **0**

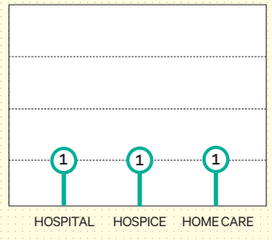
Niue in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION

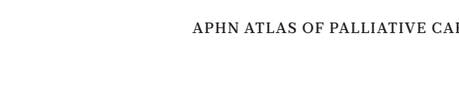
TOTAL NUMBER **0**

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone) **157**
S-DDD/MILL INHABITANTS/DAY

Niue in the context of Asia-Pacific regions

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



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

Ⓒ Research

PC-related research articles **1**

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

Data gathered through a literature review.

Data collected: June-September 2024.

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

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

Recognition of PC specialty **1**

Ⓑ 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**

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients **1**

Advanced care planning-related policies **1**

AP Niue

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1

Only isolated activity can be detected.

There is no evidence of specific groups in Niue dedicated to promoting the rights of patients in need of palliative care. However, efforts are underway to enhance cancer care and palliative care services. In early 2024, a team from New Zealand visited Niue to assess and discuss improvements in cancer services, aiming to support health outcomes for cancer patients, including those requiring palliative care. Niue has a limited presence of health-focused non-governmental organizations (NGOs), suggesting limited formal support structures for patients requiring palliative care.

Ind 2

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.

There is no evidence of a national policy or guideline on advance directives or advance care planning in Niue. The Niue National Strategic Plan 2016–2026 emphasizes the importance of health services but does not specifically address advance care planning. Similarly, the Niue Health Strategic Plan 2011–2021 focuses on improving health outcomes without detailing policies on advance directives.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

Niue does not have a dedicated national palliative care plan, program, policy, or strategy. Although the "Niue Moui Olaola: An Integrated NCD Action Plan 2009–2013" lists the objective of providing quality palliative care for patients and support for families, it does not outline a framework for implementing palliative care in the country. Similarly, the Niue Health Strategic Plan 2011–2021 focuses on NCD prevention and control but does not include specific provisions for palliative care.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

1

Not known or does not exist neither standalone nor is included in another national plan.

AP Niue

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Palliative care services are not explicitly listed as priority services for Universal Health Coverage (UHC) at the primary care level in Niue's national health system. The Niue Health Strategic Plan 2011–2021 emphasizes health promotion, disease prevention, and the management of non-communicable diseases but does not specifically address palliative care within primary healthcare services. Additionally, the "Niue Moui Olaola: An Integrated NCD Action Plan 2009–2013" includes an objective to provide quality palliative care for patients and support for families; however, it does not outline a detailed framework for implementing palliative care services at the primary care level.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

Currently, there is no evidence available about a designated national authority for palliative care within its government or Ministry of Health. The Niue Health Strategic Plan 2011–2021 emphasizes the provision of quality health services and the development of sustainable health services for the disabled and elderly, consistent with traditional social and cultural contexts. However, it does not specifically address palliative care or establish a dedicated authority for such services. Recent discussions have taken place to improve cancer services in Niue, including aspects of palliative care. While these discussions indicate a recognition of the need for palliative care, they have not yet resulted in the establishment of a formal national authority dedicated to palliative care within Niue's health system.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Niue

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Although Niue has hosted general health research events, such as the Niue Research Symposium, there is no evidence of national-level congresses or scientific meetings specifically dedicated to palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

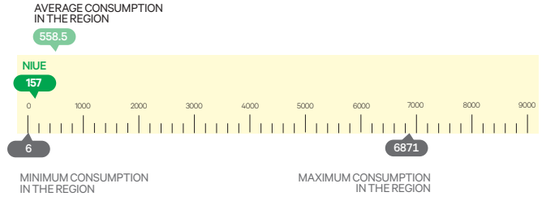
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 157 S-S-DDD

157

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Niue

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In Niue, the availability of pain and palliative care medications from the WHO Model List of Essential Medicines is limited and inconsistent. Morphine and other opioids, when accessible, are not always in the appropriate formulations, and prescription and distribution restrictions further hinder their use. Confidence among healthcare professionals in prescribing opioids is variable, and access to other palliative care medications also fluctuates. Niue Foou Hospital, near Alofi, serves as the primary hub for healthcare, including primary and secondary services. While residents have free access to healthcare locally and in New Zealand, there are no formalized palliative care services. Challenges include a small population (~1,500), limited healthcare infrastructure, and a declining health workforce. Community health workers play a key role in care delivery, but a lack of clinical guidelines and monitoring systems limits service consistency. An essential medicines list exists, but medication availability depends on recommendations from Medical Officers.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Morphine and other opioids, when accessible, are not always in the appropriate formulations, and prescription and distribution restrictions further hinder their use.

AP Niue

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0	Niue does not have a medical school. Niuean students typically pursue medical training in neighboring countries like New Zealand or Australia. The University of the South Pacific (USP) has a campus in Niue, offering various programs, but it does not provide medical degrees. While USP's Niue campus lacks specific nursing degrees, students can access nursing courses through USP's broader network across other Pacific nations. Similarly, St. Clements University Higher Education School operates in Niue, offering a range of study programs, but nursing is not among them.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/0	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/0	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	Niue does not have a medical school within its territory. For medical training, Niuean students often enroll in universities in neighboring countries, such as New Zealand or Australia. The University of the South Pacific (USP) has a campus in Niue, offering several programs, but it does not include a medical degree.

AP Niue

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams exist in the country.	Niue does not have a formal system of specialized palliative care services with comprehensive geographic reach or delivery across multiple platforms. Niue Foou Hospital serves as the primary hub for healthcare, offering primary and secondary medical care, with tertiary care facilitated through transfers to New Zealand and visits from New Zealand-based specialists. An 'Aged Ward' in the hospital provides limited palliative services. Palliative care support has been provided through initiatives like the New Zealand National Child Cancer Network (NCCN) Pacific Working Group, which established treatment protocols and supportive care guidelines. While collaboration continues via teleconferences, there are no formalized palliative care services in Niue. Challenges include a small population (~1,500), limited healthcare capabilities, an ageing population, and a declining health workforce. Community health workers play an important role in promoting health and preventing disease, but the health sector lacks sufficient monitoring systems, clinical guidelines, and comprehensive palliative care frameworks.
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.	1 ○ ○ ○ Not at all.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○ Not at all.	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 NIUE 0 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION
13.5. Please enter the total number of specialized PC services or teams in the country.	0	← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.	
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS	

COUNTRY REPORTS

AP

Palau

General data

POPULATION, 2023
17,727

SURFACE, KM², 2022
460

PHYSICIANS / 1,000 INH, 2022
1.778

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
80

GDP PER CAPITA (US$), 2023
15,899.42

HEALTH EXPENDITURE (% GDP), 2021
16.38

UNIVERSAL HEALTH COVERAGE, 2021
65

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

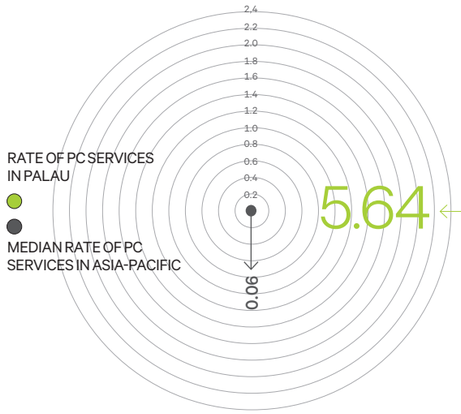
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **1**

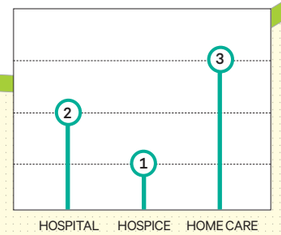
Rate of PC services per 100,000 inhabitants: **5.64**

Palau in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

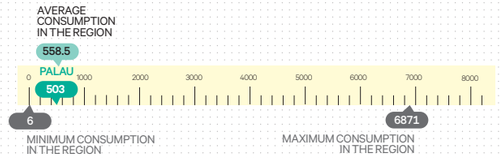
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **503** S-DDD/MILL INHABITANTS/DAY

Palau in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 1

National Association: -

Consultants: Glenda Santos; Jeannette Koijane.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/0

Nursing schools with mandatory PC teaching: 1/1

Recognition of PC specialty: 1

Ⓑ 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: 3

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 2

AP Palau

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

Since 2012, the Cancer Council of the Pacific Islands (CCPI) has identified palliative care as an important factor in caring for those with cancer. CCPI works with all the US Affiliated jurisdictions in the Pacific including Palau, Federated States of Micronesia and Republic of the Marshall Islands. Currently, the Comprehensive Cancer Control program (CCCP) with the Ministry of Health works to help people with cancer, caregivers, and cancer survivors and their families. There is a cancer survivor group that meets regularly and gets administrative and financial support from the Cancer Control Program.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

There is no national policy or guideline on advance care planning in Palau. However, patients can indicate a surrogate decision making when meeting with their doctor or in the hospital. In their record, they can indicate what their wishes for end of life care are as well as appointing an surrogate decision maker.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Survivorship and palliative care are identified as key strategies in Palau's national cancer plan. However, there is not a standalone palliative care program, legislation, or policy in place. In the national cancer control strategy developed for the CDC, palliative care service goals are included, with monitoring and evaluation as significant component of the plan. This effort has been ongoing for over five years, with strategies focusing on a registry, awareness, education, and treatment.

AP Palau

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

3

The indicators exist, but have not been updated (implemented out of the determined period).

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care services are integrated into primary care and are included in Palau's National Cancer Plan. The Palau National Health Insurance also covers palliative care services as part of its universal health coverage (UHC) list of services. However, coverage is limited when patients are referred off-island for cancer treatment, particularly for palliative care services.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

Although there is no national authority for palliative care within the government or the Ministry of Health, the Bureau of Public Health is responsible for providing and overseeing progress related to preventive and primary care services, including integrating palliative care into the healthcare system.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Palau

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

While research on caregivers in Palau has been published through the University of Hawaii, there are no known peer-reviewed articles on palliative care authored by local researchers from Palau.

Medicines

Ind 8

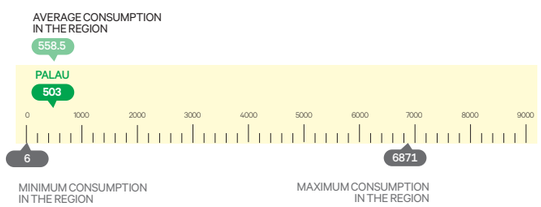
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 503 S-S-DDD (INCB 2023).

503

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Palau

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

Palau has only one state hospital, which has a good availability of medications. In contrast, rural health facilities, typically stock basic essential medicines for palliative care like ibuprofen and paracetamol. For patients with more complex needs or those requiring narcotics, a visit to the hospital is necessary. The hospital is generally within an hour's travel from most rural areas, except for those located on outlying islands.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

The state hospital is at the city center and is the only health facility with immediate release oral morphine available. Community health centers or dispensaries do not have morphine availability.

AP Palau

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	1/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

There are no medical schools in Palau. Palau Community College offers a nursing program that includes compulsory teaching in palliative care, specifically addressing topics such as end-of-life care, pain management, home health nursing, and hospice services. Additionally, the program covers pharmacology relevant to end-of-life care, making palliative care an integral part of the nursing curriculum and its learning outcomes. In addition, there is a caregiving program at the college that incorporates skills and principles related to palliative care.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.

AP Palau

Provision of PC / Services

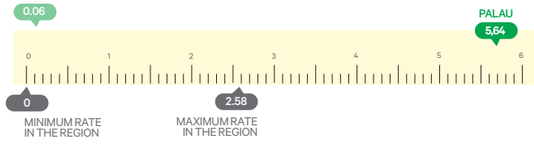
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ Isolated provision: Exists but only in some geographic areas.
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.	2 ○ ○ Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	3 ○ ○ Found in many parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	1

In Palau, there is one main hospital, along with a few private health clinics and several rural community health centers. Staff at the hospital have received training in different aspects of palliative care, including pain assessment and treatment and palliative care services are available at hospital level. However, there is not an exclusive palliative care team available, but palliative care is integrated into hospital services. In 2022, a hospice unit was built near the hospital but is not yet operational. Home care teams trained in palliative care offer support, though not exclusively for palliative care needs. Palau has a referral system for off-island treatment of serious illnesses, but consistent care upon patients' return is challenging due to medication shortages. The rate of PC services is 5.64 per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

COUNTRY REPORTS

AP

Papua New Guinea

General data

POPULATION, 2023
10,389,635

SURFACE, KM², 2022
462,840

PHYSICIANS / 1,000 INH, 2022
0.063

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
156

GDP PER CAPITA (US$), 2023
2,957.68

HEALTH EXPENDITURE (% GDP), 2021
2.32

UNIVERSAL HEALTH COVERAGE, 2021
30

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

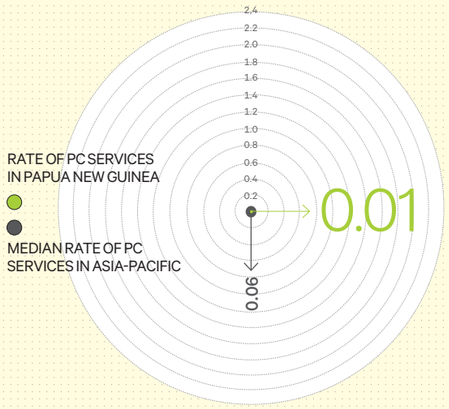
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

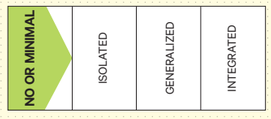
Total number of Specialized PC services: **1**

Rate of PC services per 100,000 inhabitants: **0.01**

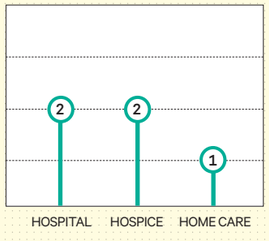
Papua New Guinea in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

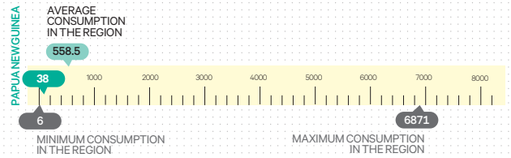
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **38** S-DDD/MILL INHABITANTS/DAY

Papua New Guinea in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: -
Consultants: Gwenda Anga.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/2**

Nursing schools with mandatory PC teaching: **0/14**

Recognition of PC specialty: 1

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Papua New Guinea

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

In Papua New Guinea there are emerging groups focused on palliative care, though formal structures are still developing. The PNG Cancer Foundation is one organization actively offering resources and advocacy, particularly for cancer patients, and it incorporates supportive care in its initiatives. The Children's cancer team together with volunteers of SIOP – Oceania have also recently performed activities for palliative care education and advocacy in the country.

Ind 2

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.

Papua New Guinea currently does not have a formal national policy or guideline specifically addressing advance directives or advance care planning (ACP).

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

The National Cancer Policy in Papua New Guinea prioritizes palliative care as a core mission. While a technical working group is currently updating the Cancer Policy and creating a comprehensive cancer control plan that will include palliative care, this document is still in development. The National Cancer Plan sets clear objectives and targets for tracking palliative care progress, though specific indicators for measuring this progress have yet to be implemented.

AP Papua New Guinea

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care services are not explicitly included in the list of priority services for Universal Health Coverage (UHC) at the primary care level in Papua New Guinea (PNG). While there is growing awareness of palliative care, particularly in the context of cancer care, it is not yet fully integrated as a priority service within the national health system's UHC framework. Efforts to include palliative care in the broader health policy are ongoing, but formal national policy integration at the primary care level is still in development.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

Although there is not a dedicated national authority for palliative care, the cancer unit within the Ministry of Health is responsible for overseeing the progress of palliative care.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Papua New Guinea

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

In August 2024, a three-day palliative care workshop was held in Papua New Guinea, organized by SIOP Oceania. This was the second SIOP Oceania Pediatric Oncology workshop taking place in Port Moresby, where 65 doctors and nurses from PNG were learning about the early recognition of cancer in children.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

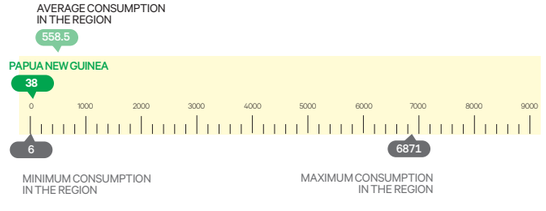
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 38 S-S-DDD

38

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Papua New Guinea

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In Papua New Guinea, pain management faces significant challenges due to limited training in analgesia and widespread misconceptions about opioid use for life-limiting illnesses. Access to essential medications, especially in rural areas, is also highly restricted, with rural health facilities struggling to maintain a reliable supply of necessary drugs and medical resources.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Papua New Guinea, pain management faces significant challenges due to limited training in analgesia and widespread misconceptions about opioid use for life-limiting illnesses. Access to essential medications, especially in rural areas, is also highly restricted, with rural health facilities struggling to maintain a reliable supply of necessary drugs and medical resources.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

AP Papua New Guinea

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.

0/2

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

1/2

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/14

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

0/14

Papua New Guinea has two main medical schools, the University of Papua New Guinea (UPNG) School of Medicine and Health Sciences, and the Divine Word University (DWU) School of Medicine and Health Sciences. While there is growing recognition of the importance of palliative care, it is not consistently included as a core subject across medical programs. Palliative care is not part of the undergraduate nursing curriculum. Recent studies emphasize the importance of training healthcare workers in palliative care, highlighting the lack of palliative care education in the country's nursing programs.

Ind 12

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

1 ○ ○ ○

There is no process on specialization for palliative care physicians.

AP Papua New Guinea

Provision of PC / Services

Ind 13

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

1 ○ ○ ○

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

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

○ 2 ○ ○

Ad hoc/ in some parts of the country.

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

○ 2 ○ ○

Ad hoc/ in some parts of the country.

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

1 ○ ○ ○

Not at all.

13.5. Please enter the total number of specialized PC services or teams in the country.

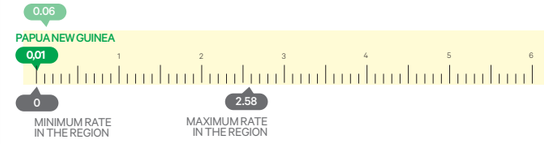
1

← SPECIALIZED PALLIATIVE CARE SERVICES

In Papua New Guinea, palliative care faces numerous structural and resource-related challenges. The Ministry of Health oversees provincial hospitals, while provincial and local governments manage rural health services, including health centers and aid posts, often in partnership with church providers. Pain management and access to essential medications are limited and palliative care services are sparse, with no dedicated palliative care facilities. A joint proposal by the Catholic Health Services and the Department of Health aimed to establish a National Centre for Palliative Care in Port Moresby, but this project stalled due to limited structure and financial opportunity. Currently, only Port Moresby General Hospital has a dedicated palliative ward, with some trained staff, including one anaesthetist recently trained in palliative care. This corresponds to a rate of 0.01 specialized palliative care services per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

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

1 ○ ○ ○

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

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

0

PPC TEAMS

AP

Philippines

General data

POPULATION, 2023
114,891,199

SURFACE, KM², 2022
300,000

PHYSICIANS / 1,000 INH, 2022
0.786

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
116

GDP PER CAPITA (US$), 2023
3,804.87

HEALTH EXPENDITURE (% GDP), 2021
5.87

UNIVERSAL HEALTH COVERAGE, 2021
58

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

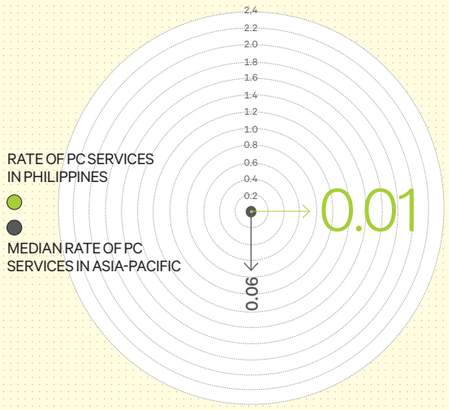
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

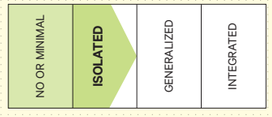
Total number of Specialized PC services: **95**

Rate of PC services per 100,000 inhabitants: **0.01**

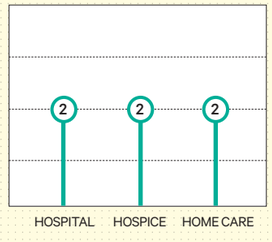
Philippines in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

TOTAL NUMBER: **4**

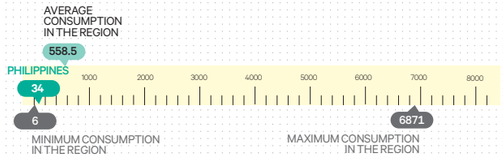
AP

Philippines

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **34** S-DDD/MILL INHABITANTS/DAY

Philippines in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 4

National Association: The Ruth Foundation for Palliative and Hospice Care; The Philippines Society of Hospice and Palliative Medicine.

