



General data

POPULATION, 2023
2,745,972
PHYSICIANS / 1,000 INH, 2021
-

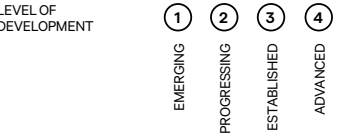
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,575
HEALTH EXPENDITURE (% GDP), 2021
7.27
UNIVERSAL HEALTH COVERAGE, 2021
64



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



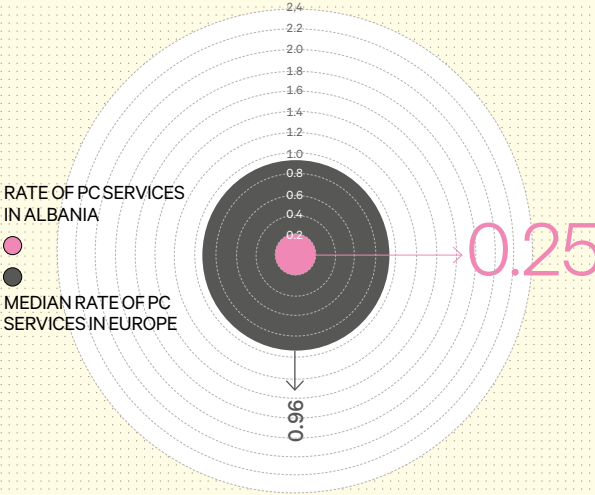
Consultants: Dr. Donjeta Alia (Bali); Dr. Gerla Koleci; Enrik Zotaj; Ilir Qefalia and Irena Laska.
National Association: Albanian Family Health Care Association.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Albania

F Provision of PC (Specialised Services)



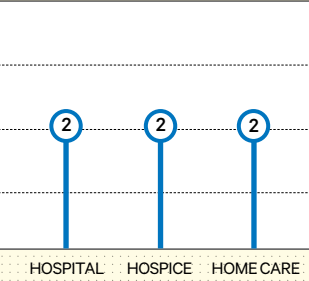
Albania in the context of European region



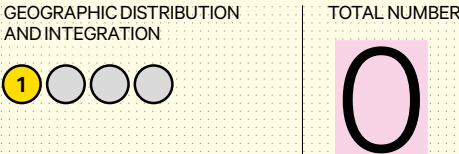
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

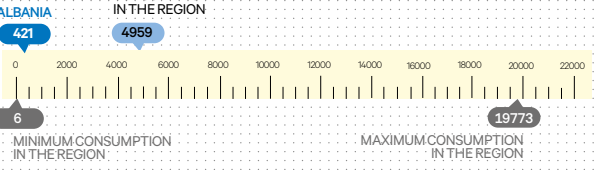


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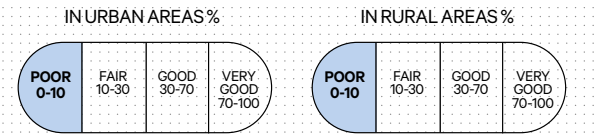
D Use of essential medicines



Albania in the context of European region



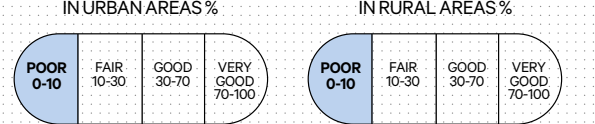
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



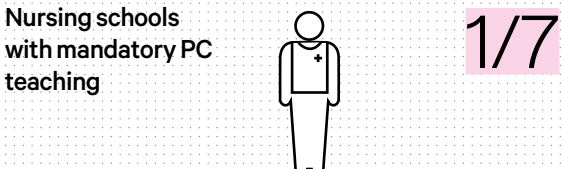
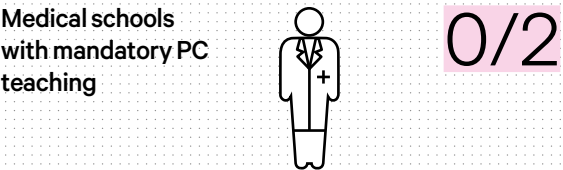
Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training



B Policies



A Empowerment of people and communities



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| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. | <div><div></div><div>2</div><div></div><div></div></div> Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted. | Although there is since 2002 the Albanian Palliative Care Association (<i>SHOQATA Shqiptare e Kurave Palliative</i>), only the palliative care pioneers offering this service are also promoting palliative care, the right of patients in need and the challenges that caregivers are facing. There are three or four organisations which offer adult palliative care and can, sporadically, with consultants' recommendation, offer paediatric palliative care. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? | <div><div>1</div><div></div><div></div><div></div></div> There is no national policy or guideline on advance care planning. | There does not exist any national policy or guideline on advance care planning in Albania. Most of the patients do not know their diagnoses, so they cannot express their values or preferences for treatment and the care they need to receive. It only exists the jure law (not yet known by many health care providers). |
| Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone. | <div><div></div><div></div><div>3</div><div></div></div> Actualized in last 5 years, but not actively evaluated or audited. <div><div></div><div></div><div>3</div><div></div></div> There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV. | In Albania, there is not any national palliative care plan, but palliative care is included at the national plan for cancer control 2022-2030. There is a law for palliative care which legally gives access to all the patients with NCD, but to date, palliative care is only offered for cancer patients and only for patients living in the areas where PC is established (three regions). Furthermore, there are not indicators to monitor and evaluate progress. |

