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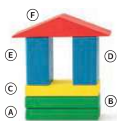


General data

POPULATION, 2023
5,223,100
SURFACE, KM², 2022
267,710
PHYSICIANS / 1,000 INH, 2022
3,516

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High
HUMAN DEVELOPMENT INDEX RANKING, 2021
13
GDP PER CAPITA (US\$), 2023
48280,81
HEALTH EXPENDITURE (% GDP), 2021
10,05
UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



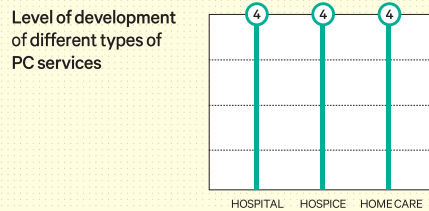
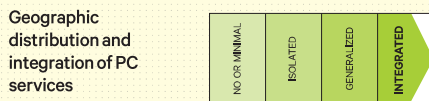
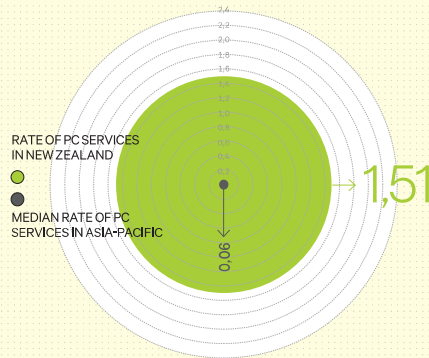
New Zealand

F Provision of PC (Specialized Services)

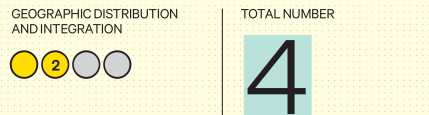
Total number of Specialized PC services **79**

Rate of PC services per 100,000 inhabitants **1,51**

New Zealand in the context of Asia-Pacific regions



Pediatric PC Services



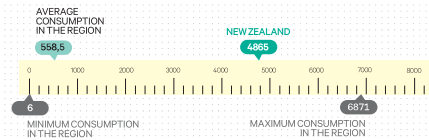
AP

New Zealand

D Use of essential medicines

Opioids consumption (excluding methadone) **4865**
S-DDD/MILL INHABITANTS/DAY

New Zealand 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: Hospice New Zealand.
Consultants: Wayne Naylor; Amanda Landers.

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 **2/2**

Nursing schools with mandatory PC teaching **13/18**

Recognition of PC specialty **4**

B Policies

National PC plan or strategy **3**

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 **3**

AP New Zealand

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> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>New Zealand has several groups dedicated to advocating for the rights of patients needing palliative care, their caregivers, and disease survivors. Key organisations include Hospice New Zealand, which supports equitable access to quality palliative care nationwide, and the Palliative Care Collaborative Aotearoa NZ, a coalition of five member organisations promoting consistent and equitable palliative care. Professional groups such as the Australian and New Zealand Society of Palliative Medicine, Palliative Care Nurses New Zealand, and the Pediatric Palliative Care Clinical Network further contribute to advocacy efforts. While there are no patient-specific advocacy groups solely focused on palliative care, broader organisations like Age Concern New Zealand, the NZ Dementia Foundation, and the Cancer Society.</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> 3</p> <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>New Zealand does not have a specific national policy on advance care planning (ACP) but has established guidelines coordinated by Te Tāhū Hauora Health Quality & Safety Commission since 2016. These guidelines are developed in collaboration with Te Whatu Ora Health New Zealand districts and include culturally tailored resources for Māori, Pacific peoples, and those with learning disabilities. A dedicated website offers tools for clinicians and the public to create and understand ACPs. Advance Directives, supported by law, and provisions for Enduring Powers of Attorney under the Protection of Personal and Property Rights Act allow individuals to appoint surrogate decision-makers for future health decisions. ACP in New Zealand has evolved from a grassroots movement to one receiving government support and funding.</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</p> <p>Actualized in last 5 years, but not actively evaluated or audited.</p>	<p>New Zealand's last comprehensive national palliative care strategy was developed in 2001 and remains outdated. A 2017 Palliative Care Action Plan was created but lacked government funding for implementation. Currently, palliative care is integrated into broader health frameworks like Te Pae Tata - Interim New Zealand Health Plan 2022 and the New Zealand Cancer Action Plan 2019-2029, focusing on equitable access and specific goals rather than a standalone policy. Health New Zealand (Te Whatu Ora) leads efforts to develop a consistent national model for pediatric and adult palliative care, with the first design phase expected by 2025. However, there is no overarching strategy or mandated government standards; while Hospice New Zealand has developed voluntary standards for palliative care, these are not mandated by the government.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> 3</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></p>