Consultants: Mari Joanne G. Joson; Rumalie Alparaque Corvera; Criselda Isabel Cenizal; Eddred Carillo; Patrick Simon Soria.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **3/70**

Nursing schools with mandatory PC teaching: **4/632**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 2

AP Philippines

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.)

In the Philippines, several organizations advocate for the rights of patients needing palliative care, as well as their caregivers and survivors. These groups work to improve access to quality care, address the needs of terminally ill patients, and offer support to caregivers. Key organizations include the National Hospice and Palliative Care Council of the Philippines (Hospice Philippines), which promotes the development of hospice and palliative care programs, education, research, and collaboration. Other notable groups include the Philippine Society of Hospice and Palliative Medicine, The Ruth Foundation for Palliative and Hospice Care, the Madre de Amor Hospice Foundation, and The Philippine Cancer Society.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

Although there are no national policies on advance directives or advance care planning in the Philippines, during the COVID-19 pandemic, several institutions developed ethical guidelines that included sections on advance directives. A multidisciplinary group of healthcare professionals and public health experts created the "Unified Algorithms for COVID-19," which features an algorithm for advance care planning. Additionally, palliative medicine specialists conducted webinars on this topic for both professionals and the public. The algorithms, now part of the Philippine COVID-19 Living Recommendations, include updates on evidence and decision-making tools, funded by the Department of Health (DOH), the DOST-Philippine Council for Health Research and Development (PCHRD), and the DOH-Disease Prevention and Control Bureau (DPCB).

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

The Department of Health (DOH) in the Philippines launched the National Palliative Care Policy in 2017 to integrate palliative care into the healthcare system. The National Policy on Palliative and Hospice Care (AO 2015-0052) includes services at hospitals, health facilities, and community levels. The 2024-2028 National Integrated Cancer Control Program (NICCP) Strategic Framework, under the National Integrated Cancer Control Act (NICCA), provides financial support through initiatives like the Cancer Assistance Fund and Medicines Access Program. Palliative care is part of broader health strategies, aligning with the Philippine Health Facility Development Plan and Universal Health Care goals. The National Policy includes indicators to monitor progress, with training planned for late 2024. The DOH, in collaboration with the Health Policy Development and Planning Bureau, oversees implementation and coordination across the healthcare system, ensuring a comprehensive approach to care.

AP Philippines

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

3

The indicators exist, but have not been updated (implemented out of the determined period).

Ind 4

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 services are included in the list of priority services for Universal Health Care (UHC) at the primary care level in the Philippines. The Universal Health Care Act (Republic Act No. 11223) emphasizes comprehensive health services, including palliative care, to ensure all Filipinos have access to quality, cost-effective care without financial hardship. The UHC Act specifies palliative care coverage under Section 6, ensuring its integration into primary health care. Additionally, the rollout of national training aims to build capacity among primary health care providers, secondary and tertiary health facilities, and cancer centers to deliver palliative care, further integrating this approach into routine practice.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

3

There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

5.2. The national authority has concrete functions, budget and staff.

3

There are concrete functions and staff, but do not have a budget

The Disease Prevention and Control Bureau (DPCB) of the Philippine Department of Health (DOH) manages the National Palliative Care Program, overseeing policies and strategies to enhance palliative care nationwide. According to Administrative Order 2015-0052, palliative and hospice care fall under the Degenerative Diseases Office within the DPCB, with the Lifestyle Related Disease Division Program Manager handling technical and administrative implementation. While the program lacks a specific budget for a coordinating team, funding comes from regular DOH allocations, Sin Tax revenues, and other sources. A task force, including representatives from DOH, PhilHealth, Hospice Philippines, and the Philippine Society of Hospice and Palliative Medicine, will provide guidance and oversight for implementing the policy. This collaborative approach aims to integrate palliative care at all healthcare levels, ensuring technical support and effective execution of the National Policy on Palliative and Hospice Care.

AP Philippines

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

The Philippine Society of Hospice and Palliative Medicine (PSHPM) organizes an annual Post-Graduate Course in Palliative Care, held for the past six years. Additionally, before the pandemic, the National Hospice and Palliative Care Council, supported by the Philippine Cancer Society, held annual Palliative and Hospice Care Summits. The Ruth Foundation for Palliative and Hospice Care has also organized scientific meetings in collaboration with PSHPM and Hospice Philippines, including the ELNEC Summit and EPEC-Pediatrics. Both PSHPM and Hospice Philippines organize annual events for World Hospice Day, including conventions and stakeholder summits with participation from various professionals in the palliative care multidisciplinary team. These events foster continuous learning and collaboration among healthcare providers in the field of palliative care.

Ind 7

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.

2

Reflects a limited number of articles published.

Palliative care in the Philippines is gradually being integrated into the healthcare system, with significant efforts from family medicine doctors to develop research, data, and education. While there is no centralized research repository, training institutions require research as part of their programs. The Philippine Academy of Family Physicians oversees some publications, with contributions appearing in The Filipino Family Physicians. There are palliative medicine specialists that have made notable contributions.

Medicines

Ind 8

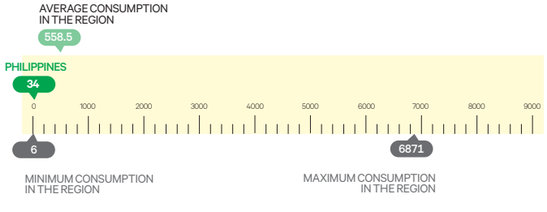
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 34 S-DDD

34

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Philippines

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In urban areas of the Philippines, access to non-opioid palliative care medications is generally good. However, opioid medications essential for palliative care are often unavailable in many hospitals and pharmacies, requiring families to search for them elsewhere. This scarcity is exacerbated by the global "Opioid Crisis," which has led to reduced international supply due to concerns over opioid misuse in developed countries. As a result, the Philippines has been identified as one of the nations significantly "left behind" in ensuring adequate opioid availability for palliative care, reflecting a critical gap in the healthcare system.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Access to opioids faces multiple challenges, including restrictive policies that hinder legitimate access to morphine and excessive regulatory paperwork that delays availability. Supply chain issues and inadequate healthcare facilities, particularly in underserved areas, further limit access to appropriate pain management. Additionally, a knowledge gap among patients and physicians regarding opioid use contributes to underutilization. At the primary care level, facilities such as Rural Health Units and Barangay Health Stations often lack the capacity and systems to securely handle regulated drugs like morphine. Strict regulations from the Philippine Drug Enforcement Agency (PDEA) and the limited number of physicians with the required S2 license to prescribe such medications exacerbate the problem, making immediate-release oral morphine scarce even in urban areas.

AP Philippines

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	3/70	Only 3 out of 70 medical schools—University of the Philippines, De La Salle University, and Far Eastern University—offer palliative care as a mandatory subject. Most medical schools include palliative care as an elective, often under "Family and Community Medicine," depending on the availability of palliative care specialists. Efforts by the Commission on Higher Education (CHED) aim to expand its inclusion as a core subject. Similarly, palliative care is primarily an elective subject in nursing curricula, with 4 schools—University of the Philippines Manila, San Beda College, University of Sto. Tomas, and Centro Escolar University—formally integrating it. Palliative care content is often included in courses like medical-surgical nursing and community health nursing, though it is not mandatory. CHED recognizes 632 nursing programs, but the depth and inclusion of palliative care vary, with some schools offering short training sessions on related topics.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	NA/70	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	4/632	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	NA/632	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	4 Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.	In the Philippines, Palliative Medicine is becoming established as a specialty, particularly within the field of Family Medicine. Family doctors can specialize in Palliative Medicine after completion of their Family Medicine residency and Board Certification, with the option to pursue a fellowship in Hospice and Palliative Medicine (HPM). The Philippine Medical Association (PMA) recognizes HPM as a subspecialty of the Philippine Academy of Family Physicians (PAFP). HPM programs are considered dependent subspecialties, meaning they are linked to a core specialty program accredited by the PMA. The continued accreditation of the HPM program relies on the accreditation of the associated core program, and the HPM program must be geographically close to the sponsoring institution. This structure ensures oversight, adherence to PMA policies, and proper integration within the broader medical framework.

AP Philippines

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 Isolated provision: Exists but only in some geographic areas.	Specialized palliative care services in the Philippines are limited, with 56 hospitals offering palliative care, only 8 have institutionalized services. There are at least 95 services nationwide, including 46 inpatients hospital-based, 10 community-based, and 3 freestanding hospices. Homecare services are available also in 46 hospitals, where palliative doctors or nurses provide scheduled or as-needed home visits, offering on-call support for families. Examples of freestanding hospices two non-profit organizations—Madre de Amor Hospice Foundation in Laguna and The Ruth Foundation—as well as a private for-profit provider, ActivCare. These provide inpatient, outpatient, and home care services. The Philippine Society of Hospice and Palliative Medicine recognizes 75 specialists, highlighting efforts to expand capacity, though accessibility remains hindered by resource constraints and low awareness. With 0.008 specialized services per 100,000 people, the system is emerging but insufficient to meet geographic and population needs.
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.	2 Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 Ad hoc/ in some parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 Ad hoc/ in some parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.	95	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 PHILIPPINES 0,01 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.	While around 20 institutions provide palliative care for children, specialized pediatric palliative care teams are limited to four tertiary and training hospitals: Philippine General Hospital, National Children's Hospital, Philippine Children's Medical Center, and Southern Philippines Medical Center.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	4 PPC TEAMS	

AP

Republic of Korea

General data

POPULATION, 2023
5,1712,619

SURFACE, KM², 2022
100,440

PHYSICIANS / 1,000 INH, 2022
2.517

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

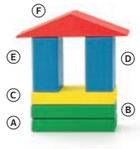
HUMAN DEVELOPMENT INDEX RANKING, 2021
19

GDP PER CAPITA (US$), 2023
3,3121.37

HEALTH EXPENDITURE (% GDP), 2021
9.33

UNIVERSAL HEALTH COVERAGE, 2021
89

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT

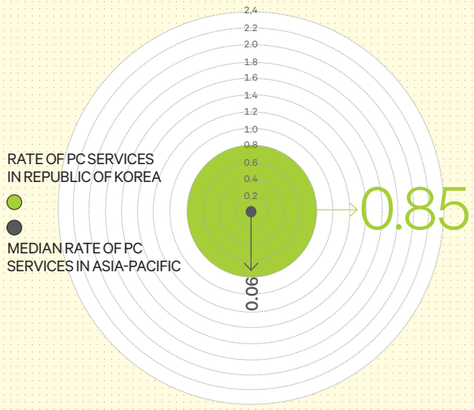
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

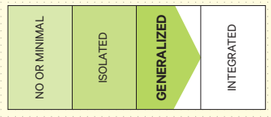
Total number of Specialized PC services **442**

Rate of PC services per 100,000 inhabitants **0.85**

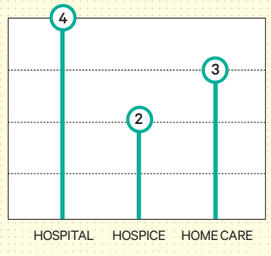
Republic of Korea in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

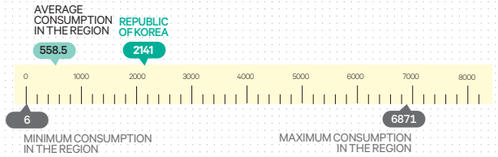
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

TOTAL NUMBER: **12**

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **2141** S-DDD/MILL INHABITANTS/DAY

Republic of Korea in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 4

National Association: Korean Society for Hospice Palliative Care.

Consultants: Sujeong Kim; Mihyun Park; Minjeong Jo.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **40/40**

Nursing schools with mandatory PC teaching: **99 /199**

Recognition of PC specialty: 3

Ⓑ 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: 2

Ⓐ Empower of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 3

AP Republic of Korea

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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 groups promote the rights of patients in need of palliative care, their caregivers, and disease survivors, although many initiatives remain fragmented. National patient-family organizations, such as the Cancer Patient Rights Association, advocate for patient rights but do not exclusively focus on palliative care. Dedicated professional associations include the Korean Society for Hospice and Palliative Care, Korean Hospice Nurses Association, and Korean Catholic Hospice Association, among others. These groups focus on advancing hospice and palliative care services and research. Additionally, disease-specific groups and organizations like the Korean Society for Palliative Care for Children and Adolescents provide support tailored to specific needs. However, there is no unified national group solely dedicated to palliative care advocacy.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

3

There is/are national policies or guidelines on living wills and/ or on advanced directives.

South Korea's 2016 'Act on Hospice and Palliative Care and Decisions on Life-sustaining Treatment for Patients at the End of Life' provides a legal framework for advance directives (ADs) and physician orders for life-sustaining treatment (POLST). While it mandates discussions between medical professionals, patients, and families before completing ADs/POLSTs, the process is more focused on documentation than comprehensive advance care planning. The act outlines the management and legal handling of these documents, but it does not fully address broader advance care planning (ACP) practices. More details are available in Chapter 2 of the Act.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

The 2nd National Plan for Hospice and Life-sustaining Treatment (2024-2028) focuses on advancing hospice care and advance care planning (ACP) in South Korea but does not include broader palliative care. While the country is still developing its palliative care system, hospice care is well-established, supported by the Act on Hospice and Palliative Care and Decisions on Life-sustaining Treatment. This act mandates a comprehensive plan every five years, with the second plan starting in 2024. A centralized system manages hospice services, emphasizing data collection for monitoring and evaluation. The National Hospice Center publishes annual reports, primarily on hospital-based hospice care, and regional organizations support these initiatives. Updated data is regularly made accessible through the central hospice website.

AP Republic of Korea

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care services are not explicitly listed as a priority in South Korea's National Health System for universal health coverage (UHC) at the primary care level. While the hospice and palliative care system is nationally insured, it is primarily hospital-based. However, the Community Integrated Care Act has initiated efforts to integrate palliative care into primary care settings for end-of-life patients. A pilot project in 2022 aimed to promote the inclusion of palliative care at the primary care level, though palliative care is not yet fully embedded in the essential health services under the National Health Promotion Act. This suggests a gradual move toward broader integration, but it remains a work in progress.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

Hospice and palliative care policies in South Korea are overseen by the Ministry of Health and Welfare, with technical management and evaluation handled by the Division of Disease Policy. A National Hospice and End-of-Life Care Committee develop comprehensive plans and provide scientific advice, ensuring alignment with legal regulations. Implementation involves operational staff at central and regional hospice institutions to enhance service delivery. The government has allocated a designated budget to support the execution of the comprehensive hospice and palliative care plan nationwide.

AP Republic of Korea

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

Several organizations host national congresses and scientific meetings focused on hospice and palliative care in the country. The Korean Society for Hospice and Palliative Care, established in 1998, organizes academic conferences and general assemblies. Additionally, the Korean Hospice Association and the Korean Catholic Hospice Association, founded in the 1980s, have played key roles in promoting multidisciplinary participation in palliative care. These organizations contribute significantly to the advancement of palliative care through their continuous efforts to provide educational opportunities and foster collaboration within the field.

Ind 7

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.

4

Very High: Denotes an extensive number of articles published on the subject.

South Korea has a substantial body of palliative care research, with many studies focusing on healthcare professionals, patients, and caregivers, as well as secondary data analysis using national datasets. The Journal of Hospice and Palliative Care, published by the Korean Society for Hospice and Palliative Care since 1998, releases four issues annually. Additionally, domestic experts contribute significantly to both national and international journals.

Medicines

Ind 8

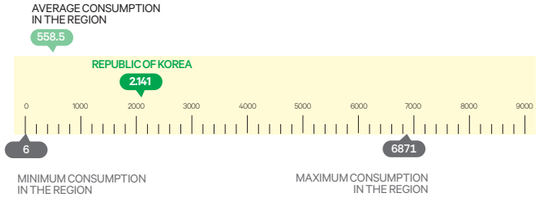
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 2141 S-DDD

2141

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Republic of Korea

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

South Korea has 10 primary care clinics providing palliative care services, with adequate availability of pain and palliative care medications. Under the Narcotics Control Act, licensed medical professionals, including doctors and traditional medicine practitioners, can prescribe opioids. In 2021, 99% of general hospitals, 100% of long-term care facilities, and 36% of clinics handled medical narcotics. Urban areas provide over 90% access to pain medication at the primary care level, but rural areas face challenges due to human and hospital resources rather than medication shortages. However, South Korea's universal healthcare system and efficient transportation infrastructure help rural patients access essential medicines, mitigating disparities in pain management and palliative care.

90%

URBAN AREAS PROVIDE OVER 90% ACCESS TO PAIN MEDICATION AT THE PRIMARY CARE LEVEL.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

In South Korea, over 90% of primary care facilities in urban areas have access to immediate-release oral morphine in various strengths (10, 15, and 30 mg), with no prescribing restrictions at the primary care level under the Narcotics Control Act. Although South Korea's efficient transportation system ensures accessibility, rural areas face challenges due to an imbalance in human and hospital resources, rather than a shortage of medications. Despite these disparities, the universal healthcare system helps address access challenges.

AP Republic of Korea

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	40/40
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/40
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	99/199
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	38/199

Palliative care has been part of mandatory medical education in South Korea since 2016. While all 40 medical schools are assumed to include palliative care in their curricula, a 2016 survey found that despite its widespread inclusion, the depth and time allocated vary significantly. For nursing education, there are no official statistics on compulsory palliative care training. A 2019 survey revealed that around 20% of 41 included nursing schools offered elective palliative care courses, while a 2018 study of 45 programs found over 50% included end-of-life care in their core curriculum and 20% provided elective hospice courses. These findings indicate a growing but inconsistent emphasis on palliative care education across medical and nursing schools.

Ind 12

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

3

There is no process on specialization 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).

Palliative care is not officially recognized as a medical specialty by the national medical board. Instead, physicians usually enter the field after specializing in areas like family medicine or oncology. However, recognition in palliative care can be obtained through certification provided by academic societies. This certification is available to physicians who have completed at least one year of hospice work and passed a certification exam in palliative care or have completed the 60-hour standardized training program offered by the national hospice center. These pathways allow physicians from diverse specialties to gain advanced training and expertise in palliative medicine.

AP Republic of Korea

Provision of PC / Services

Ind 13

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

3

Generalized provision: Exists in many parts of the country but with some gaps.

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.

4

Are part of most/all hospitals in some form.

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

2

Ad hoc/ in some parts of the country.

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

3

Found in many parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

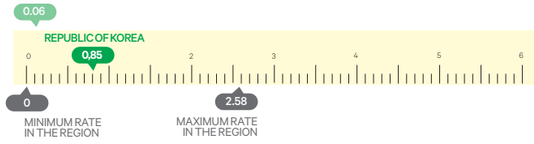
442

← SPECIALIZED PALLIATIVE CARE SERVICES

South Korea offers a nationwide system of specialized palliative care services, including inpatient care, consultation, and home-based services, regulated under the Act on Decision on Life-Sustaining Treatment. As of 2024, there are 188 inpatient facilities, 39 home-based services, 42 consultative facilities, and 12 pediatric palliative care centers, with most services concentrated in urban areas and focused on cancer patients. Specialized care is integrated primarily into tertiary or general hospitals, with hospital-linked home care teams rather than independent providers. Some regional disparities exist, with urban areas like Seoul, Incheon, and Gyeonggi Province hosting most home hospice/PC facilities. South Korea has over 442 palliative care services, corresponding to a rate of 0.85 palliative care services per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

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

2

Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

12

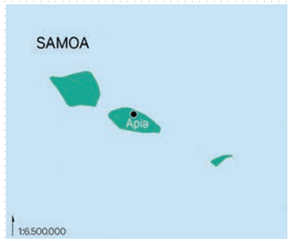
PPC TEAMS

Specialized palliative care services for children and adolescents under 24 have been available since 2018, initially through pilot programs in tertiary general hospitals. By 2024, 12 facilities are providing pediatric hospice services, including a new service starting in Kyungsangnam-do, though it is still in the early stages of development. While these services are distributed across the country based on local needs, the overall number remains limited, creating a gap in coverage.

