

General data

POPULATION, 2023

10.153.958

PHYSICIANS / 1,000 INH, 2021

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Upper middle income

GDP PER CAPITA (US\$), 2023 7,125

HEALTH EXPENDITURE (% GDP), 2021

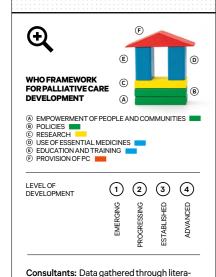
4.70

UNIVERSAL HEALTH COVERAGE, 2021

66

ture and Altools

National Association:



Data collected: October 2024-March 2025

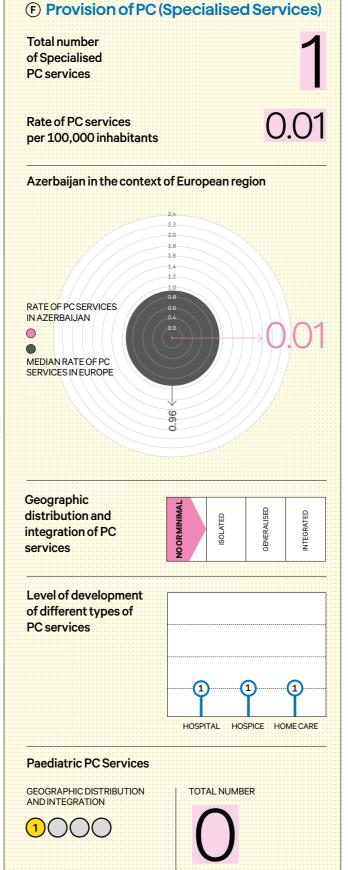
Report validated by consultants: No

(University of Navarra, Spain).

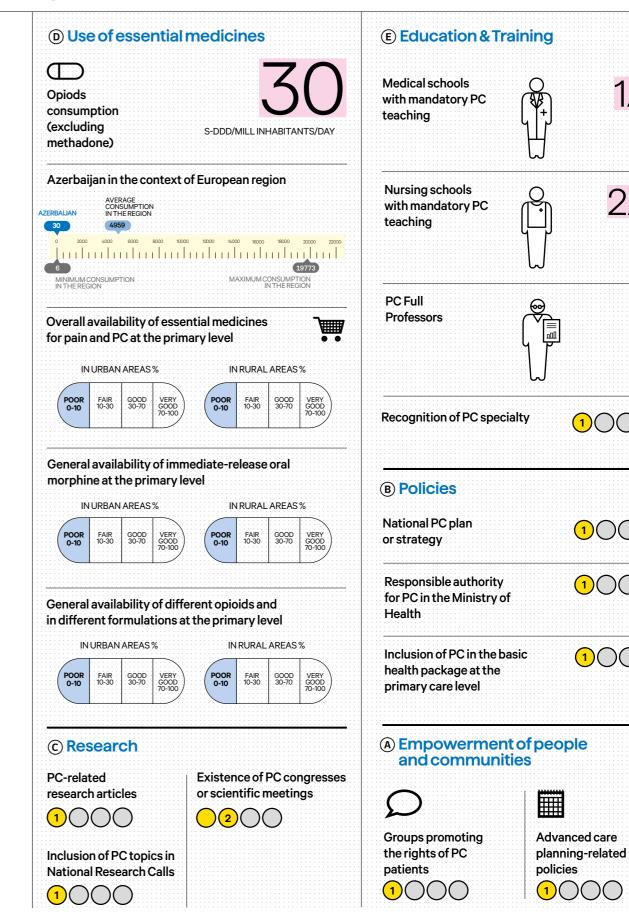
Endorsed by National PC Association: -

Edition: Edited by Atlantes Research Team

Total number of Specialised PC services Rate of PC services per 100,000 inhabitants RATE OF PC SERVICES IN AZERBAIJAN MEDIAN RATE OF PC SERVICES IN EUROPE



Azerbaijan





Ind1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.



Only isolated activity can be detected.

No evidence found.

Ind2

Is there a national policy or guideline on advance directives or advance care planning?



There is no national policy or guideline on advance care planning.

No evidence found.

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.



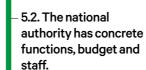
Not known or does not exist.

included in another

national plan.

1000 Not known or does not exist neither standalone nor is

No evidence found.





Does not have concrete functions or resources (budget, staff, etc.)

3.3. There are indicators 1000

in the national plan to monitor and evaluate progress, with measurable targets.

Azerbaijan

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.



Not at all.

No evidence found.

Ind5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?



There is no authority defined. No evidence found.



Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

No evidence found but "a seminar on "Development of palliative care in Azerbaijan" held in PHRC: On August 22, 2016 the Public Health and Reforms Centre (PHRC) of the Ministry of Health held a seminar dedicated to Prospects for the development of palliative care in Azerbaijan. The main goal of the seminar was to inform event participants about the current status and human/technical resources for providing services in the field of palliative care in Azerbaijan, discuss the ways to establish these services and potential opportunities.

Ind 7.1

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.



Minimal or nonexistent number of articles published on the subject.

One paper entitled Barriers to the Early Integration of Palliative Care in Pediatric Oncology in 11 Eurasian Countries, published in 2020, was found.

Ind 7.2

Inclusion of PC topics in national research calls.



There are no national research calls at all.

No evidence found

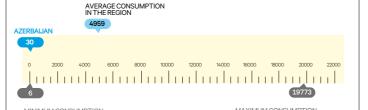
Ind8

-Reported annual opioid consumption -excluding methadone-in S-DDD per million inhabitants per day.



Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020-2022.

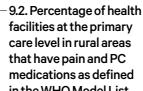
COUNTRY VS REGION



Azerbaijan

Ind9

-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.





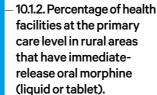
Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability.

in the WHO Model List of Essential Medicines.



Ind 10.1

10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediaterelease oral morphine (liquid or tablet).



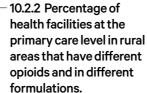


Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability.



Ind 10.2

10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.





Access to pain and palliative care medications in Azerbaijan is limited, with significant barriers related to opioid availability.





Azerbaijan

Ind 11

- 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with OPTIONAL teaching in PC.
- 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with OPTIONAL teaching in PC.
- 11.5.PC Full **Professors**
- 11.6. Legislation/ regulations concerning PC education

1/2

1/2



There is a lack of comprehensive palliative care education and training programmes in nursing schools in Azerbaijan. According to the EAPC Atlas 2019, 2 nursing school teaches PC mandatory and another 5 teach palliative care in combination with other disciplines.

5/7

2/7

Ind 12

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialisation for palliative care physicians.

No evidence found.

Azerbaijan

Ind₁₃

- 13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPH-IC reach and is delivered through different service delivery platforms.
- 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.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 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.
- 13.5. Total number of specialised PC services or teams in the country.



No or minimal provision of palliative care specialised services or teams exist in the country.





Not at all.

1000 Not at all.

RATE OF SPECIALISED PC SERVICES/100,000 INH

MEDIAN RATE IN THE REGION

imhatadanlardanlardanlardanlardanl 3.68 MAXIMUM RATE IN THE REGION

← SPECIALISED PALLIATIVE CARE SERVICES

Ind 14

- 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.
- 14.2. Number of pediatric specialised PC services or teams in the country.



No or minimal provision of palliative care specialised services or teams for children exists in country.

TEAMS