Assessing palliative care in the Eastern Mediterranean Region 2021

World Health Organization
Eastern Mediterranean Region

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Universidad de Navarra

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Contents

Foreword

Palliative care is defined by the World Health Organization (WHO) as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".

Palliative care is an essential part of the continuum of care for patients with chronic diseases, both communicable and noncommunicable, and has proven public health benefits by saving on health care resources while enhancing the quality of life of people with life threatening illnesses.

Each year an estimated 40 million people globally are in need of palliative care, 78% of whom live in low- and middle-income countries. Official country data from around the world show that the Eastern Mediterranean Region is the WHO region with the second lowest availability of palliative care services, with only an estimated 5% of adults in need of palliative care in the Region actually receiving it. The Region is far below the global average when it comes to the availability of oral morphine, the inclusion of palliative care in national health policies, funding for palliative care, and access to palliative care services at the primary health care and community level. The situation is compounded by complicated political contexts and weak health care systems, coupled with conflicts affecting some countries that further weaken health services and increase the demand for palliative care.

World Health Assembly resolution WHA67.19, adopted in 2014, called on Member States to improve access to palliative care services as an essential component of comprehensive care throughout the life course, with an emphasis on community-based care and integration at the primary health care level. The importance of palliative care was further underlined as part of World Health Assembly resolution WHA70.12 in 2017 on cancer prevention and control in the context of an integrated approach, which led to the development of the Framework for action on cancer prevention and control in the WHO Eastern Mediterranean Region, in which palliative care services are one of the six key areas for strategic intervention.

The projected increasing incidence of cancer in the Eastern Mediterranean Region (the WHO region with the highest projected increase in cancer incidence by 2030) makes driving forward the palliative care agenda a key part of the Region's public health approach to cancer and other life-threatening illnesses.

Palliative care is recognized by WHO as a crucial area of the global health agenda, embedded in the definition of universal health coverage, the 2030 Agenda for Sustainable Development and WHO's Thirteenth General Programme of Work 2019–2023. At a regional level, WHO's Vision 2023 calls for the progressive realization of universal health coverage through building equitable and resilient health systems based on primary health care, with people-centred quality and safe services, including for palliative care services.

Even as we write these lines, the COVID-19 pandemic is still raging, causing premature deaths and suffering, posing unprecedented challenges for our health systems, and severely impacting our economies. The current pandemic, has disrupted all types of services and also revealed multiple deficits in health systems that continue to cause preventable suffering for millions of patients and families around the world. Limited access to basic palliative care services, including for dignified grief and bereavement, has been suddenly brought to the fore, highlighting the urgent need to take corrective measures to ensure that palliative care services are maintained during the COVID-19 pandemic and beyond. This pandemic can serve as an opportunity to integrate and develop palliative care services as an essential component of the services offered to the population without discrimination.

This first WHO report Assessing palliative care in the Eastern Mediterranean Region, developed in collaboration with the ATLANTES Global Observatory of Palliative Care based at the University of Navarra, provides a systematic and comprehensive evaluation of the situation of palliative care in the Eastern Mediterranean Region. The findings are presented in clear and simple graphics, tables, figures and maps providing comparative data about the current state of palliative care by country across several domains. It was developed through a consultative and consensual process involving regional palliative care experts using methodology that has been successfully applied in Europe, Africa and Latin America.

The report identifies context-specific indicators that can be used for evaluation and monitoring of the progress of palliative care development in the Eastern Mediterranean Region. We hope that this information will support the planning and development of palliative care in the Region.

Dr Asmus Hammerich
Director UHC/NCDs and Mental Health
WHO Eastern Mediterranean Regional Office

Acknowledgements

Development of this report was coordinated by the ATLANTES Global Observatory of Palliative Care at the University of Navarra, with Miguel Antonio Sanchez Cárdenas as project leader; Eduardo Garralda, Danny van Steijn, Juan José Pons and Carlos Centeno as members of the technical team; and with overall supervision by Slim Slama, Nasim Pourghazian and Rana Hanafy from the WHO Regional Office for the Eastern Mediterranean, as well as Dr Marie-Charlotte Bouësseau from the Department of Service Delivery and Safety, WHO headquarters.

WHO acknowledges the valuable contributions provided by Eric Krakauer (Harvard Medical School, Boston, United States of America), Maryam Rassouli (Shahid Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran), Samaher A. Fadhil (Pediatric Oncology Center, Medical City Baghdad, Iraq), Omar Shamieh (King Hussein Cancer Center, Amman, Jordan), Iman Al Diri (Kuwait Cancer Control Center, Kuwait City, Kuwait), Hibah Osman (Balsam - Lebanese Center for Palliative Care, Beirut, Lebanon), Huda Abu-Saad Huijer (University of Balamand, Balamand, Lebanon), Myrna A. A. Doumit (Alice Ramez Chagoury School of Nursing, Beirut, Lebanon), Asmaa El Azhari (Mohammed VI Center for the Treatment of Cancer, Cassablanca, Morocco), Hani S. Ayyash (European Gaza Hospital, Gaza Strip, occupied Palestinian territory), Bassim Al Bahrani (National Oncology Centre, Muscat, Oman), Muhammad Atif Waqar (The Aga Khan University, Karachi, Pakistan), Azza Adel Ibrahim (Hassan National Center for Cancer Care and Research, Doha, Qatar), Sami Ayed Alshammary (King Fahad Medical City, Riyadh, Saudi Arabia).

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Abstract

Background
Following the first expert meeting on palliative care in the Eastern Mediterranean Region, held in Beirut, Lebanon, in September 2019, a dialogue began at the regional level to develop a set of quality indicators to monitor progress in availability, maturity and integration of palliative care in health systems in the Region. The WHO Regional Office for the Eastern Mediterranean proposed developing a set of contextually relevant and feasible indicators for countries and territories of the Region, in collaboration with regional experts, drawing on previously published indicators of the ATLANTES Global Observatory of Palliative Care.

Aim
To identify the most contextually relevant and feasible indicators to evaluate palliative care development in the Eastern Mediterranean Region.

Methods
ATLANTES Global Observatory of Palliative Care conducted a two-round consensus process to rate 24 indicators proposed for the Eastern Mediterranean Region. A working group then developed a regional survey based on the indicators that scored higher than 7 for relevance and feasibility. The survey was distributed to key informants from 17 countries/territories who were charged with using the indicators to evaluate the development level of palliative care across the key domains of health policy, service delivery, opioid consumption, education, professional activity and institutional vitality.

Results
The expert group selected 15 indicators that scored 7 or higher for relevance and feasibility: five indicators for health policies, three for service delivery, two for education, two for opioid consumption, and three for institutional vitality and professional activity. The survey findings revealed isolated palliative care service delivery (0.03 per 100 000 inhabitants on average), low rates of opioid consumption (average of 2.4 mg per capita), strategic plans for palliative care in nine countries and a specific law in just one, an increase in the number of compulsory palliative care courses in medical and nursing schools (36 and 46, respectively), six countries with official training in palliative medicine and, finally, limited professional activity and low measures of institutional vitality.

Conclusion
A comprehensive Delphi consensus process developed and produced a set of 15 indicators. These were subsequently used to collect information about palliative care policy development, integration level and service delivery, among other things. Progress was identified in the domains of health policies related to palliative care and education in some of the countries/territories, even when numbers of palliative care specialized services, opioid consumption and professional activity scored low.

Way forward

What follows is a set of recommendations based on the priorities/opportunities identified in this work.

Monitoring
Develop continuous monitoring (triennially for example) based on the indicators developed in the regional consensus and expanding the number of countries to the greatest extent possible.

Health policy
Promote the inclusion of palliative care in the health benefits package for all diagnoses and manage palliative care coverage through national health systems or private health insurance.

Establish a national palliative care plan, programme, policy or strategy with a realistic implementation framework in countries with no palliative care regulations.

Service provision
Increase the number and types of services, especially home care and outpatient programmes.

Optimize geographic distribution of palliative care services in all countries.

Access to medicines
Establish both a regional strategy and national strategies to improve access to opioids for palliative care and pain relief.

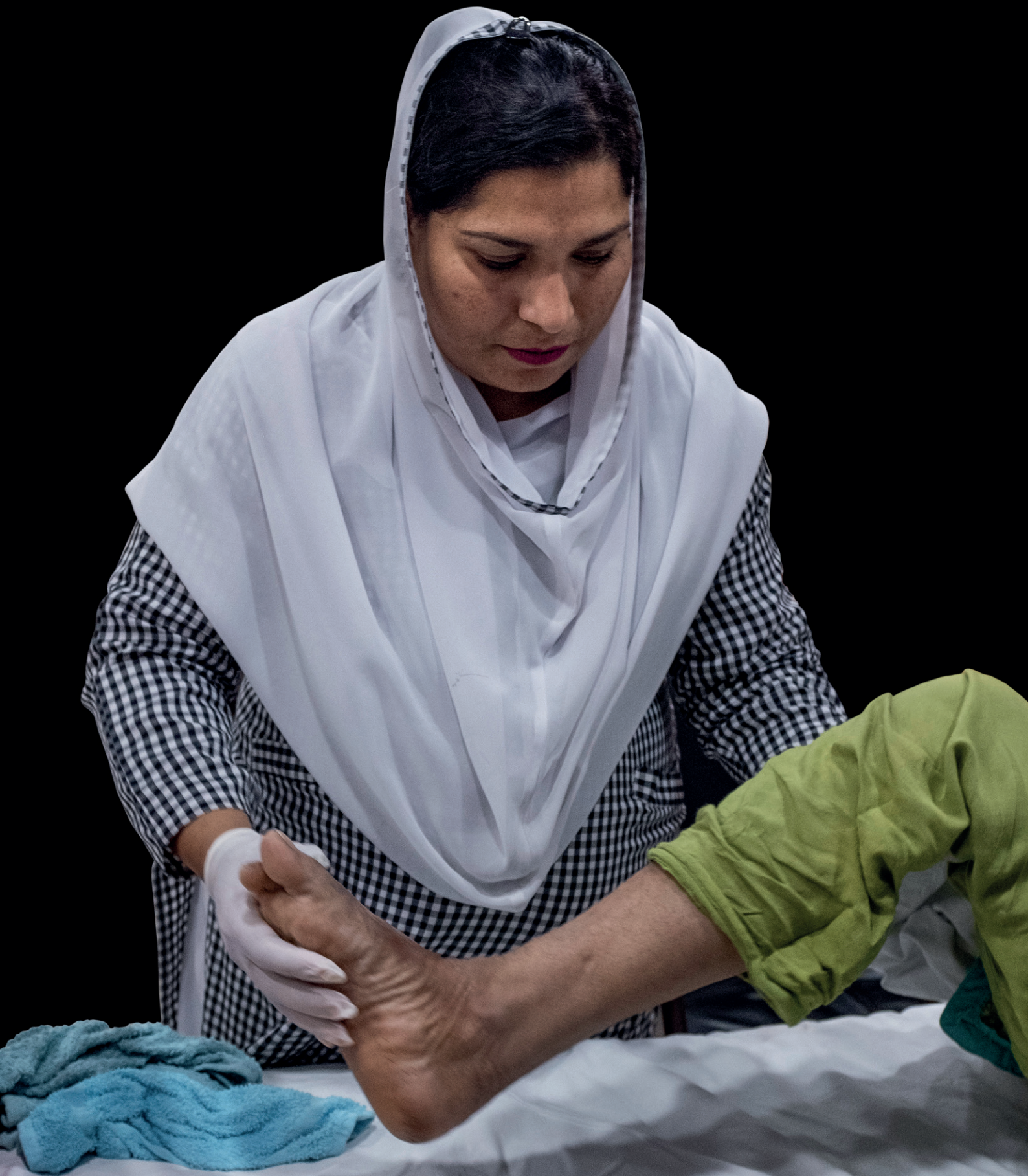
Ensure affordable access to palliative care medicines included in the WHO Model List of Essential Medicines, particularly to immediate-release oral morphine.

Education
Promote palliative care education in medical and nursing programmes.

Institutional vitality and professional activity
Palliative care associations should support capacity-building and research, as well as the development and documentation of best practices and peer learning in palliative care in the countries where they work.

Design a regional strategy and national strategies for advanced disease and the role of palliative care throughout the life course and as a component of universal health coverage.

Introduction



Note from the ATLANTES Global Observatory of Palliative Care

Evaluating the development of palliative care in countries allows us to assess the capacity of health systems to respond to the needs of people who experience serious health-related suffering. To achieve this, it is necessary to identify indicators and methodologies that can effectively monitor the impact of health policies and palliative care services and their integration into the health system, including paediatric palliative care, the training of professionals, the use of essential medicines and the vitality with which these resources are used in society.

This report has been developed as part of the consolidation process of an Eastern Mediterranean palliative care network. It was coordinated by the Noncommunicable Diseases Prevention unit at the WHO Regional Office for the Eastern Mediterranean. Efforts by the network of experts resulted in the first regional consensus on palliative care indicators that best reflect the characteristics of the 22 Member States of the Eastern Mediterranean Region. Information was collected and strategies have been defined to enhance the impact of this study to advocate for better inclusion of palliative care in the universal health coverage and health benefits packages across the Region.

The ATLANTES Global Observatory of Palliative Care of the University of Navarra led both the design of the consensus and the report, offering a valuable tool that allowed an estimation of the available resources, strengths and opportunities for palliative care in 12 countries and territories of the WHO Eastern Mediterranean Region. The report provides information for key stakeholders describing, in the first section, the current status of each component comparatively, as well as the factors that will enhance their development in the short term. In the second section, infographics for each country and territory are presented, which aim at guiding decisions, promoting initiatives and supporting advocacy for palliative care.

The work represented in this report is a collaborative effort that serves as a baseline for the development of a regional monitoring system, which may periodically evaluate the palliative care activity. The country-specific data presented in this publication builds on available publications and the perspectives and knowledge provided by national leaders on palliative care development, and has been shared with WHO country offices and Ministries of Health for their review. Although this is an accepted methodology for data collection, data are still considered estimations, making it difficult to verify accuracy and precision of data in some occasions.

The authors of this work would like to thank the commitment and active participation of the WHO Regional Office for the Eastern Mediterranean and the Department of Integrated Health Services at WHO headquarters, as well as the notable contribution of the regional experts. We hope this document will help to improve the quality of life of people with palliative needs, this being the main outcome of the work we do.

ATLANTES Global Observatory of Palliative Care
Miguel Antonio Sánchez-Cárdenas
Eduardo Garralda
Danny van Steijn
Juan José Pons
Carlos Centeno

Net of collaborators

On behalf of the project team and their supporting institutions, we would like to express our gratitude to the organizations, institutions, associations and professionals who have made this project possible by contributing their valuable time to providing information, feedback and support. The following people participated in the consensus process and completed the survey to provide the necessary information on the development of palliative care in their respective countries and territories.

Experts were identified in Afghanistan, Egypt, Sudan, Tunisia and the United Arab Emirates, but no responses were obtained. No experts could be identified in the following countries: Bahrain, Djibouti, Libya, Somalia, Syrian Arab Republic and Yemen. These countries are not represented in the atlas.

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Iran (Islamic Republic of)	Maryam Rassouli	Shahid Beheshti University of Medical Sciences, Tehran
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	Confidential	Confidential
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United Arab Emirates*	Confidential	Confidential

* The participation of this informant occurred only in the consensus of indicators.

The institutions involved

This report was produced by the Noncommunicable Diseases Prevention unit in the Department of Universal Health Coverage/Noncommunicable Diseases and Mental Health at the WHO Regional Office for the Eastern Mediterranean, in close collaboration with the ATLANTES Global Observatory of Palliative Care at the University of Navarra, Pamplona, Spain. The strategic direction and methodology benefitted from the input of the core working group consisting of the following colleagues from ATLANTES: Professor Carlos Centeno, Dr Miguel Sánchez-Cárdenas, Eduardo Garralda and Danny van Steijn, as well as from WHO: Dr Marie Charlotte Bouesseau (WHO headquarters), Dr Slim Slama (WHO Regional Office for the Eastern Mediterranean), and Dr Nasim Pourghazian (WHO Regional Office for the Eastern Mediterranean Region).

Thanks are due to the ATLANTES research team for their vision and commitment throughout the project, as well as to the WHO regional network of palliative care experts who were vital to the development of a set of regional indicators as well as country input to this publication.