COUNTRY REPORTS

AP

Samoa



General data

POPULATION, 2023
216,663

SURFACE, KM², 2022
2,840

PHYSICIANS / 1,000 INH, 2022
0.548

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

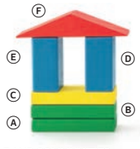
HUMAN DEVELOPMENT INDEX RANKING, 2021
111

GDP PER CAPITA (US$), 2023
4,330.18

HEALTH EXPENDITURE (% GDP), 2021
6.8

UNIVERSAL HEALTH COVERAGE, 2021
55

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT

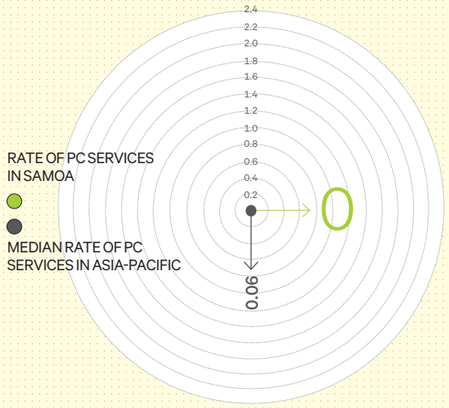
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

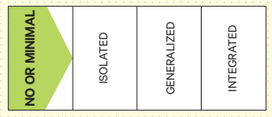
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

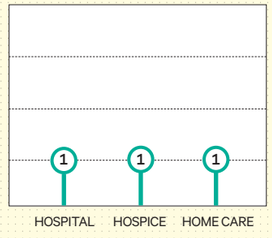
Samoa in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

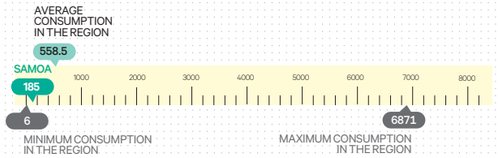
TOTAL NUMBER: 0

AP Samoa

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **185** S-DDD/MILL INHABITANTS/DAY

Samoa in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 2

National Association: -

Consultants: Malama Tafuna'i; Vaimaila Salele.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/2

Nursing schools with mandatory PC teaching: 0/1

Recognition of PC specialty: 1

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Samoa

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

The Samoa Cancer Society (SCS), a nonprofit organization established in 1998, is dedicated to supporting individuals affected by cancer in Samoa. With a mission to advocate for enhanced end-of-life care and improve the quality of life for cancer patients, SCS plays a critical role in the community by focusing on cancer prevention and supportive care. Its services are designed to address the immediate needs of patients and their families, including training caregivers to provide effective home care, facilitating home visits by nurses for symptom management, and helping patients connect with healthcare providers for further treatment. Through these efforts, SCS has become an essential part of the Samoan healthcare landscape.

Ind 2

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 Samoa, there are no dedicated policies, strategies, or plans focused exclusively on palliative care. Although palliative care is briefly mentioned in several policy documents, the absence of a dedicated framework leaves healthcare professionals and patients without a structured approach to guide palliative care and advance care planning, including decisions related to life-sustaining treatments and end-of-life care.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

Samoa does not currently have a dedicated national plan, program, or policy for palliative care. While the Samoa National Health Sector Plan 2019-2020/2029-2030 highlights the importance of palliative care due to an aging population and increased chronic care needs, it lacks a specific framework. However, palliative care is identified as a key focus in the forthcoming National Cancer Control policy and implementation plan. In line with this, the Samoa Cancer Society is revising its 2018 palliative care guideline for submission to the Ministry of Health. The Ministry does not yet monitor measurable indicators for palliative care but acknowledges in its annual report the need to develop these indicators to enhance palliative care services.

AP Samoa

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Palliative care is part of Samoa's health sector plan, but implementation has not begun. In partnership with the World Health Organization (WHO), the Samoan government launched the PEN Fa'a Samoa initiative, a localized adaptation of WHO's Package of Essential Tools for Non-Communicable Disease Interventions (PEN). This strategy emphasizes community engagement and a return to 'Fa'a Samoa'—the traditional Samoan approach—to deliver primary healthcare in rural areas, aiming to reduce reliance on central hospitals. However, palliative care integration into primary healthcare was not included in this PEN initiative.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

Samoa currently lacks a designated authority, specific budget, and dedicated staff for palliative care. The National Health Sector Plan 2019-2030 and the Ministry of Health's 2020-2021 Annual Report outline strategic health priorities but do not assign oversight for palliative care to any centralized body or allocate separate funding for it. Additionally, the Ministry's organizational structure does not include a team or unit focused on palliative care, resulting in a fragmented approach to managing and delivering these services. The absence of a national coordinating body makes it challenging for the Ministry to develop and implement a cohesive strategy, plan, or policy for palliative care.

AP Samoa

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

While there have been sporadic efforts to address palliative care, such as the Samoa Cancer Society's first palliative care conference in 2018 and the National Kidney Foundation of Samoa's focus on renal palliative care at their 2018 and upcoming 2024 conferences, there is no formal, dedicated committee or task force to advance palliative care initiatives. These efforts have not resulted in a sustained, coordinated approach, with progress hindered by a lack of focus and accountability.

Ind 7

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.

2

Reflects a limited number of articles published.

Medicines

Ind 8

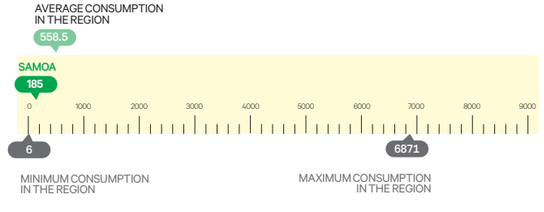
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 185 S-DDD

185

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Samoa

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In Samoa, most physicians working in primary healthcare (PHC) are based in urban areas, while rural settings rely on junior doctors posted by the Ministry of Health. Access to pain and palliative medications in PHC is challenging, as many facilities lack the infrastructure to administer these medications. The main hospital's 'Acute Primary Care Clinic' (APCC), which serves as the primary care contact for many due to its lower costs compared to private doctors, can access palliative care medications through the hospital. Essential palliative medications are generally available in private pharmacies, but opioids and injectables are restricted and only available at the hospital.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Although essential palliative medications are generally available in private pharmacies, opioids and injectables are restricted and only available at the hospital. Opioids, such as fentanyl, oxycodone, and liquid morphine, are often in short supply, and primary care doctors can prescribe them, but access is limited outside the hospital setting.

AP Samoa

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/2
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

Samoa has two medical schools, Oceania University of Medicine and the National University of Samoa School of Medicine, as well as one nursing school at the National University of Samoa, but none provide formal training in palliative care.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○

There is no process on specialization for palliative care physicians.

AP Samoa

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 ○ ○ ○
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.	1 ○ ○ ○
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○
13.5. Please enter the total number of specialized PC services or teams in the country.	

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

Not at all.

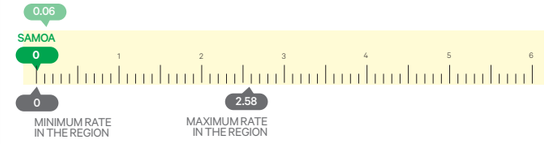
Not at all.

Not at all.

Samoa currently lacks a system of specialized palliative care services or teams. While the culture traditionally supports family caregiving for the unwell and elderly, this has become increasingly difficult as Samoa transitions into a cash economy, with limited local work opportunities and many individuals who could work as caregivers are now working overseas. The Samoa Cancer Society provides support to cancer patients and their families, especially those requiring palliative care, by helping them navigate the health system and access services.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	

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

0 PPC TEAMS

AP

Singapore

General data

POPULATION, 2023
5,917,648

SURFACE, KM², 2022
728

PHYSICIANS / 1,000 INH, 2022
2.596

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
12

GDP PER CAPITA (US$), 2023
84,734.26

HEALTH EXPENDITURE (% GDP), 2021
5.57

UNIVERSAL HEALTH COVERAGE, 2021
89

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

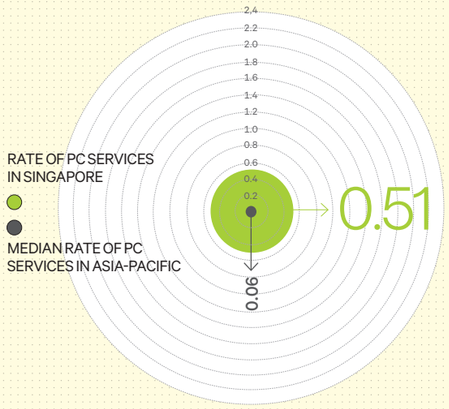
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

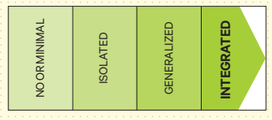
Total number of Specialized PC services: **30**

Rate of PC services per 100,000 inhabitants: **0.51**

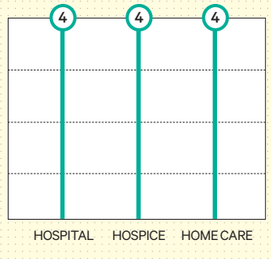
Singapore in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 3

TOTAL NUMBER: 3

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **689** S-DDD/MILL INHABITANTS/DAY

Singapore in the context of Asia-Pacific regions

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

IN URBAN AREAS %				IN RURAL AREAS %
POOR 0-10	FAIR 10-30	**GOOD 30-70**	VERY GOOD 70-100	N/A

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

IN URBAN AREAS %				IN RURAL AREAS %
POOR 0-10	FAIR 10-30	**GOOD 30-70**	VERY GOOD 70-100	N/A

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 4

National Association: Singapore Hospice Council.

Consultants: Angel Lee; Wu Huei Yaw; Poh Heng Chong.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 3/3

Nursing schools with mandatory PC teaching: 3/3

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Singapore

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.)

The Singapore Hospice Council (SHC) is a national organization promoting palliative care, its core responsibilities are to raise awareness, serve as a central body for implementing initiatives, and support its members. It is primarily focused on advocacy and conducts surveys among professional groups and caregivers of bereaved patients. It also operates a helpline for patients in need of palliative care, connecting them with service providers and relevant support groups. In the area of cancer care, the Singapore Cancer Society has long supported similar efforts. Alongside professional groups such as palliative medicine chapters, the SHC remains dedicated to advocating for high-quality palliative care for all.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

Advance Care Planning (ACP) is part of Singapore's National Strategy, overseen by a national Steering Committee. This committee has expanded ACP from public institutions into the community, with subcommittees handling national training, public engagement, media coordination, and implementation across various settings. The initiative is nationally funded and regularly updated by the Ministry of Health, with support from the Singapore Hospice Council (SHC). The Advance Medical Directive Act, first passed in 1996 and revised in 2020, provides legal authority for advance directives against artificial prolongation of the dying process.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

The updated National Strategy for Palliative Care was released in 2023. An implementation committee, chaired by the Deputy Secretary of the Ministry of Health, oversees the process. Progress across the three main focus areas is monitored through a dashboard, and data is reviewed with the Health Minister nearly every quarter. A benchmarking exercise is also underway as part of the next steps in the strategy's rollout.

AP Singapore

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Although there is no specific law governing the provision of palliative care in primary care, the national strategy and several healthcare reforms encourage its integration into the primary care system. In 2022, the Minister of Health highlighted palliative care as a priority during the Ministry of Health Workplan meeting. Presently, a Committee for the Integration of Palliative Care into Primary Care is focused on expanding the role of generalist palliative care.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

The Ministry of Health (MOH) relies on input from the scientific and academic community for domain expertise. These experts contribute to workgroups within the MOH and the Agency for Integrated Care (AIC), an independent entity under MOH Holdings that collaborates with stakeholders to develop the Community Care Sector. The National Strategy for Palliative Care (NSPC) workgroup, composed of palliative care experts, is responsible for making recommendations and overseeing their implementation to improve access, quality, awareness, and financing for palliative care services. This work is coordinated within a unit at the MOH in close collaboration with the Singapore Hospice Council. Additionally, a Data Analytics team supports the MOH by tracking progress and providing detailed insights.

AP Singapore

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

4

At least one national conference specifically dedicated to palliative care every 3 years.

The Singapore Palliative Care Conference is held biennially, alternating with other events such as the Grief and Bereavement Conference and the Singapore Hospice Council's Quality Improvement Conference.

Ind 7

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.

4

Very High: Denotes an extensive number of articles published on the subject.

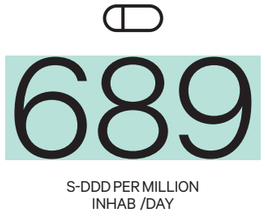
Palliative care research in Singapore has likely increased in recent years, driven by growing awareness and a rising number of healthcare professionals specializing in the field. In addition to individual researchers, two key agencies, the Lien Centre for Palliative Care (LCPC) and PalC, are dedicated to producing quality evidence.

Medicines

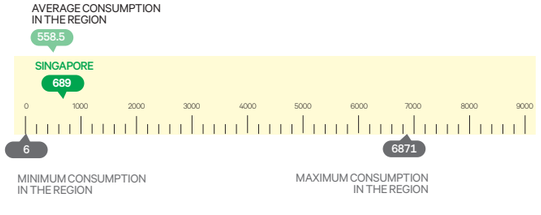
Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 689 S-DDD



COUNTRY VS REGION



AP Singapore

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

N/A

While palliative care (PC) primarily remains the responsibility of specialist providers, all polyclinics in Singapore either have controlled drugs available or can source them as needed. The Primary Care Network facilitates general practitioners (GPs) in delivering coordinated care, which includes access to essential medications, particularly for managing chronic diseases. This network improves the availability of these medicines through collaborations with pharmacies and healthcare providers. Additionally, Singapore maintains a National Drug Formulary that lists essential medicines accessible through public healthcare institutions, including primary healthcare settings. This formulary is regularly updated to ensure key medications are available to the public. There are no defined rural areas in the country.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

N/A

While not all general practitioners can provide Mist Morphine, it is available at all polyclinics at primary healthcare level.

AP Singapore

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	3/3	In Singapore, palliative care (PC) education is integrated into the undergraduate curricula of all three medical schools. Similarly, all three nursing schools in the country include palliative care training in their undergraduate programs.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/3	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	3/3	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/3	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	4 Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.	Palliative Medicine has been a recognized sub-specialty in Singapore since 2007.

AP Singapore

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	4 Integrated provision: Specialized palliative care services or teams are systematically provided.	The Ministry of Health reports a total of 284 beds dedicated to inpatient hospice palliative care services in Singapore, with at least 30 specialized palliative care teams operating nationwide. These include 12 hospital-based palliative care teams, 9 free-standing hospices or palliative care wards, and 9 home care teams providing specialized palliative care services at the community level. Based on Singapore's 2023 population data from the World Bank, this corresponds to a rate of 0.51 palliative care teams per 100,000 inhabitants.
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.	4 Are part of most/all hospitals in some form.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	4 Strong presence of free-standing hospices in all parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	4 Strong presence of home care teams in all parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.		RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 SINGAPORE 0,51 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION 30 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	3 Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.	There are 3 specialized teams in Pediatric Palliative Care : • HCA Pediatric Advanced Life Support • NUH (National University Hospital) • KKWCH (KK Women's and Children's Hospital)
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	3 PPC TEAMS	

AP

Solomon Islands

General data

POPULATION, 2023
800,005

SURFACE, KM², 2022
28,900

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

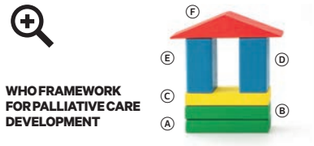
COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
155

GDP PER CAPITA (US$), 2023
2,041.64

HEALTH EXPENDITURE (% GDP), 2021
4.76

UNIVERSAL HEALTH COVERAGE, 2021
47

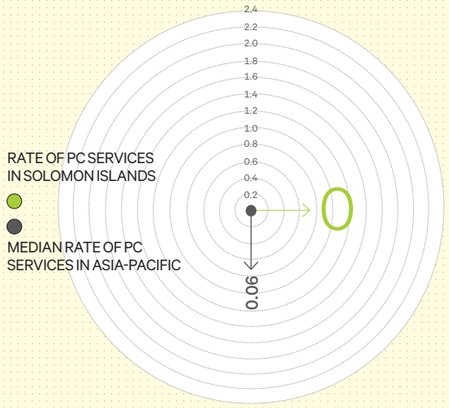


Ⓕ Provision of PC (Specialized Services)

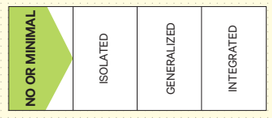
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

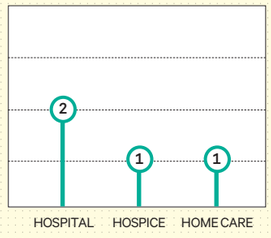
Solomon Islands in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

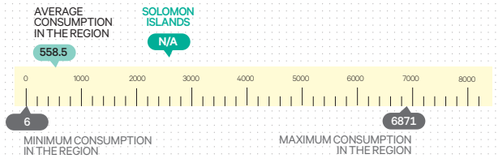
AP

Solomon Islands

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **N/A**

Solomon Islands in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1 ○ ○ ○

Existence of PC congresses or scientific meetings: ○ 2 ○ ○

National Association: -
Consultants: -

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

Nursing schools with mandatory PC teaching: **0/2**

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ 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 ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: ○ ○ 3 ○

Advanced care planning-related policies: 1 ○ ○ ○

AP Solomon Islands

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

In the Solomon Islands, several groups are committed to supporting patients requiring palliative care, their caregivers, and disease survivors. The Cancer Patient Support Network - Solomon Islands serves as a community platform where individuals affected by cancer can share experiences and offer mutual support. Additionally, the NRH Cancer Trust Fund, supported by the Bank of the South Pacific, was established to assist and support cancer patients. Some church organizations also provide occasional palliative care support to survivors and caregivers, further contributing to these efforts.

Ind 2

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.

There is no specific national policy or guideline on advance directives or advance care planning in the Solomon Islands. Decisions regarding care are typically made by the immediate families of palliative patients, as they are primarily responsible for providing care and support both at home and during hospital admissions.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

2

A national palliative care plan is in preparation.

The Solomon Islands lack a dedicated national palliative care plan, program, or strategy, with minimal formalized services. The National Health Strategic Plan (2022–2031) aims to achieve universal health coverage but does not define a framework for palliative care. Existing efforts include a brief focus on pain management in the Adult Treatment Guideline (2011) and limited services at the National Referral Hospital, with little integration in provincial hospitals. Objectives under the National NCD Action Plan emphasize improving palliative care quality, follow-up, and home care, but measurable targets and indicators are absent. Challenges include logistical issues due to the country's dispersed geography and insufficient systematic integration.

AP Solomon Islands

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care is included in the health service plan for primary healthcare (PHC) within the Solomon Islands' national health system. However, its implementation at the primary care level remains a significant challenge, requiring considerable strengthening to ensure effective delivery.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

There is no coordinating entity at the national or provincial levels. However, the Ministry of Health allocates some budget for palliative care and survivorship.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Solomon Islands

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are currently no national-level congresses or scientific meetings specifically dedicated to palliative care in the Solomon Islands. However, the country has benefitted from Essential Pain Management (EPM) trainings conducted by palliative care specialists in 2010, 2011, 2014, and 2017. These training focuses on the recognition, assessment, and treatment of pain and includes a comprehensive train-the-trainers course, helping to build local capacity in pain and palliative care management.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

No data reported for the Solomon Islands.

AP Solomon Islands

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In the Solomon Islands, around 30% of primary care facilities have the essential medicines and consumables needed for primary care, including pain and palliative care medications from the WHO Model List of Essential Medicines. While the Essential Medicines List includes injectable morphine and other palliative care drugs, their consistent availability is unreliable. Chronic shortages, driven by inadequate financing and fragmented distribution systems, hinder service delivery and often leave clinics unable to provide care. Efforts are being made to improve access to essential medicines, including palliative care drugs, through sustainable financing and better supply management, but significant inconsistencies remain across the healthcare system.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Immediate-release oral morphine (liquid or tablet) is available at hospitals in the Solomon Islands, but not at primary care facilities such as Area Health Clinics, Rural Health Clinics, or Nurse Aid Posts. Injectable morphine is listed on the Essential Medicines List and theoretically available down to the Nurse Aid Post level, but its actual availability is inconsistent and limited in practice. Issues such as stock-outs, lack of follow-up for discharged patients, and inadequate prescription practices further restrict access, overall outside urban areas. Patients at home often go without adequate pain relief due to the limited supply and administration constraints of injectable morphine, which requires a nurse. As a result, many patients rely solely on paracetamol for pain management.

AP Solomon Islands

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/2
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/2

The Solomon Islands does not have a medical school, so aspiring medical students typically study abroad in countries such as Fiji, Papua New Guinea, or Cuba. Within the country, the Solomon Islands National University (SINU) offers health-related programs through its Faculty of Nursing, Medicine & Health Sciences, focusing on nursing and allied health sciences but not a full medical degree. Nursing education is primarily provided by SINU and Atoifi Adventist College of Nursing in Malaita. While both institutions offer comprehensive nursing programs, palliative care is addressed in a limited and general manner within their Diploma of Nursing and Degree curricula.

Ind 12

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

1 ○ ○ ○

There is no process on specialization for palliative care physicians.