AP New Zealand

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 3</p> <p>The indicators exist, but have not been updated (implemented out of the determined period).</p>	<p>There are no up-to-date, defined indicators in national plans to monitor and evaluate progress in palliative care, and no defined implementation framework exists for the palliative care work programme currently in development.</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> 3</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>Palliative care is included in several health service specifications, including primary and community health services. However, it is not explicitly specified in government health legislation as a required component of primary care. While national service specifications exist, their implementation varies across the country. For example, palliative care is included in the specifications for Specialist Community Nursing Services, but there is no uniform mandate or requirement for its inclusion in primary care across the national health system.</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> 4</p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p>	<p>Palliative care in New Zealand is integrated into the national health system and funded by the Ministry of Health. Health New Zealand manages a small palliative care team within the National Commissioning Team - Living Well Directorate, supported by the National Palliative Care Steering Group, which includes sector and consumer representatives. While Health New Zealand oversees service delivery, the Ministry of Health focuses on policy but lacks dedicated palliative care staff or programs. The national authority for palliative care has a budget, staff, and concrete functions, with funding allocated to the national palliative care work programme, including hospice care and related initiatives. However, funding for aged residential and primary care is managed separately. The work programme aims to develop new models of care, monitoring, and funding approaches, addressing gaps in previous strategies that lacked implementation funding and evaluation mechanisms. Responsibilities are overseen by Health New Zealand leadership and the Minister of Health.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> 4</p> <p>There are concrete functions, staff and budget.</p>	<p></p>

AP New Zealand

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.

In New Zealand, several national scientific meetings and conferences are focused on palliative care. The Australia and New Zealand Society of Palliative Medicine (ANZSPM) organizes regular scientific meetings, including trainee days, and an Australasian conference every two years with New Zealand representation. Hospice New Zealand hosts the biennial Hospice NZ Palliative Care Conference, with the 2024 event marking its 26th edition. This multidisciplinary conference is open to all health professionals involved in palliative care. Additionally, the ANZSPM Aotearoa branch organizes an Annual Medical Update and a Biennial Conference, which alternates between Australia and New Zealand.

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.

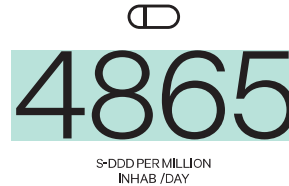
Palliative care research in New Zealand is significantly underfunded. However, the establishment of the Palliative Care Aotearoa Research Network in 2023, with around 130 members, aims to connect researchers nationwide. Currently, much of the existing literature focuses on clinical care, with some publications about family/carer experiences, and the palliative care system.

Medicines

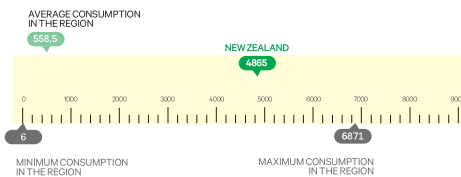
Ind8

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: 4865 S-S-DDD



COUNTRY VS REGION



AP New Zealand

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 New Zealand, urban primary care facilities have access to pain and palliative care medications listed in the WHO Model List of Essential Medicines, regulated by Medsafe and funded by Pharmac, making most medications free or low-cost. Non-opioids and NSAIDs are widely available, while opioids, though challenged post-pandemic, remain accessible with guidance from the specialty society and Pharmac. Prescriptions can be issued by medical practitioners, nurse practitioners, and designated nurse prescribers, with additional support from the Te Ara Whakapiri toolkit for symptom management and end-of-life care. In rural areas, essential medicines are approved and funded nationally, with non-opioids like paracetamol and NSAIDs available in supermarkets. However, challenges include shortages of medical professionals and limited pharmacy access, causing potential delays in obtaining medications. Delivery services help mitigate these issues, but rural barriers to timely access persist, particularly for opioids and prescriber-dependent 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.