WHO Regional Office for the Eastern Mediterranean – Department of Universal Health Coverage/ Noncommunicable Diseases and Mental Health

The Department of Universal Health Coverage/Noncommunicable Diseases and Mental Health envisions an Eastern Mediterranean Region free of preventable noncommunicable diseases (NCDs), premature death and avoidable disability by taking multisectoral approaches that promote well-being and reduce inequity within and among Member States, and in which mental health is valued, promoted and protected, mental disorders are prevented and persons affected by mental, neurological and substance use disorders are able to access quality health and social care to attain the highest possible level of health free from stigmatization and discrimination.

The Department supports 22 countries/ territories in the Eastern Mediterranean Region, in close collaboration with WHO headquarters, WHO country offices and partners, with the aim to: (i) reduce the avoidable burden and mortality of NCDs through effective prevention and control interventions; (ii) reduce morbidity and mortality related to tobacco use through comprehensive implementation of the WHO Framework Convention for Tobacco Control (WHO FCTC); (iii) reduce all forms of malnutrition and achieve health and well-being; and (iv) promote mental well-being and ensure equitable access to mental health care.

WHO Department of Integrated Health Services

In line with the WHO's Thirteenth General Programme of Work 2019–2023 and the goal of achieving universal health coverage for one billion more people, the mission of the Department of Integrated Health Services is to support countries to provide equitable access to integrated health services (including promotion, prevention, curative, rehabilitative and palliative services); to ensure these health services are effective, safe and people-centred, and based on a primary health care approach, and to strengthen country capacity to assess and monitor the performance of health services.

The work of the Department of Integrated Health Services includes (i) providing leadership and coordination functions; (ii) developing/promoting global public health goods that aim to enhance country capacity to better design, plan, manage and evaluate health services based on a primary health care approach; and (iii) providing strategic and technical support to countries, as required, in support of strengthening their health services.

ATLANTES Global Observatory of Palliative Care

The mission of the ATLANTES Global Observatory of Palliative Care is to promote the global development of palliative care to improve the quality of life of people with advanced diseases. It tries to do so through interdisciplinary research and linking to an extensive network of collaborators and stakeholders. This facilitates the management and appropriation of social knowledge produced in areas such as the development and integration and palliative care in health systems.

The ATLANTES Research Program is being developed under the assumption that it is possible to promote a positive attitude in society and in medicine regarding the attention and care of patients with advanced and terminal illness, from a perspective based on human dignity and professional care, including support and respect for the natural course of the illness and attention to the spiritual and emotional aspects of patient care. The multidisciplinary team, based in Pamplona, within the Institute for Culture and Society at the University of Navarra, includes professionals from diverse social sciences. In addition, the team also relies on a wide net of collaborators from different countries who provide a broader international perspective.

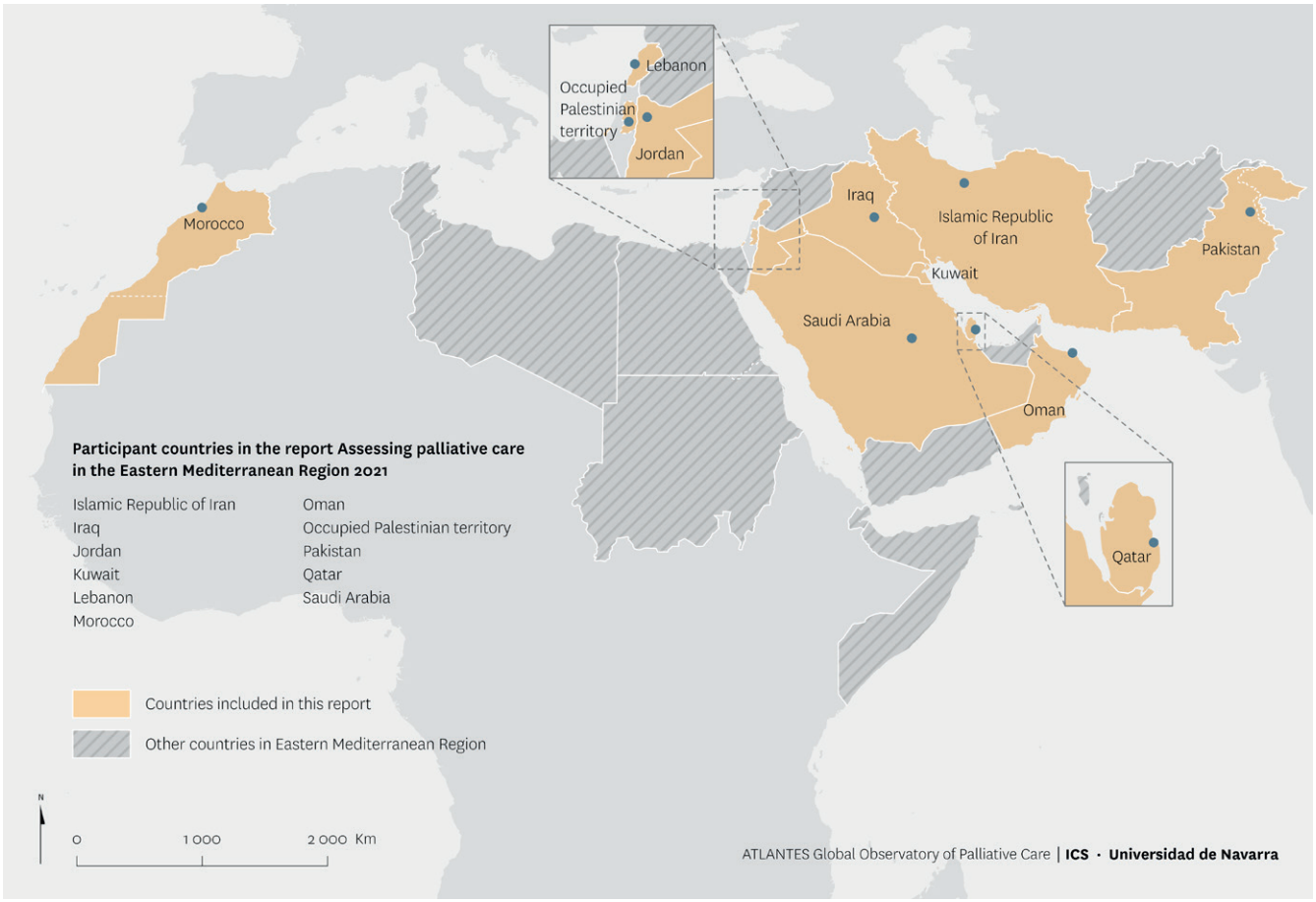
Aim and objectives

The **aim** of this work was to identify the most relevant and feasible indicators to evaluate the development of palliative care in the Eastern Mediterranean Region and to establish a baseline to monitor the development of palliative care in Member States.

The **objectives** were to:

- achieve a regional consensus on a set of indicators to monitor the development of palliative care in the Eastern Mediterranean Region;
- identify areas for improvement in the development of palliative care in the Region;
- provide open access data on the development of palliative care in each country of the Region to facilitate discussion and measure progress in a comparative way.

Geopolitical map of the WHO Eastern Mediterranean Region



Socioeconomic context of the Eastern Mediterranean Region

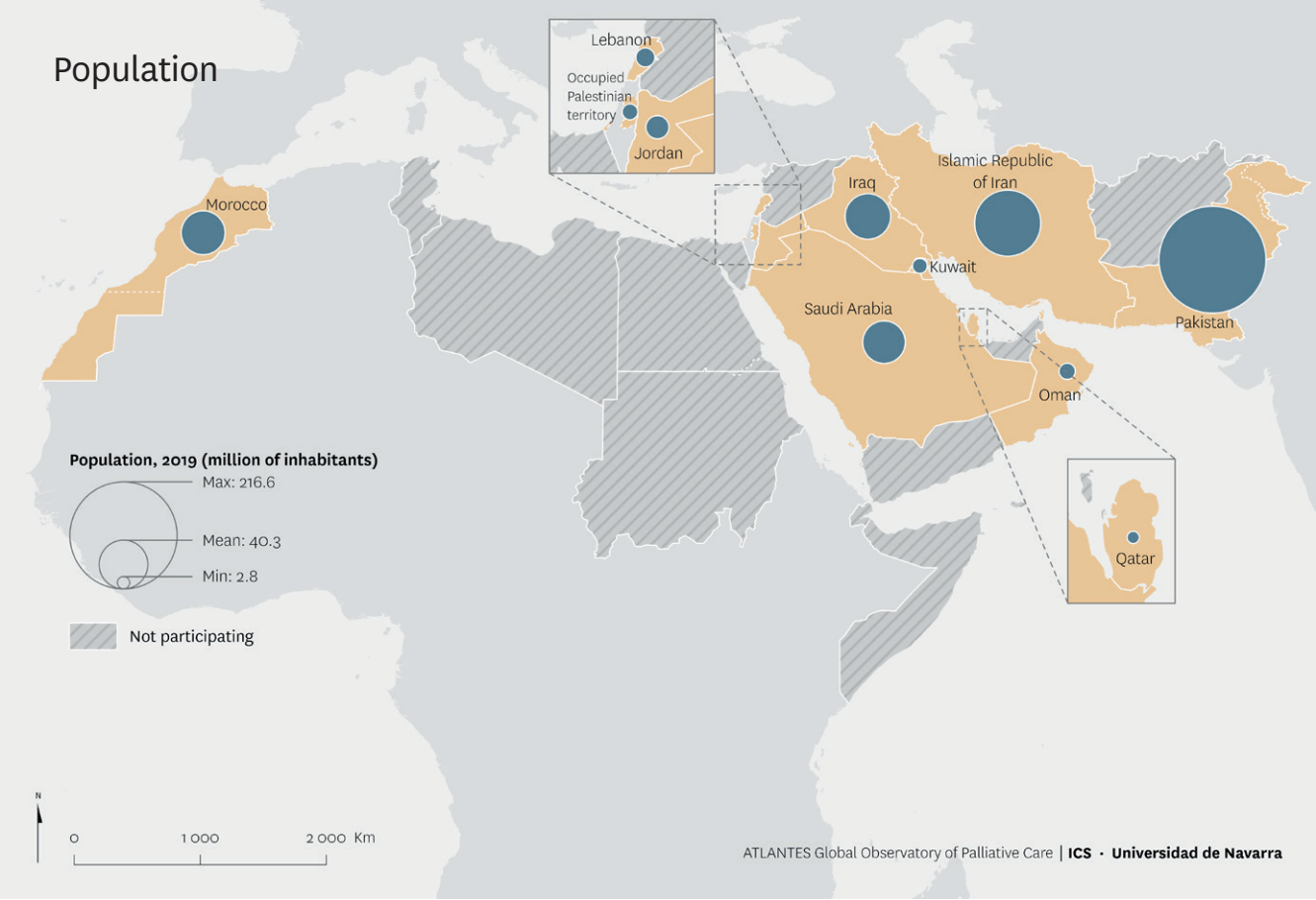
Table 1. Socioeconomic context

COUNTRY/TERRITORY	POPULATION TOTAL, 2017*	HEALTH EXPENDITURE TOTAL (PER CAPITA, US$), 2017*	COUNTRY INCOME LEVELS*	PHYSICIANS PER 1000 INHABITANTS*
Afghanistan	38 041 754	67.12	Low	0.3
Bahrain	1 641 172	1127.19	High	0.9
Djibouti	973 560	70.33	Lower-middle	0.2
Egypt	100 388 073	105.77	Lower-middle	0.5
Iran (Islamic Republic of)	82 913 906	475.48	Upper-middle	1.6
Iraq	39 309 783	210.31	Upper-middle	0.7
Jordan	10 101 694	340.66	Upper-middle	2.3
Kuwait	4 207 083	1529.08	High	2.6
Lebanon	6 855 713	719.44	Upper-middle	2.1
Libya	6 777 452	312.58	Upper-middle	0.04
Morocco	36 471 769	161.01	Lower-middle	0.7
Occupied Palestinian territory	4 685 306	330.27	Lower-middle	1.1
Oman	4 974 986	587.65	High	2.0
Pakistan	216 565 318	44.59	Lower-middle	1.0
Qatar	2 832 067	1649.19	High	2.5
Saudi Arabia	34 268 528	1093.41	High	2.6
Sudan	42 813 238	193.79	Low	0.3
Somalia	15 442 905	NA	Low	0.02
Syrian Arab Republic	17 070 135	69.89	Low	1.3
Tunisia	11 694 719	250.56	Lower-middle	1.3
United Arab Emirates	9 770 529	1357.02	High	2.5
Yemen	29 161 922	72.04	Low	0.5

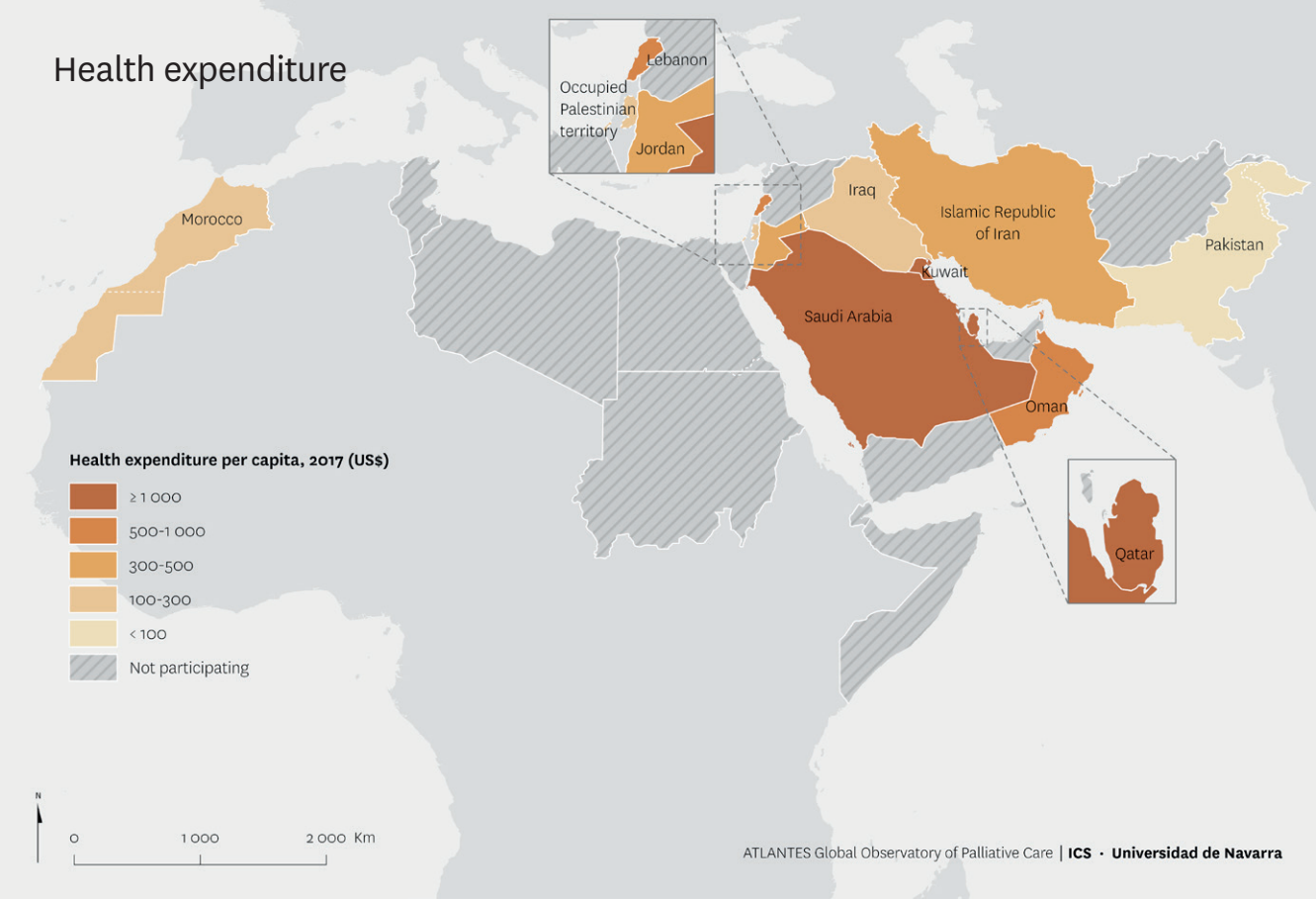
NA: Not available

* Data have been retrieved from The World Bank open data (https://data.worldbank.org/)