Currently, the Solomon Islands does not have an official specialization process in palliative medicine for physicians recognized by the national health authorities.

AP Solomon Islands

Provision of PC / Services

Ind 13

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

1 ○ ○ ○

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

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

○ 2 ○ ○

Ad hoc/ in some parts of the country.

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

1 ○ ○ ○

Not at all.

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

1 ○ ○ ○

Not at all.

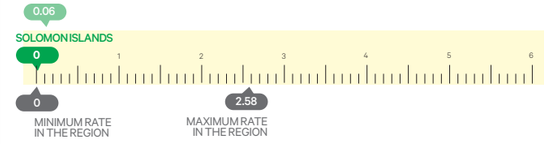
13.5. Please enter the total number of specialized PC services or teams in the country.

0

The Solomon Islands lack a formal system of specialized palliative care services or teams with comprehensive geographic reach and delivery across multiple platforms. Palliative care remains centralized at the National Referral Hospital, with minimal services in provincial hospitals due to logistical challenges across the country's scattered islands. While there are no dedicated palliative care teams, individual health professionals work to improve aspects of palliative care, such as counseling and pain relief, within their capacities. Cases requiring specialized oncology care are also referred to the National Referral Hospital. Homecare is primarily provided informally by family members, with limited professional support. In Honiara, some patients may receive nurse visits for specific needs like wound care. Rehabilitation is included as part of palliative care, and occasional support is offered by church organizations and private nursing providers.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

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

1 ○ ○ ○

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

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

0

PPC TEAMS

AP

Sri Lanka

General data

POPULATION, 2023
22,037,000

SURFACE, KM², 2022
65,610

PHYSICIANS / 1,000 INH, 2022
1.192

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
73

GDP PER CAPITA (US$), 2023
3,827.96

HEALTH EXPENDITURE (% GDP), 2021
4.07

UNIVERSAL HEALTH COVERAGE, 2021
67

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

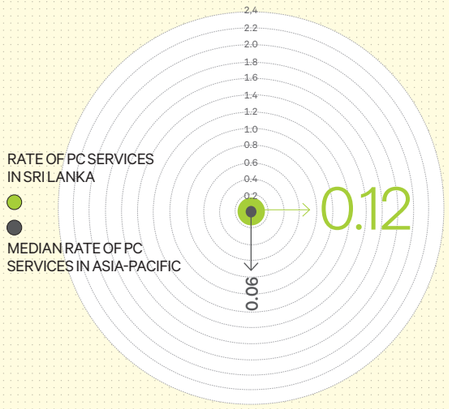
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **27**

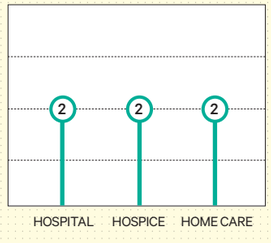
Rate of PC services per 100,000 inhabitants: **0.12**

Sri Lanka in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

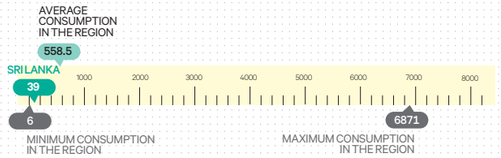
TOTAL NUMBER: 3

AP Sri Lanka

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **39** S-DDD/MILL INHABITANTS/DAY

Sri Lanka in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 3

National Association: Palliative Care Association of Sri Lanka.

Consultants: Samadhi Wishwanath Rajapaksa; GV Chamath Fernando; Thushari D. Hapuarachchi; Suraj Perera; Eshani Fernando.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **13/13**

Nursing schools with mandatory PC teaching: **16/18**

Recognition of PC specialty: 3

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 2

AP Sri Lanka

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

Several organizations, including the Sri Lanka Palliative Care Association, the Cancer Care Association of Sri Lanka, Palliative Care Trust of Sri Lanka, Indira Cancer Trust, and the Hospice Sri Lanka Alliance, contribute to palliative care through patient services, clinician training, and interdisciplinary initiatives. Key bodies such as the National Steering Committee on Palliative Care, the Palliative and End-of-Life Care Task Force, the Sri Lanka Medical Association, and the College of Palliative Medicine of Sri Lanka are also active in the field. However, there is limited evidence of focused advocacy or promotion of the rights of palliative care patients, their caregivers, and disease survivors. Legal representation, participation, and defense of these groups' rights remain largely absent within their scope of action.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

Sri Lanka does not have a formal legal provision for advance care planning or the documentation of advance directives. However, the Sri Lanka Medical Association's recently published End of Life Care Guideline recommends discussing and recording patients' wishes before clinical deterioration, provided these wishes are in the patient's best interests. Decision-making is often conducted through multidisciplinary meetings, and healthcare providers have the authority to determine treatment courses. While advance care planning guidelines are available, such as those produced by the SLMA Palliative and End of Life Care Task Force and the College of Palliative Medicine, they are still undergoing legal evaluation and have not yet been fully adopted.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

There is a National Strategic Framework for Palliative Care Development, which includes monitoring indicators. Palliative care is also integrated into both the National Cancer Control Policy and NCD policies. Although measurable targets are outlined, there are data gaps, as a result, proxy data and data triangulation methods are used to monitor and assess progress. While no formal policy audits have been conducted, the palliative care program's progress is regularly assessed and monitored.

AP Sri Lanka

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

3

The indicators exist, but have not been updated (implemented out of the determined period).

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Palliative care services are included in Sri Lanka's national health system. It is part of the National Health Policy, which has been approved by parliament, and is also incorporated into the Essential Service Package, approved by the Cabinet of Ministers. This package outlines the responsibilities and services at each care level, with palliative care included in the Primary Health Care Policy. Additionally, in the new healthcare reforms, Base Hospital type C is designated for palliative care and rehabilitation. However, primary palliative care services are currently primarily focusing on oncology patients at isolated levels.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

3

There are concrete functions and staff, but do not have a budget.

Palliative care in the country falls under the National Cancer Control Programme within the Ministry of Health, overseen by the Deputy Director General for NCDs. The NCD Bureau includes the NCD Unit, Cancer Control Unit, and Mental Health Unit. The Cancer Control Unit has a dedicated team of healthcare professionals, while the NCD Unit leads policy development and coordinates palliative care for non-cancer patients. Despite these structures, there is no single national authority solely focused on palliative care, and the Ministry of Health has limited administrative staff and inconsistent budget allocation for this area. This results in challenges related to staffing and funding, despite having defined organizational roles and responsibilities.

AP Sri Lanka

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

3

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 (and no national conference specifically dedicated to palliative care)

In 2023, Sri Lanka hosted the WHO Regional Meeting on Palliative Care, along with a National Workshop on Palliative Care. In addition, several annual academic sessions, including those of the Sri Lanka College of Oncologists, Sri Lanka College of Respiratory Physicians, Sri Lanka College of Nutrition Physicians, and Sri Lanka College of Physicians, incorporate lectures and workshops on palliative care. The National Cancer Control Programme also organizes national-level meetings to share best practices in palliative care each year. The National Health Research Symposium, held every two years, includes a separate stream for palliative care. Several professional bodies and the Sri Lanka Medical Association also conduct annual academic sessions related to palliative care.

Ind 7

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.

2

Reflects a limited number of articles published.

Palliative care research in Sri Lanka is limited, with only a small number of peer-reviewed publications from a few authors and organizations at the national and regional levels. While palliative care-related articles remain scarce, the College of Palliative Medicine of Sri Lanka publishes the International Journal on Palliative Medicine.

Medicines

Ind 8

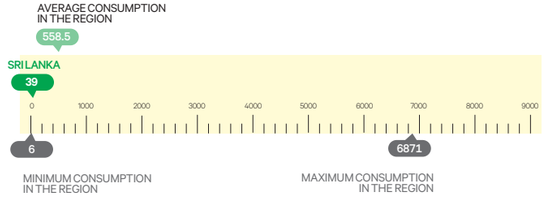
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 39 S-DDD

39

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Sri Lanka

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

Primary health care in Sri Lanka is provided through primary medical care units and divisional hospitals. Most WHO Model List essential palliative care medications, except Hyoscine hydrobromide, Senna, Fentanyl, and Oxycodone, are usually available at these facilities, supplied by the Medical Supplies Division (MSD). Morphine is extremely limited despite a Ministry of Health circular ensuring its availability. Drug management depends on the exposure and interest in palliative care among Medical Officers in Charge (MOIC).

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Immediate-release oral morphine is available in district hospitals across all 25 districts of Sri Lanka, but its presence in primary healthcare facilities is extremely limited. Factors contributing to this include stringent opioid regulations, lack of palliative care training among healthcare providers, and minimal patient expectations for symptom management at primary care levels. Furthermore, reluctance among medical staff to prescribe opioids, fear of audits for unused drugs, and variable drug availability across facility types hinder access. Morphine access improves in divisional hospitals (Grade A).

AP Sri Lanka

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	13/13	In Sri Lanka, all 13 medical schools include compulsory palliative care teaching in their curricula, ensuring 100% coverage. Additionally, several faculties of medicine offer elective programs in palliative care. Palliative care is also part of the curriculum in all 18 nursing schools, though its mandatory status for undergraduates is unclear. Elective courses are available in some institutions, with at least two universities offering palliative care as an option. The Open University provides an elective module in Palliative Nursing, while the Higher Education Centre for Nurses at National Hospital Sri Lanka offers a Diploma in Palliative Care Nursing.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/13	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	16/18	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	2/18	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	3	There is no process on specialization 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).

Sri Lanka offers a postgraduate diploma in palliative medicine through the Postgraduate Institute of Medicine (PGIM) at the University of Colombo. However, the diploma holders do not receive official specialist recognition yet. The curriculum for a specialized MD in Palliative Medicine has been formulated and is awaiting approval from the University Grants Commission. While there are other palliative care training opportunities for physicians, the development of palliative medicine as an official specialty is still in progress under PGIM.

AP Sri Lanka

Provision of PC / Services

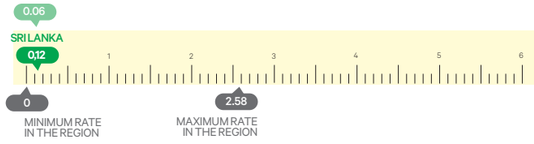
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2	Isolated provision: Exists but only in some geographic areas.
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.	2	Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2	Ad hoc/ in some parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2	Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	27	← SPECIALIZED PALLIATIVE CARE SERVICES

Sri Lanka lacks officially recognized specialized palliative care teams but provides services through different platforms and healthcare professionals. Palliative care is available in public and private hospitals, with six government hospitals across provinces and two private hospitals in Colombo offering such services. Major facilities include the National Cancer Institute and tertiary care hospitals with consultative clinics and dedicated palliative care beds. Home-based care is delivered by 219 Public Health Nursing Officers under medical supervision, with additional free home care provided by NGOs, though services are inconsistent across regions. The country has about 27 specialized palliative care services, including 12 consultative services, eight privately managed adult hospices, one children's hospice, and 6 NGO teams. This corresponds to a rate of 0.12 specialized palliative care services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2	Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	3	PPC TEAMS

Sri Lanka does not have specialized pediatric palliative care (PPC) services or teams in an organized manner. However, PPC services are offered at the National Cancer Institute (NCI-SL) in Maharagama and Lady Ridgeway Pediatric Hospital in Colombo. Additionally, a dedicated pediatric palliative care hospice, Suwa Arana, has been established. Despite these efforts, there is no comprehensive system ensuring geographic reach or integration across service delivery platforms.

COUNTRY REPORTS

AP

Thailand

General data

POPULATION, 2023
71,702,435

SURFACE, KM², 2022
513,120

PHYSICIANS / 1,000 INH, 2022
0,558,58

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

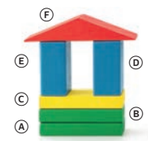
HUMAN DEVELOPMENT INDEX RANKING, 2021
66

GDP PER CAPITA (US$), 2023
7182,03

HEALTH EXPENDITURE (% GDP), 2021
5,16

UNIVERSAL HEALTH COVERAGE, 2021
82

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

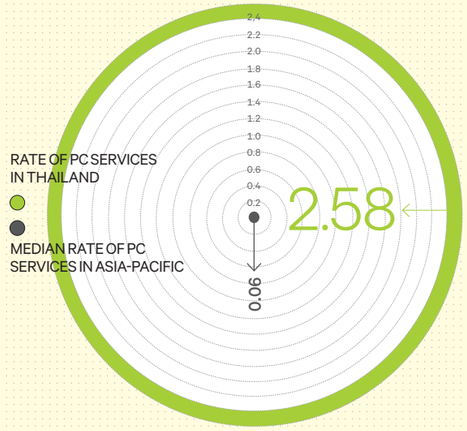
Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **1850***

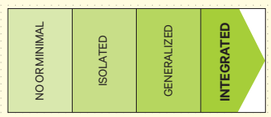
*Note: More than

Rate of PC services per 100,000 inhabitants: **2.58**

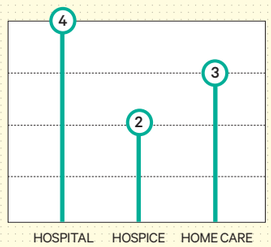
Thailand in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

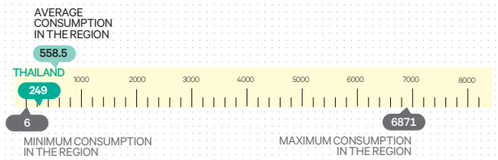
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 2

TOTAL NUMBER: **10**

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **249** S-DDD/MILL INHABITANTS/DAY

Thailand in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 3

Existence of PC congresses or scientific meetings: 4

National Association: Thai Palliative Care Society.

Consultants: Duenpen Horatanaruang; Jiraphan Naruepatr.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **28/28**

Nursing schools with mandatory PC teaching: **38/95**

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Thailand

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.)

Thailand has multiple organizations collaborating with the government and international bodies to enhance palliative care and advocate for patients and caregivers. The Thai Palliative Care Society (THAPS) promotes professional education, awareness, and policy reforms for better access to care. The Karunruk Palliative Care Center serves as a national training hub. Peaceful Death raises public awareness on dying, grief, and bereavement. The National Cancer Institute (NCI) integrates palliative care into oncology. The Buddhika Network Foundation addresses social issues through initiatives like 'Bed Beside Volunteers' and 'Happy Death Day.' The Chivamit Foundation educates the public on elderly well-being across multiple dimensions. Yen Yen Co. and the Palliative Care Nurses Association are also key organizations in the promotion of palliative care.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

Thailand's National Health Act (2007) introduced Advance Directives (AD) under Section 12, but physician adoption has remained limited. The National Health Commission Office (NHCO) oversees Advance Care Planning (ACP) and has appointed a steering committee for nationwide implementation. The Ministry of Public Health (MOPH) integrates ACP into health service plans and monitors its progress. Since 2016, ACP has been a key performance indicator (KPI) for health inspections. The Karunruk Palliative Care Center, with NHCO support, has provided ACP training for professionals. A national data centre allows hospitals to access ACP and AD records. In 2019, Thai Quality Standards for Palliative Care were established, with ACP as one of 11 key standards.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

Thailand introduced its Palliative Care Policy in 2014, with its inclusion in the 2016 Health Service Plan playing a key role in system preparedness. The National Health Security Office (NHSO) has supported palliative home care since 2016 through e-claims, significantly expanding services. By 2019, 97.3% of regional/general hospitals and 96.1% of community hospitals had established palliative care programs. The Ministry of Public Health (MOPH) oversees the National Palliative Care Program, monitoring and evaluating its progress. A National Palliative Care Committee collaborates with academic institutions, the Food and Drug Administration (FDA), and the NHSO to expand services nationwide. This initiative is integrated into the National Cancer Strategy, long-term care, elderly care, and End-Stage Renal Disease (ESRD) program. Supported by national legislation, guidelines and indicators are in place to implement, monitor, and evaluate palliative care services across Thailand.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

AP Thailand

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

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.

The Thai Ministry of Public Health (MOPH) addresses health inequity through three major policies: Region-based health services improve resource sharing and referrals; Health Services Development Plan ('Service Plans') prioritizes primary and holistic care, family care teams, and long-term community support; District Health System (DHS) fosters multisectoral collaboration through the U-CARE approach, integrating palliative care into primary care since 2016. The National Health Security Office (NHSO) manages Universal Health Coverage (UHC), offering extensive benefits, including an additional budget for dependent older persons in 2024 under a long-term care (LTC) policy. Palliative and end-of-life care services fall under this target group, with local governments playing a co-management role, particularly in rural communities. Since 2015, Karunruk has trained nurses and doctors in palliative care, enhancing community services. The NHSO reimburses palliative home care and, by 2025, will support hospital-in-the-home care for dying patients, ensuring nationwide palliative care accessibility.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

Thailand's Ministry of Public Health (MOPH) manages palliative care through various government organizations. The Department of Medical Services focuses on clinical and rehabilitation aspects, while the Department of Health ensures service implementation in community settings, creating a comprehensive system. The National Health Commission Office (NHCO) develops, implements, and evaluates palliative care policies, including advance care planning and directives. The National Health Security Office (NHSO) plays a crucial role in supporting long-term care (LTC) and palliative care funding. The Hospital Accreditation Institute incorporates palliative care indicators into hospital accreditation, while the Thai FDA ensures opioid availability. The Ministry of Social Development and Human Security and the Ministry of Interior focus on providing social welfare and integrating palliative care into local health systems. Additionally, NGOs contribute significantly, with the Thai Palliative Care Society promoting education, the Karunruk Palliative Care Center providing professional training, and Peaceful Death Group and Chewamitr Social Enterprise raising public awareness.

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

AP Thailand

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

Thailand actively promotes palliative care through national and international conferences. The Department of Medical Services hosts the Annual National Palliative and Hospice Care Conference, first held in 2015. The National Health Commission Office (NHCO) organizes a biennial conference on palliative and end-of-life care to raise public awareness, strengthen networks, and promote understanding of Advance Directives under Section 12 of the National Health Act, for which NHCO is the lead agency. Additionally, the Thai Palliative Care Society holds an annual conference for health professionals, while the Karunruk Palliative Care Center organizes an Annual International Conference in Palliative Care. These conferences collectively enhance professional education, community engagement, and policy implementation in palliative care across Thailand.

Ind 7

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.

3

Represents a considerable amount of articles published.

The Karunruk Palliative Care Research Collaboration Center (KPCRCC) was established in early 2024 with a mission to create a national research network for palliative care in Thailand, disseminate findings through academic publications and research training, provide consulting services for medical and public health professionals, and serve as a national research hub for palliative care. KPCRCC conducted a survey on published research in both Thai and English from 2019 to 2024, identifying 164 Thai manuscripts and 35 English manuscripts.

Medicines

Ind 8

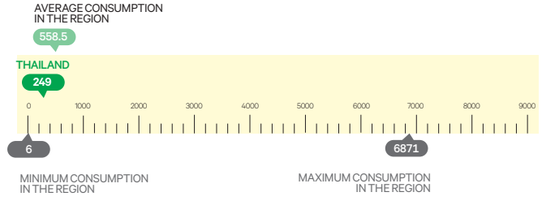
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Pain relief and palliative care in Thailand has significantly improved in recent years. Since 2009, the National Health Security Office (NHSO) has fostered networking between palliative care services in hospitals and their surrounding communities. In 2010, the Government Pharmaceutical Organization began producing immediate-release oral morphine tablets and liquid formulations, both approved by the Thai FDA. This development had a notable impact on annual morphine equivalent (ME) consumption, which increased from 3.96 mg per capita in 2010 to 5.85 mg per capita in 2015.

249

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Thailand

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

Thailand's hospital system operates as a regional network, linking tertiary hospitals with primary healthcare facilities through 13 health region networks, with Bangkok managed separately by local authorities. Tertiary hospitals serve as flagship institutions, supported by district-level secondary hospitals and primary hospitals, ensuring an integrated referral system that includes community homecare services and medication access. According to the Ministry of Public Health (MOPH), district hospitals are crucial for community healthcare, though some primary hospitals lack essential WHO-recommended medications. Efforts are ongoing to improve access across provinces. A national survey by the Health Administration Division, MOPH, assessing 629 hospitals, found that between 37% and 98% of facilities had pain and palliative care medications listed in the WHO Model List of Essential Medicines.

98%

PERCENTAGE OF HOSPITALS WITH PAIN AND PC MEDICINES AS DEFINED IN WHO MODEL LIST.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

The Health Administration Division, MOH conducted a national survey across 629 hospitals to assess opioid availability. The findings revealed that morphine syrup was available in 58% of facilities, while immediate-release morphine was accessible in 35.4% of hospitals.

58%

PERCENTAGE OF HEALTH FACILITIES WITH ORAL MORPHINE AVAILABILITY.

