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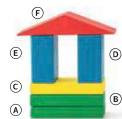


General data

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
50531,74
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

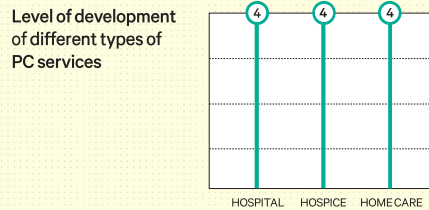
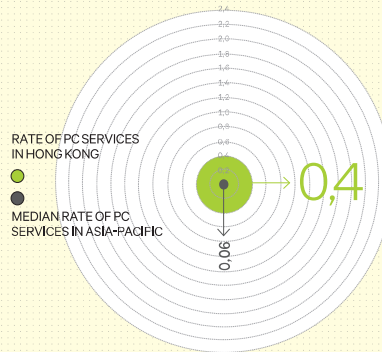


Hong Kong SAR (China)

F 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



Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **4**
TOTAL NUMBER **1**

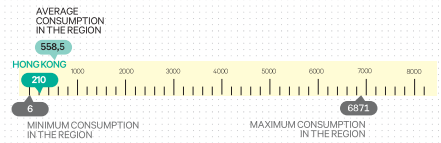
AP

Hong Kong SAR (China)

D Use of essential medicines

Opioids 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



C 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)

E Education & Training

Medical schools with mandatory PC teaching **2/2**

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

Recognition of PC specialty **4**

B Policies

National PC plan or strategy **4**

Responsible authority for PC in the Ministry of Health **4**

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

A Empowerment of people and communities

Groups promoting the rights of PC patients **4**

Advanced care planning-related policies **4**

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People & Communities

Ind1

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



Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).

There are several 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.

Ind2

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



There is a national policy on advance care planning.

The 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.

Ind3

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



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.



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.

Policies

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Policies

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



The Indicators to monitor and evaluate progress are currently implemented.

Ind4

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



Included in the essential list of services 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.

Ind5

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



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

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.

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



There are concrete functions, staff and budget.

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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.

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.

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.



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

Medicines

Ind8

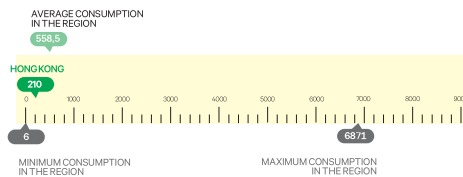
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 210 S-S-DDD.

210

S-DDD PER MILLION INHAB / DAY

COUNTRY VS REGION



AP Hong Kong SAR (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.



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.

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.



Very good: Between 70% to 100%.

Ind10

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



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.

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





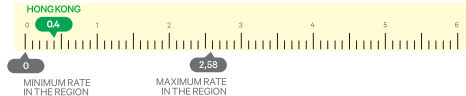




Very good: Between 70% to 100%.

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<p>Ind11</p> <p>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</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	<p>2/2</p> <p>0/2</p> <p>10/10</p> <p>0/10</p>	<p></p> <p>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.</p>
<p>Ind12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspecialty (another denomination equivalent) recognized by competent national authorities.</p>	

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<p>Ind13</p> <p>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.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialized palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>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).</p> <p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p>  <p>0.05 HONGKONG 0.4 0 1 2 3 4 5 6 MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>30 ← SPECIALIZED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>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.</p> <p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialized palliative care services or teams for children are systematically provided.</p> <p></p> <p>PPC TEAMS</p>	<p>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.</p>