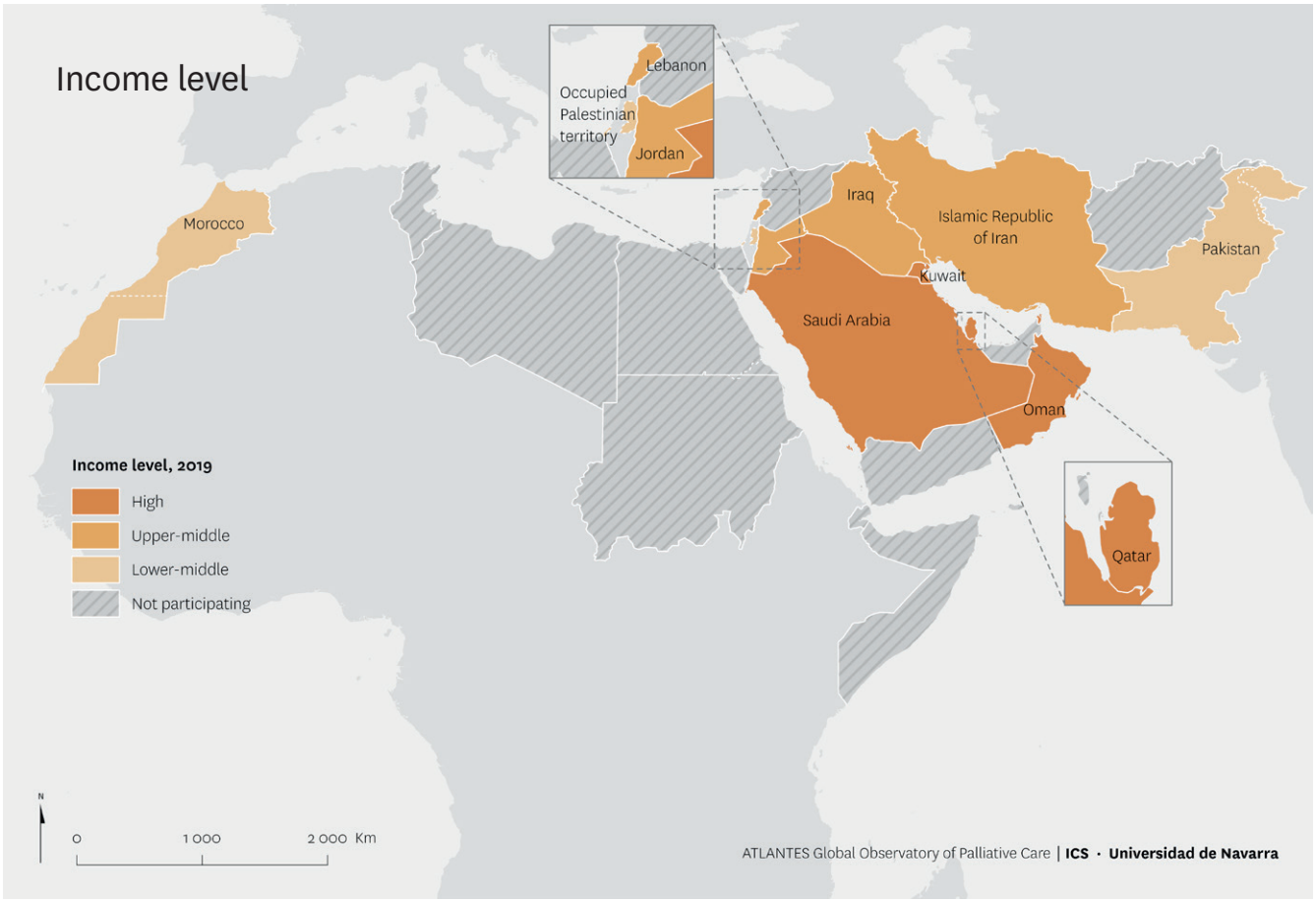
Socioeconomic context of the Eastern Mediterranean Region: population



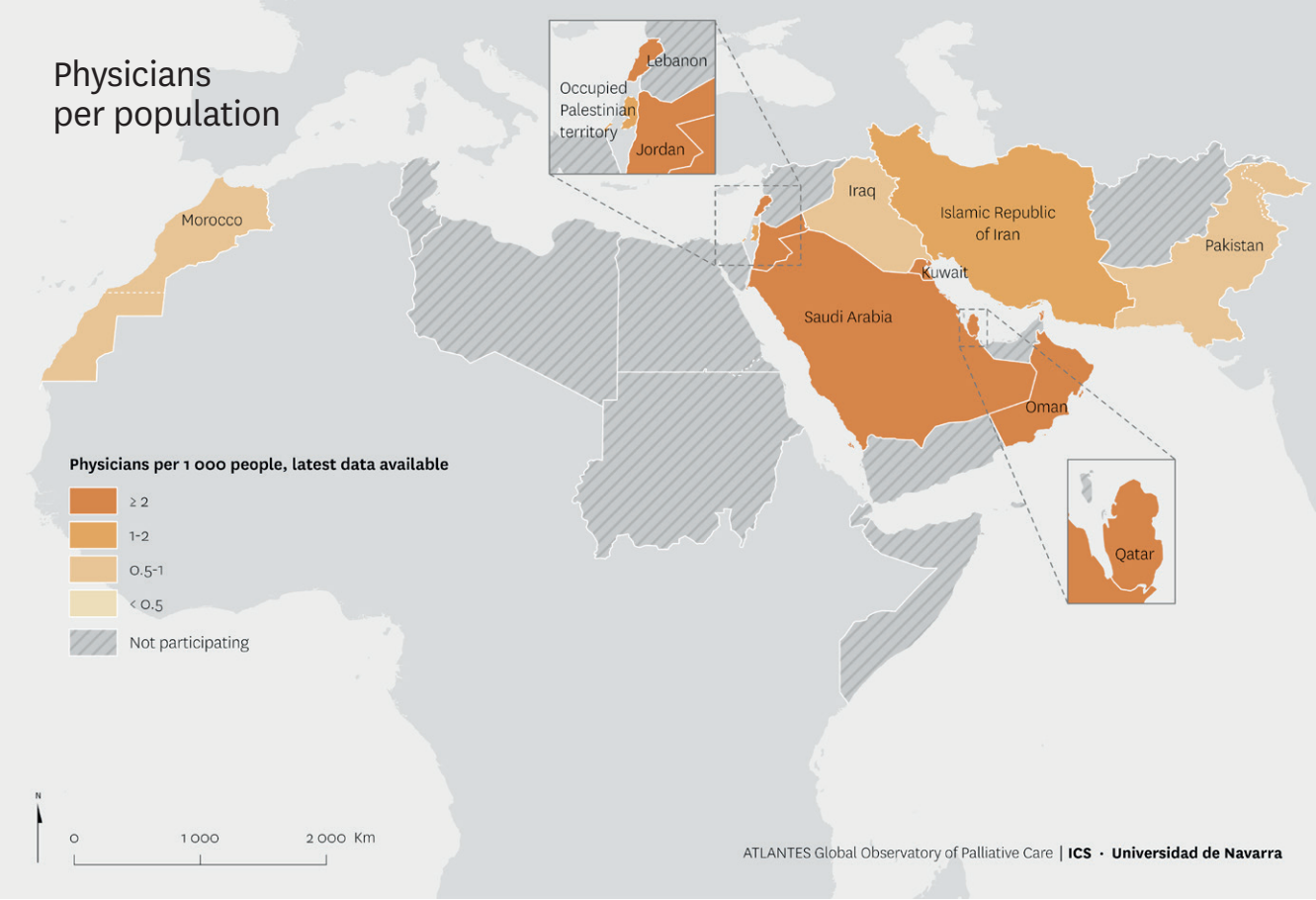
Socioeconomic context of the Eastern Mediterranean Region: health expenditure



Socioeconomic context of the Eastern Mediterranean Region: income level

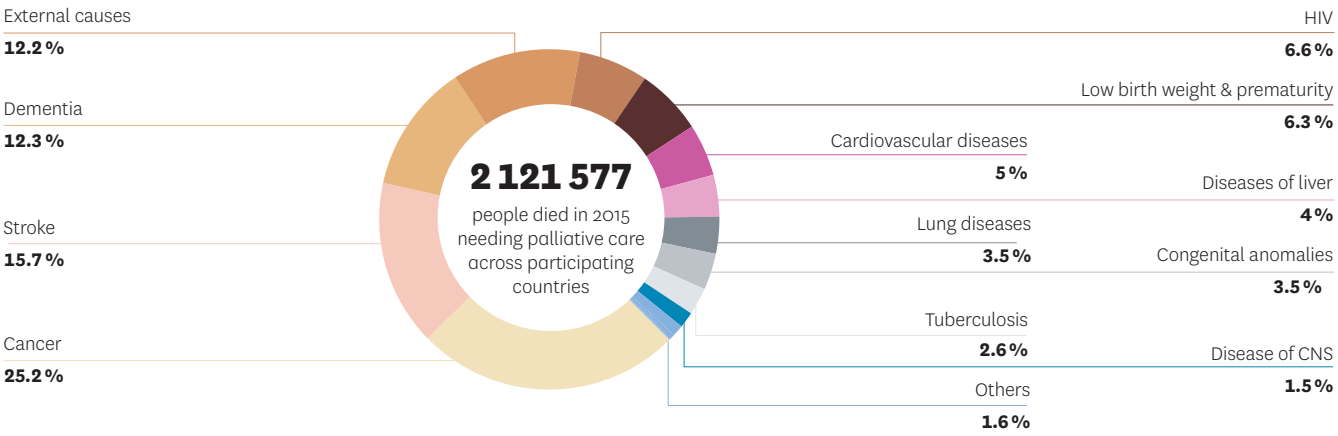


Socioeconomic context of the Eastern Mediterranean Region:physicians per population



Palliative care needs across the Eastern Mediterranean Region

Figure 1. Main health conditions requiring palliative care[1]



[1] Source: The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.

CNS: central nervous system.

Table 2. Palliative care needs of those who die with serious health-related suffering (SHS) every year in selected countries of the Eastern Mediterranean Region

CONDITION	IRAN (ISLAMIC REPUBLIC OF)	IRAQ	JORDAN	KUWAIT	LEBANON	MOROCCO	OMAN	PAKISTAN	QATAR	SAUDI ARABIA
Atherosclerosis	4 330	1 540	180	70	300	1 710	340	2 120	20	850
Cancer	95 000	31 000	7 000	1 000	9 000	42 000	2 000	187 000	1 000	18 000
Stroke	54 000	18 000	4 000	1 000	4 000	27 000	1 000	139 000	0	14 000
Chronic ischemic heart disease	4 460	1 630	260	140	620	1 720	120	13 250	30	1 180
Congenital anomalies	5 100	7 500	1 200	400	400	3 800	400	31 800	100	4 000
Degenerative disease of CNS	1 210	370	150	60	140	810	60	4 070	30	420
Dementia	63 000	13 000	5 000	2 000	9 000	36 000	1 000	57 000	0	20 000
Diseases of liver	3 900	1 100	500	200	700	4 200	200	19 100	100	2 000
Haemorrhagic fever	28	40	5	2	4	42	9	1 553	1	23
AIDS/HIV	62 000	0	0	0	1 000	14 000	1 000	57 000	0	0
Inflammatory disease of CNS	350	690	40	10	20	670	20	19 720	0	110
External causes	35 800	51 200	2 800	1 200	2 600	12 000	1 900	106 700	800	15 400
Leukemia	2 920	1 560	240	70	230	760	100	4 310	40	650
Low birth weight & prematurity	4 600	8 400	900	100	200	4 600	200	98 600	100	2 100
Lung diseases	8 000	1 300	500	100	900	2 800	200	47 400	0	1 500
Malnutrition	230	310	10	0	20	230	20	5 500	0	40
Musculoskeletal disorders	530	200	180	40	80	450	30	930	10	300
Non-ischemic heart disease	12 700	2 500	1 000	300	500	3 600	100	22 200	0	1 200
Renal failure	2 500	1 890	400	120	350	2 070	110	5 660	40	930
Tuberculosis	1 400	1 000	0	0	100	3 500	0	47 900	0	800
Total people with SHS	**362 058**	**143 230**	**24 365**	**6 812**	**30 164**	**161 962**	**8 809**	**870 813**	**2 271**	**83 503**

CNS: central nervous system.

Integrating palliative care into health emergency response in the Eastern Mediterranean Region

One of the three targets of WHO's Thirteenth General Programme of Work 2019–2023 is: "One billion more people better protected from health emergencies" by 2030. Achievement of this goal will require that palliative care – the prevention and relief of pain, other physical and psychological symptoms, and social and spiritual suffering – be considered an essential part of health emergency response and be well-integrated into all such responses. A large percentage of the people of the Eastern Mediterranean Region are suffering due to numerous and prolonged humanitarian crises. These crises have resulted in physical and psychological trauma and suffering on a massive scale. They also have resulted in the forced displacement of more than 30 million people, many of which belong to vulnerable population groups including women, children, the poor, and the chronically ill.[1] Countries spared from war, political conflict or ethnic violence have been overwhelmed with refugees, many of whom have serious acute or chronic health problems. The extent and severity of suffering makes it imperative that humanitarian response organizations integrate palliative care into their work and that health care systems and institutions in affected areas also integrate palliative care into their services as much as possible based on local needs.

In countries/territories of the Region, ministries of health, private and public health care institutions, and humanitarian response organizations should take the following specific steps to ensure integration of palliative care into responses to humanitarian crises and health emergencies.

Ensure that national policies:

- include access to palliative care for everyone as a part of basic, essential, universally accessible health care;
- require foreign and domestic humanitarian response organizations to include palliative care among their standard services;
- enable foreign humanitarian response organizations to import the controlled medicines in the WHO Essential Package of Palliative Care for Humanitarian Emergencies and Crises for use in such situations.[2]

Ensure that all domestic humanitarian response programme and teams:

- receive training in palliative care and the importance not only of saving lives but also preventing and relieving physical, psychological, social and spiritual suffering;
- are equipped with all items in the WHO Essential Package of Palliative Care for Humanitarian Emergencies and Crises;[2]
- are enabled to recruit local mental health care providers:
  – to provide culturally and linguistically appropriate acute psychosocial care;
  – to provide long-term psychosocial support as needed for survivors and bereaved family members;
  – to counsel foreign humanitarian responders on culturally appropriate care.