AP Thailand

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	28/28
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/28
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	38/95
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	10/95

In Thailand, palliative care education is mandatory in all medical schools, integrated into Part 3 (Health Care System and Health Promotion) to meet the Medical Council of Thailand's national licensing competency criteria. This ensures 100% of medical students receive formal palliative care training. However, a recent study shows that teaching hours vary significantly (2–33 hours), with lectures and seminars being the primary methods and minimal clinical exposure. The lack of hands-on training leaves graduate doctors and nurses without essential palliative care skills, making post-graduate training crucial. Palliative care education is provided by Karunruk Palliative Care Center (Khon Kaen University) and the Thai Palliative Care Society (THAPS), led by Assoc. Prof. Srivieng Pairojkul. Among 95 nursing schools, 38 include compulsory palliative care training, and about ten schools offer a 16-week optional program accredited by the Thailand Nursing and Midwifery Council for nurses with at least one year of professional experience.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

In Thailand, five medical schools provide a one-year full-time specialization in palliative care for physicians. Since 2017, the "Certificate in Palliative Care in Family Medicine" has been accredited by the Medical Council of Thailand and the Royal College of Family Physicians of Thailand, with physician training officially beginning in 2018 as a subspecialty within Family Medicine. Additionally, a two-year specialist training program in Palliative Medicine is set to be introduced in 2026.

AP Thailand

Provision of PC / Services

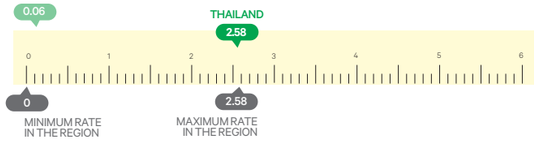
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	4 — Integrated provision: Specialized palliative care services or teams are systematically provided.
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.	4 — Are part of most/all hospitals in some form.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 — Ad hoc/ in some parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	3 — Found in many parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	1850*

The Ministry of Public Health has integrated palliative care into primary healthcare, with dedicated teams established in flagship tertiary and district-level hospitals. Primary-level hospitals rely on the collaborative "Health Region Network," where district hospitals act as central hubs connecting tertiary and local facilities. Approximately 900 hospitals provide PC services, and around 50 free-standing hospices exist, though these remain relatively new. Home-based PC is typically hospital-affiliated and coordinated through the Health Region Network, ensuring continuity of care. Currently, only one social enterprise operates independently to provide home-based PC. Thailand has at least 1,850 specialized palliative care (PC) services, corresponding to a rate of 2.58 services per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



← SPECIALIZED PALLIATIVE CARE SERVICES

Note:
* More than

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 — Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	10 PPC TEAMS

Palliative care teams in several regions of Thailand provide services to both adults and children, though access to pediatric palliative care remains limited. Specialized pediatric palliative care teams are primarily found in children's hospitals and university-affiliated medical centres. In most cases, pediatric palliative care services are restricted to specific units, such as those for cancer or neurological diseases. The Karunruk Palliative Care Center is the only facility in Thailand offering a comprehensive perinatal and neonatal palliative care program.

AP

Timor-Leste

General data

POPULATION, 2023
1,384,286

SURFACE, KM², 2022
14,870

PHYSICIANS / 1,000 INH, 2022
0.767

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
140

GDP PER CAPITA (US$), 2023
1,502.52

HEALTH EXPENDITURE (% GDP), 2021
11.44

UNIVERSAL HEALTH COVERAGE, 2021
52

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

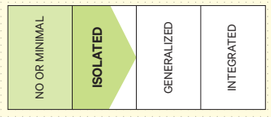
Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services **2**

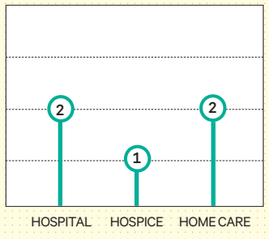
Rate of PC services per 100,000 inhabitants **0.15**

Timor-Leste in the context of Asia-Pacific regions

Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

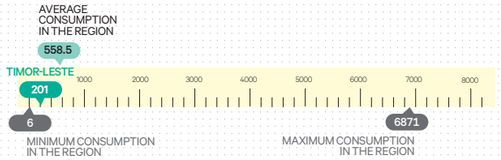
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **201** S-DDD/MILL INHABITANTS/DAY

Timor-Leste in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 1

National Association: -

Consultants: Mingota Da Costa Herculano; Benilda De Gula.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **0/2**

Nursing schools with mandatory PC teaching **0/3**

Recognition of PC specialty: 2

Ⓑ 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: 2

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 3

AP Timor-Leste

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

In Timor-Leste, while there is no formal organization established for palliative care, several key advocates and pioneers can be recognized. There are several initiatives dedicated to promoting the rights of patients in need of palliative care, along with their caregivers and survivors. For example, Saude Ba Ema Hotu (Healthcare For All) or SABEH and the St. Paul Clinic, a private faith-based institution, are actively involved in advocating for these rights. The St. Paul Clinic receives referrals for palliative care patients from a range of sources, including health centers, hospitals, mobile clinic coordinators, clinic staff, and relatives. Other religious congregations also support the palliative care team by providing spiritual assistance. Moreover, family members frequently refer others who may benefit from similar care.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

3

There is/are national policies or guidelines on living wills and/or on advanced directives.

Currently, the guidelines for advance care planning are included in the national palliative care guidelines. When no surrogate is available and a patient has no written advance directive, hospital ethics committees can assist in decision-making, or in some cases, a court may need to appoint a guardian.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

Timor-Leste developed the national palliative care policy and guidelines between 2021 and 2022, with the guidelines presented to Ministry of Health leaders and other stakeholders in late 2022. Although a palliative care policy has existed for four years, active implementation is set to begin in early 2025, as the Ministry focuses on preparing human resources. The plan includes expanding palliative care services to several districts and training additional staff. A monitoring section with specific indicators is outlined in the guidelines, which are available in both English and Tetum.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

AP Timor-Leste

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

The Family Health Program was officially launched in Timor-Leste in April 2015 as part of a public strategy incorporated into the Comprehensive Service Package for Primary Health Care (PHC), which includes some palliative care services. The recent guidelines for the palliative care plan are relatively new, and the Ministry of Health aims to integrate and structure these services within the primary care framework.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

3

There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

A national coordinating committee for the palliative care program in Timor-Leste is in place, but its structure remains incomplete. Last year, the National Coordinator sought funding for the program from Parliament but was unsuccessful. Currently, the Ministry of Health, under the leadership of the Vice Minister for Operationalization of Hospitals, is working on establishing a Palliative Care Unit at the National Hospital, which is expected to be operationalized in 2025.

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions but do not have a budget or staff.

AP Timor-Leste

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

Palliative care in Timor-Leste is still in its early stages, with no national congresses or scientific meetings focused on the subject conducted within the country. As a result, the PC trained professionals in the program often attend seminars or scientific gatherings abroad.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

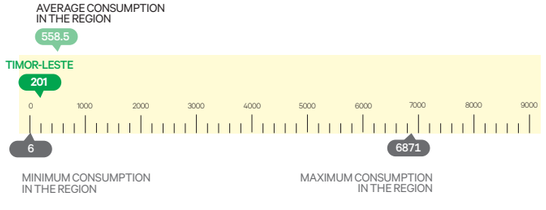
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 201 S-DDD

201

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Timor-Leste

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The 2015 revision of Timor-Leste's Essential Medicine List includes opioids like morphine and methadone, regulated under the Police Scientific Investigation of Criminal Office (PCIC) watchlist. However, effective pain management faces challenges due to limited opioid availability, supply chain issues, and insufficient training in pain assessment. Common pain relief medications, such as paracetamol and anti-inflammatory drugs, are generally available, but stronger options like morphine and fentanyl are limited to hospitals and often face stockouts. Primary care largely depends on paracetamol, while rural areas face significant gaps in access to palliative care and pain management. Other essential drugs like hyoscine, metoclopramide, and diazepam are inconsistently stocked, further limiting comprehensive pain management. These challenges highlight the need for improved supply chains, better training for healthcare providers, and expanded availability of essential palliative care medicines.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Although morphine and methadone are included in the Timor-Leste Essential Medicines List (TLEML), health professionals do not receive training on its use at the university level, and there are no orientation courses for phycisians who studied abroad. Additionally, in-service training places little emphasis on TLEML. Opioid analgesics, necessary for pain management, must be prescribed by specialists such as internists, oncologists, and intensivists; however, the country lacks a sufficient number of trained specialists to prescribe these medications. The procurement system for narcotic and psychotropic drugs is cumbersome and lacks clarity, combined with inadequate training in palliative care, resulting in limited availability and awareness of opioid analgesics for effective pain relief.

AP Timor-Leste

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/2	Timor-Leste has two medical schools, the National University of Timor Lorosa'e (public) and the Universidade Catolica Timorense Sao Joao Paulo II (private). While palliative care is not a compulsory subject, optional training is available, and introductory content is included in some mandatory courses. * Nursing programs lack formal palliative care courses, with training mainly provided through external seminars or initiatives outside the curriculum. The Asia Pacific Hospice Palliative Care Network (APHN) and the Ministry of Health have launched capacity-building programs to train healthcare professionals and hospital staff, aiming to expand palliative care services nationwide.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	2/2	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/3	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	NA/3	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	●●○○ 2	There is no process on specialization 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 of institutions).

Although with no official process of palliative care specialization in the country, the Asia Pacific Hospice Palliative Care Network (APHN) and the Ministry of Health have introduced capacity-building initiatives to train healthcare professionals and hospital staff in palliative care, aiming to support and expand palliative care services nationwide.

AP Timor-Leste

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	●●○○ 2 Isolated provision: Exists but only in some geographic areas.	Timor-Leste lacks a comprehensive system for specialized palliative care services, with initiatives limited and unevenly distributed across the country. Efforts to establish hospital-based palliative care units face significant challenges. In Dili, a Ministry of Health-supported home care team provides services for terminally ill patients, though follow-up often requires visits to the National Hospital. The St. Paul Clinic in Covalima offers palliative care and follow-up services, while Casa Esperança, a multidisciplinary home care service launched in 2018, recently partnered with the Ministry of Health to improve access. The country has two specialized palliative care teams—one in Dili and another at the St. Paul Clinic—corresponding to 0.15 services per 100,000 people. The Asia Pacific Hospice Palliative Care Network (APHN) and Lien Cooperative are expanding training to referral hospitals, but the absence of a cohesive service framework and specialized teams remains a challenge.
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.	●●○○ 2 Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	●○○○ 1 Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	●●○○ 2 Ad hoc/ in some parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.	2	

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION 0.06

TIMOR-LESTE 0.15

0 MINIMUM RATE IN THE REGION

2.58 MAXIMUM RATE IN THE REGION

← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	●○○○ 1 No or minimal provision of palliative care specialized services or teams for children exists in country.	There are currently no pediatric palliative care specialized teams in the country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS	

AP

Tonga

General data

POPULATION, 2023
104,597

SURFACE, KM², 2022
750

PHYSICIANS / 1,000 INH, 2022
1.009

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
91

GDP PER CAPITA (US$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
6.27

UNIVERSAL HEALTH COVERAGE, 2021
57

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

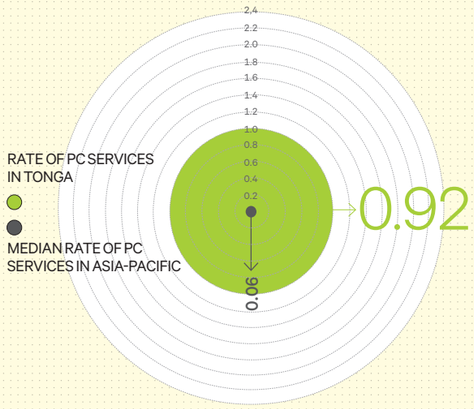
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

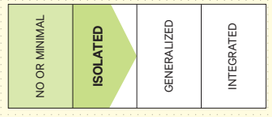
Total number of Specialized PC services: **1**

Rate of PC services per 100,000 inhabitants: **0.92**

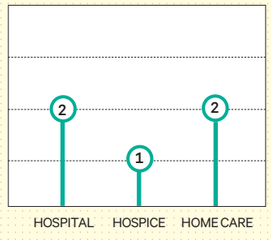
Tonga in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

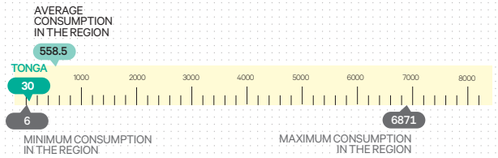
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

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

Tonga in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1 ○ ○ ○

Existence of PC congresses or scientific meetings: ○ ○ 3 ○

National Association: -
Consultants: -

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

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

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ 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: ○ 2 ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: ○ ○ 3 ○

Advanced care planning-related policies: ○ 2 ○ ○

AP Tonga

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

In Tonga, multiple organizations support the rights of patients requiring palliative care, as well as their caregivers and those recovering from serious illnesses. These include the Breast Cancer Society, Children's Cancer Society, Ma'a Fafine moe Famili (MFF), church councils, and community organizations serving individuals with special needs and mental health challenges.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

Currently, Tonga lacks a dedicated national policy or guideline for advance care planning related to life-sustaining treatment or end-of-life care. Health practitioners follow the Health Practitioners Act in relevant situations. The Probate Law includes provisions on living wills, while the Family Protection Act designates individuals responsible for making critical decisions for patients during emergencies.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

known or does not exist.

Tonga currently lacks a national palliative care policy. Instead, fragmented guidelines are in place, focusing on prevention and support for the elderly, individuals with mental illnesses, and people with disabilities, provided by the Ministry of Internal Affairs (MIA) and several NGOs. Existing health policies primarily prioritize NCD prevention and medical management, integrating palliative care within discharge planning, follow-up clinics, rehabilitation support, and referrals to NCD and community services.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

1

Not known or does not exist neither standalone nor is included in another national plan.

AP Tonga

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

2

Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

While Palliative care is mentioned in the Universal Health Coverage (UHC) roadmap for Tonga, palliative care services are not currently included as a priority at the primary care level in Tonga's national health system.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

In Tonga, the Ministry of Health oversees palliative care through a coordinating body that is part of either the NCD unit or the Medical Department. However, the structure of this coordination unit has not been clearly defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Tonga

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

3

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 (and no national conference specifically dedicated to palliative care).

The Ministry of Health in Tonga holds an annual review meeting, which indirectly addresses the need for palliative care, particularly in the context of the country's primary health burden, non-communicable diseases (NCDs). Additionally, professional conferences hosted by the Medical and Nursing Associations every two years include discussions on palliative care, highlighting its relevance in the broader healthcare landscape.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

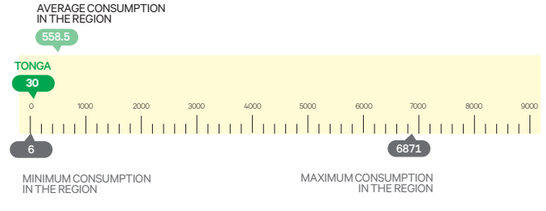
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 30 S-DDD

30

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Tonga

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%

In Tonga's urban areas, palliative care medications, including pain relievers, are generally accessible at primary healthcare (PHC) facilities, guided by the Ministry of Health's Standard Treatment Guidelines and Essential Drugs List. These guidelines follow the WHO analgesic ladder, ensuring essential medications to enhance quality of life for terminal patients. Vaiola Hospital in Nuku'alofa serves as the primary referral center, offering specialized services including palliative care. Alongside Vaiola, 14 health centers and three district hospitals provide PHC, including palliative care, through outpatient and emergency departments. Despite efforts to supply essential palliative care medications, access challenges persist, particularly in remote areas, due to geographic barriers, limited transportation, and staffing shortages, which impact equitable access to pain relief and palliative care services, especially for cancer patients and those with advanced disease in rural areas.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

In urban areas of Tonga, palliative care medications, including analgesics, are generally available at the primary healthcare level, guided by the Ministry of Health's Standard Treatment Guidelines and Essential Drugs List. Vaiola Hospital in Nuku'alofa serves as the main referral center, offering specialized palliative care services, supported by 14 health centers and three district hospitals providing primary care and palliative services through outpatient and emergency departments. However, access to palliative care medications, including opioids, is limited in rural areas due to geographical barriers, inadequate transportation, and shortages of healthcare personnel. These challenges contribute to inequities in pain relief and palliative care.

AP Tonga

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	1/1
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/1

In Tonga there are no medical schools. However, the Queen Salote Institute of Nursing and Allied Health offers a three-year nursing diploma that integrates palliative care into courses such as Nursing Theory and Practice, as well as Care of the Critically Ill Patient, within the Advanced Diploma in Nursing and Acute Care Nursing programs.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○

There is no process on specialization for palliative care physicians.

AP Tonga

Provision of PC / Services

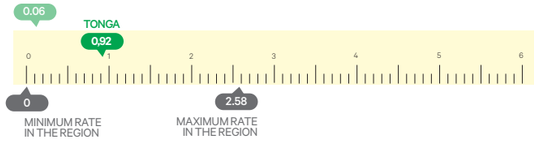
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ ○ Isolated provision: Exists but only in some geographic areas.
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.	2 ○ ○ ○ Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 ○ ○ ○ Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	1 ← SPECIALIZED PALLIATIVE CARE SERVICES

Tonga has limited specialized palliative care services, primarily centralized at Vaiola Hospital in Nuku'alofa. Oncology care at Vaiola Hospital is largely palliative, and long-term care options are scarce, with families typically assuming caregiving roles. Some additional support comes from church-based organizations and international NGOs, but these services are also concentrated in Nuku'alofa. To assist the elderly, the Tonga Social Service Pilot program, launched in 2012 by the Ministry of Finance and National Planning (MoFNP) with support from the ADB and Japan Fund for Poverty Reduction, provides case management, social care, and home visits for vulnerable individuals aged 60 and older. With one specialized PC team at the hospital, Tonga´s rate of palliative care service corresponds to 0,92 services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



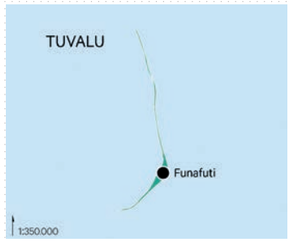
Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

There is currently no dedicated system of specialized palliative care services for children in Tonga. Palliative care services in the country are primarily focused on adults, with the main services centralized at Vaiola Hospital.

AP

Tuvalu



General data

POPULATION, 2023
9,816

SURFACE, KM², 2022
30

PHYSICIANS / 1,000 INH, 2022
1.261

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle

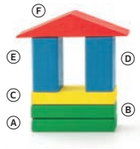
HUMAN DEVELOPMENT INDEX RANKING, 2021
130

GDP PER CAPITA (US$), 2023
6,344.78

HEALTH EXPENDITURE (% GDP), 2021
19.97

UNIVERSAL HEALTH COVERAGE, 2021
52

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT

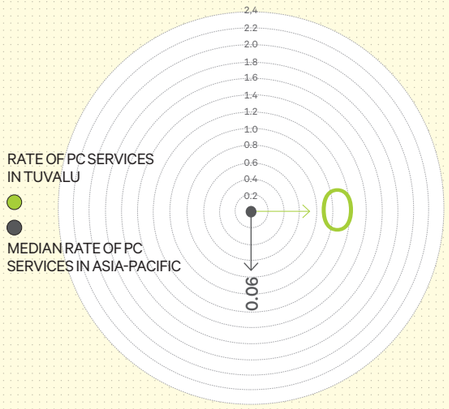
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

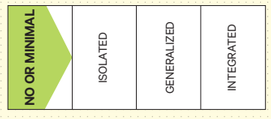
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

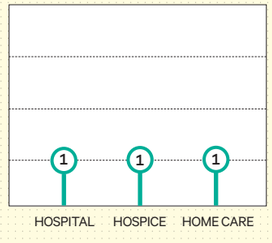
Tuvalu in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

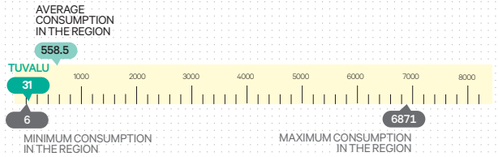
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **31** S-DDD/MILL INHABITANTS/DAY

Tuvalu in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 2

Existence of PC congresses or scientific meetings: 2

National Association: -
Consultants: -

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/0

Nursing schools with mandatory PC teaching: 0/0

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1

Advanced care planning-related policies: 1

AP Tuvalu

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1 ○ ○ ○

Only isolated activity can be detected.

Currently, there is no evidence available about the exsistence of specific groups in Tuvalu dedicated to promoting the rights of patients in need of palliative care, their caregivers, or disease survivors. Patients requiring specialized care are often referred to facilities in other countries, such as Fiji or New Zealand, through patient referral schemes.

Ind 2

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.

Currently, there is no evidence available about a national policy or guideline on advance directives or advance care planning in Tuvalu.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1 ○ ○ ○

Not known or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

1 ○ ○ ○

Not known or does not exist neither standalone nor is included in another national plan.

