



General data

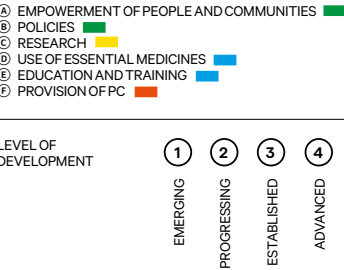
POPULATION, 2023  
**2,990,900**  
PHYSICIANS / 1,000 INH, 2021  
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper middle income**  
GDP PER CAPITA (US\$), 2023  
**8,053**  
HEALTH EXPENDITURE (% GDP), 2021  
**12.34**  
UNIVERSAL HEALTH COVERAGE, 2021  
**68**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



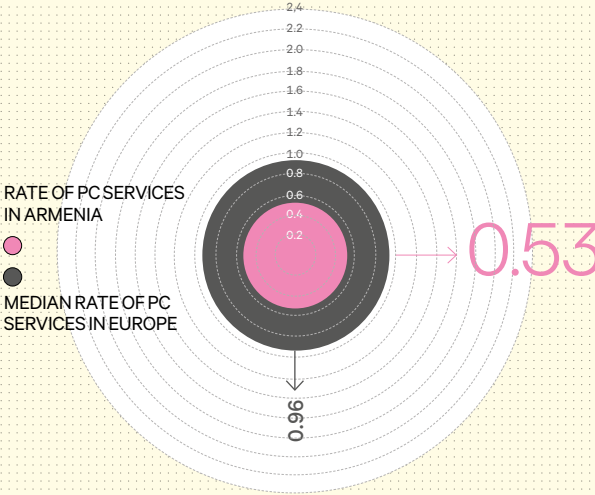
Consultants: Anush Sargsyan; Artashes Tadevosyan and Anahit Papikyan.  
National Association: Armenian Pain Control and Palliative Care Association.  
Data collected: October 2024–March 2025  
Report validated by consultants: Yes  
Endorsed by National PC Association: No  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

# Armenia

F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**16**  
Rate of PC services per 100,000 inhabitants  
**0.53**

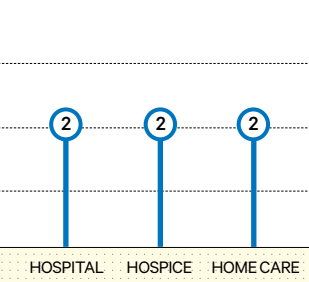
Armenia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**  
TOTAL NUMBER  
**1**

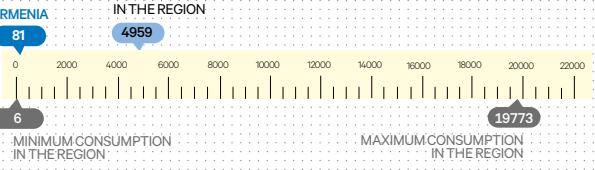


# Armenia

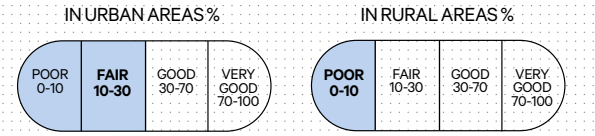
D Use of essential medicines

Opioids consumption (excluding methadone)  
**81**  
S-DDD/MILL INHABITANTS/DAY

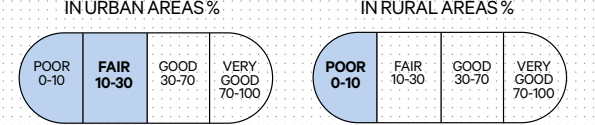
Armenia in the context of European region



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  
**1**  
Existence of PC congresses or scientific meetings  
**1**  
Inclusion of PC topics in National Research Calls  
**1**

E Education & Training

Medical schools with mandatory PC teaching  
**0/4**

Nursing schools with mandatory PC teaching  
**2/10**

PC Full Professors  
**1**

Recognition of PC specialty  
**4**

B Policies

National PC plan or strategy  
**2**

Responsible authority for PC in the Ministry of Health  
**1**

Inclusion of PC in the basic health package at the primary care level  
**3**

A Empowerment of people and communities

Groups promoting the rights of PC patients  
**2**  
Advanced care planning-related policies  
**2**