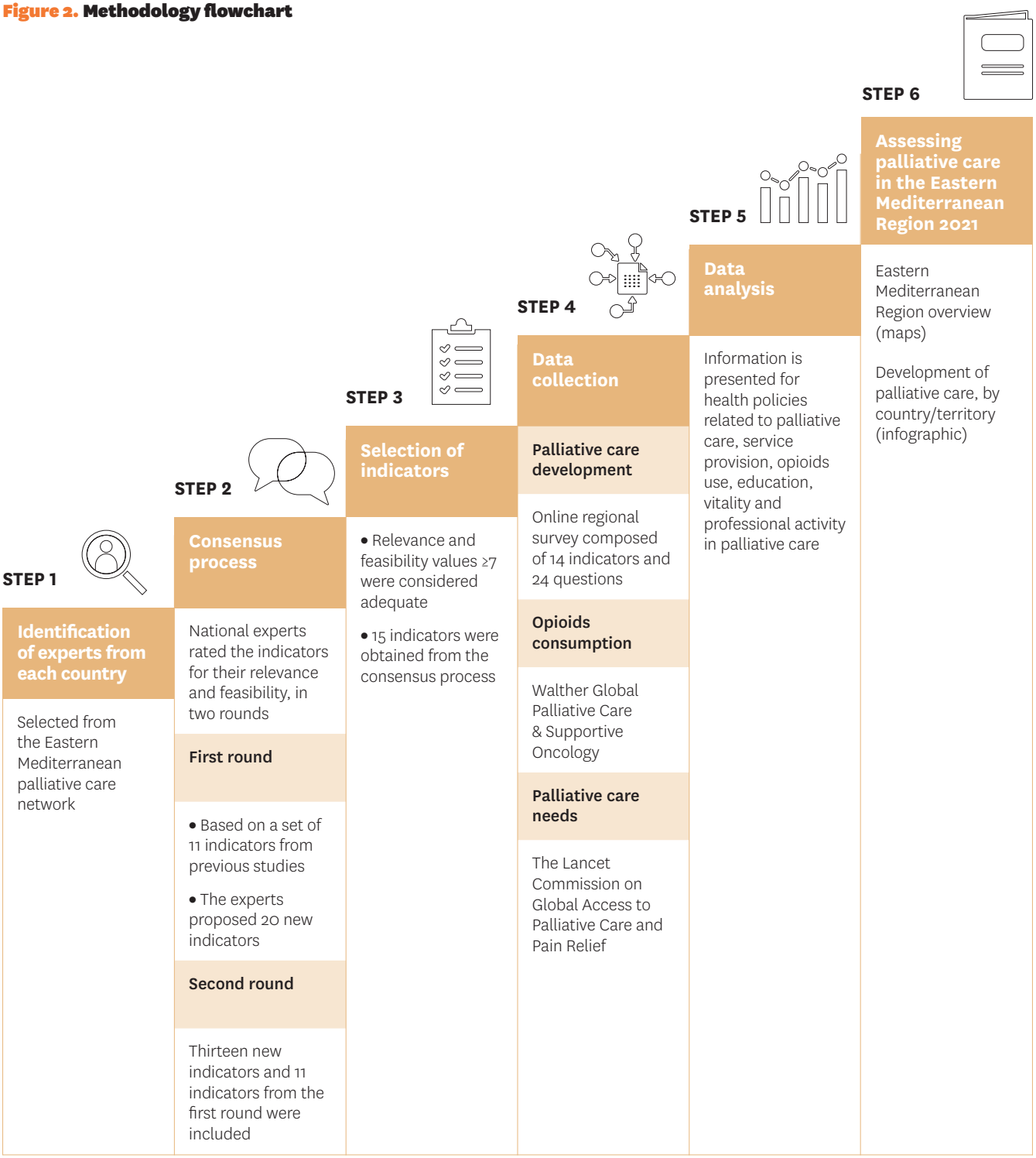
Eric Krakauer
Harvard Medical School

[1] Health and well-being profile of the Eastern Mediterranean Region: an overview of the health situation in the Region and its countries in 2019. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020.

[2] Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises: a WHO guide. Geneva: World Health Organization; 2018.

Methods of the project

Figure 2. Methodology flowchart



Methods of the project: steps 1–3

Step 1. Identification of the experts from each country

The experts engaged in this process are palliative care professionals from the Region with a deep knowledge and understanding of the reality of the state of palliative care in their countries. They have the endorsement of WHO country offices to report on the national situation of palliative care. They act in this survey as independent experts presenting their personal estimates and opinions as a result of their extensive knowledge of the national status of palliative care. They were primarily selected from the Eastern Mediterranean palliative care network, while additional experts were identified among remaining countries to complete the list.

Step 2. Consensus process

Based on a set of 11 indicators from previous studies, a consensus process was designed through an online survey with two rounds. National experts rated the set of initial indicators on a scale from 1 to 9 for their relevance (the degree to which an indicator reflects the development of palliative care at the national level); and feasibility (the degree to which an indicator can be readily obtained or collected by regional palliative care experts). During the first round, the experts proposed 20 new indicators. These were analysed by the research group and 13 indicators related to public awareness, education, research, vitality and provision of palliative care services were included for scoring in the second round.

Step 3. Selection of indicators

For the selection of indicators, the average of the relevance and feasibility values was calculated (score). Values greater than or equal to 7 were considered adequate. To verify the coherence between the experts' scores, the content validity index (CVI) was calculated as the number of experts computing the highest values on the score (7–9 points) divided by the number of experts. A CVI of 1 indicates 100% unanimity among experts. Thirteen experts participated in the first round and 11 in the second round. The countries represented by experts were Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Morocco, Pakistan and Saudi Arabia. A total of 15 indicators reached a score higher than 7, of which five indicators corresponded to the health policy component; three to education for palliative care; two to the use of medicines; three to the provision of palliative care services; and three to vitality and professional activity.

Table 3. Selected indicators

INDICATORS	RELEVANCE	FEASIBILITY	CVI
Existence of a current national palliative care plan, programme, policy or strategy	8	8	1
Number of specialized palliative care services in the country per capita	8	7	1
Children's palliative care provision	8	7	1
Allocation of funds for palliative care in the national health budget by ministry of health or equivalent government agency	8	6	1
Pre-qualification education for doctors/nurses	8	8	0,9
Availability of morphine and other strong opioids	8	8	0,9
Inclusion of palliative care services in the basic package of health services	8	7	0,9
Existence of professional vitality regarding palliative care	8	7	0,9
Reported annual opioid consumption –excluding methadone– in morphine equivalence per capita	8	7	0,8
Existence of a specific palliative care national law	7	6	0,8
Level of public awareness of palliative care in the country	7	6	0,8
Existence of a process of official specialization in palliative medicine for physicians, recognized by the competent authority	7	8	0,7
Palliative care included in health insurance plans	7	6	0,7
Availability of centres of excellence for palliative clinical care, education and research	7	6	0,6
Existence of grants to finance palliative care research	7	6	0,5

Methods of the project: steps 4 and 5

Step 4. Data collection

An online survey composed of 14 indicators and 24 questions was created and disseminated by email to national experts, encouraging them to collaborate with official sources (e.g. health ministries or government organizations) for obtaining the information on palliative care development in the country/territory. The regional survey was answered by 11 of the 17 (65%) countries with identified informants, namely Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Morocco*, occupied Palestinian territory, Oman, Pakistan, Qatar and Saudi Arabia, which represents 50% of the countries and territories in the Region. For the consumption of opioids, information is presented from 16 countries/territories in the Region.

The indicator for national consumption of morphine per capita was not included in the survey due to its specificity, and was instead obtained from global reports prepared by Walther Global Palliative Care & Supportive Oncology at Indiana University (IU) School of Medicine and IU Simon Comprehensive Cancer Center, Indiana, United States of America.[1] The need for palliative care in the Region, as described in this atlas, was obtained from the Serious health-related suffering database, 2015, of the Lancet Commission on Global Access to Palliative Care and Pain Relief.[2] The socioeconomic and health data used were collected mainly from The World Bank databases and WHO Regional Office for the Eastern Mediterranean reports.

Step 5. Data analysis

A descriptive analysis by component of the WHO strategy for the integration of palliative care in health systems is presented in this document.

Table 4. Selected indicators, by WHO dimension

WHO DIMENSION	INDICATOR
POLICY	Existence of a current national palliative care plan, programme, policy or strategy
	Existence of a specific palliative care national law
	Inclusion of palliative care services in the basic package of health services
	Allocation of funds for palliative care in the national health budget by ministry of health or equivalent government agency
	Palliative care included in health insurance plans
SERVICE PROVISION	Provision of services (considering type and geographical spread)
	Children´s palliative care provision
	Availability of centres of excellence for palliative clinical care, education and research
USE OF MEDICINES	Availability of morphine and other strong opioids
	Country consumption of morphine per capita
EDUCATION	Existence of a process of official specialization in palliative medicine for physicians, recognized by the competent authority
	Pre-qualification education for doctors/nurses
PALLIATIVE CARE VITALITY AND PROFESSIONAL ACTIVITY	Existence of meetings, associations, journals, conferences, guidelines and collaborations in palliative care
	Existence of grants to finance palliative care research
	Level of public awareness of palliative care in the country

*Reported figures about Morocco were not provided nor endorsed by the Ministry of Health.
[1] Available at https://walthercenter.iu.edu.
[2] Available at https://hospicecare.com/what-we-do/resources/global-data-platform-to-calculate-shs-and-palliative-care-need/database/.

Methods of the project: cartography and limitations and constraints

Cartography

The cartography was developed by Danny van Steijn under the supervision of Professor Juan José Pons from the Department of History, History of Art and Geography of the University of Navarra. The software used for map construction is ArcGIS Pro, version 10.5. The digital coverage used for the country boundaries has a detailed scale of 1:10 000 000 and was obtained from WHO. For the cities, a point map was used from Esri ArcGIS Online.

The projection used for all the maps is Loximuthal with the central meridian on 30 and with a 30° rotation. The scale is 1:45 000 000 for the full-page maps and 1:90 000 000 for the smaller context maps. There are several types of maps utilized for the thematic representation. Choropleth and symbol maps are used for categorical and quantitative variables. Proportional symbol maps and chart maps are used for quantitative data.

In terms of stylistic representation, "ranges" of constant colours have been adopted and used throughout this publication: "beige to orange" for choropleths and "blue" for symbols and charts. This was done to enhance the overall homogeneity and coherence with the previous atlas developed for the Region. Neither the inclusion nor names of any territories for which results are presented or the boundaries and designations used on the map imply the expression of any opinion whatsoever on the part of the authors concerning the legal status or delimitation of any country, territory, city or area or of its authorities.

Limitations and constraints

A relatively small ratio of countries/territories is represented in the atlas (11/22), leaving 11 countries without data, possibly associated with the selection criteria of the informants and the non-existence of palliative care activity in some of the countries. This study is based on perspectives and knowledge provided by national experts from WHO's regional network of palliative care. Although this is a widely accepted methodology for data collection, data are still considered estimations. Therefore, accuracy and precision of data can be difficult to verify in some occasions.

The ATLANTES Global Observatory of Palliative Care, based in Spain, contributed their experience and knowledge from previous international atlas studies. However, the use of new indicators (such as public awareness, centres of excellence, research grants) and their limited evidence on the exploration of palliative care activity in national health systems should be taken into consideration.

Thematic maps

Chapter 1. Specialized palliative care services

There are 91 specialized palliative care services identified in the Eastern Mediterranean Region. Saudi Arabia is the country with the highest total number of services. Eight of the countries have hospital support teams specialized in palliative care and palliative care units for inpatients; four countries have hospice-type hospital resources. In eight countries there are home care programmes and seven countries have outpatient services for patients. The density of services per 100 000 inhabitants is 0.05 ± 0.03, with a higher density of services in Lebanon, Qatar and Saudi Arabia.

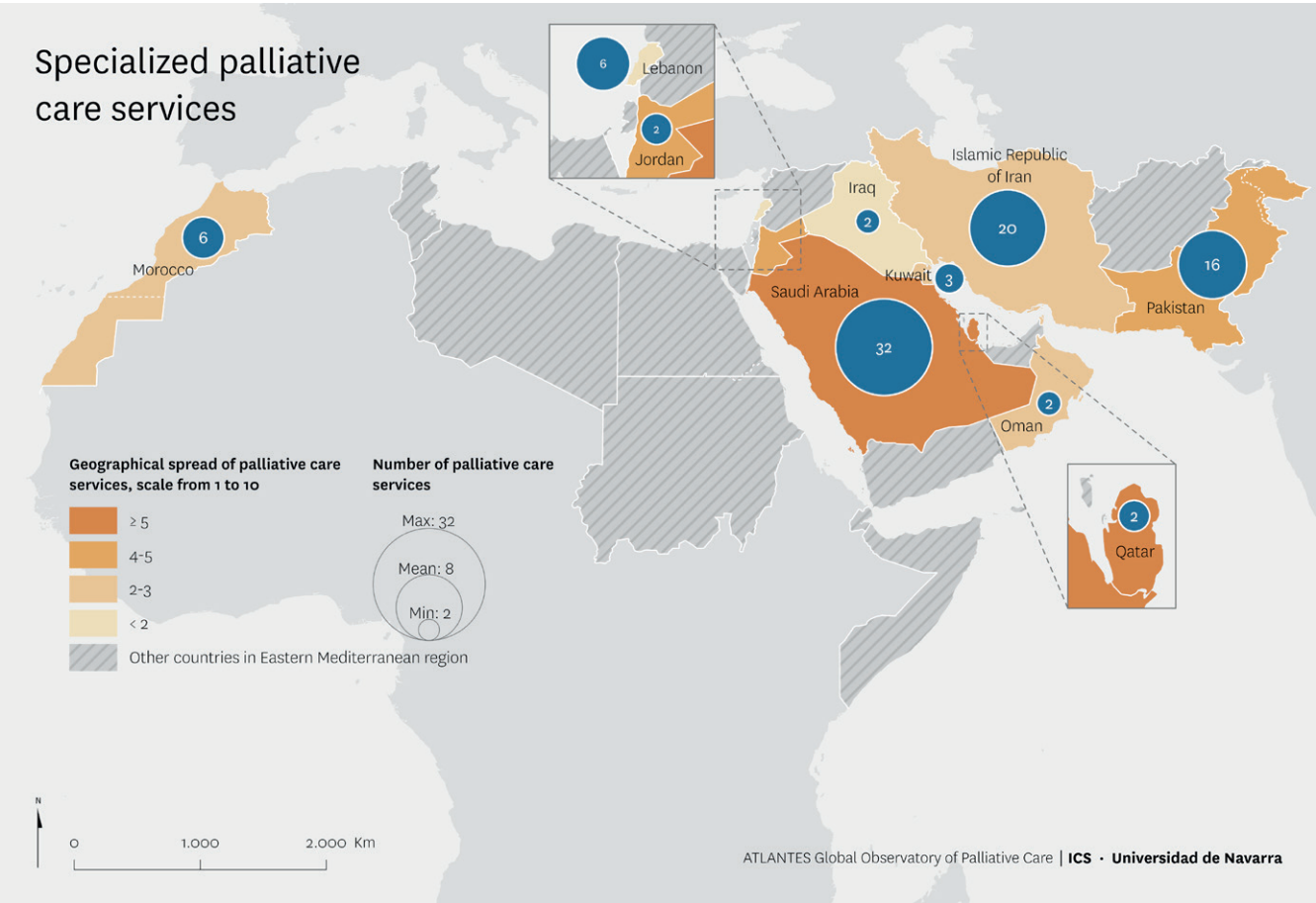
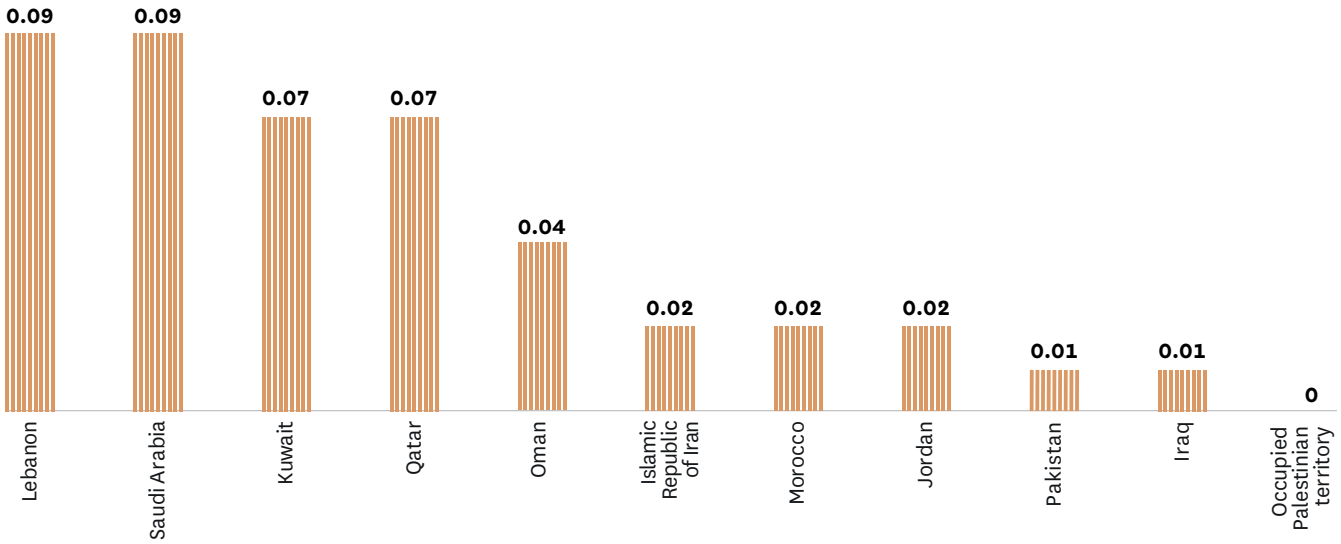


