
Launch of the First Asian-Pacific Atlas of Palliative Care Development: 10 Key Insights Shaping the Future

01 **Australia and Singapore improve end-of-life care by strengthening policies, legal protections, and community-based advance care planning.**

Australia and Singapore's initiatives on end-of-life decision-making enhance policies, legal protections, and patient empowerment in palliative care. Australia's Advance Care Planning (ACP) Framework ensures nationwide policy consistency and community-based integration with government-funded training and resources for informed decision-making. Singapore's ACP initiative, part of its National Strategy, expands ACP into community settings under the oversight of a Steering Committee.

02 **Pacific Island countries face inconsistent PC access due to resource constraints, but growing advocacy efforts are improving awareness and patient rights.**

Pacific Island countries struggle with limited and inconsistent palliative care services, mostly hospital-based and ad hoc, as seen in Fiji and Palau. Geographic dispersion and resource constraints further hinder access, particularly in Kiribati, Micronesia, and the Marshall Islands. However, growing advocacy efforts in Maldives, Tonga, Vanuatu and Samoa are promoting patient rights and expanding awareness. This reflects a rising commitment to improving end-of-life care despite ongoing challenges.

03 **Lack of monitoring and governance hinders progress and accessibility in many Asia-Pacific countries.**

Despite nearly half of the countries in the Asia-Pacific region having an updated palliative care (PC) plan or strategy, only eight have established monitoring indicators to effectively track progress. This lack of monitoring and evaluation mechanisms limits the ability to assess impact and enhance service delivery. Inadequate resource allocation for PC and the absence of dedicated governance bodies remains major barriers to the expansion and accessibility of palliative care services across the region.

04 **Malaysia, Indonesia, and the Philippines have advanced PC policies, but access remains limited due to service challenges, strict opioid regulations, and urban-rural disparities.**

Malaysia, Indonesia and Philippines stand out in policy development for PC integration to improve access. However, palliative care is still facing challenges in service provision and policy implementation. Opioid access for palliative care in the Asia-Pacific region remains limited and uneven, with major urban-rural disparities:

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- Only six countries and areas have 70-100% urban coverage.
 - Strict regulations limit availability, with 16 countries reporting less than 10% morphine access in primary care.
 - Regulatory barriers, low prescribing confidence, and exclusion of key opioids from essential medicine lists restrict access in the Philippines, Malaysia, Indonesia, and India.
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Countries like New Zealand and South Korea lead in PC research and conferences, but Pacific Island nations struggle with limited academic engagement and infrastructure.

Over 40% of countries regularly host palliative care congresses or integrate the field into scientific meetings. Countries like New Zealand and South Korea lead with dedicated conferences and strong research output, while Sri Lanka and Mongolia are expanding efforts within broader medical events. However, many Pacific Island Countries, including Kiribati, Micronesia, and Nauru, face significant challenges due to limited research infrastructure and academic engagement.

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PC education is well-developed in countries like Australia and Japan, but many Asia-Pacific nations still face gaps.

Palliative care education in the Asia-Pacific region shows notable advancements in some countries while gaps persist in others. Australia and Japan have well-established programs, fully integrated into medical training and specialization pathways. In contrast, Brunei, Bhutan, and many Pacific Island nations lack formal PC education, while Bangladesh has limited structured training. Efforts to strengthen the palliative care workforce are expanding. Thailand and the Asia Pacific Hospice and Palliative Care Network (APHN) are collaborating on training programs, alongside several initiatives, to improve access and education.

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China has expanded PC with over 2,287 services and regional/provincial initiatives, but access favours urban areas.

China has made significant progress in expanding palliative care, with over 2,287 specialized services nationwide and growth across 137 pilot areas covering more than 400 provincial cities. Many provinces have launched independent implementation plans, focusing on regional health planning and community-based services. However, challenges persist. Service distribution remains uneven, with greater resources concentrated in urban areas.

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Japan and South Korea prioritize PC specialization and are working for integration into primary healthcare.

Japan and South Korea have high levels of palliative care specialization. Both countries are working towards expansion and integration of palliative care into primary healthcare. Their initiatives show a strong commitment to improving end-of-life care accessibility.

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Thailand successfully integrates PC through strong regulatory and coordination networks.

Thailand is a notable example of integration of palliative care into health care system, supported by strong regulatory and coordination bodies that ensure high-quality, accessible services. Its regional networks enhance coordination, connecting primary care facilities with hospital-based specialized palliative care teams, improving service delivery and accessibility.

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Paediatric PC in the region is mostly limited to urban hospitals, while Australia ensures broad accessibility nationwide.

Specialized paediatric palliative care services in the region remain limited or isolated in most countries and territories, primarily concentrated in urban areas and major hospitals. Countries and areas such as Japan, Hong Kong SAR (China), and Singapore, have integrated or generalized provision of these services. Australia's paediatric palliative care system stands out for its broad geographic reach, offering services through both hospitals and independent providers, ensuring accessibility across multiple care platforms.