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# An uneven map: more than 70% of specialist palliative care services in Asia-Pacific are concentrated in less than 15% of the countries and areas in the region

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→ Launch of the first Asia-Pacific Palliative Care Atlas, a 41 countries and areas study initiated by the ATLANTES Global Observatory of Palliative Care of the University of Navarra in collaboration with the Asia Pacific Hospice Palliative Care Network (APHN)

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**Kuching, 24 April 2025**

More than 70% of specialist palliative care services in Asia-Pacific are concentrated in less than 15% of the countries and areas that make up the region: Australia, Malaysia, Japan, South Korea, Thailand and New Zealand. This is revealed by the APHN **Atlas of Palliative Care in the Asia Pacific Regions 2025**, the first study on the situation in 41 countries and areas in the region, promoted by the **ATLANTES Global Observatory of Palliative Care of the Institute for Culture and Society (ICS)** of the **University of Navarra** in collaboration with the **Asia Pacific Hospice Palliative Care Network (APHN)**. The Atlas, which can be consulted online or purchased in print through Amazon, has followed the indicators established by the **World Health Organization (WHO)**, of which ATLANTES is a collaborating centre.

This pioneering research was presented on Thursday at the 16th Asia Pacific Hospice Palliative Care Conference 2025 in Kuching, Malaysia, and provides a comprehensive snapshot of palliative care in Asia and the Pacific regions, home to 4.3 billion people. The results paint a profoundly uneven picture. While some countries and areas are world leaders in palliative care development, such as Australia and Hong Kong SAR (China), access remains very limited in most nations.

Although the region has the highest proportion of people in need of palliative care in the world (25 million people), the vast majority of those who need it do not have access to these services. Children in need of palliative care in the region represent 27.2% of the global need (7.7% in the Western Pacific and 19.5% in South-East Asia).

According to the Atlas, only 24.4% of Asia-Pacific countries and areas have widespread or integrated palliative care service provision in the health system: including Australia, Hong Kong SAR (China), Japan, Malaysia, Mongolia, New Zealand, Singapore, South Korea and Thailand. Thailand is a successful leader in integrating palliative care into its healthcare system, backed by strong regulation and coordination networks that ensure accessible and quality services that help improve the quality of life of patients suffering from serious illnesses.

In addition, access to opioids to combat pain for people suffering from serious illnesses in the region remains limited and unequal. This gap is not only observed between countries and areas, but also large disparities between rural and urban areas. Data show that 75% of the territories in the region do not have oral morphine for pain management in their primary care facilities. Furthermore, only four (Australia, Hong Kong SAR, Japan and New Zealand) have access to opioids in 70-100% of rural areas.

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Strict opioid control laws, low prescribing confidence and the exclusion of opioids from essential medicines lists also restrict access in countries and areas such as the Philippines, Malaysia, Indonesia and India.

### **Progress and challenges**

This situation contrasts with significant progress in these countries (Malaysia, Indonesia and the Philippines), which stand out for the development of advanced palliative care policies and improvements in access to palliative care services. However, they still face difficulties in implementing such policies and challenges in service provision.

Similarly, while countries such as New Zealand and South Korea are leaders in research and promotion of scientific meetings on palliative care, which contribute greatly to development and awareness, Pacific Island nations such as Kiribati, Micronesia and Nauru suffer from a lack of research structure and academic involvement. In this vein, while palliative care education is well developed in countries such as Australia and Japan, with programmes integrated into medical training, others such as Bhutan, Brunei and island countries and areas lack formal education in this field.

However, there is a significant effort to promote and consolidate training processes and programmes. One example is the case of Thailand and the Asia Pacific Hospice Palliative Care Network (APHN), which collaborate on training programmes and promote initiatives to improve access and education in the region.

Japan and South Korea, which have achieved high levels of specialisation in palliative care, are working to expand and integrate palliative care into primary care. Another prominent example is the case of China, which has achieved its expansion with the promotion of 2287 regional and provincial services and initiatives, although the distribution of services remains uneven, with a higher concentration of resources in urban areas

### **First in a series of five atlases**

The Asia-Pacific Atlas of Palliative Care is the first in a series of five atlases to be published over the course of 2025 that will provide, for the first time, a global map of palliative care. The Europe and Africa editions will be launched this spring, followed by North America, the Caribbean and South America, and the Eastern Mediterranean in the autumn.