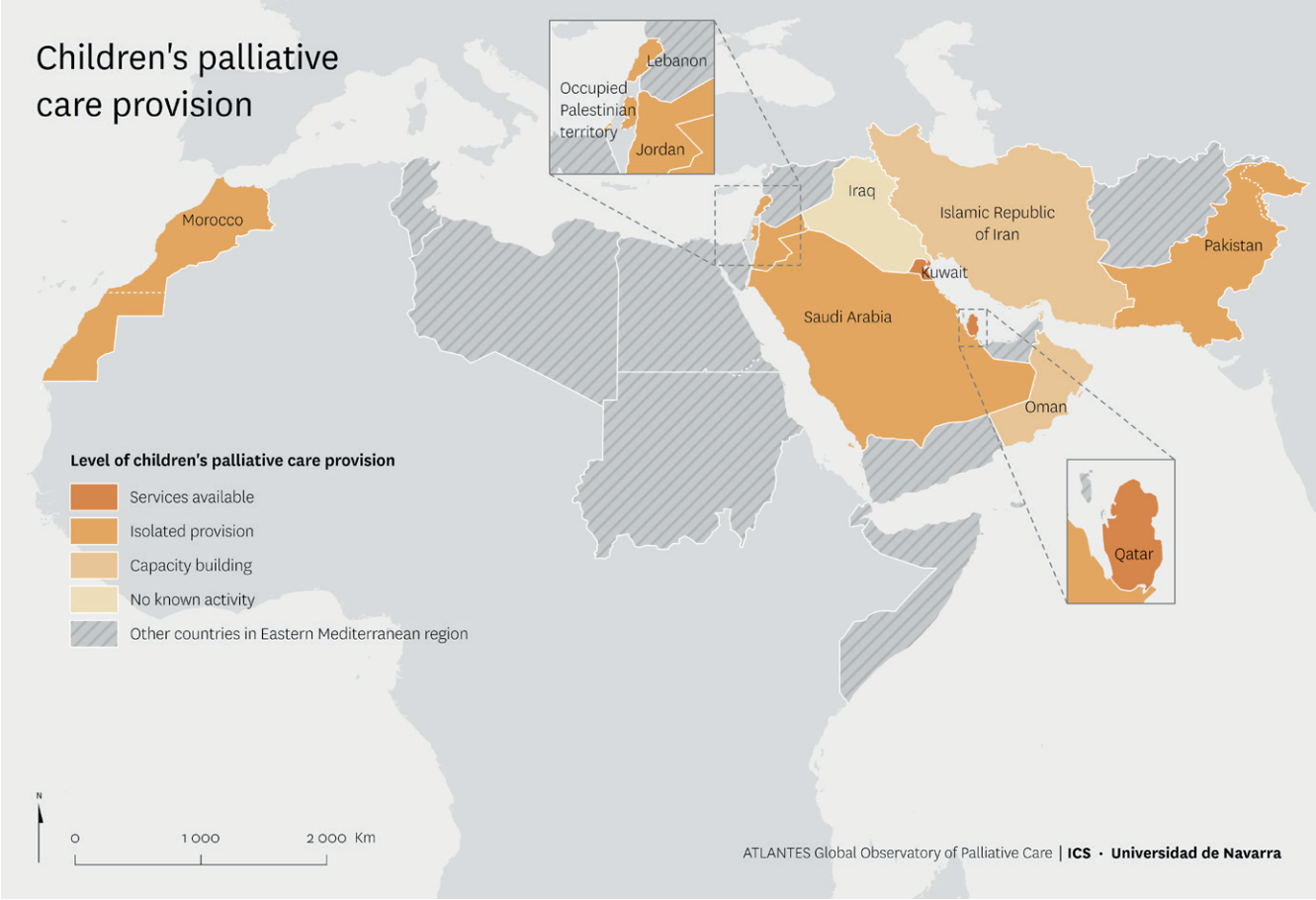
Table 5. Availability and geographical spread* of palliative care services

COUNTRY/TERRITORY	HOME PALLIATIVE CARE TEAMS	GEOGRAPHICAL SPREAD*	INPATIENT PALLIATIVE CARE UNITS IN HOSPITALS (PUBLIC AND PRIVATE)	GEOGRAPHICAL SPREAD*	SPECIALIZED HOSPITAL PALLIATIVE CARE SUPPORT TEAMS	GEOGRAPHICAL SPREAD*	INPATIENT HOSPICES	GEOGRAPHICAL SPREAD*	OUTPATIENT FACILITIES	GEOGRAPHICAL SPREAD*
Iran (Islamic Republic of)	Yes	7	Yes	2	No	-	No	-	No	-
Iraq	No	-	No	-	No	-	No	-	No	-
Jordan	Yes	7	Yes	1	Yes	5	Yes	1	Yes	7
Kuwait	Yes	7	Yes	1	Yes	1	Yes	1	Yes	1
Lebanon	Yes	2	Yes	2	Yes	1	No	-	Yes	2
Morocco	Yes	3	Yes	3	Yes	3	No	-	Yes	3
Occupied Palestinian territory	No	-	No	-	No	-	No	-	No	-
Oman	Yes	5	Yes	3	Yes	2	No	-	Yes	2
Pakistan	Yes	2	Yes	5	Yes	3	Yes	3	Yes	5
Qatar	No	-	Yes	6	Yes	6	no	-	Yes	6
Saudi Arabia	Yes	4	Yes	7	Yes	7	Yes	3	Yes	7

* Geographical spread is evaluated for a scale from 1 to 10, 1 being highly restricted to very few locations across the country, 10 being widely available.

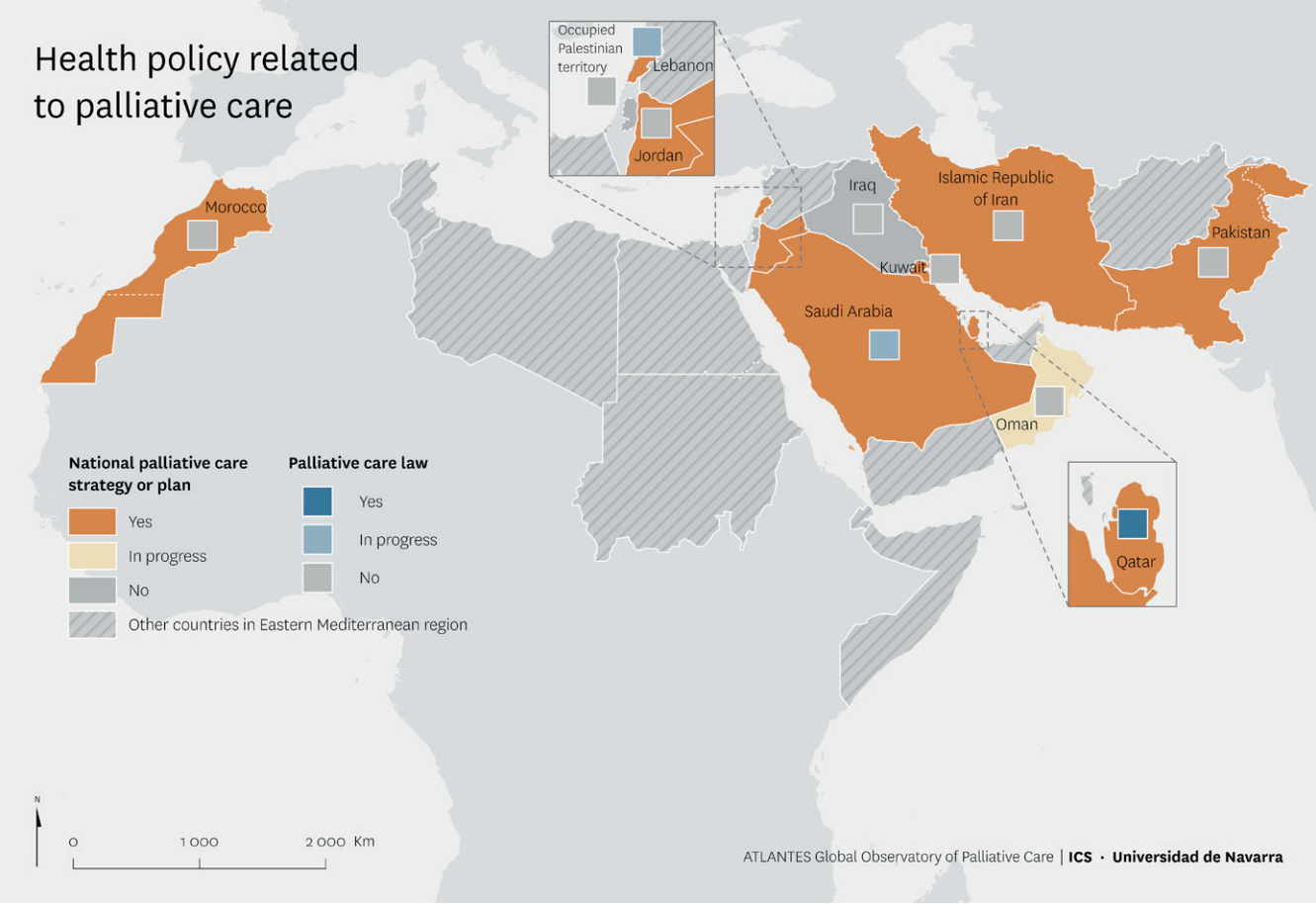
Figure 3. Provision of specialized palliative care services per 100 000 inhabitants




Children's palliative care provision
Lebanon
Occupied Palestinian territory
Jordan
Iraq
Islamic Republic of Iran
Pakistan
Morocco
Kuwait
Saudi Arabia
Oman
Qatar
Level of children's palliative care provision
Services available
Isolated provision
Capacity building
No known activity
Other countries in Eastern Mediterranean region
N
0
1 000
2 000 Km
ATLANTES Global Observatory of Palliative Care | ICS · Universidad de Navarra

Chapter 2. Health policy related to palliative care in the Eastern Mediterranean Region

Six of the countries have a specific national strategy or plan for palliative care (Saudi Arabia, Kuwait, Qatar, Islamic Republic of Iran, Lebanon and Jordan) and two have a reference to palliative care in national cancer strategies (Morocco and Pakistan). In three of the countries the national palliative care strategy has been implemented and is periodically evaluated (Saudi Arabia, Kuwait and Qatar). Six countries have a designated person within the ministry of health or its equivalent with responsibility for palliative care.



Six countries report having allocation of funds for palliative care in the national health budget, while in three of the countries the source of financing for palliative care provision is from private health insurance, direct payment to health centres or nongovernmental organizations.

Table 6. Palliative care-related health policies

COUNTRY/ TERRITORY	PALLIATIVE CARE NATIONAL STRATEGY		PALLIATIVE CARE LAW		DNAR*	
	YES	NO	YES	NO	YES	NO
Iran (Islamic Republic of)	●			●		●
Iraq	●			●		●
Jordan	●			●		
Kuwait	●			●		●
Lebanon	●			●	●	
Morocco	●			●		●
Occupied Palestinian territory				●		●
Oman		●		●	●	
Pakistan	●			●		●
Qatar	●		●		●	
Saudi Arabia	●			●	●	

* Do-not-resuscitate related laws and regulations

Table 7. Palliative care funding

COUNTRY/ TERRITORY	PALLIATIVE CARE INCLUDED IN BASIC PACKAGE	PALLIATIVE CARE IN THE NATIONAL HEALTH BUDGET	PRIVATE HEALTH INSURANCE
Iran (Islamic Republic of)	✗	✗	✗
Iraq	✗	✓	✓
Jordan	✓	✓	✓
Kuwait	✓	✓	DK
Lebanon	✓	✓	✓
Morocco	✗	✗	✗
Occupied Palestinian territory	✗	✗	✗
Oman	✓	✓	✓
Pakistan	✗	✗	✓
Qatar	✓	✓	✓
Saudi Arabia	✓	✓	✓

DK: Don't know

Chapter 3. Use of opioids

An average of 2.40 mg per person of opioid consumption in oral equivalents of oral morphine is identified for 16 countries of the Eastern Mediterranean Region as of 2017. Within the Region, notable differences can be observed in total opioid consumption. Saudi Arabia, Bahrain and Kuwait are in the top quartile of regional consumption with values between 5.8 and 7.2 mg per capita and six countries report an opioid consumption of 0.0 mg per capita.

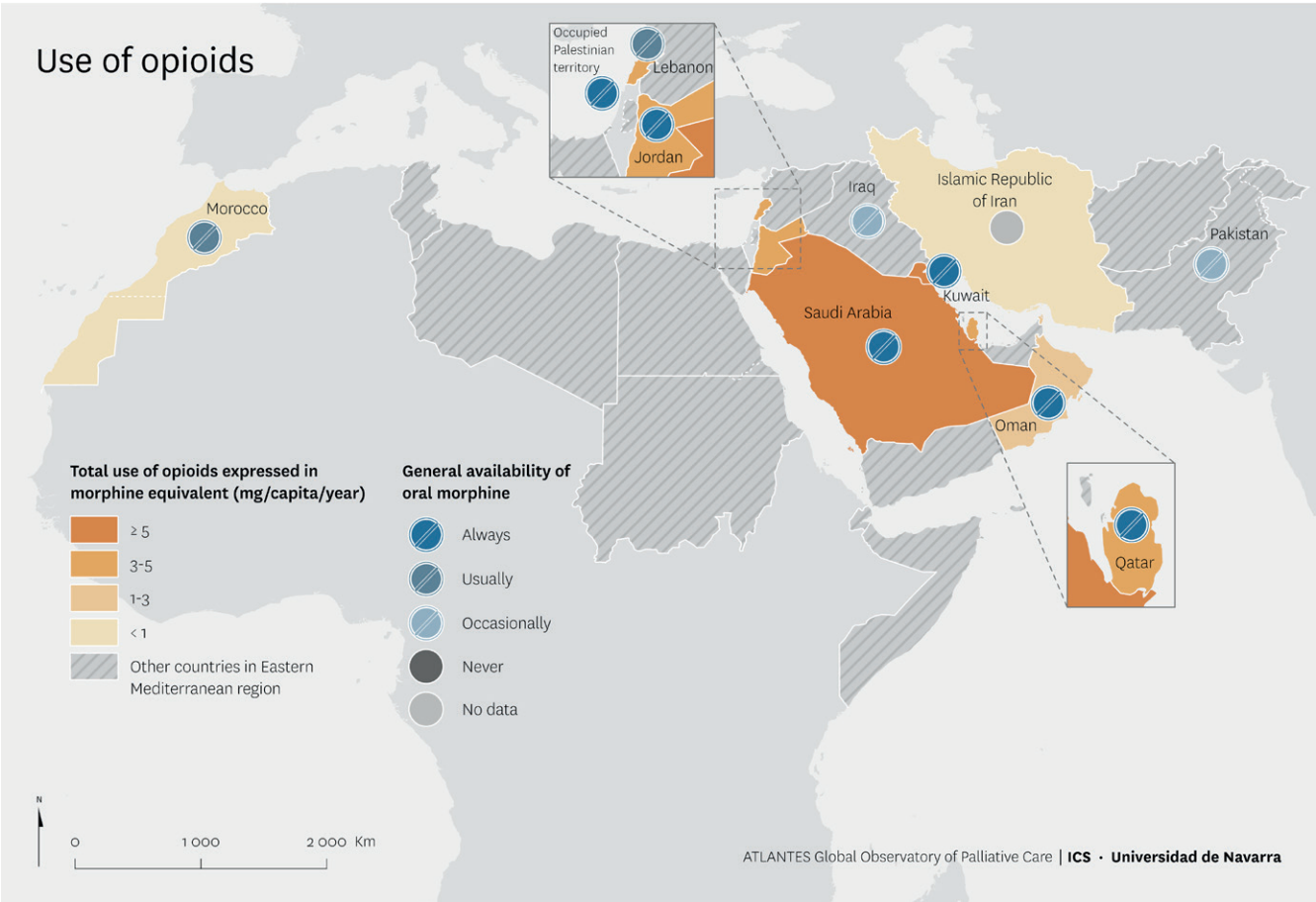
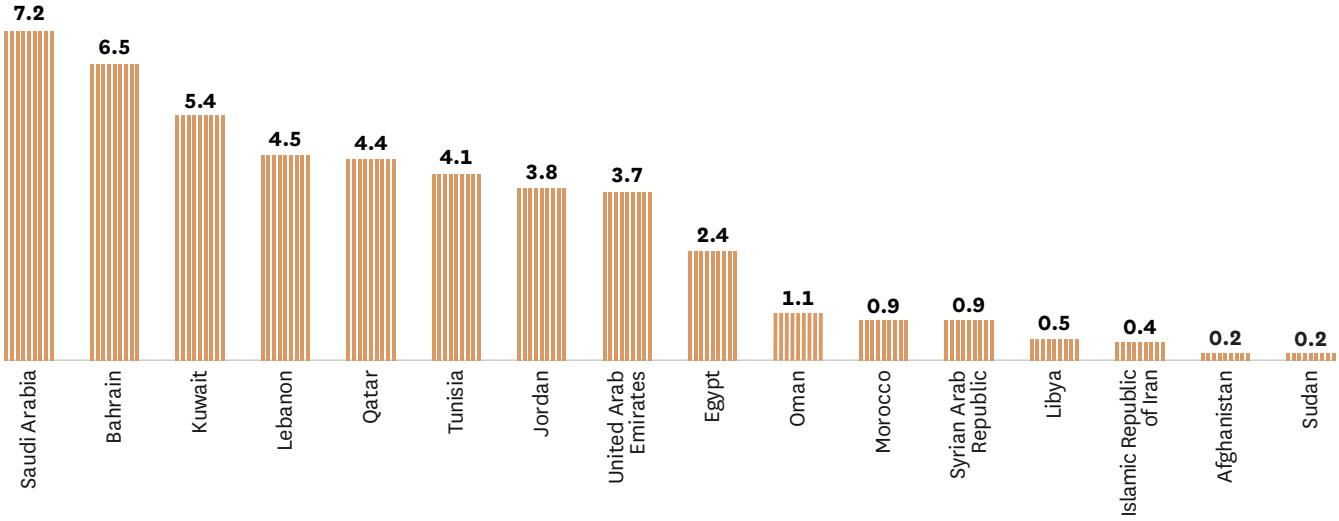


Figure 4. Consumption of strong opioids in morphine equivalent, excluding methadone*



* Source: Walther Global Palliative Care & Supportive Oncology, data 2017.

