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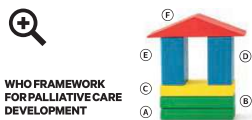
General data

POPULATION, 2023
1,410,710,000
SURFACE, KM², 2022
9,562,910
PHYSICIANS / 1,000 INH, 2022
1,913

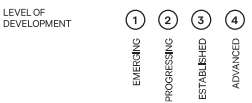
Socioeconomic data

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.



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

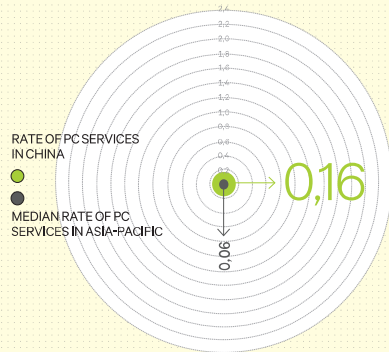


china

F 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

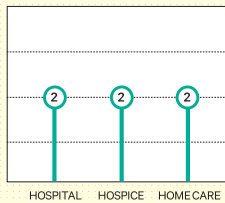
China in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

LEVEL OF DEVELOPMENT
1
GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1
TOTAL NUMBER
100*
* Note: No more than

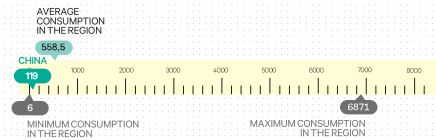
AP

China

D Use of essential medicines

Opioids consumption (excluding methadone)
119
S-DDD/MILLIN HABITANTS/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



C 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)

E Education & Training

Medical schools with mandatory PC teaching
N/A

Nursing schools with mandatory PC teaching
N/A

Recognition of PC specialty
2

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
4

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

A Empowerment of people and communities

Groups promoting the rights of PC patients
3

Advanced care planning-related policies
3



AP China

People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</p>	<p>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.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).</p>	 <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>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.</p>
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Policies



<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>Developed over 5 years ago.</p>  <p>A national palliative care plan is in preparation.</p>	<p>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</p>
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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress exist but have not been yet implemented.</p>	<p>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.</p>
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<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>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.</p>
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<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p>  <p>There are concrete functions, staff and budget.</p>	<p>The Department of Aging Health is the national authority responsible for palliative care progress. This department coordinates policies, science and PC technologies.</p>
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AP China

Research

Ind6

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



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

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Reflects a limited number of articles published.

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

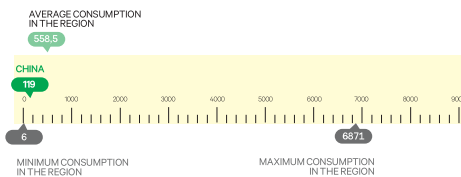
Ind8

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.



COUNTRY VS REGION



AP China

Medicines

Ind9

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.



Good: Between 30% to 70%

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.

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.



Fair: Between 10% to 30%

Ind10

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



Good: Between 30% to 70%

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.

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



Fair: Between 10% to 30%

AP China

Education & Training

Ind11

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

Ind12

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



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

Ind13

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



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.



Ad hoc/ in some parts of the country.

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



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.



Ad hoc/ in some parts of the country.

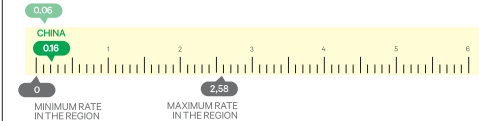
13.5. Please enter the total number of specialized PC services or teams in the country.

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



2,287* ← SPECIALIZED PALLIATIVE CARE SERVICES
* Note: More than.

Ind14

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



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

14.2. 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.