Global Analysis of the Development of the Palliative Care around the World

APRIL 2025

Press kit

Asia Pacific Hospice Palliative Care Network
ics Universidad de Navarra | ATLANTES GLOBAL OBSERVATORY OF PALLIATIVE CARE
WHO Collaborating Centre for the Global Monitoring of Palliative Care Development

Press kit

The first global analysis of the development of Palliative Care around the world

→ This study was carried out by the ATLANTES Global Observatory of Palliative Care of the Institute for Culture and Society (ICS), of the University of Navarra, a collaborating centre of the World Health Organization (WHO), and all international and global palliative care associations.

→ This is the first global analysis of the palliative care. This milestone has been made possible thanks to the work of more than 900 consultants from all over the world in collaboration with international and global palliative care associations.

→ Data have been collected from more than 187 countries and areas in the Asia-Pacific, Europe, Africa, the Americas and the Eastern Mediterranean regions. It is the first time ever the state of palliative care in the Asia-Pacific has been assessed.

→ This finding enables the identification of areas for improvement in palliative care in all regions of the world with the aim of fostering its development globally.

APHN Atlas of palliative care in the Asia Pacific Regions 2025

Laura Monzón Llamas, Vilma A. Tripodoro, Ednín Hamzah, Álvaro Montero, Fernanda Bastos, Eduardo Garralda, Daniela Suárez, Juan José Pons and Carlos Centeno

Asia Pacific Hospice Palliative Care Network | ics Universidad de Navarra | ATLANTES GLOBAL OBSERVATORY OF PALLIATIVE CARE | WHO Collaborating Centre for the Global Monitoring of Palliative Care Development

The main motivation of the global analysis is to promote palliative care in all regions and to make it an accessible medical practice. The sole objective is that this tool, disseminated in the form of an ATLAS with maps and infographics, will serve to alleviate the suffering from serious illness for the greatest number of people, who are the raison d'être of this research.

Atlas of Palliative Care studies have the potential to influence policy decisions and support targeted interventions to increase access to palliative care. The state of palliative care in the Asia-Pacific (for the first time ever), Europe, Africa, the Americas and the Eastern Mediterranean regions has been assessed. ATLANTES, the Global Palliative Care Observatory of the Institute for Culture and Society (ICS) of the University of Navarra has carried out the first global analysis of palliative care in more than 187 countries and areas in collaboration with international and global palliative care associations. This milestone has been made possible thanks to the work of more than 900 consultants from all over the world who have collected the relevant data and information from their country or area to produce this global analysis.

A regional Atlas aims to impact health policy, education and research to ensure that patients and their families can enjoy more care and essential medicines for better living and pain relief. Atlases can drive innovation in palliative care by highlighting successful models of care and best practices that can be replicated and adapted in other contexts.

Since 2007, ATLANTES has studied different regions of the world and produced Atlases.

In 2022, ATLANTES was designated a WHO Collaborating Centre for Global Palliative Care Monitoring and undertook a work plan that now presents, for the first time, a simultaneous and detailed analysis of palliative care in more than 187 countries and areas.

When and how will the Global Palliative Care Review be published?

- The Global Analysis is presented in 5 different Atlases, each one corresponding to the study of each region: Asia-Pacific, Europe, Africa, the Americas and the Eastern Mediterranean,

- The five Atlas will be published successively. The release date of each Atlas coincides with the congress of the International Palliative Care Association in each region. The first Atlas to be published is Asia-Pacific (24 April), followed by Europe (29 May), Africa (27 September), the Americas and the Eastern Mediterranean (date to be determined).

- As they are published, they will be available for physical purchase through Amazon and for free on the ATLANTES website.

Timetable for the presentation

It will take place during the congresses of the International Palliative Care Associations:

ATLAS	DATE/PLACE
Asia –Pacífico 16th Asia Pacific Hospice Palliative Care Conference 2025	**24 April** **Kuching (Malaysia)**
Europa 19th World Congress of the European Association for Palliative Care	**29 May** **Helsinki (Finland)**
África 8th International African Palliative Care and Allied Services Conference 2025	**27 September** **Gaborone (Botswana)**
Americas **Eastern Mediterranean**	**Date to be determined** **Date to be determined**

How has this analysis been prepared?