Six countries or territories in the Region report always having oral and injectable morphine availability and four report occasional availability of injectable morphine and usual availability of oral morphine.

All countries or territories report a constant availability of drugs at the first level of the WHO analgesic ladder, five report permanent availability of tramadol and codeine, and three countries report constant availability of fentanyl.

Table 8. Availability of immediate-release morphine

COUNTRY	INJECTABLE MORPHINE	ORAL MORPHINE
Iran (Islamic Republic of)	Always	DK
Iraq	Usually	Occasionally
Jordan	Always	Always
Kuwait	Always	Always
Lebanon	Usually	Usually
Morocco	Occasionally	Usually
Occupied Palestinian territory	Always	Always
Oman	Always	Always
Pakistan	Occasionally	Occasionally
Qatar	Always	Always
Saudi Arabia	Always	Always

DK: Don't know

Table 9. Availability of the WHO analgesic ladder

COUNTRY	STEP 1 (E.G. PARACETAMOL, ASPIRIN)	STEP 2 (E.G. CODEINE, TRAMADOL)	STEP 3 (E.G. MORPHINE, FENTANYL)
Iran (Islamic Republic of)	Always	Usually	Usually
Iraq	Always	Usually	Occasionally
Jordan	Always	Always	Usually
Kuwait	Always	Always	Always
Lebanon	Always	Usually	Occasionally
Morocco	Always	Usually	Occasionally
Occupied Palestinian territory	Always	Usually	Usually
Oman	Always	Always	Usually
Pakistan	Always	Always	Occasionally
Qatar	Usually	Occasionally	Always
Saudi Arabia	Always	Always	Always

Chapter 4. Palliative care education across the Eastern Mediterranean Region

Six of the countries report the existence of official palliative medicine specialization programmes, of which four are at the sub-specialty level and two are specialty. In Iraq, Kuwait and the occupied Palestinian territory, a specialization carried out abroad is officially recognized. In Oman the specialization programme is in process and in Morocco, informal training processes are available.

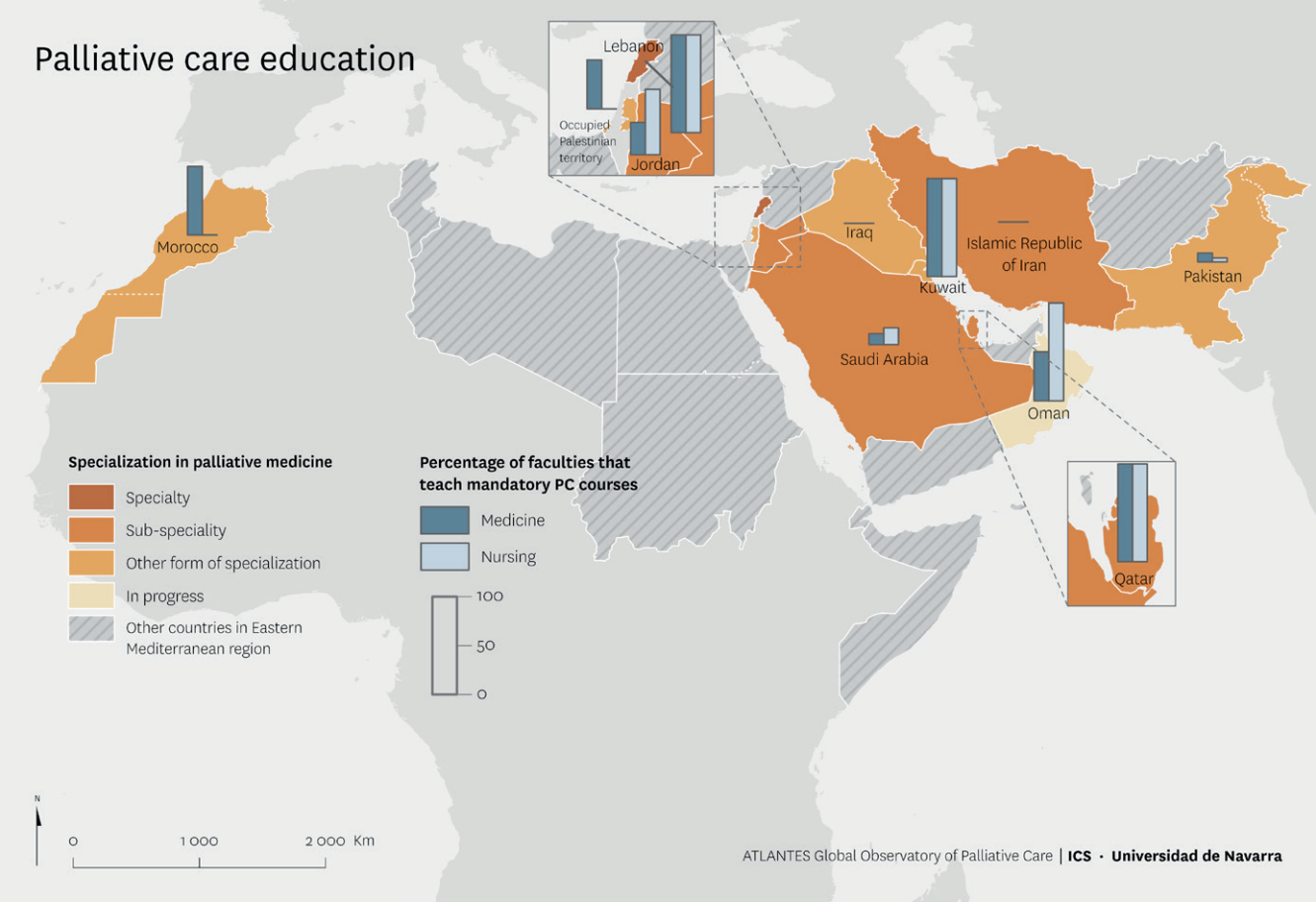


Figure 4. Palliative care education

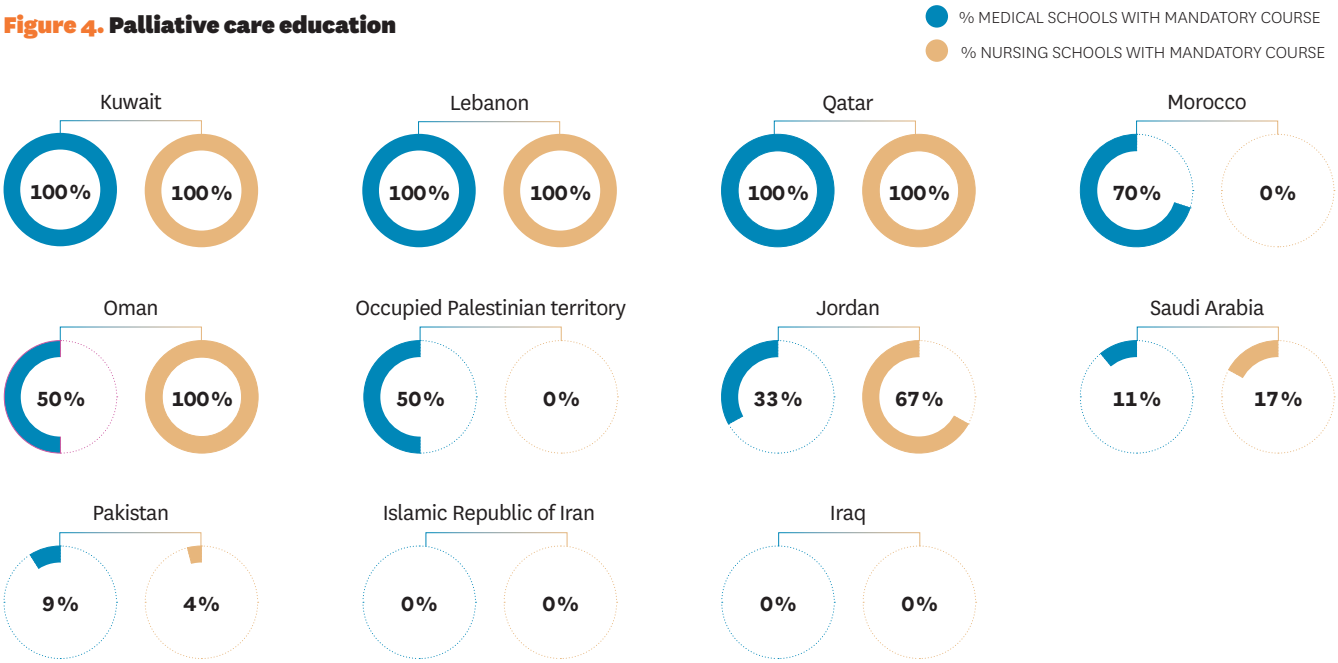


Figure 5. Number of certified palliative care professionals

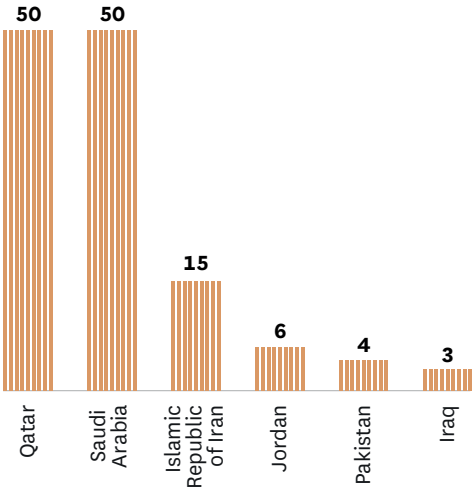
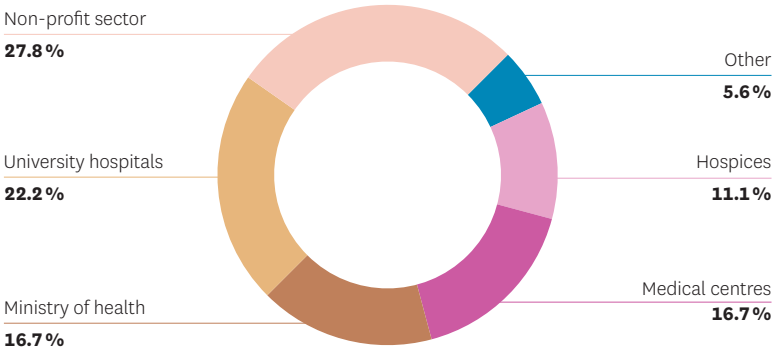


Figure 6. Other institutions where teaching of palliative care is available



Chapter 5. Palliative care vitality across the Eastern Mediterranean Region

Various resources and activities are identified in the Region for the promotion of palliative care, including the existence of professional and policy meetings on palliative care (six countries); national conferences on palliative care (five countries); clinical guidelines or standards (six countries); and professional cooperation with other specialties outside palliative care (nine countries).

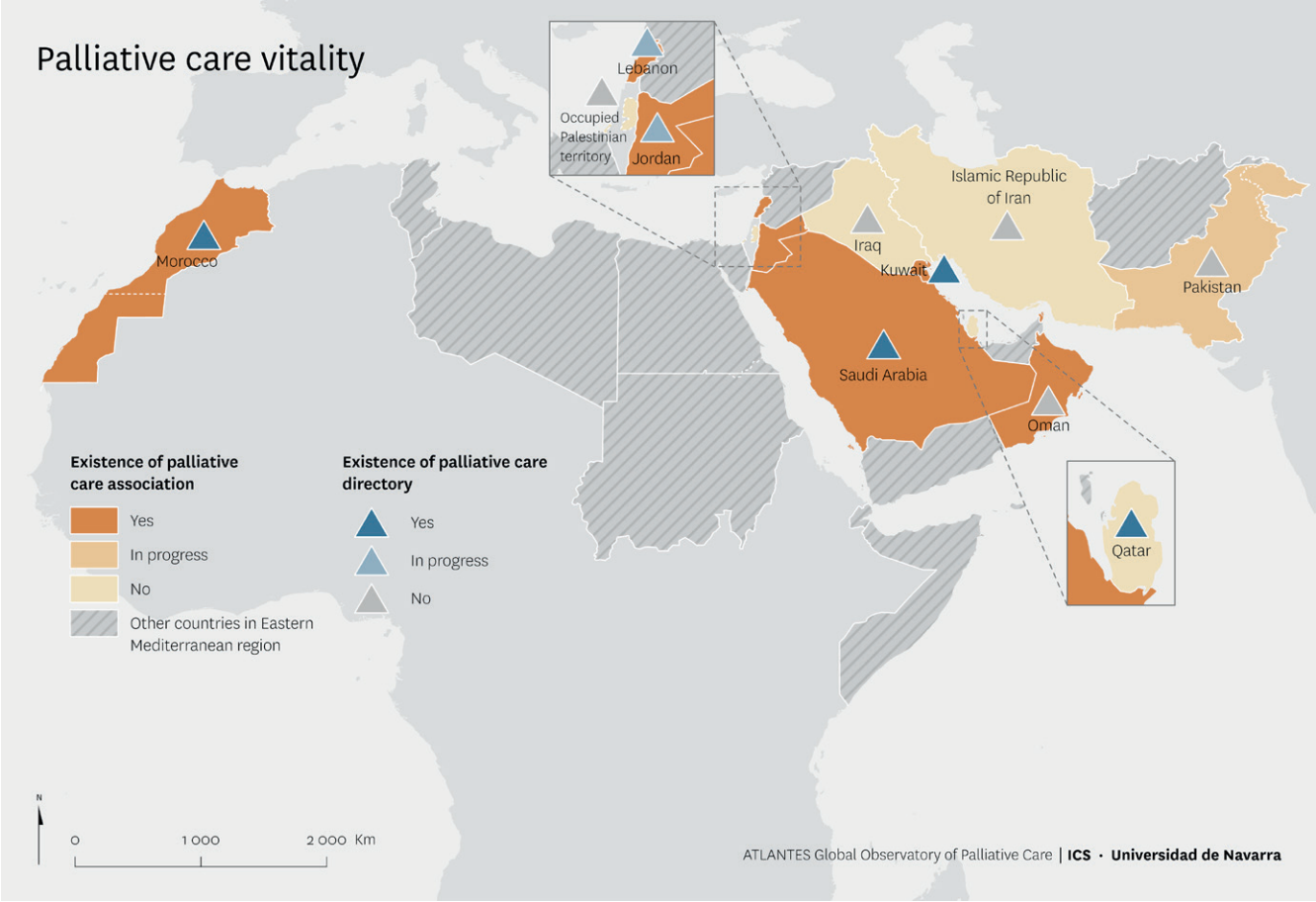


Table 10. Palliative care vitality

COUNTRY	EVIDENCE OF PALLIATIVE CARE PROFESSIONAL OR POLICY MEETINGS	A DIRECTORY OF PALLIATIVE CARE SERVICES THAT IS UPDATED REGULARLY	PALLIATIVE CARE CLINICAL STANDARDS OR CLINICAL GUIDELINES	A NATIONAL PALLIATIVE CARE CONFERENCE ONCE EVERY YEAR OR ONCE EVERY TWO YEARS	EVIDENCE OF PROFESSIONAL COOPERATION WITH OTHER SPECIALTIES OUTSIDE PALLIATIVE CARE
Iran (Islamic Republic of)	Yes	No	No	Yes	Yes
Iraq	No	No	No	No	Yes
Jordan	Yes	No	Yes	Yes	Yes
Kuwait	Yes	Yes	Yes	No	Yes
Lebanon	Yes	No	No	Yes	Yes
Morocco	No	Yes	Yes	No	Yes
Occupied Palestinian territory	No	No	No	No	No
Oman	No	No	Yes	No	Yes
Pakistan	No	No	No	Yes	Yes
Qatar	Yes	Yes	Yes	No	Yes
Saudi Arabia	Yes	Yes	Yes	Yes	No

