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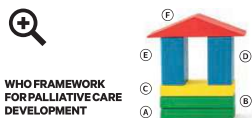


General data

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
5838,63
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



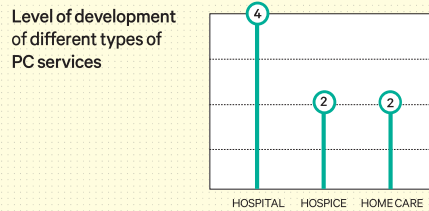
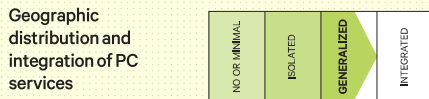
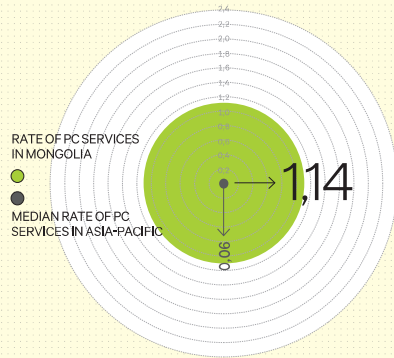
LEVEL OF DEVELOPMENT

Mongolia

F 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



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION **2**
TOTAL NUMBER **1**

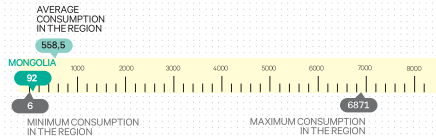
AP

Mongolia

D Use of essential medicines

Opioids consumption (excluding methadone) **92**
S-DDD/MILLIN HABITANTS/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



C Research

PC-related research articles **2**
Existence of PC congresses or scientific meetings **3**

National Association: Mongolian Palliative Care Society.
Consultants: Gelegjams 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)

E Education & Training

Medical schools with mandatory PC teaching **6/10**

Nursing schools with mandatory PC teaching **6/12**

Recognition of PC specialty **4**

B Policies

National PC plan or strategy **3**

Responsible authority for PC in the Ministry of Health **3**



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

A Empowerment of people and communities

Groups promoting the rights of PC patients **3**
Advanced care planning-related policies **3**

AP Mongolia

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 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.</p>
<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>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.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>	<p>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.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

AP Mongolia

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators exist, but have not been updated (implemented out of the determined period).</p>	<p>Since 2000, advocacy efforts have promoted training, guideline development, and the establishment of the Palliative Care Department at the National Cancer Center.</p>
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.</p>	<p>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.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p>	<p>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.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	

AP Mongolia

Research

Ind6

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



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.

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.

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

Ind8

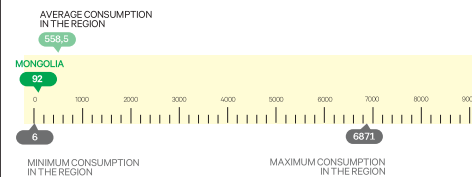
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 92 S-DDD



S-DDD PER MILLION INHAB / DAY

COUNTRY VS REGION



AP Mongolia

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%.

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.

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).



Fair: Between 10% to 30%.

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.

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%.

AP Mongolia

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

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

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 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

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.



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.



Are part of most/all hospitals in some form.

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.

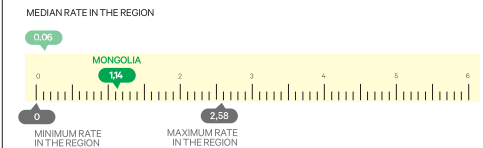


Ad hoc/ in some parts of the country.

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

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.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



40 ← 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.



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

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.