In each country or area, 14 indicators are studied across six dimensions: societal engagement, health policy, research, essential medicines, education and specialised services.

Through country- and area-level assessments, it has been possible to identify gaps in service provision, gauge the effectiveness of current practices and identify innovative proposals to reach those with the least access to palliative care. Monitoring can also inform policy decisions, guide resource allocation and support the development of specific interventions tailored to the needs of different populations.

The analysis provides a comprehensive snapshot of each region, and consists of maps, infographics and reports from countries and areas with refined, cross-checked data for each region.

More than 900 consultants from around the world collected the information shown in the atlas. These consultants, including health professionals, doctors, nurses, academics and palliative care experts, were previously trained in an online course created by ATLANTES Global Palliative Care Observatory, which proposes the methods established by the WHO, of which it is a collaborating centre. This course, given by ATLANTES researchers from the Institute of Culture and Society of the University of Navarra, consisted of introducing informants to the dimensions and indicators that allow for the best possible assessment of palliative care conditions at the national level and how to obtain this information.

After collecting the relevant information, the informants (on average between two and four consultants per country or area) sent the results to ATLANTES who, in collaboration with the International or National Association of the country or area, cross-checked the data and produced the reports, maps and infographics that make up the atlas.

What information does an Atlas contain?

ATLANTES Global Palliative Care Observatory has followed a set of indicators established by the WHO to assess six key dimensions of palliative care development in each country and area. These are basic palliative care indicators for comparative analysis between countries and areas, with a special focus on nations with a low level of development in medical practice. The indicators are the measure or variable used to estimate the status of palliative care.

The dimensions assessed in each country or area are as follows:

① Empowering people and society

What information have we been able to collect?
In each region, the existence of groups dedicated to promoting the rights of patients requiring palliative care, their caregivers and survivors of illness was measured. In addition, the existence of policies that address advance planning of medical decisions for the use of life-sustaining treatments or end-of-life care was explored.

② Health policies

What information have we been able to collect?
The information shows the level of each government's commitment to palliative care. Do countries and areas have a national palliative care plan, programme, policy or strategy in place with a realistic implementation framework? Is there a national coordinating authority for palliative care (called a palliative care unit, section or department) within the Ministry of Health responsible for palliative care? These are some of the many questions answered in the atlas.

③ Research

What information have we been able to collect?
The development of palliative care research is essential for supporting professionals, promoting essential pain medicines, and educating society. We understand that research is essential for society and authorities to know the safety and efficacy of morphine and other specialised pain medicines. In this dimension it is possible to know the quality of the research that is developed in each country or area.

④

Use of essential medicines

What information have we been able to collect?
The use of essential medicines is essential to treat patients. Healthcare professionals must have the medicines available to manage pain and assess symptoms. The type of indicators measured correspond precisely to reflecting the availability of essential medicines for pain and palliative care at all levels of care and the overall availability of oral morphine at the primary care level, e.g. in pharmacies. The annual consumption of opioid medicines, which are the most commonly used medicines to treat pain, has also been measured.

⑤

Education

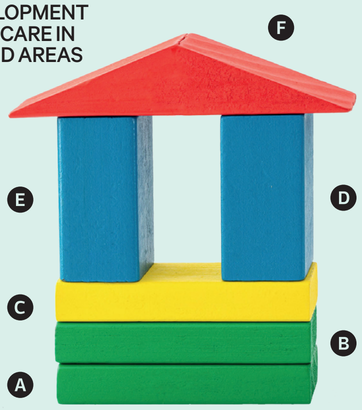
What information have we been able to collect?
This dimension seeks answers to a key question in each region: is palliative medicine recognised as a specialisation and is there education in palliative care in medical and nursing schools? Many developed countries and areas still do not consider palliative care as a specialised medical practice. This indicator aims to encourage the relevant authorities to recognise that palliative medicine is just as important as other medical practices.