DK: Don't know

Table 11. Palliative care national association

COUNTRY	ASSOCIATION	YEAR OF ESTABLISHMENT
Jordan	Jordan Palliative Care & Pain Management Society	2008
Kuwait	Palliative Care Association - KMA (Kuwait Medical Association)	2018
Lebanon	The Pain Relief and Palliative Care Group	2010
	National Committee for Pain Relief and Palliative Care	
	Balsam - Lebanese Center for Palliative Care	
Morocco	Moroccan Society of Palliative Care and Study of Pain	1995
Oman	Oman Palliative Care	2018
Saudi Arabia	Association of Hospice and Specialist Palliative Care Social Workers	2013

Country information

Iran (Islamic Republic of)

General data

Population (2019)
82 913 906

Physicians per 1 000 inhabitants 2014–2018:
1.6

Socioeconomic data

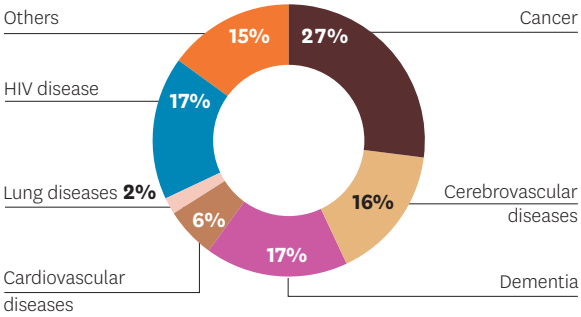
Health expenditure per capita (current US$) (2017)
475.47

Country income level (2019)
Upper-middle

PALLIATIVE CARE NEEDS

362 058
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

20
Total number of palliative care services

0.02
Total number of palliative care services per 100 000 people

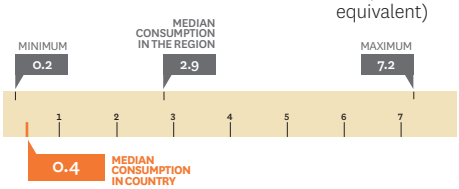
3/10
Geographical spread of palliative care services

Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- Isolated provision
- **Capacity-building**
- Not known

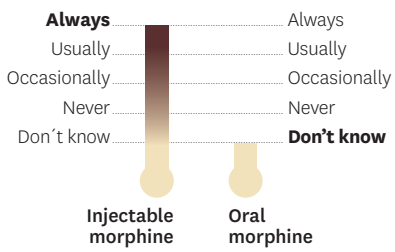
USE OF MEDICINES

Consumption of morphine per capita (2017)



0.4
mg/capita/year (opioids, morphine equivalent)

Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / NO — *sub-specialty*

0/65
Medical schools with a dedicated mandatory palliative care subject

0/192
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	YES / NO
Specific palliative care national law	YES / NO
Palliative care services in the basic package of health services	YES / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / NO
Palliative care included in health insurance plans	YES / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	YES / NO
Palliative care national association	YES / NO
A directory of palliative care services that is updated regularly	YES / NO
Palliative care clinical standards or clinical guidelines	*In progress*
A national journal of palliative care	YES / NO
A national palliative care conference once every year or once every two years	YES / NO
Professional cooperation with other specialties outside palliative care	YES / NO
Grants to finance palliative care research	*Some*
Level of public awareness of palliative care in the country	*Most people don't care about palliative care*

Iraq

General data

Population (2019)
39 309 783

Physicians per 1 000 inhabitants 2014–2018:
0.7

Socioeconomic data

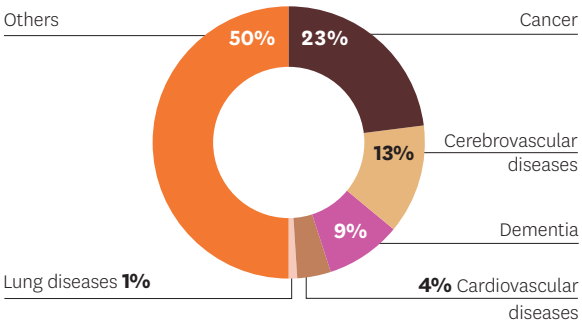
Health expenditure per capita (current US$) (2017)
210.31

Country income level (2019)
Upper-middle

PALLIATIVE CARE NEEDS

143 230
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

2
Total number of palliative care services

0.01
Total number of palliative care services per 100 000 people

1/10
Geographical spread of palliative care services

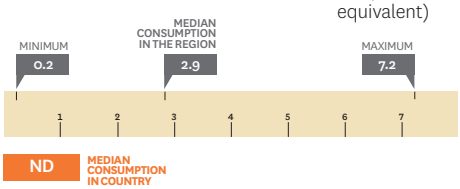
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- Isolated provision
- Capacity-building
- **Not known**

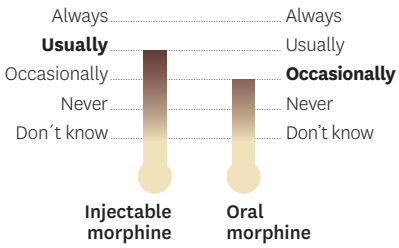
USE OF MEDICINES

Consumption of morphine per capita (2017)

ND
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / **NO**

0/22
Medical schools with a dedicated mandatory palliative care subject

0/30
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	YES / **NO**
Specific palliative care national law	YES / **NO**
Palliative care services in the basic package of health services	YES / **NO**
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	**YES** / NO
Palliative care included in health insurance plans	**YES** / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	*In progress*
Palliative care national association	YES / **NO**
A directory of palliative care services that is updated regularly	YES / **NO**
Palliative care clinical standards or clinical guidelines	YES / **NO**
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	YES / **NO**
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*Almost none*
Level of public awareness of palliative care in the country	*Most people don't care about palliative care*

Jordan

General data

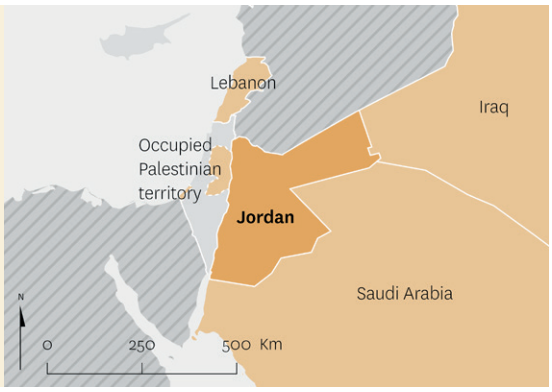
Population (2019)
10 101 694

Physicians per 1000 inhabitants 2014–2018:
2.3

Socioeconomic data

Health expenditure per capita (current US$) (2017)
340.66

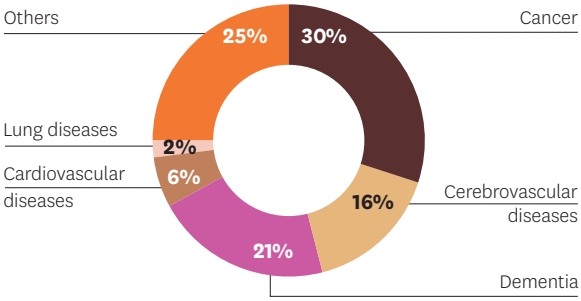
Country income level (2019)
Upper-middle



PALLIATIVE CARE NEEDS

24 365
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

2
Total number of palliative care services

0.02
Total number of palliative care services per 100 000 people

4/10
Geographical spread of palliative care services

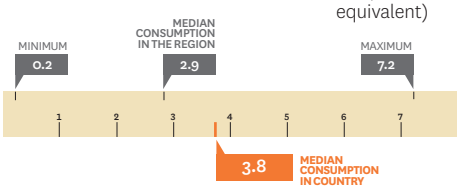
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- **Isolated provision**
- Capacity-building
- Not known

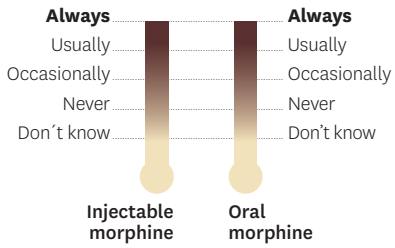
USE OF MEDICINES

Consumption of morphine per capita (2017)

3.8
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / NO

2/6
Medical schools with a dedicated mandatory palliative care subject

6/9
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	**YES** / NO
Specific palliative care national law	YES / **NO**
Palliative care services in the basic package of health services	**YES** / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / **NO**
Palliative care included in health insurance plans	**YES** / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	**YES** / NO
Palliative care national association	**YES** / NO
A directory of palliative care services that is updated regularly	*In progress*
Palliative care clinical standards or clinical guidelines	**YES** / NO
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	**YES** / NO
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*Many*
Level of public awareness of palliative care in the country	*Some sectors of the society recognize the importance of palliative care*

Kuwait

General data

Population (2019)
4 207 083

Physicians per 1000 inhabitants 2014–2018:
2.6

Socioeconomic data

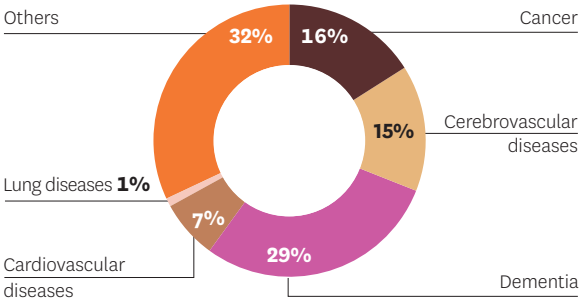
Health expenditure per capita (current US$) (2017)
1 529.08

Country income level (2019)
High

PALLIATIVE CARE NEEDS

6 812
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

3
Total number of palliative care services

0.07
Total number of palliative care services per 100 000 people

2/10
Geographical spread of palliative care services

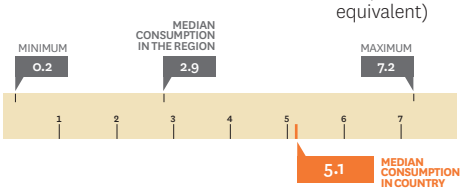
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- **Generalized provision**
- Isolated provision
- Capacity-building
- Not known

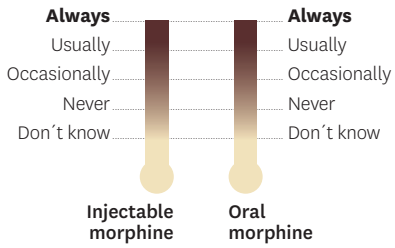
USE OF MEDICINES

Consumption of morphine per capita (2017)

5.1
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / **NO**

1/1
Medical schools with a dedicated mandatory palliative care subject

1/1
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	**YES** / NO — *Cancer*
Specific palliative care national law	*Don´t know*
Palliative care services in the basic package of health services	**YES** / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	**YES** / NO
Palliative care included in health insurance plans	*Don´t know*

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	**YES** / NO
Palliative care national association	**YES** / NO
A directory of palliative care services that is updated regularly	**YES** / NO
Palliative care clinical standards or clinical guidelines	**YES** / NO
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	*In progress*
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*Don´t know*
Level of public awareness of palliative care in the country	*Some sectors of the society recognize the importance of palliative care*

Lebanon

General data

Population (2019)
6 855 713

Physicians per 1000 inhabitants 2014–2018:
2.1

Socioeconomic data

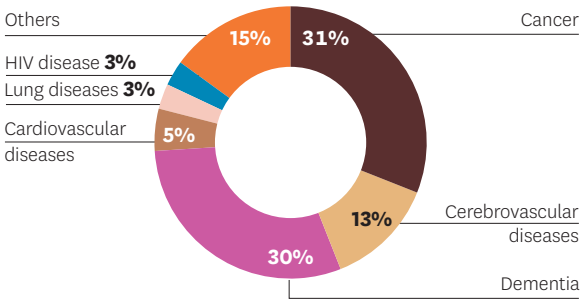
Health expenditure per capita (current US$) (2017)
719.44

Country income level (2019)
Upper-middle

PALLIATIVE CARE NEEDS

30 164
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

6
Total number of palliative care services

0.09
Total number of palliative care services per 100 000 people

2/10
Geographical spread of palliative care services

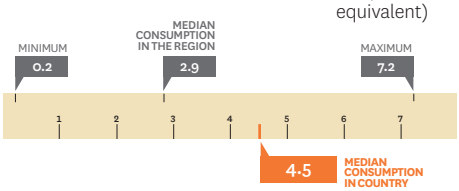
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- **Isolated provision**
- Capacity-building
- Not known

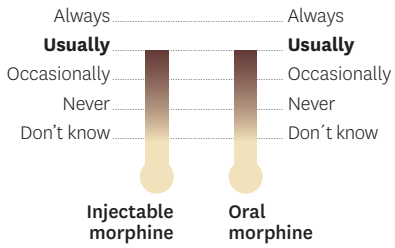
USE OF MEDICINES

Consumption of morphine per capita (2017)

4.5
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / NO

7/7
Medical schools with a dedicated mandatory palliative care subject

19/19
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	YES / NO
Specific palliative care national law	*In progress*
Palliative care services in the basic package of health services	YES / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / NO
Palliative care included in health insurance plans	YES / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	YES / NO
Palliative care national association	YES / NO
A directory of palliative care services that is updated regularly	*In progress*
Palliative care clinical standards or clinical guidelines	*In progress*
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	YES / NO
Professional cooperation with other specialties outside palliative care	YES / NO
Grants to finance palliative care research	*Almost none*
Level of public awareness of palliative care in the country	*Some sectors of the society recognize the importance of palliative care*

Morocco

General data

Population (2019)
36 471 769

Physicians per 1000 inhabitants 2014–2018:
0.7

Socioeconomic data

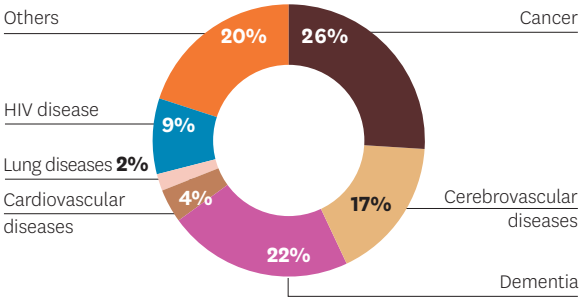
Health expenditure per capita (current US$) (2017)
161.01

Country income level (2019)
Lower-middle

PALLIATIVE CARE NEEDS

161 962
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

6
Total number of palliative care services

0.02
Total number of palliative care services per 100 000 people

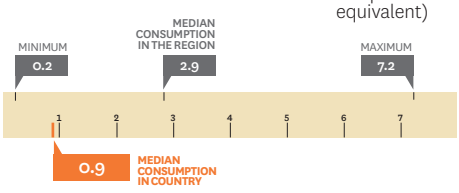
3/10
Geographical spread of palliative care services

Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- **Isolated provision**
- Capacity-building
- Not known

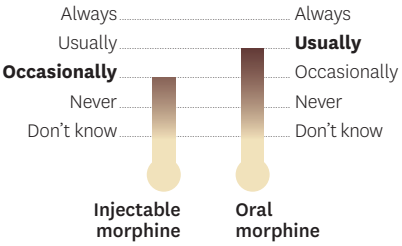
USE OF MEDICINES

Consumption of morphine per capita (2017)



0.9
mg/capita/year (opioids, morphine equivalent)

Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / **NO**

7/10
Medical schools with a dedicated mandatory palliative care subject

NA/19
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	**YES** / NO
Specific palliative care national law	YES / **NO**
Palliative care services in the basic package of health services	YES / **NO**
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / **NO**
Palliative care included in health insurance plans	YES / **NO**

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	*In progress*
Palliative care national association	**YES** / NO
A directory of palliative care services that is updated regularly	**YES** / NO
Palliative care clinical standards or clinical guidelines	**YES** / NO
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	YES / **NO**
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*Some*
Level of public awareness of palliative care in the country	*A significant proportion of the society agrees with the importance of palliative care*

DISCLAIMER: Reported figures about Morocco were not provided nor endorsed by the Ministry of Health.

