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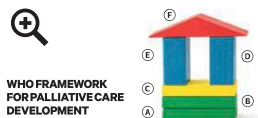


General data

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
2480,79
HEALTH EXPENDITURE (% GDP), 2021
3,28
UNIVERSAL HEALTH COVERAGE, 2021
63



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



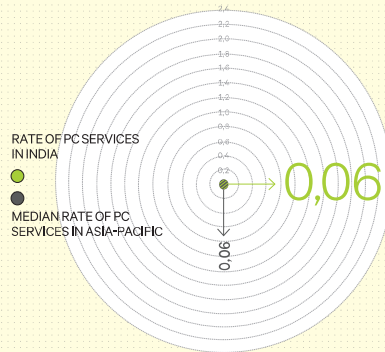
LEVEL OF DEVELOPMENT

India

F Provision of PC (Specialized Services)

Total number of Specialized PC services
818
Rate of PC services per 100,000 inhabitants
0,06

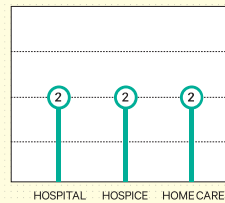
India in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

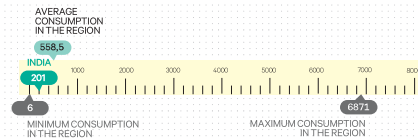
TOTAL NUMBER
13

AP India

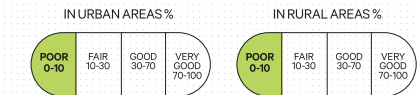
D Use of essential medicines

Opioids consumption (excluding methadone)
201
S-DDD/MILLINHABITANTS/DAY

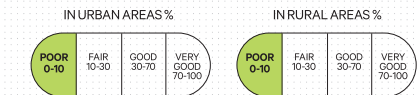
India in the context of Asia-Pacific regions



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



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



C 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 Thelley; 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)

E 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

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1

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

A Empowerment of people and communities


Groups promoting the rights of PC patients
3

Advanced care planning-related policies
3



AP India

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>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.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>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.</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>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>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.</p>
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AP India

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 with clear targets exist but have not been yet implemented.</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>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	<p>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.</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>There is no authority defined.</p>  <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>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.</p>
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AP India

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.

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.

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.

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.

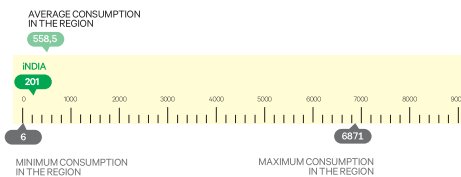
Ind8

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: 201 S-DDD



COUNTRY VS REGION



Medicines

AP India

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.



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.



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.

Ind10

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



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).



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

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

NA/706



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.**

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

Ind12

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



Palliative medicine is a speciality 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

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.

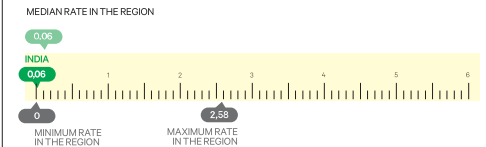


Ad hoc/ in some parts of the country.

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

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



818 ← SPECIALIZED PALLIATIVE CARE SERVICES

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.

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.