The National Health Reform Strategy 2016–2019 and the National Non-Communicable Disease Strategic Plan 2017–2021 do not specifically address palliative care services. Additionally, the National Health Strategic Plan for 2020–2024 focuses on strengthening health systems and service delivery but does not include specific provisions for palliative care. This suggest that, currently, there is no formalized national framework for palliative care in Tuvalu.

AP Tuvalu

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1 ○ ○ ○

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1 ○ ○ ○

Not at all.

Palliative care services are not explicitly listed as priority services for Universal Health Coverage (UHC) at the primary care level in Tuvalu's national health system. The National Health Reform Strategy 2016–2019 focuses on strengthening health management and service delivery but does not specifically mention palliative care. While Tuvalu's healthcare system provides free primary and preventive care, including medication and hospital stays, there is no evidence that palliative care is prioritized within primary healthcare services.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1 ○ ○ ○

There is no authority defined.

The healthcare system in Tuvalu is overseen by the Ministry of Health, which manages general health services and public health policies. However, the Ministry does not have a dedicated department or unit specifically focused on palliative care services, nor does it allocate a specific budget or staff for such services.

5.2. The national authority has concrete functions, budget and staff.

1 ○ ○ ○

Does not have concrete functions or resources (budget, staff, etc.)

AP Tuvalu

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

No evidence available about any national-level congresses or scientific meetings in Tuvalu specifically focused on palliative care.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

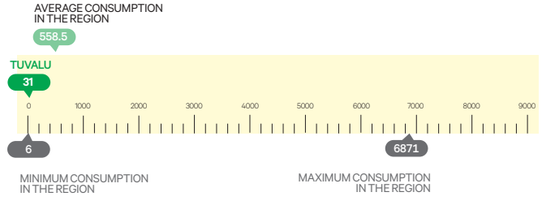
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 31 S-DDD

31

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Tuvalu

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

In Tuvalu, the healthcare system is entirely public, with the Princess Margaret Hospital in Funafuti serving as the main facility and eight medical centers on the outer islands staffed by nurses. The Tuvalu Standard Treatment Guidelines 2010 include the essential drugs list and their availability. While basic medicines such as paracetamol and ibuprofen are generally accessible at the primary healthcare (PHC) level, stronger pain and palliative care medications, such as morphine, are not indicated as available in the essential drugs list, either in Funafuti or on the outer islands. This highlights the limited and uneven access to these critical medications. Additional challenges, include resource constraints, geographic isolation, and inconsistent supply chains. Ongoing efforts, such as regular updates to the Essential Drug List and improved management of medication supplies, aim to bridge these gaps.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Tuvalu, the healthcare system is entirely public, with the Princess Margaret Hospital in Funafuti serving as the main facility and eight medical centers on the outer islands staffed by nurses. The Tuvalu Standard Treatment Guidelines 2010 include the essential drugs list and their availability. While basic medicines such as paracetamol and ibuprofen are generally accessible at the primary healthcare (PHC) level, stronger pain and palliative care medications, such as morphine, are not indicated as available in the essential drugs list, either in Funafuti or on the outer islands. This highlights the limited and uneven access to these critical medications. Additional challenges, include resource constraints, geographic isolation, and inconsistent supply chains. Ongoing efforts, such as regular updates to the Essential Drug List and improved management of medication supplies, aim to bridge these gaps.

AP Tuvalu

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/0
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/0

Tuvalu does not have medical schools, so aspiring medical students pursue education abroad, often in Fiji, New Zealand, or other countries. With no local medical training institutions, Tuvalu depends on foreign-trained professionals to meet its healthcare needs. Similarly, the country lacks a dedicated nursing school, and aspiring nurses typically train in neighboring countries like Fiji or Samoa. To support nursing education, the Tuvalu Department of Health provides limited scholarships and, in 2021, partnered to expand educational opportunities. The Ministry of Health has also collaborated with the Fiji School of Nursing to deliver in-country Certificate in Enrolled Nursing programs, enhancing workforce capacity.

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○

There is no process on specialization for palliative care physicians.

AP Tuvalu

Provision of PC / Services

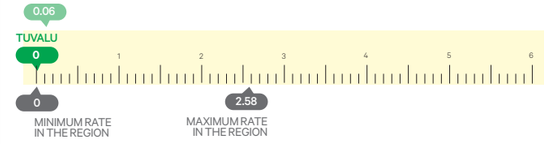
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams exist in the country.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	1 ○ ○ ○ Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○ Not at all.
13.5. Please enter the total number of specialized PC services or teams in the country.	0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Tuvalu's healthcare system is entirely public, with the Princess Margaret Hospital in Funafuti as the main facility, supported by two health clinics on Funafuti and eight health centers on outer islands staffed by nurses providing primary and preventive care. Advanced clinical care is not available locally, and patients requiring specialized treatments must rely on the Tuvalu Overseas Medical Referral Scheme, which refers patients to overseas hospitals. Challenges such as limited staff, frequent medicine stock-outs, and inadequate medical equipment hinder healthcare delivery. Efforts are underway to enhance the capacity of local health clinics to provide essential primary care and improve access to services. However, Tuvalu lacks a formal system of specialized palliative care services or teams with geographic reach.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



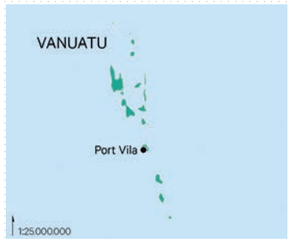
Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS

COUNTRY REPORTS

AP

Vanuatu



General data

POPULATION, 2023
320,409

SURFACE, KM², 2022
12,190

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

HUMAN DEVELOPMENT INDEX RANKING, 2021
140

GDP PER CAPITA (US$), 2023
3,515.24

HEALTH EXPENDITURE (% GDP), 2021
4.37

UNIVERSAL HEALTH COVERAGE, 2021
47

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

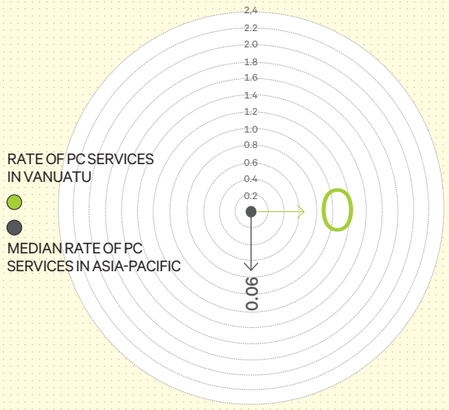
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

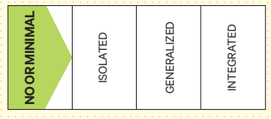
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

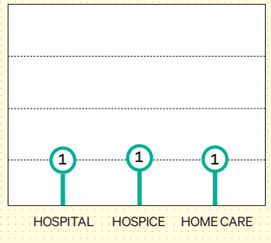
Vanuatu in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

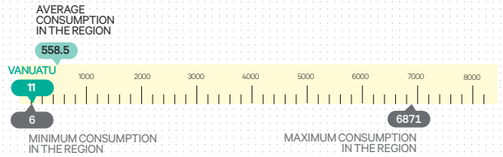
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

TOTAL NUMBER: 0

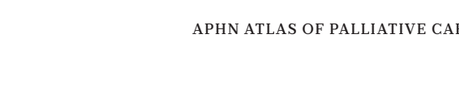
Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **11** S-DDD/MILL INHABITANTS/DAY

Vanuatu in the context of Asia-Pacific regions



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



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

Ⓒ Research

PC-related research articles: 1

Existence of PC congresses or scientific meetings: 2

National Association: -
Consultants: -
Data gathered through a literature review

Data collected: June-September 2024.
Report sponsored by National Association: N/A
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: 0/2

Nursing schools with mandatory PC teaching: 0/2

Recognition of PC specialty: 2

Ⓑ 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: 3

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 3

Advanced care planning-related policies: 1

AP Vanuatu

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

In Vanuatu, several organizations actively support the rights of patients needing palliative care, their caregivers, and disease survivors. The Butterfly Trust has expanded palliative care initiatives by engaging stakeholders to gather insights on improving care delivery. Similarly, Ik-Kana focuses on creating a cervical- and breast-cancer-free Vanuatu through education, advocacy, and accessible palliative care. Additionally, Vanuatu has become the first Pacific country to adopt a cervical cancer elimination strategy, providing women with essential screening, vaccination, and treatment services. These initiatives highlight the efforts of local organizations and government agencies to promote the rights and well-being of patients requiring palliative care, as well as their commitment to addressing broader cancer-related health challenges.

Ind 2

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.

There is no evidence available about a national policy or guideline addressing advance directives or advance care planning. Documents such as the Vanuatu Health Sector Strategy 2021–2030 and the Vanuatu Mental Health Policy and Strategic Plan 2021–2030 do not reference these topics.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Vanuatu does not currently have a specific national plan, program, policy, or strategy dedicated to palliative care. However, the Vanuatu Health Sector Strategy (HSS) 2021–2030 recognizes palliative care as an essential component of health services, alongside health promotion, prevention, treatment, and rehabilitation throughout the life course. Similarly, the Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021–2030 acknowledges palliative care as part of its framework, emphasizing the importance of comprehensive care approaches. Additionally, palliative care is incorporated into the PEN package 2020, which aims to integrate palliative care into primary healthcare services.

AP Vanuatu

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

The Vanuatu Health Sector Strategy (HSS) 2021–2030 recognizes palliative care as an essential component of health services, alongside health promotion, prevention, treatment, and rehabilitation throughout the life course. Similarly, the Vanuatu Non-Communicable Disease Policy & Strategic Plan 2021–2030 acknowledges palliative care as part of its framework, emphasizing the importance of comprehensive care approaches. Additionally, palliative care is incorporated into the PEN package 2020, which aims to integrate palliative care into primary healthcare services.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

Currently, Vanuatu does not have a dedicated national authority within the Ministry of Health (MoH) with specific functions, budget, and staff exclusively allocated for palliative care services. While the Ministry of Health manages overall healthcare services, including curative and public health programs, palliative care is not assigned to a specialized unit. However, organizations like the Butterfly Trust have collaborated with the Ministry to explore the establishment of a palliative care system in Vanuatu. The Trust has presented a comprehensive report on this subject to the Ministry, which is currently under consideration within the political process in Port Vila.

AP Vanuatu

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are no national-level congresses or scientific meetings in Vanuatu specifically dedicated to palliative care. However, the country hosts general health research events, such as the Vanuatu Health Research Symposium, which addresses various health topics. Additionally, the New Zealand National Child Cancer Network (NCCN) established a Pacific Working Group in 2011 to provide palliative care support in Pacific nations, including Vanuatu, where advanced treatment options are limited. Twinning relationships have been developed with hospitals in New Zealand to establish triage criteria, treatment protocols, supportive care guidelines, and cancer registration systems. Although the funding for this program has ended, ongoing teleconferences with healthcare professionals in Vanuatu continue to offer guidance on patient care and treatment protocols, indirectly contributing to palliative care efforts.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

No articles found in PubMed with inclusion criteria.

Medicines

Ind 8

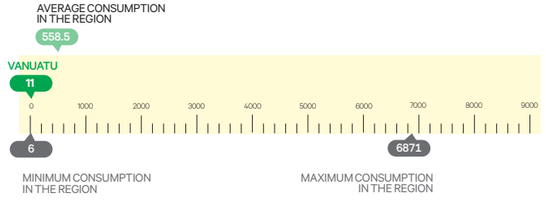
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 11 S-DDD

11

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Vanuatu

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In Vanuatu, basic analgesics like paracetamol and ibuprofen, listed in the Vanuatu Essential Drug List (EDL), are generally available at primary healthcare (PHC) facilities such as dispensaries and health centers. However, stronger analgesics and opioids like morphine and fentanyl are typically only accessible at main hospitals, including rural hospitals. Vanuatu faces challenges, including fragmented procurement systems, frequent stock shortages, and high medicine prices. These issues, combined with geographical remoteness, transportation difficulties, and limited human resources, hinder consistent access to essential medicines across the healthcare system.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Vanuatu, basic analgesics like paracetamol and ibuprofen, listed in the Vanuatu Essential Drug List (EDL), are generally available at primary healthcare (PHC) facilities such as dispensaries and health centers. However, stronger analgesics and opioids like morphine and fentanyl are typically only accessible at main hospitals, including rural hospitals. Vanuatu faces challenges, including fragmented procurement systems, frequent stock shortages, and high medicine prices. These issues, combined with geographical remoteness, transportation difficulties, and limited human resources, hinder consistent access to essential medicines across the healthcare system.

AP Vanuatu

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/2	Vanuatu has two medical schools: Hills College of Medicine and upGrad Institute of Medical Sciences. Currently, there is no publicly available information indicating that either institution includes compulsory palliative care education in their curricula. Currently, there is no publicly available information indicating that the medical schools in Vanuatu offer optional courses in palliative care. Vanuatu offers nursing education through the Vanuatu College of Nursing Education (VCNE), which is managed by a board of technical experts from the Ministry of Health and the Ministry of Education. In addition to VCNE, the National University of Vanuatu (NUV) incorporates several institutions, including the Vanuatu Nursing College, further contributing to nursing education in the country. Currently, there is no publicly available information indicating that the Vanuatu College of Nursing Education (VCNE) includes palliative care education in its curriculum.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/2	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/2	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	2	There is no process on specialization 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 of institutions).

Currently, Vanuatu does not have an official specialization process in palliative medicine for physicians recognized by the national health authorities. However, physicians in Vanuatu seeking to enhance their expertise in palliative care have the option to pursue international postgraduate programs. For instance, TECH Vanuatu offers online Professional Master's Degrees in Palliative Care, providing comprehensive training in this field.

AP Vanuatu

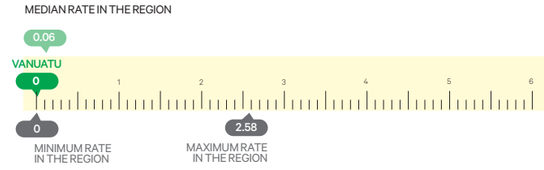
Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1	No or minimal provision of palliative care specialized services or teams exist in the country.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	1	Not at all.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1	Not at all.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1	Not at all.
13.5. Please enter the total number of specialized PC services or teams in the country.		0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Vanuatu does not have a formal system of specialized palliative care services. Collaborations with organizations like the Butterfly Trust have addressed palliative care needs through stakeholder engagement, needs assessments, and training in Port Vila and Epi. The New Zealand National Child Cancer Network (NCCN) has supported palliative care through its Pacific Working Group by establishing treatment protocols and supportive care guidelines. However, palliative care services remain fragmented, with no formal continuity between hospital and community-based care. Geographic challenges, such as infrequent and unsafe sea transport, limit access to care for rural and outer island residents. Older in Vanuatu, disproportionately affected by functional disabilities and limited healthcare access, face significant barriers, including high transport costs and inadequate care in rural areas. Aged care services remain informal, with families serving as the primary caregivers.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1	No or minimal provision of palliative care specialized services or teams for children exists in country.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.		0 PPC TEAMS

COUNTRY REPORTS

AP

Viet Nam

General data

POPULATION, 2023
100,352,192

SURFACE, KM², 2022
331,340

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle

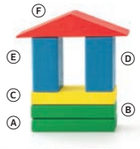
HUMAN DEVELOPMENT INDEX RANKING, 2021
115

GDP PER CAPITA (US$), 2023
4,282.09

HEALTH EXPENDITURE (% GDP), 2021
4.59

UNIVERSAL HEALTH COVERAGE, 2021
68

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

LEVEL OF DEVELOPMENT

1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

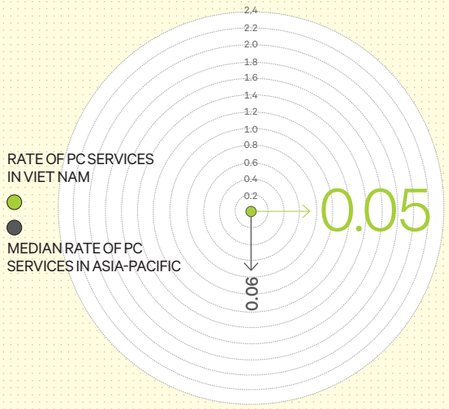
Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **48***

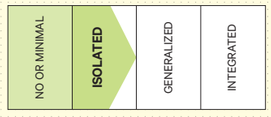
*Note: More than

Rate of PC services per 100,000 inhabitants: **0.05**

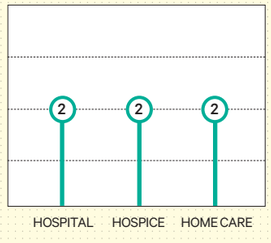
Viet Nam in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

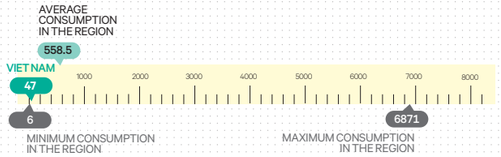
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: **2**

TOTAL NUMBER: **10**

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **47** S-DDD/MILL INHABITANTS/DAY

Viet Nam in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: **2**

Existence of PC congresses or scientific meetings: **4**

National Association: Vietnam Palliative Health Care Society.

Consultants: Tuyet Mai Do; Dai Duong Le; Giang Huong Nguyen; Vu Thao.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: No

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **1/29**

Nursing schools with mandatory PC teaching: **1/150**

Recognition of PC specialty: **4**

Ⓑ 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: **4**

Ⓐ Empowerment of people and communities

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

Advanced care planning-related policies: **2**

AP Viet Nam

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

Established in 2019, the Vietnam Palliative Health Care Society is a government-recognized national association focused on advocacy, training, and policy advising for palliative care. Active primarily on social media and in southern Vietnam, the society promotes awareness and quality care for individuals facing life-limiting illnesses. In northern Vietnam, early pioneers and initial programs contribute to communication and training efforts. This organization aims to ensure that patients receive compassionate, high-quality care tailored to their needs, while also empowering patients and families with the resources and information to make informed care decisions.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

The Palliative Care Guidelines in Vietnam, initially released in 2006, were updated in January 2022 to address comprehensive support—physical, psychological, social, and spiritual—across several settings, including home care. However, these guidelines are not consistently applied in all healthcare settings and lack specifics on surrogate decision-makers, living wills, and advanced care planning (ACP). The 2023 National Health Care Law introduces definitions for substitute decision-makers and guidance for cases where individuals lose decision-making capacity. Although Vietnam currently lacks a national ACP policy, there is growing momentum to educate both patients and healthcare providers on ACP, drawing from WHO models and international research to shape future policy.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Vietnam's healthcare strategy prioritizes palliative care to improve the quality of life for patients with serious illnesses, emphasizing pain relief and psychological support for patients and families. Decision No. 83/QD-BYT, issued in 2022, updated the National Palliative Care Guidelines to address physical, psychological, social, and spiritual needs, particularly in home care. The National Strategy for the Prevention and Control of NCDs (2015-2025) includes a Palliative Care Plan to build capacity and establish units in cancer hospitals, though only five facilities currently provide such services. While guidelines are available and implemented in public and private facilities, integration remains inconsistent, with gaps in monitoring, research, and funding. Efforts focus on developing clear policies and expanding services, but a lack of program evaluations limits understanding of the impact.

AP Viet Nam

Policies

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 with clear targets exist but have not been yet implemented.

Ind 4

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.

The National Health Care Law 2023 defines the scope of services practicing family medicine principles, explicitly including palliative and end-of-life care, and establishes palliative care as part of the basic healthcare service package at the primary care level. In addition, a 2019 report from the Ministry of Health in Vietnam outlined the list of basic medical services at commune health stations, specifying that each service package included detailed categories and pricing. Palliative care was mentioned as part of the healthcare provided to individuals living with non-communicable diseases (NCDs), but its details and availability varied across localities. The National Strategy for the Prevention and Control of NCDs (2015-2025) also called for the development of a palliative care system at the basic level and its integration into primary care, though specifics were limited.

2023

THE NATIONAL HEALTH CARE LAW INCLUDES PALLIATIVE CARE IN THE PRIMARY HEALTH SERVICES.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined).

The Ministry of Health of Vietnam has issued Circulars and Guidelines to organize non-communicable disease management activities, including palliative care, under the oversight of the Department of Medical Examination and Treatment. This department is responsible for implementing these activities and fostering the development of palliative care in the country. However, current initiatives primarily focus on raising awareness and providing capacity-building training, with insufficient specialized personnel and funding to support the comprehensive and ongoing advancement of palliative care research and practice nationwide.

5.2. The national authority has concrete functions, budget and staff.

2

There are concrete functions but do not have a budget or staff.

AP Viet Nam

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

4

At least one national conference specifically dedicated to palliative care every 3 years.

