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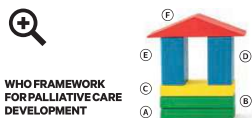


General data

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
1377,63
HEALTH EXPENDITURE (% GDP), 2021
5,42
UNIVERSAL HEALTH COVERAGE, 2021
54



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



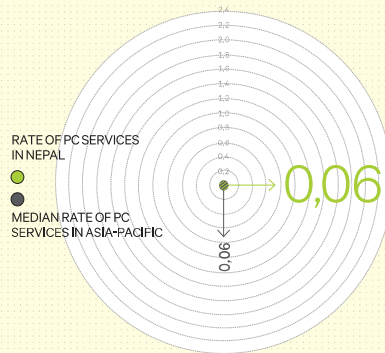
LEVEL OF DEVELOPMENT

Nepal

F Provision of PC (Specialized Services)



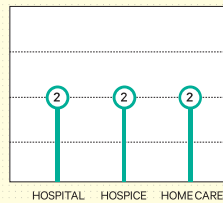
Nepal in the context of Asia-Pacific regions



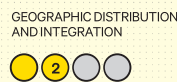
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER

3

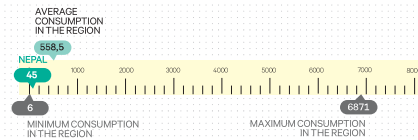
AP

Nepal

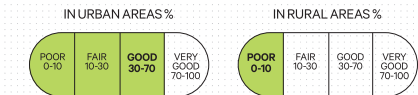
D Use of essential medicines



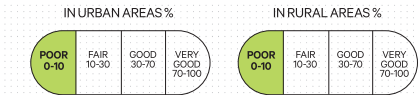
Nepal in the context of Asia-Pacific regions



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



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



C Research

PC-related research articles



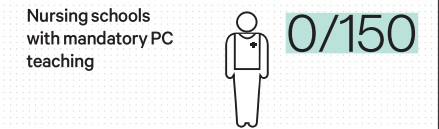
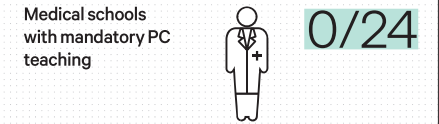
Existence of PC congresses or scientific meetings



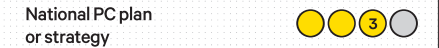
National Association: Nepalese Association of Palliative Care.
Consultants: Roshani Gautam; Bikash Anand.

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)

E Education & Training



B Policies



A Empowerment of people and communities

Groups promoting the rights of PC patients





Advanced care planning-related policies



AP Nepal

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>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>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.</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 no national policy or guideline on advance care planning.</p>	<p>There is no national policy or guideline on advance care planning.</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 standalone</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>  <p>A national palliative care plan is in preparation.</p>	<p>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.</p>
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AP Nepal

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>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>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.</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>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.</p>
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AP Nepal

Research

Ind6

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



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.

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.

Medicines

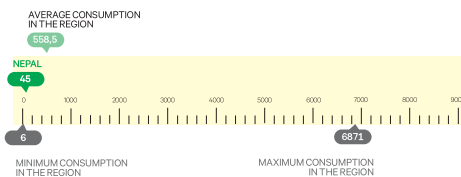
Ind8

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: 45 S-S-DDD



COUNTRY VS REGION



AP Nepal

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 urban primary care facilities in Nepal, most pain management medications, including several 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.

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%.

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%.

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.

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 Nepal

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

0/24



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.

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

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 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

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.

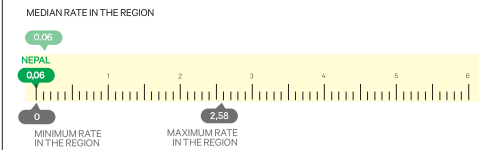


Ad hoc/ in some parts of the country.

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

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



17 ← 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.

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.