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 (IR) oral morphine is accessible in urban primary care facilities in New Zealand, including hospices and aged care facilities, as an essential medicine. However, systemic barriers, such as cost, limited appointment availability, GP enrollment issues, and cultural safety concerns, hinder access for Māori, Pacific peoples, people with disabilities, and low-income groups. In rural areas, access to healthcare services is further limited by fewer providers accepting new patients, after-hours service challenges, and logistical issues, including the \$5 prescription fee. Despite these obstacles, morphine remains widely available and essential, though systemic and cultural barriers must be addressed to ensure equitable access for all populations.


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%.

AP New Zealand




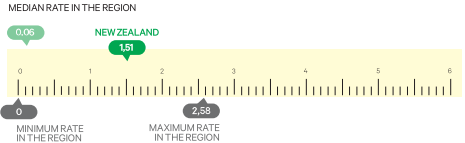


Education & Training

<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>2/2</p>	 <p>In New Zealand, palliative care education is integrated into undergraduate medical and nursing curricula. The University of Otago and the University of Auckland include compulsory palliative care modules guided by a national curriculum framework, ensuring all medical students receive formal training. Optional clinical attachments provide additional experience. Among New Zealand's 18 accredited nursing schools, palliative and end-of-life care (PEOLC) is incorporated through a 'life course' stream. Thirteen nursing schools formally include PEOLC in their programs, and eleven have designated leads for PEOLC teaching. However, PEOLC is not compulsory across all nursing schools, highlighting variations in implementation.</p>
<p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p>	<p>0/2</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>13/18</p>	
<p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	<p>NA/18</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>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.</p>	<p>New Zealand has an official specialization process in Palliative Medicine for physicians, recognized by the Royal Australasian College of Physicians (RACP). Palliative Medicine has been a recognized specialty for over 20 years. Physicians can pursue this specialty through two pathways: completing 5-6 years of basic training and passing the physician exams, followed by 3 years of advanced training, or undertaking the 3-year Advanced Training in Palliative Medicine programme after becoming a fellow of another college. On average, it takes approximately 13 years from the start of medical school to qualify as a Palliative Medicine specialist, earning the title of Fellow of the Australasian Chapter of Palliative Medicine (FACHPM). The programme is overseen by the RACP, and a limited number of funded training positions are available annually in New Zealand.</p>
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AP New Zealand

Provision of PC / Services

<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>Integrated provision: Specialized palliative care services or teams are systematically provided.</p>	<p>New Zealand has a well-established palliative care system with over 79 specialized services, including 32 hospices, 20 hospital-based palliative care teams (HPCTs), and 27 home care teams, corresponding to a rate of 1.51 services per 100,000 people. Hospices provide community-based care, home visits, inpatient services, and day activities. HPCTs, led by palliative medicine specialists and supported by multidisciplinary teams, are present in all major hospitals except Dunedin, which operates nurse-led services. Rural areas, like the West Coast of the South Island, lack local hospice services and rely on Christchurch-based specialists, district nurses, and General Practitioners. Health New Zealand funds and supports community nursing services for palliative care in some regions, often complementing hospice care. While most areas are covered, disparities persist in rural regions. Overall, New Zealand's hospice network and integrated palliative care services deliver comprehensive support to patients and families nationwide.</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>Are part of most/all hospitals in some form.</p>	
<p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p>	 <p>Strong presence of free-standing hospices in all parts of the country.</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>Strong presence of home care teams in all parts of the country.</p>	<p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p>  <p>79 ← 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>Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.</p> 	<p>New Zealand has a total of four specialized pediatric palliative care teams. These include services at Starship Children's Hospital in Auckland, Rainbow Place in Hamilton, Rei Kotuku in Wellington, and Nurse Maude Hospice in Christchurch. With an estimated 1.295 million children and young people aged 0-19 in the country in 2023, this equates to one specialized pediatric palliative care team per 323,750 individuals in this age group. Additionally, an estimated 3,500 children and young people in New Zealand live with life-limiting conditions and could benefit from palliative care services.</p>