The Vietnam Palliative Health Care Society organizes an annual conference for palliative care during the week of World Hospice and Palliative Care Day, complemented by smaller conferences throughout the year and palliative care sessions at specialty conferences such as those for cancer and cardiology. In October 2023, a scientific conference was held at Ho Chi Minh City University of Medicine and Pharmacy to mark the International Day of Palliative and Hospice Care, featuring contributions from both domestic and international experts. Additionally, the National Cancer Prevention Conference, which occurs every two years, took place in 2023 in Hanoi and included a popular Palliative Care Session that attracted attention from researchers and clinicians. The first Oncology Nursing Conference in Vietnam also featured a Palliative Care session with participation from many experts in the field.

Ind 7

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.

2

Reflects a limited number of articles published.

Palliative care research in Vietnam remains limited, with few scientific articles published in international peer-reviewed journals. However, research in this field is gradually expanding.

Medicines

Ind 8

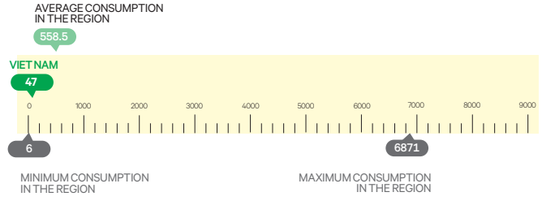
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 47 S-DDD

47

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Viet Nam

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

In Vietnam, there are about 2000 Primary Health Care facilities. Most palliative care medications are included in the National Medicines List, available at the primary healthcare level and covered by health insurance, with non-opioid painkillers accessible at all levels of care and often obtainable without a prescription at local facilities. Rural and mountainous areas face significant shortages, with only basic painkillers available at commune and ward health facilities.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

2

Fair: Between 10% to 30%.

In Vietnam, access to opioids, particularly morphine, remains limited, even at large oncology hospitals, and is tightly regulated. District health centers can supply morphine, but access is restricted, and usage remains insufficient. Rural and mountainous areas face significant shortages, as commune and ward health facilities are not licensed to store morphine, further limiting access in remote regions.

AP Viet Nam

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	1/29
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	8/29
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	1/150
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	8/150

Palliative care education in Vietnam is limited, with only 5-8 of 29 universities offering courses, mostly as electives for final-year students in cities like Hanoi, Ho Chi Minh City, and Hue. The University of Medicine and Pharmacy at Ho Chi Minh City (UMP) is the only institution with a structured palliative care curriculum across basic, intermediate, and advanced levels, aligning with WHO standards. Although the number of nursing schools grew from 70 in 2005 to 150 in 2015, palliative nursing primarily focuses on pain management, with limited integration into undergraduate programs.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

Established in February 2018, the Department of Palliative Care at Ho Chi Minh City University of Medicine and Pharmacy became Vietnam's first medical university department dedicated to palliative care education. Initially, it focused on advanced palliative care training for doctor students in related medical fields. In March 2019, the Ministry of Health authorized the university, in collaboration with the Department of Pediatrics and Ho Chi Minh City Oncology Hospital, to establish the country's first official training program for Level I palliative care specialists. This advanced two-year program, officially recognized by the Ministry of Health since 2019, qualifies graduates to practice as subspecialists in palliative care.

AP Viet Nam

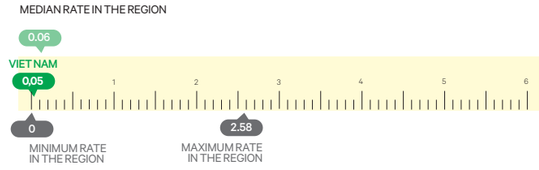
Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 — Isolated provision: Exists but only in some geographic areas.
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.	2 — Ad hoc/ in some parts of the country.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 — Ad hoc/ in some parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 — Ad hoc/ in some parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	48* ← SPECIALIZED PALLIATIVE CARE SERVICES NOTE *More than

Palliative care (PC) services in Vietnam are mainly provided in oncology hospitals, particularly in major cities. Approximately 30 hospitals have inpatient PC departments, while standalone hospices offering home care are limited to cities like Hanoi, Ho Chi Minh City, and Vinh Phuc. The National Cancer Hospital in Hanoi operates three specialized PC facilities. In the south, Ho Chi Minh City hosts a cluster of 11 PC units, including home care services through the Oncology Hospital, though this model has not been widely replicated due to resource and policy limitations. Home care typically focuses on symptom relief and basic care, with some units supplying morphine to patients at home. Private PC providers face challenges, such as limited opioid authorization and weak coordination with central health authorities. Vietnam has at least 48 PC units, with a rate of 0.05 specialized PC services per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	2 — Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	6 PPC TEAMS

Palliative care for pediatric patients in Vietnam is available only at a limited number of large oncology, infectious disease, and pediatric hospitals. Few of these institutions have dedicated pediatric palliative care departments, with the City Children Hospital in Ho Chi Minh City being the only facility with a specialized PC team dedicated specifically to that end. The Children's Hospitals 1 and 2 also have palliative care departments that provide service also to pediatric patients, while the Central Cancer Hospitals 1 and 2 offer general palliative care services that include children. Additionally, several other medical facilities offer palliative care services for pediatric patients, leading to approximately 10 health facilities overall that provide palliative care for children, even though most of them lack specialized pediatric palliative care units.

Annex

ANNEX

AP

Hong Kong SAR (China)

General data

POPULATION, 2023
7,536,100

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2021
4

GDP PER CAPITA (US$), 2023
50,531.74

HEALTH EXPENDITURE (% GDP), 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
N/A

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

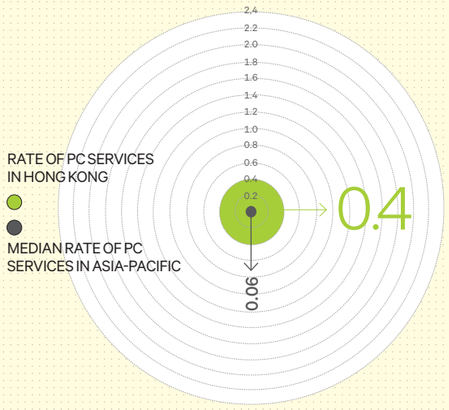
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

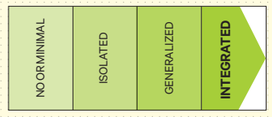
Total number of Specialized PC services **30**

Rate of PC services per 100,000 inhabitants **0.4**

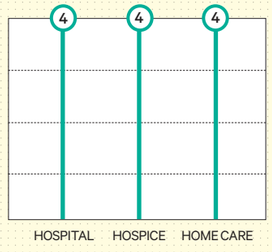
Hong Kong in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 4

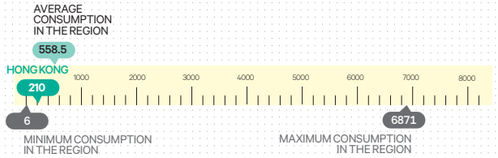
TOTAL NUMBER: 1

AP Hong Kong SAR (China)

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **210** S-DDD/MILL INHABITANTS/DAY

Hong Kong in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 4

National Association: The Society for the Promotion of Hospice Care; Hong Kong Society of Palliative Medicine.

Consultants: Annie Kwok Oi Ling; Yuen Kwok Keun.

Data collected: June-September 2024.

Report validated by consultants: October - November 2024

Report sponsored by National Association: Yes

Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching **2/2**

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

Recognition of PC specialty: 4

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Hong Kong SAR (China)

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.).

There are several organizations and associations dedicated to advancing palliative care and advocating for patients' rights in Hong Kong. These include The Society for the Promotion of Hospice Care, the Hong Kong Society of Palliative Medicine, and the Hong Kong Society of Children's Palliative Care, which focus on professional development and care improvements. The Hong Kong Palliative Nursing Association supports nursing professionals in the field. Additionally, initiatives like the Jockey Club End of Life Community Project, run by The Hong Kong Jockey Club Charities Trust and the University of Hong Kong, promote community-based end-of-life care. Advocacy and support for patients are furthered by the Hong Kong Anti-Cancer Society, Hong Kong Cancer Fund, and the Haven of Hope Christian Service, Sister Annie Skau Holistic Care Centre. Lastly, the Children's Palliative Care Foundation champions specialized care for children, addressing their unique needs in palliative services.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

The Hospital Authority (HA) is the government organization responsible for healthcare services in Hong Kong, providing care to over 95% of patients with life-limiting illnesses. HA has established several guidelines, including those for Advance Care Planning, Advance Directives, Do Not Attempt Cardiopulmonary Resuscitation, and life-sustaining treatments. In 2020, the Food and Health Bureau released the "Legislative Proposals on Advance Directives and Dying in Place - Consultation Report," with legislation expected to be finalized by 2024.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

The Hospital Authority (HA) in Hong Kong has established a Strategic Framework for Palliative Care with a two-tier governance structure. At the first level, the Hospital Authority Central Committee on Palliative Care oversees governance across the system, conducting regular reviews of staffing, service implementation, and progress. At the second level, each of the seven HA clusters, housing palliative care units, is managed by a Cluster Palliative Care Coordinating Committee, ensuring services align with the strategic framework. Palliative care is also integrated into the Hong Kong Cancer Strategy (2019) under Chapter 7, published by the Food and Health Bureau. Monitoring and implementation of palliative care initiatives are addressed in Part Four of the Strategic Service Framework. Regular evaluations, including reviews of the Jockey Club End of Life Community Care Project, are conducted by the Central Committee to ensure alignment with objectives and effective delivery of services.

AP Hong Kong SAR (China)

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Although palliative care is not specifically included in the Primary Healthcare Blueprint, all citizens of Hong Kong have access to healthcare services provided by the Hospital Authority. The costs are minimal, and there are mechanisms in place to waive medical charges for patients facing financial difficulties. The Hospital Authority consists of seven clusters, each of which offers access to palliative care services, including inpatient, outpatient, home care, consultative services, and palliative care day services. All Hong Kong residents can receive palliative care at one of the palliative care units in these seven clusters, depending on their residential address.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

The Central Committee on Palliative Care, established under the Hospital Authority, coordinates palliative care and oversees clinical governance in Hong Kong. Its responsibilities include setting service standards, developing clinical guidelines, providing education and training, conducting audits, managing risks, and advancing technology and services. The committee focuses on four core areas: clinical service and care standards, workforce training, quality and safety, and technology integration. At the Ministry of Health level, the committee's functions, budget, and staffing are clearly defined to support its initiatives. The committee is composed of senior Hospital Authority officials, including a director from the Hospital Authority Head Office. Leadership includes a chairperson and co-chairperson, both experienced in palliative care, as well as a chief manager and senior manager tasked with coordinating palliative care services across Hong Kong.

AP Hong Kong SAR (China)

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

4

At least one national conference specifically dedicated to palliative care every 3 years.

Hong Kong hosts an array of annual events and regular scientific meetings dedicated to palliative care. The Society for the Promotion of Hospice Care organizes the annual Hong Kong Palliative Care Symposium, with the 19th meeting held on February 24, 2024. The Central Committee of Palliative Care under the Hospital Authority conducts an annual scientific symposium and workshop, as well as the Central Commissioned Training Program 23/24 - Palliative Care. The Hong Kong Society of Palliative Medicine and the Hong Kong Palliative Nursing Association hold an annual scientific meeting. Notable recent topics include Advance Care Planning for End-of-Life Patients (2023) and Palliative Care in Hong Kong: Looking Back and Looking Forward (2022). These events bring together local and international experts to advance knowledge and improve palliative care services in Hong Kong.

Ind 7

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.

4

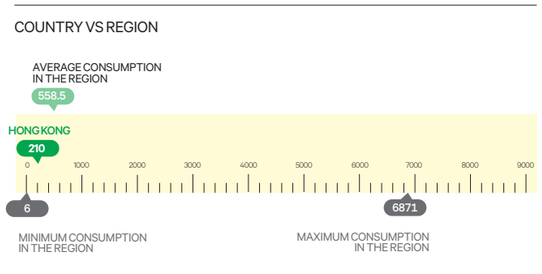
Very High: Denotes an extensive number of articles published on the subject.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 210 S-S-DDD.



AP Hong Kong SAR (China)

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

In Hong Kong, over 90% of patients needing palliative care are treated through the Hospital Authority (HA). The Hospital Authority Drug Formulary lists strong opioids and non-opioids as general drugs under the analgesics category. General doctors across all levels of the health system can prescribe general drugs, which are available in both HA hospitals and primary care clinics, including those in rural areas, where patients have convenient access to nearby regional hospitals offering palliative care, with transport times of 15-20 minutes.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

Immediate-release morphine is classified as a general drug and can be prescribed by doctors at all levels of the healthcare system. It is available in both hospitals and primary care clinics. Health care service of Hong Kong in rural area are also covered by Hospital Authority's clinics and hospitals, and has same access of medications according to Hospital Drug Formulary.

AP Hong Kong SAR (China)

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	2/2
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	10/10
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/10

In Hong Kong, there are two medical schools that incorporate palliative care training into their curricula. The University of Hong Kong mandates palliative care training for both medical and nursing undergraduates. Similarly, the Chinese University of Hong Kong requires its students to complete a half-day attachment to a palliative care unit as part of their education. Both medical schools have enhanced their palliative care training by extending attachments to one week or longer during students' final years and accommodating additional placement requests during term breaks. Palliative care is also a compulsory topic within oncology nursing across all ten nursing schools in Hong Kong. Each nursing program includes mandatory instruction in palliative care, along with optional attachments to palliative care units.

Ind 12

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

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

AP Hong Kong SAR (China)

Provision of PC / Services

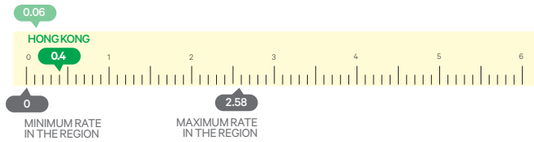
Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	4 — Integrated provision: Specialized palliative care services or teams are systematically provided.
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.	4 — Are part of most/all hospitals in some form.
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	4 — Strong presence of free-standing hospices in all parts of the country.
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	4 — Strong presence of home care teams in all parts of the country.
13.5. Please enter the total number of specialized PC services or teams in the country.	30 ← SPECIALIZED PALLIATIVE CARE SERVICES

Hong Kong has a well-established referral network for palliative care, supported by specialized palliative care teams offering hospital and home care services. The Hospital Authority, which delivers more than 90% of healthcare, has divided the region into seven clusters, each with palliative care units ensuring access to services in hospitals and communities. There are several teams managing inpatient palliative care beds, including 15 in hospitals and one at Bradbury Hospice. Additionally, three private hospices—the Jockey Club Home for Hospice, Haven of Hope Sister Annie Skau Holistic Care Centre, and the Hong Kong Anti-Cancer Society Jockey Club Cancer—complement public services. Eleven home care teams under the Hospital Authority provide community-based care through multidisciplinary teams, ensuring patients receive support at home or in residential care facilities. Each cluster has one or two home care teams linked to specialist services. Hong Kong has over 30 palliative care services, corresponding to a rate of 0.4 services per 100,000 people (World Bank pop.est. 2023).

RATE OF SPECIALIZED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	4 — Integrated provision: Specialized palliative care services or teams for children are systematically provided.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	1 PPC TEAMS

The HA has established a specialized multi-disciplinary pediatric palliative care team at the Hong Kong Children's Hospital (HKCH) to deliver comprehensive, and coordinated palliative care for children and their families. Palliative care has been integrated into pediatric services through a shared care model, addressing different levels of patient needs.

ANNEX

AP

Macao SAR (China)

General data

POPULATION, 2023
678,800

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
N/A

HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US$), 2023
67,476.5

HEALTH EXPENDITURE (% GDP), 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
N/A

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

LEVEL OF DEVELOPMENT

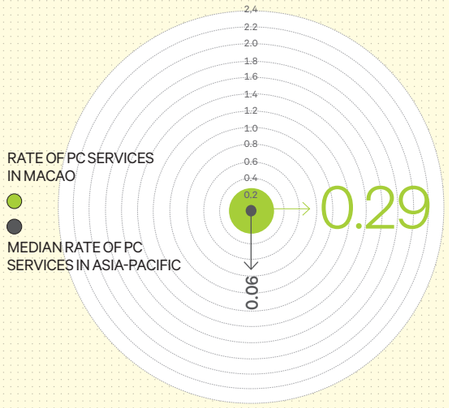
1	2	3	4
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED

Ⓕ Provision of PC (Specialized Services)

Total number of Specialized PC services: **2**

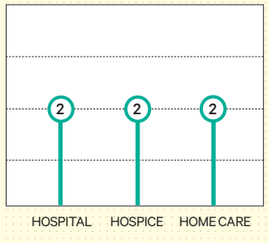
Rate of PC services per 100,000 inhabitants: **0.29**

Macao in the context of Asia-Pacific regions



Geographic distribution and integration of PC services

Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1

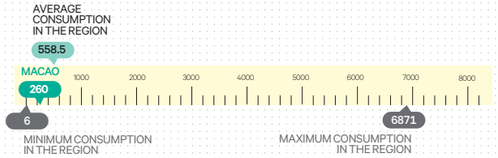
TOTAL NUMBER: 0

AP Macao SAR (China)

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **260** S-DDD/MILL INHABITANTS/DAY

Macao in the context of Asia-Pacific regions



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

IN URBAN AREAS %	IN RURAL AREAS %
N/A	N/A

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

IN URBAN AREAS %	IN RURAL AREAS %
N/A	N/A

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 2

National Association: -
Consultants: -
Data gathered through a literature review.

Data collected: February 2023
Report validated by consultants: October - November 2024
Report sponsored by National Association: -
Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/1**

Nursing schools with mandatory PC teaching: **1/2**

Recognition of PC specialty: 1

Ⓑ 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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 2

Advanced care planning-related policies: 1

AP Macao SAR (China)

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

2

Pioneers, champions, or advocators of palliative care can be identified, but without a formal organization constituted.

Several organizations in Macao SAR advocate for palliative care patients, caregivers, and survivors. Some examples include the Association of Friends of Charity of Macao (AFCM), which offers counselling and financial assistance to cancer patients, and We Care – Cancer Support Group Macau, which provides a space for individuals to share experiences and receive peer support. The Macau Society of Clinical Oncology (MSCO) fosters collaboration among healthcare professionals to enhance oncology and palliative care services. Additionally, Kiang Wu Hospital Hospice & Palliative Care Center offers comprehensive palliative care, including inpatient and home-based services, ensuring support for patients and their families.

Ind 2

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.

Macao currently lacks specific legislation recognizing advance directives (ADs) or advance care planning. While patients can express their healthcare preferences, these directives have no formal legal status, and healthcare professionals are not obligated to follow them. There are also no clear legal guidelines for surrogate decision-making, leaving medical practitioners to rely on consultations with family members or their own discretion when patients are incapacitated. Despite the absence of formal policies, public interest in ADs is growing. A 2021 study involving 724 residents revealed that 73.6% would be willing to complete an advance directive (AD) if it were legally recognized, highlighting a societal shift toward greater patient autonomy in healthcare decisions.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

2

Developed over 5 years ago.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

3

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

Macao SAR does not have a standalone national palliative care strategy, though its 2016 10-year action plan for elderly services includes objectives to expand existing palliative and end-of-life care services, particularly within nursing homes. The plan does not specify measurable indicators or targets to monitor the progress of palliative care initiatives. Despite this framework, there has been limited advancement in community-based palliative care services, and no official evaluations have been conducted to assess the outcomes of the plan.

AP Macao SAR (China)

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Macao SAR does not include palliative care services in the essential list of health services at the primary care level under Universal Health Coverage (UHC). Currently, palliative care services are mainly hospital-based, focusing on inpatient care for terminal patients. The 2016 Ten-Year Action Plan for Elderly Services outlines objectives to expand end-of-life care, particularly within nursing homes, but its implementation and impact on palliative care access have not been formally evaluated.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

Macao SAR does not have a dedicated national authority or department within its government or the Health Bureau specifically overseeing palliative care services. The Health Bureau (Serviços de Saúde de Macau) is responsible for the overall healthcare system in Macao, but there is no indication of a specialized unit for palliative care within its structure.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Macao SAR (China)

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

While there isn't a regular national congress dedicated solely to palliative care, there have been notable efforts to address the subject through symposiums and training programs. In 2024, Kiang Wu Nursing College organized the 4th End-of-Life Care Symposium, which gathered around 200 participants from the healthcare sector and the public to discuss community hospice care development. Additionally, Macao hosted its first Quality End of Life Care for All (QELCA) program, where eight clinicians completed a six-month training to improve end-of-life care services.

Ind 7

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.

4

Very High: Denotes an extensive number of articles published on the subject.