Occupied Palestinian territory

General data

Population (2019)
4 685 306

Physicians per 1000 inhabitants 2014–2018:
ND

Socioeconomic data

Health expenditure per capita (current US$) (2017)
ND

Country income level (2019)
ND

PALLIATIVE CARE NEEDS

ND

persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*

PALLIATIVE CARE PROVISION

0

Total number of palliative care services

0.00

Total number of palliative care services per 100 000 people

ND/10

Geographical spread of palliative care services

Children´s palliative care provision

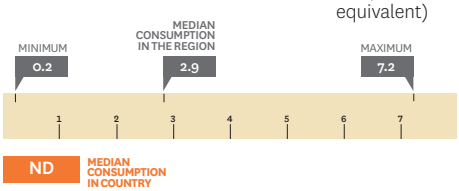
- Advanced integration
- Preliminary integration
- Generalized provision
- **Isolated provision**
- Capacity-building
- Not known

USE OF MEDICINES

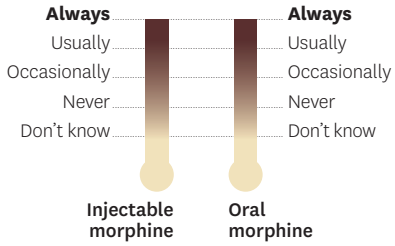
Consumption of morphine per capita (2017)

ND

mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / **NO**

1/2

Medical schools with a dedicated mandatory palliative care subject

0/7

Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	YES / **NO**
Specific palliative care national law	YES / **NO**
Palliative care services in the basic package of health services	YES / **NO**
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / **NO**
Palliative care included in health insurance plans	YES / **NO**

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	*In progress*
Palliative care national association	YES / **NO**
A directory of palliative care services that is updated regularly	YES / **NO**
Palliative care clinical standards or clinical guidelines	YES / **NO**
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	YES / **NO**
Professional cooperation with other specialties outside palliative care	YES / **NO**
Grants to finance palliative care research	*None*
Level of public awareness of palliative care in the country	*Most people don't care about palliative care*

Oman

General data

Population (2019)
4 974 986

Physicians per 1 000 inhabitants 2014–2018:
2

Socioeconomic data

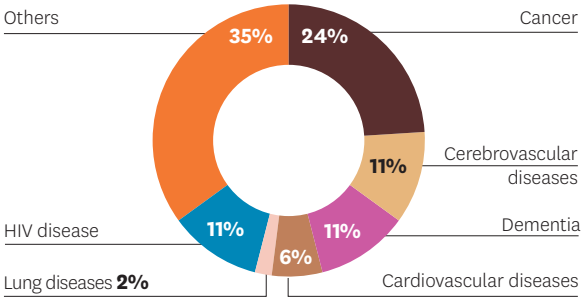
Health expenditure per capita (current US$) (2017)
587.65

Country income level (2019)
High

PALLIATIVE CARE NEEDS

8 809
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*

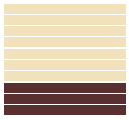


PALLIATIVE CARE PROVISION

2
Total number of palliative care services

0.04
Total number of palliative care services per 100 000 people

3/10



Geographical spread of palliative care services

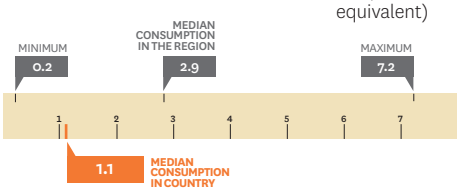
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- Isolated provision
- **Capacity-building**
- Not known

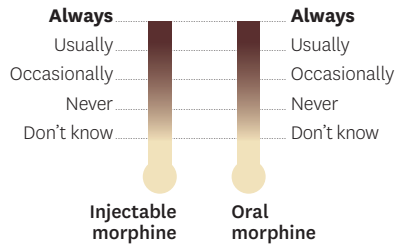
USE OF MEDICINES

Consumption of morphine per capita (2017)

1.1
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / **NO**

1/2
Medical schools with a dedicated mandatory palliative care subject

12/12
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	*In progress*
Specific palliative care national law	YES / **NO**
Palliative care services in the basic package of health services	**YES** / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	**YES** / NO
Palliative care included in health insurance plans	**YES** / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	*In progress*
Palliative care national association	**YES** / NO
A directory of palliative care services that is updated regularly	YES / **NO**
Palliative care clinical standards or clinical guidelines	**YES** / NO
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	YES / **NO**
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*Almost none*
Level of public awareness of palliative care in the country	*Some sectors of the society recognize the importance of palliative care*

Pakistan

General data

Population (2019)
216 565 318

Physicians per 1000 inhabitants 2014–2018:
1

Socioeconomic data

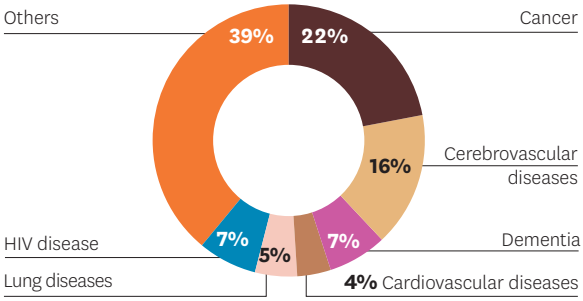
Health expenditure per capita (current US$) (2017)
44.59

Country income level (2019)
Lower-middle

PALLIATIVE CARE NEEDS

870 813
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

16
Total number of palliative care services

0.01
Total number of palliative care services per 100 000 people

4/10
Geographical spread of palliative care services

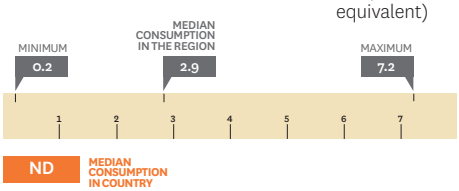
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- Generalized provision
- **Isolated provision**
- Capacity-building
- Not known

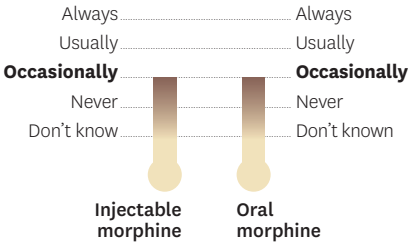
USE OF MEDICINES

Consumption of morphine per capita (2017)

ND
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / NO

10/114
Medical schools with a dedicated mandatory palliative care subject

5/125
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	YES / NO *Cancer*
Specific palliative care national law	YES / **NO**
Palliative care services in the basic package of health services	YES / **NO**
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / **NO**
Palliative care included in health insurance plans	**YES** / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	*In progress*
Palliative care national association	*In progress*
A directory of palliative care services that is updated regularly	YES / **NO**
Palliative care clinical standards or clinical guidelines	*In progress*
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	**YES** / NO
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*None*
Level of public awareness of palliative care in the country	*Some sectors of the society recognize the importance of palliative care*

Qatar

General data

Population (2019)
2 832 067

Physicians per 1000 inhabitants 2014–2018:
2.5

Socioeconomic data

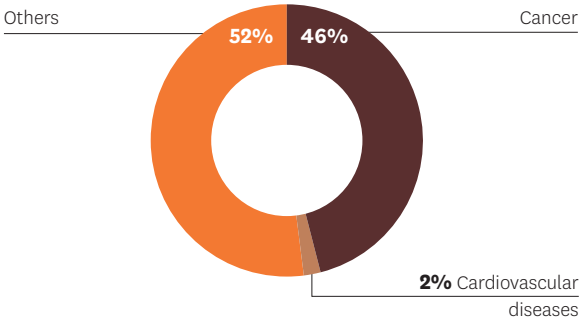
Health expenditure per capita (current US$) (2017)
1 649.19

Country income level (2019)
High

PALLIATIVE CARE NEEDS

2 271
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*



PALLIATIVE CARE PROVISION

2
Total number of palliative care services

0.07
Total number of palliative care services per 100 000 people

6/10
Geographical spread of palliative care services

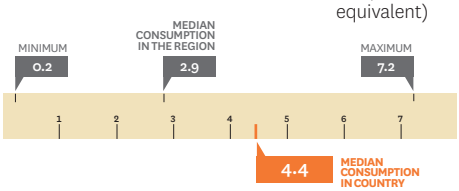
Children´s palliative care provision

- Advanced integration
- Preliminary integration
- **Generalized provision**
- Isolated provision
- Capacity-building
- Not known

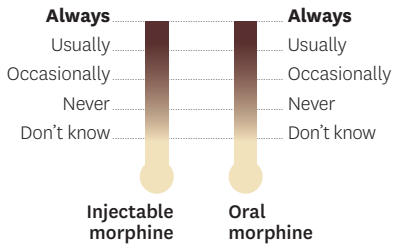
USE OF MEDICINES

Consumption of morphine per capita (2017)

4.4
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — **YES** / NO

2/2
Medical schools with a dedicated mandatory palliative care subject

1/1
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	**YES** / NO
Specific palliative care national law	**YES** / NO
Palliative care services in the basic package of health services	**YES** / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	**YES** / NO
Palliative care included in health insurance plans	**YES** / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	**YES** / NO
Palliative care national association	YES / **NO**
A directory of palliative care services that is updated regularly	**YES** / NO
Palliative care clinical standards or clinical guidelines	**YES** / NO
A national journal of palliative care	YES / **NO**
A national palliative care conference once every year or once every two years	*In progress*
Professional cooperation with other specialties outside palliative care	**YES** / NO
Grants to finance palliative care research	*Many*
Level of public awareness of palliative care in the country	*The public awareness of palliative care is generalized in the society*

Saudi Arabia

General data

Population (2019)
34 268 528

Physicians per 1000 inhabitants 2014–2018:
2.6

Socioeconomic data

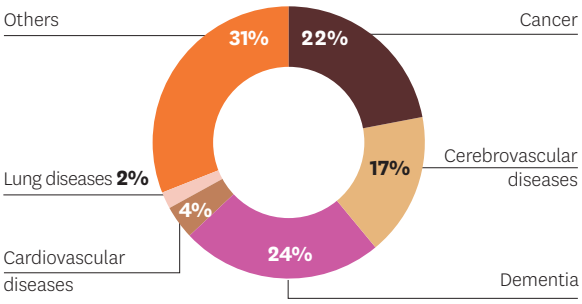
Health expenditure per capita (current US$) (2017)
1 093.41

Country income level (2019)
High

PALLIATIVE CARE NEEDS

83 503
persons need palliative care in the country annually

Source: *The Lancet Commission on Global Access to Palliative Care and Pain Relief. Serious health-related suffering database, 2015.*

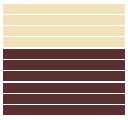


PALLIATIVE CARE PROVISION

32
Total number of palliative care services

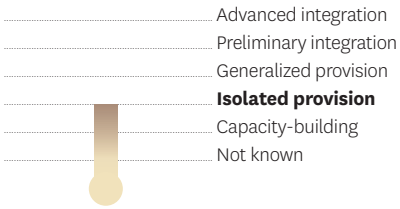
0.09
Total number of palliative care services per 100 000 people

6/10



Geographical spread of palliative care services

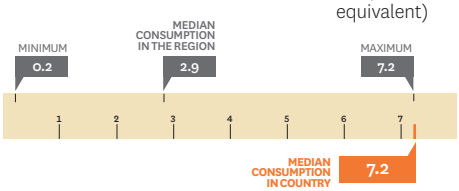
Children´s palliative care provision



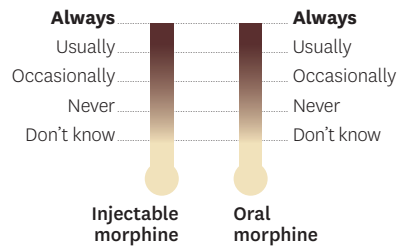
USE OF MEDICINES

Consumption of morphine per capita (2017)

7.2
mg/capita/year (opioids, morphine equivalent)



Availability of immediate-release morphine



EDUCATION

Process of official specialization in palliative medicine for physicians recognized by the competent authority — YES / NO

4/36
Medical schools with a dedicated mandatory palliative care subject

2/12
Nursing schools with a dedicated mandatory palliative care subject

HEALTH POLICY

Current national palliative care plan, programme, policy or strategy	YES / NO
Specific palliative care national law	*In progress*
Palliative care services in the basic package of health services	YES / NO
Funds for palliative care in the national health budget of the ministry of health or equivalent government agency	YES / NO
Palliative care included in health insurance plans	YES / NO

PALLIATIVE CARE VITALITY

Palliative care professional or policy meeting	YES / NO
Palliative care national association	YES / NO
A directory of palliative care services that is updated regularly	YES / NO
Palliative care clinical standards or clinical guidelines	YES / NO
A national journal of palliative care	*In progress*
A national palliative care conference once every year or once every two years	YES / NO
Professional cooperation with other specialties outside palliative care	*In progress*
Grants to finance palliative care research	*Some*
Level of public awareness of palliative care in the country	*Some sectors of the society recognize the importance of palliative care*

The way forward

The WHO Eastern Mediterranean Region is far below the global average when it comes to the availability of oral morphine, the inclusion of palliative care in national health policies, funding for palliative care and access to palliative care services, both at the specialized and at the primary health care and community levels. The situation is made worse by complicated political contexts and weak health care systems, coupled with conflicts that have further weakened health services and increased the demand for palliative care. Improving access to palliative care services as an essential component of comprehensive care throughout the life course, in both stable settings and emergency contexts, and in line with World Health Assembly resolution WHA 67.19, is therefore a priority for the Region.

The Palliative Care Expert Network for the WHO Regional Office for the Eastern Mediterranean has proven to be an excellent platform that brings together experts and champions from across the Region, leveraging their expertise and awareness of the realities of palliative care in the diverse settings of the Region. The process of developing suitable regional indicators to monitor and evaluate palliative care development in the Region is a direct fruit of that network. Through the networks collaboration with the ATLANTES Global Observatory of Palliative Care to develop this atlas, concrete steps to generate relevant data that can inform determined action have been taken. Our hope is that the use of the context-specific indicators presented in this atlas for the monitoring and evaluation of palliative care development in the Region will support the planning and strengthening of this important area of medicine.

Based on the findings presented in this atlas, several priorities and opportunities for strengthening palliative care in the Region have been identified across the domains of policy, service provision, access to medicines, education and institutional/professional vitality. This includes using these indicators to develop continuous monitoring mechanisms and expanding the number of countries involved as an important first step in monitoring and advancing palliative care development in the Region. Recommendations for the Regions way forward that will pave the way for successful implementation include:

- Develop national strategies, plans and programmes for palliative care and promote the inclusion of palliative care services in national universal health coverage benefit packages;
- Increase the number and types of services, particularly home-based and primary health care level programmes, while optimizing their geographical distribution;
- Develop regional and national strategies that ensure affordable access to essential palliative care medicines (in particular immediate-release oral morphine);
- Promote palliative care education in medical and nursing programmes;
- Support capacity building and palliative care research in the Region, and encourage peer learning and documentation of best practices.