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| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. | <div><div>1</div><div></div><div></div><div></div></div> Not known or does not exist. | |
| Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system. | <div><div>1</div><div></div><div></div><div></div></div> Not at all. | Palliative care is included in the list of health services as a service offered by Oncologist or by Palliative Care Specialists at Home, but it is not offered to patients in need because there is lack of knowledge of palliative by the health care providers, lack of specialisation on palliative care for general physicians and other specialists and lack of other resources. The only hospice in Albania is Mary Potter, a daily, not 24/7 service. |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff. | <div><div>1</div><div></div><div></div><div></div></div> There is no authority defined. <div><div>1</div><div></div><div></div><div></div></div> Does not have concrete functions or resources (budget, staff, etc.) | There is not any national authority for palliative care in the Ministry of Health or other Health Institutions. |



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| <p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p> | <p>●●●●</p> <p>2</p> <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p> | <p>The first Palliative Care conference was organized in 2002 by “Mary Potter Palliative Care Centre. There are organized four ELNEC training in the year of 2013, 2015, 2023 and 2024, and nowadays palliative care pioneers/providers are organizing periodically meetings, and sporadic workshops or trainings.</p> |
| <p>Ind7:1</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p> | <p>●●●●</p> <p>1</p> <p>Minimal or non-existent number of articles published on the subject.</p> | <p>A few articles were found for the years 2018 and 2019, as well as <i>Need assessment for Palliative Care in Albania</i>, made by the no-longer active Albanian Palliative Care Association.</p> |
| <p>Ind7.2</p> <p>Inclusion of PC topics in national research calls.</p> | <p>●●●●</p> <p>1</p> <p>There are no national research calls at all.</p> | <p>No evidence found.</p> |
| <p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p> | <p>421</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>ALBANIA 421</p> <p>AVERAGE CONSUMPTION IN THE REGION 4959</p> <p>MINIMUM CONSUMPTION IN THE REGION 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION 19773</p> | |







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| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p>●●●●</p> <p>1</p> <p>●●●●</p> <p>1</p> | <p>At the primary care level, General Physicians cannot prescribe opioids, but they are allowed to prescribe ibuprofen, paracetamol. In Albania, only oncologists can prescribe opioids.</p> |
| <p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p>●●●●</p> <p>1</p> <p>●●●●</p> <p>1</p> | <p>No one in the Primary Health Care can use morphine or other opioids. They are prescribed only by Oncologists’ recommendation, or by palliative care specialists for patients with tumor; meanwhile all the other diseases not related to malignancies are not eligible.</p> |
| <p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p>●●●●</p> <p>1</p> <p>●●●●</p> <p>1</p> | <p>Although there are different opioids and formulations in Albania, only the oncologists or the palliative care providers are allowed to prescribe them.</p> |

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| <p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/ regulations concerning PC education</p> | <p>0/2</p> <p>0/2</p> <p>1/7</p> <p>7/7</p> <p>0</p> <p>No</p> | <p></p> <p>There are two medical schools in Albania, one public and one private. Palliative care is not a compulsory teaching in those schools but some topics are integrated in the oncology curricula. There are seven public Nursing schools in Albania, one of which offers palliative compulsorily in Bachelor level. In other schools, palliative care is integrated in other curricula as geriatrics and oncology. Palliative care is an optional teaching in Master level.</p> |
| <p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p> | <p></p> <p>There is no process on specialisation for palliative care physicians.</p> | <p>Palliative care in the country lacks formal specialisation or a plan towards the accreditation. However, healthcare providers, including both specialists and general physicians, receive regular palliative care training from experienced practitioners in the field. While a first-level Master's Course in palliative care is offered at the Nursing School, it has not attracted any students or registrations to date.</p> |

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| <p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p> | <p> Isolated provision: Exists but only in some geographic areas.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Ad hoc/ in some parts of the country.</p> | <p>Albania is home to three specialised teams (part of two organisations, ‘Mary Potter’ in the south east part of the country and “Sue Ryder” in the Capital and another city nearby capital). Each of the three provides both home and day care and there is a fourth team, the Oncology service at home (public), in the capital. Palliative care units in public hospitals (over 11 reported in the EAPC Atlas 2019), are no longer functioning. In total, there are seven services, representing 0.25 specialised services per 100,000 inhabitants.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>ALBANIA 0.25</p> <p>0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>MAXIMUM RATE IN THE REGION</p> <p>3.68</p> <p>7 ← SPECIALISED PALLIATIVE CARE SERVICES</p> |
| <p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p> | <p> Ad hoc/ in some parts of the country.</p> <p> PPC TEAMS</p> | <p>The country currently lacks specialised pediatric palliative care services. For children with serious illnesses, the only dedicated facility is the Oncohematology hospital in Tirana, the capital city. This hospital primarily provides curative treatments, with very basic palliative care offered only to those who choose to remain hospitalized until the end of life. Notably, the services do not extend to home-based care, limiting options for families who prefer to care for their children outside the hospital setting.</p> |