⑥

Provision of specialised palliative care services integrated into the health service

What information have we been able to collect?
To understand the level of palliative care development in a country or area, it is essential to measure the number of services for children and adults that provide specialised palliative care, whether in the home, hospital or nursing homes. The indicators collect data such as the number of specialised palliative care programmes in each country or area per population and the estimated number of patients receiving palliative care at the national level.

GLOBAL FRAMEWORK
FOR THE DEVELOPMENT
OF PALLIATIVE CARE IN
COUNTRIES AND AREAS
(WHO)



Ⓐ EMPOWERING PEOPLE AND SOCIETY
Ⓑ HEALTH POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION
Ⓕ PROVISION OF SPECIALISED PC SERVICES

Each and every indicator is at the service of patients and their families. All the dimensions that are assessed seek to influence the healthcare system in each country and area to visualise its needs and to apprehend good practice. The core and raison d’être of this in-depth research is to help provide good family and patient care for pain relief, so that palliative care grows and consolidates in the world.

Why is palliative care important?

Palliative care improves the quality of life of patients and their families when they face physical, psychological, social or spiritual problems inherent to a life-threatening illness. The quality of life of caregivers is also improved.

These are the key facts elaborated by the WHO:

- An estimated **40 million people need palliative care annually;** 78% of them live in low- and middle-income countries..
- Currently, globally, only **14% of people in need of palliative care receive it.**
- **Lack of training and awareness of palliative care among health professionals** is a major obstacle to programmes to improve access to palliative care.
- **The global need for palliative care will continue to increase** as a result of the growing burden of non-communicable diseases and the ageing population.
- **Early palliative care reduces unnecessary hospitalisations** and use of health services.

Palliative care improves the quality of life and alleviates the physical, psychosocial and spiritual suffering of seriously ill patients and their loved ones. Palliative care includes emotional support, practical care and bereavement support, enabling patients to live intensively until the end.

Recognised as a human right, palliative care should be provided within a person-centred health system. It is needed for a variety of chronic diseases such as cardiovascular diseases, cancer, respiratory diseases, AIDS and diabetes, among others.

Pain is a common and serious symptom in these patients, and opioid analgesics are essential for its control, as well as to alleviate other symptoms such as respiratory distress. Ensuring its early management is an ethical obligation that respects the dignity of patients.

Would you like to contact the experts who participated in this study?

Carlos Centeno

ATLANTES Principal Investigator
Professor of Palliative Medicine

Vilma Tripodoro

ATLANTES Senior Researcher
Doctor of Medicine and Specialist in Palliative Care

PLEASE CONTACT THE COMMUNICATION SERVICE:

Leire Escalada
E-mail: lescalada@unav.es
Phone: +34 948 425600 Ext: 802545

Luis Alberto Brito
E-mail: lbrito@unav.es
Phone: +34 948 425600 Ext: 805611

APHN Atlas of palliative care in the Asia Pacific Regions 2025

Laura Monzón, Vilma A. Tripodoro, Ednín Hamzah, Álvaro Montero, Fernanda Bastos, Eduardo Garralda, Daniela Suárez, Juan José Pons and Carlos Centeno

EUNSA

ATLANTES
https://www.unav.edu/web/atlantes-global-observatory-of-palliative-care

ASIA PACIFIC HOSPICE PALLIATIVE CARE NETWORK
https://aphn.org/

AUTHORS

Asia Pacific Hospice Palliative Care Network

ics Universidad de Navarra | ATLANTES GLOBAL OBSERVATORY OF PALLIATIVE CARE

WHO Collaborating Centre for the Global Monitoring of Palliative Care Development

WITH THE SCIENTIFIC CONTRIBUTION OF

IAHPC

whpca worldwide hospice palliative care alliance

WITH THE SUPPORT OF

frA | FUNDACIÓN RAMÓN ARECES

FONDATION L'ONTANO

PONTIFICIA | PRO ACADEMIA | VITA

Fundación "la Caixa"