Medicines

Ind 8

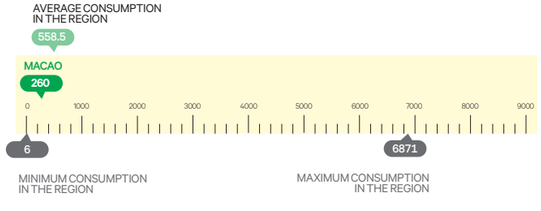
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 260 S-DDD

260

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



AP Macao SAR (China)

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

N/A

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

N/A

There is no available data on the percentage of primary healthcare facilities in Macau that provide pain and palliative care medications from the WHO Model List of Essential Medicines. Macao has 9 health centers, 2 health stations, and 1 Hengqin Macau New Neighborhood Health Station, with recognized quality. The healthcare system includes regional drug collaboration, medical subsidies, and specialist hospital services, including cancer care. In addition, the government offers free primary care at health centers and subsidized specialist services at Conde S. Januário Hospital, along with electronic healthcare vouchers.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

N/A

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

N/A

AP Macao SAR (China)

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/1	The Macau University of Science and Technology (MUST) is the only medical school in Macao, but there is no available evidence confirming the inclusion of palliative care (PC) in its curriculum. However, two institutions offer nursing education: Kiang Wu Nursing College of Macau (KWNC) and Macao Polytechnic University (MPU). KWNC has included palliative care concepts in its undergraduate curriculum, while its Certificate Program in Fundamental Palliative and Hospice Care provides specialized, in-depth training beyond the bachelor's level. MPU integrates hospice care education as a mandatory component of its undergraduate nursing curriculum, utilizing simulation-based learning to develop students' skills in end-of-life care and symptom management.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/1	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	1/2	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	1/2	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	There is no evidence available about an official specialization process in palliative medicine for physicians recognized by the competent authority in Macau.

AP Macao SAR (China)

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	2 ○ ○ ○ Isolated provision: Exists but only in some geographic areas.	In Macao, specialized palliative care is mainly inpatient-based, with limited community and home care services. The Kiang Wu Hospital Hospice & Palliative Care Center, established in 2000, initially served only cancer patients until a palliative care ward was added in 2019, expanding services to non-cancer terminal illnesses. While the center offers homecare services, community-based palliative care remains underdeveloped, with only limited consultation-based home support. The 2016-2025 government action plan aims to enhance end-of-life care in the community, but implementation and evaluation remain uncertain. Macao lacks an integrated palliative care system with geographic coverage and diverse service platforms, leading to significant gaps in specialized palliative care access beyond hospital settings.
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.	2 ○ ○ ○ Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	2 ○ ○ ○ Ad hoc/ in some parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	2 ○ ○ ○ Ad hoc/ in some parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.	2	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 MACAO 0.29 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION 2 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.	
14.2. Please enter the total number of pediatric specialized PC services or teams in the country	0 PPC TEAMS	

ANNEX

AP

Taiwan

General data

POPULATION, 2023
23,420,000

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
N/A

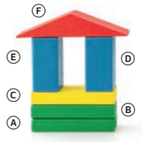
HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
N/A

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



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

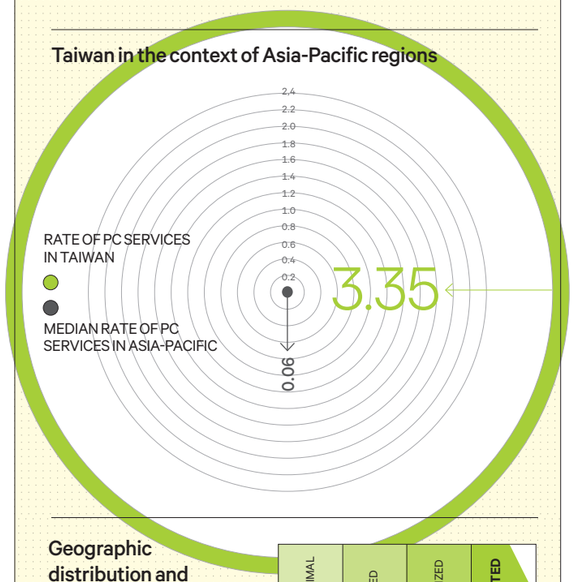
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

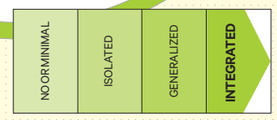
Total number of Specialized PC services: **776**

Rate of PC services per 100,000 inhabitants: **3.35**

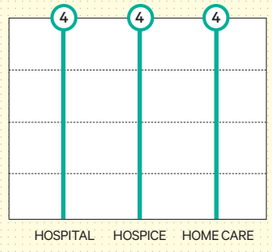
Taiwan in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 3

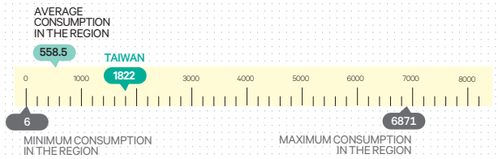
TOTAL NUMBER: **6**

Taiwan

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **1822** S-DDD/MILL INHABITANTS/DAY

Taiwan in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 4

Existence of PC congresses or scientific meetings: 4

Association: Hospice Foundation of Taiwan; Taiwan Academy of Hospice Palliative Medicine.
Consultants: Ying Wei Wang.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by the Association: Yes
Edited by Atlantes Research Team University of Navarra (Spain)

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **10/12**

Nursing schools with mandatory PC teaching: **8/44**

Recognition of PC specialty: 4

Ⓑ Policies

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

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

AP Taiwan

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, 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.)

Four NGOs play a significant role in advocating for and promoting palliative care: the Hospice Foundation of Taiwan, the Taiwan Academy of Hospice Palliative Medicine, the Taiwan Association of Hospice Palliative Nursing, and the Buddhist Lotus Hospice Care Foundation.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

The "Patient Right to Autonomy Act," passed in Taiwan in 2015, significantly enhances the rights of patients regarding their medical treatment decisions, particularly in the context of palliative care.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

4

Actualized in last 5 years, and actively evaluated or audited.

Currently, there is a standalone palliative care plan, which is also incorporated into broader policies. This integration ensures that palliative services are part of the hospital accreditation process, the national health service network, and the national health insurance coverage.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.

AP Taiwan

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

4

The Indicators to monitor and evaluate progress are currently implemented.

Ind 4

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 priority within Taiwan's Universal Health Coverage (UHC) and is integrated into the National Health Insurance (NHI) system. This coverage includes comprehensive benefits for palliative services, which can be accessed at three levels in both primary and specialized care facilities. Additionally, the National Long-Term Care 2.0 initiative recognizes palliative care as an essential part of its comprehensive service.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

In Taiwan, the Ministry of Health and Welfare (MOHW) oversees palliative care services through several key agencies. The Department of Medical Affairs establishes regulations and laws to ensure palliative care practices meet national standards. The Joint Commission of Taiwan handles accreditation, evaluating and certifying facilities to ensure quality and safety in palliative care delivery. The National Health Insurance Administration (NHIA) manages the reimbursement of palliative care services under the National Health Insurance system, ensuring patient access. Meanwhile, the Health Promotion Administration focuses on advocating and promoting palliative care services. Together, these agencies collaborate to regulate, accredit, reimburse, and promote palliative care, ensuring it is effectively integrated across Taiwan's healthcare system.

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

AP Taiwan

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

4

At least one national conference specifically dedicated to palliative care every 3 years.

At least two national palliative conferences are held annually in Taiwan, organized by the Taiwan Academy of Hospice Palliative Care and the Taiwan Association of Palliative Care Nursing.

Ind 7

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.

4

Very High: Denotes an extensive number of articles published on the subject.

Medicines

Ind 8

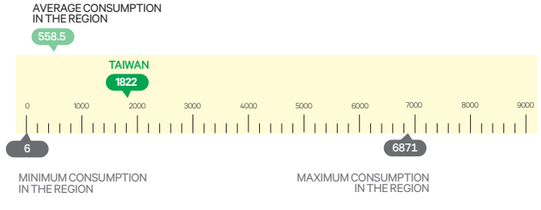
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 1822 S-S-DDD

1822

MG/PER/YEAR

COUNTRY VS REGION



AP Taiwan

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

4

Very good: Between 70% to 100%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

3

Good: Between 30% to 70%.

Primary care physicians are authorized to prescribe essential medications for palliative care, which are fully reimbursed by the National Health Insurance system. In rural areas, the government has established primary health stations where these physicians can also prescribe necessary palliative care medications.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

4

Very good: Between 70% to 100%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

3

Good: Between 30% to 70%.

All district hospitals, regional hospitals, and medical centers are equipped to provide oral morphine. In urban areas, nearly 100% of hospitals offer this service. In rural areas, most patients can access oral morphine within an hour of travel maximum.

AP Taiwan

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	10/12	
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	2/12	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	8/44	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	36/44	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	●●●● 4 Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.	The Taiwan Academy of Hospice Palliative Care is responsible for the training and certification of palliative care specialists. Approximately 50 specialists are certified each year.

AP Taiwan

Provision of PC / Services

Ind 13

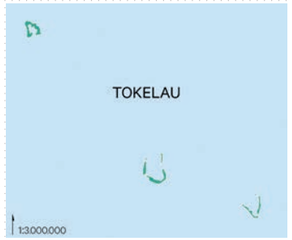
13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	●●●● 4 Integrated provision: Specialized palliative care services or teams are systematically provided.	According to the 2024 National Health Insurance Administration report, Taiwan has 169 hospital-based palliative care consultation teams and 85 palliative inpatient units. There are also 85 inpatient hospices, all affiliated with hospitals but operating independently. Home palliative care services are widely available throughout the country, with 143 teams at Level A and 379 at Level B (home palliative care services are organized into a three-tiered community-based network). This represents a rate of 3.35 specialized palliative care services per 100,000 people.
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.	●●●● 4 Are part of most/all hospitals in some form.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	●●●● 4 Strong presence of free-standing hospices in all parts of the country.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	●●●● 4 Strong presence of home care teams in all parts of the country.	
13.5. Please enter the total number of specialized PC services or teams in the country.	776	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 TAIWAN 3.35 0 1 2 3 4 5 6 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	●●●○ 3 Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.	According to the implementation of pediatric palliative project from the Health Promotion Administration, there are 6 pediatric specialized palliative care teams in Taiwan.
14.2. Please enter the total number of pediatric specialized PC services or teams in the country.	6 PPC TEAMS	

AP

Tokelau



General data

POPULATION, 2023
N/A

SURFACE, KM², 2022
N/A

PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
N/A

HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A

GDP PER CAPITA (US$), 2023
N/A

HEALTH EXPENDITURE (% GDP), 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
N/A

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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

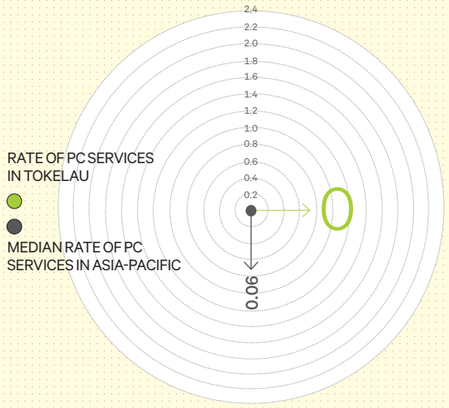
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

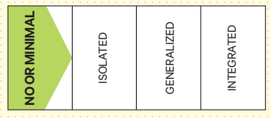
Total number of Specialized PC services: **0**

Rate of PC services per 100,000 inhabitants: **0**

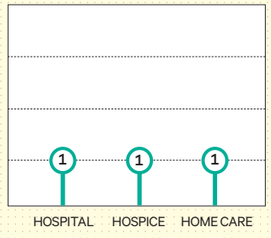
Tokelau in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

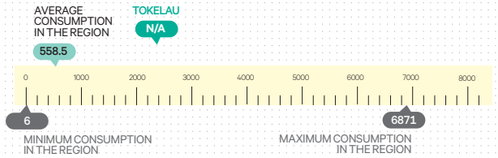
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opiods consumption (excluding methadone): **N/A**

Tokelau in the context of Asia-Pacific regions



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

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

Ⓒ Research

PC-related research articles: 1 ○ ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

Data gathered through a literature review.

Data collected: June-September 2024.

Report sponsored by National Association: N/A

Edited by Atlantes Research Team
University of Navarra (Spain)

Ⓔ Education & Training

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

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

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ 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 ○ ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 1 ○ ○ ○

Advanced care planning-related policies: 1 ○ ○ ○

AP Tokelau

People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

1

Only isolated activity can be detected.

Currently, there are no dedicated groups in Tokelau specifically focused on promoting the rights of patients in need of palliative care, their caregivers, or disease survivors. While there is a strong sense of community and familial support within Tokelauan society, formal advocacy groups dedicated to palliative care have not been established.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is no national policy or guideline on advance care planning.

Currently, Tokelau does not have a national policy or guideline specifically addressing advance directives or advance care planning. The available legislation, as compiled in the "Laws of Tokelau 2016," does not include provisions related to these matters. Additionally, there is no evidence available of formalized frameworks or guidelines concerning advance care planning within the country's healthcare system.

Policies

Ind 3

3.1. There is a current national PC plan, programme, policy, or strategy.

1

Not known or does not exist.

The Tokelau Health Strategic Plan 2016–2020 outlines goals for improving healthcare services but does not specifically address palliative care. Additionally, the Kāiga Tokelau Wellbeing National Strategic Plan 2022–2026 focuses on overall community wellbeing without detailing palliative care initiatives.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.

1

Not known or does not exist neither standalone nor is included in another national plan.

AP Tokelau

Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Not known or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

The Tokelau Health Strategic Plan 2016–2020 focuses on enhancing primary care services and public health programs but does not specifically address palliative care. Additionally, evaluations of Tokelau's health sector have highlighted challenges such as isolation, limited financial resources, and human resource development, which impact the delivery of comprehensive health services, including palliative care.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

1

There is no authority defined.

Tokelau's Department of Health oversees healthcare services across its three atolls, each equipped with a hospital providing primary care. The Director of Health leads the department, supported by staff both on Tokelau and in Apia, Samoa. The Strategic Plan (2016–2020) emphasizes improving clinical services, governance, public health, and infrastructure. However, there is no specific mention of a national authority dedicated solely to palliative care within the government or the Ministry of Health.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.)

AP Tokelau

Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC .

1

There are no national congresses or scientific meetings related to palliative care.

Currently, there are no national-level congresses or scientific meetings reported specifically dedicated to palliative care. However, the New Zealand National Child Cancer Network (NCCN) established a Pacific Working Group in 2011 to support cancer care, including palliative care, in Pacific countries where treatment options are limited. Through this initiative, twinning relationships were developed between Starship Hospital in New Zealand and Tokelau, along with other Pacific nations. Although funding for the program has ended, teleconferences with healthcare professionals in Tokelau and other countries continue to provide guidance on patient care and treatment protocols.

Ind 7

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.

1

Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

No data reported.

AP Tokelau

Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

Tokelau's healthcare system provides free essential medicines, but its limited infrastructure, small population, and remote location impact the availability of specialized medications. Medicine management faces challenges such as inconsistent supply, oversupply of non-essential drugs, and the absence of a pharmacist or pharmacy technician. Medication ordering is typically handled by nursing staff without systematic consultation with medical officers. Efforts to improve continuity of care include plans for a community nurse role, but medicine shortages and expiry remain ongoing issues. These limitations suggest that access to essential pain and palliative care medications at the primary care level is likely inconsistent.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Tokelau, healthcare services are provided through small hospitals on each atoll, but specialized services are not available locally. Patients needing advanced care are often referred abroad to Samoa or New Zealand through the Tokelau Patient Referral Scheme (TPRS). While essential medicines are provided free to citizens, challenges such as medicine shortages, lack of specialized staff, and logistical constraints due to the remote location impact the availability of specific drugs like immediate-release oral morphine. There is no formalized palliative care system, and the consistent availability of such medications at primary healthcare facilities is uncertain.

AP Tokelau

Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country.	0/0	The University of the South Pacific (USP) has a campus in Tokelau, but it does not provide medical degree programs. Those from Tokelau seeking medical education typically study abroad, often in countries like New Zealand. Similarly, Tokelau does not have its own nursing schools or formal nursing education programs. Aspiring nurses usually undergo training overseas, primarily in neighboring countries such as Samoa or Fiji.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/0	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	0/0	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/0	

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	The University of the South Pacific (USP) operates a campus in Tokelau. However, this campus does not offer medical degree programs. Individuals from Tokelau who wish to pursue medical education often do it in countries like New Zealand.

AP Tokelau

Provision of PC / Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams exist in the country.	Tokelau does not have a formalized system of specialized palliative care services or teams. Healthcare is provided through 12-bed hospitals on each atoll, staffed by medical officers and nurses. Due to its small population and limited infrastructure, specialized services are unavailable locally, and patients requiring advanced care are referred abroad, primarily to Samoa or New Zealand, via the Tokelau Patient Referral Scheme (TPRS). The New Zealand National Child Cancer Network (NCCN) has supported cancer and palliative care through initiatives like teleconferences, treatment protocols, and supportive care guidelines. Travel challenges, such as the lack of an airport or port, further hinder access to care. While residents are eligible for free cancer treatment in New Zealand, associated travel and accommodation costs are often a burden Tokelau currently lacks a formalized palliative care system integrated into its healthcare services.
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.	1 ○ ○ ○ Not at all.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○ Not at all.	RATE OF SPECIALIZED PC SERVICES/100,000 INH MEDIAN RATE IN THE REGION 0.06 TOKELAU 0 0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION
13.5. Please enter the total number of specialized PC services or teams in the country.		0 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.	
14.2. Please enter the total number of pediatric specialized PC services or teams in the country	0 PPC TEAMS	

The way forward

Policies, funding frameworks, education and training, and stakeholders' cultural perspectives and beliefs significantly influence PC advancement. It is anticipated that individuals, stakeholders, and practitioners in the Asia Pacific regions may hold differing views and cultural beliefs compared to their European or Western counterparts. The Lancet Commission report and subsequent studies emphasise that the PC needs across the WHO SEARO and WPRO are significant and complex. These regions fall far below the global average in terms of awareness of PC services, which remains low in many LMICs within these areas. The development of PC services is inconsistent, with notable disparities in access and quality. **The APHN has been pivotal in promoting PC through education and policy advocacy.** However, professional activities and policy support are still limited at the country's level. It is exacerbated by the lack of PC integration into national health systems and policies and inadequate plans for funding and sustainability, particularly in LMICs.

The burden of serious health-related suffering is projected to increase significantly. **By 2060, the number of people requiring PC in these regions is expected to rise dramatically, driven by ageing populations and the increasing prevalence of non-communicable diseases such as cancer and dementia.** It underscores the urgent need to scale PC services to meet future demands. Access to essential medications, particularly opioids for pain relief, remains a critical issue.

Complex political contexts, inadequate healthcare systems, and conflicts have further undermined health services and heightened the demand for PC. Enhancing access to PC services as a vital component of comprehensive care throughout the life course, in both stable settings and emergency contexts, and following World Health Assembly resolution WHA 67.19, is a priority for the region.

A low level of integration in primary care, insufficient service provision, a growing burden of SHS, significant unmet supportive care needs, and limited access to pain relief characterises the PC development gaps in WHO-SEAR and WPR. Addressing these challenges requires concerted efforts to integrate PC into national health systems, improve education and training, and ensure equitable access to essential medications.

The collaboration between consultants, regional and national associations, and the ATLANTES Global Observatory of Palliative Care has led to the development of the first Atlas for the WHO Asia-Pacific Regions (SEARO and WPRO). This Atlas represents a concrete step toward generating relevant data for informed decision-making. **We hope that the context-specific indicators presented in this atlas will aid in monitoring and evaluating PC development in the regions, thus supporting the planning and strengthening of this vital area of the healthcare system.**

Based on the findings presented in this Atlas, several priorities and opportunities for strengthening PC in the regions have been identified across health policies, service provision, access to medicines, research, education and empowering people and communities. It includes using these WHO indicators to develop continuous monitoring mechanisms and expanding the number of countries involved as an essential first step in monitoring and advancing PC development in the regions.

Recommendations for the region's way forward that will pave the way for successful implementation include:

- Formulate and implement national strategies, plans, and programs for PC and advocate for integrating PC services into UHC benefit packages.
- Expand the variety and availability of services, focusing on home-based and PHC programs while ensuring their optimal geographical distribution.
- Develop regional and national policies to guarantee affordable access to essential PC medications, particularly immediate-release oral morphine.
- Enhance PC education within medical and nursing undergraduate curricula.
- Foster capacity building and research in PC within the regions and promote peer learning and the documentation of best practices.
- **Empower people and communities by providing them with the necessary tools, knowledge, and support to participate in and advocate for PC services, ensuring their needs and voices are heard in developing and implementing care programs.**
- Share successful PC development experiences within the region.

THE ATLANTES RESEARCH TEAM

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https://www.unav.edu/web/atlantes-global-observatory-of-palliative-care

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