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<b>Ind1</b>  Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	<div><div></div><div>2</div><div></div><div></div></div> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted.</p>	They do exist groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors, but their influence and activity seems limited. The Pain Control and Palliative Care Association was established in 2003. Others include the HENARAN charitable foundation, established in 2017 by cancer survivors, actively supporting cancer patients, survivors, and their families; and the Armenian Cancer Patient Advocates Alliance (ACPAA), also formed to prevent cancer and provide support to patients.
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	<div><div></div><div>2</div><div></div><div></div></div> <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	In 2014, the Ministry of Health issued guidelines on organizing palliative care services for doctors and nurses, and a comprehensive framework for palliative care activities was approved (Minister of Health of the Republic of Armenia. Approval of clinical guideline on prescription of narcotics and psychotropic medication for pain syndrome management within the framework of palliative medical care provision and service. Order N2910-A. 11 Dec 2014.). These policies provide standards and training to ensure quality care at the end of life.
<b>Ind3</b>  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>2</div><div></div><div></div></div> <p>Developed over 5 years ago.</p> <div><div></div><div>2</div><div></div><div></div></div> <p>A national palliative care plan is in preparation.</p>	<p>The Government of Armenia approved the National Strategy on Palliative Care for Adults and the 2017-2019 Action Plan. However, as of 2015, the government had yet to approve the national strategy developed by a working group. This strategy includes the development of national standards, the recognition of palliative care as a subspecialty, and the inclusion of palliative care qualifications. Additionally, progress has been made in integrating palliative care into the health system, including training for healthcare providers and the establishment of service providers.</p>

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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> <p>Not known or does not exist.</p>	
<b>Ind4</b>  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></div><div></div><div>3</div><div></div></div> <p>Included in the essential list of services recognised by a government decree or law but not in the General Health Law.</p>	According to Order No. 45-N of the Minister of Health of the Republic of Armenia dated 18.10.2017: Palliative care is provided 7 days a week, 24 hours a day. Palliative care services are provided in primary health care centres during the centre's working hours, including home visits.
<b>Ind5</b>  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> <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p> <div><div>1</div><div></div><div></div><div></div></div> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	Although the National Authority in the Ministry of Health is responsible for palliative care in Armenia and has concrete functions, including policy development and implementation, however, specific details on budget and staff are not provided in the available literature.



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<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>1</p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>Armenia has hosted initiatives to improve palliative care awareness and practice, including educational courses and integration into professional training programmes. However, specific congresses or scientific meetings dedicated exclusively to palliative care were not explicitly mentioned. Some of the organized initiatives, including past ones, are: the International conference on palliative care in November 2013, and International educational-research activities such as the CODE-YAA 2024 summer schools.</p>
<p><b>Ind7:1</b></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>1</p> <p>Minimal or non-existent number of articles published on the subject.</p>	<p>Some scientific articles were retrieved between 2018 and 2022.</p>
<p><b>Ind7:2</b></p> <p>Inclusion of PC topics in national research calls.</p>	<p>1</p> <p>There are no national research calls at all.</p>	<p>Palliative care does not feature prominently in national research calls or funding initiatives. The focus remains on curative and preventive healthcare rather than palliative and supportive care.</p>
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p><b>81</b></p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>ARMENIA</p> <p>81</p> <p>4959</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	






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<p><b>Ind9</b></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>2</p> <p>1</p>	<p>Armenia has made progress in this area. The Ministry of Health approved clinical guidelines for prescribing narcotics and psychotropic substances for pain management in 2014. However, as of 2015, there were still overly restrictive government regulations on accessing strong pain medication. Data on the exact percentage of health facilities offering these medications, particularly in urban versus rural areas, is not readily available.</p>
<p><b>Ind10:1</b></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>2</p> <p>1</p>	<p>Access to pain and palliative care medications in Armenia is restricted, with oral morphine added to the essential medicines list but remaining largely unavailable due to regulatory barriers.</p>
<p><b>Ind10:2</b></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>1</p> <p>1</p>	<p>The availability of various opioids in Armenia is limited, with significant regulatory restrictions impacting access.</p>

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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11. 5. PC Full Professors</p> <p>11. 6. Legislation/ regulations concerning PC education</p>	<p>0/4</p> <p>0/4</p> <p>2/10</p> <p>0/10</p> <p>1</p> <p>Yes</p>	<p></p> <p>As of 2015, the mandatory curriculum in medical schools did not include any specific instruction on palliative care. Independent groups have been providing palliative care and pain management training for oncologists since at least 2012, but it is neither systematic nor mandatory. Two nursing schools in Armenia teach mandatory palliative care. Yerevan State Medical University has a postgraduate course in Palliative care for 4 months, and two-weeks postgraduate trainings for primary care physicians.</p>
<p><b>Ind12</b></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>Yes, palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>The subspecialty consists of a 1,295-hour course (400 hours of theory and 895 hours of practice), focused on specialised training. Currently, palliative care students undergo retraining directly alongside patients.</p>

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<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (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 <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> 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>39 medical organisations have licenses for the delivery of palliative care in hospitals and outpatient, 16 of which provide services within the framework of a state order in Yerevan and in various regions of the Republic.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>ARMENIA 0.53</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>16 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> 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> No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>1 PPC TEAMS</p>	<p>The number of specialised palliative care services in Armenia is limited, with only one service provider currently operating. However, taking into account non-specialised services, as of 2024, there are 32 palliative care services operating not only in Yerevan but also in the regions of Armenia 32.</p>