



General data

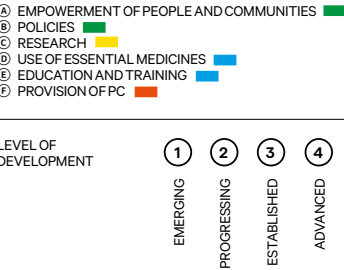
POPULATION, 2023  
**9,178,298**  
PHYSICIANS / 1,000 INH, 2021  
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper middle income**  
GDP PER CAPITA (US\$), 2023  
**7,829**  
HEALTH EXPENDITURE (% GDP), 2021  
**6.57**  
UNIVERSAL HEALTH COVERAGE, 2021  
**79**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



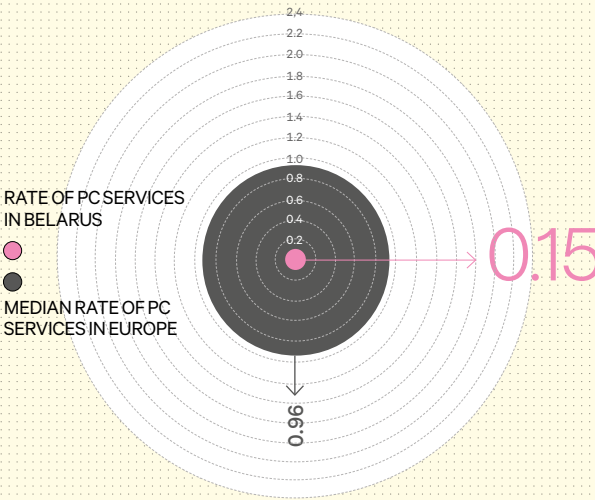
Consultants: Anna Gorchakova.  
National Association: -  
Data collected: October 2024–March 2025  
Report validated by consultants: Yes  
Endorsed by National PC Association: -  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

# Belarus

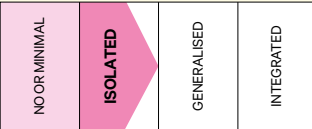
F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**14**  
Rate of PC services per 100,000 inhabitants  
**0.15**

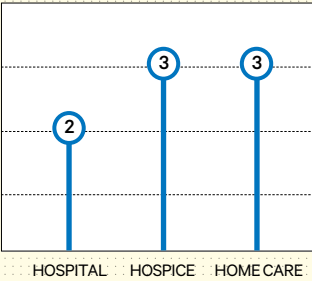
Belarus in the context of European region



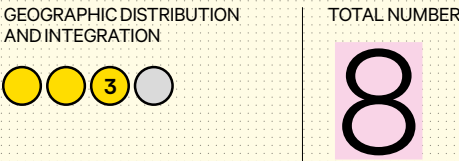
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

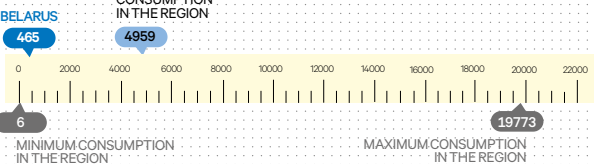


# Belarus

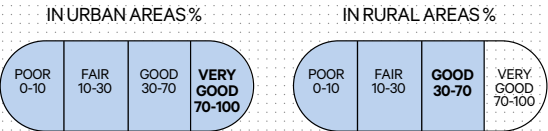
D Use of essential medicines

Opiods consumption (excluding methadone)  
**465**  
S-DDD/MILL INHABITANTS/DAY

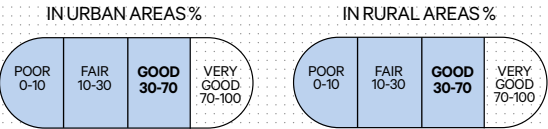
Belarus in the context of European region



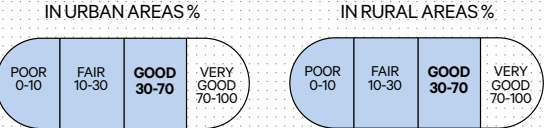
Overall availability of essential medicines for pain and PC at the primary level



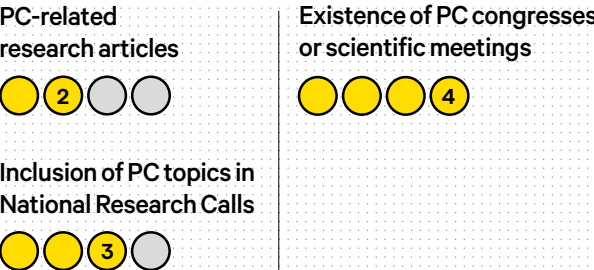
General availability of immediate-release oral morphine at the primary level



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



C Research



E Education & Training

Medical schools with mandatory PC teaching  
**15/19**

Nursing schools with mandatory PC teaching  
**15/15**

PC Full Professors  
**2**

Recognition of PC specialty  
**1**

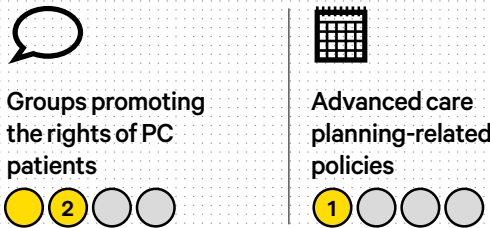
B Policies

National PC plan or strategy  
**1**





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

Inclusion of PC in the basic health package at the primary care level  
**4**





A Empowerment of people and communities



# EU Belarus

|   |  |   |
|---|--|---|
| <b>Ind1</b><br>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.   | <br>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted.  | No further evidence was found about groups dedicated to promoting the rights of patients in need of palliative care but the existence of the Belarusian Children's Hospice (BCH) and training activities. |
| <b>Ind2</b><br>Is there a national policy or guideline on advance directives or advance care planning?  | <br>There is no national policy or guideline on advance care planning.  | No evidence found.  |
| <b>Ind3</b><br>3.1. There is a current national PC plan, programme, policy, or strategy.<br><br>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone. | <br>Not known or does not exist.<br><br><br>Not known or does not exist neither standalone nor is included in another national plan. | No evidence was found but for the information of palliative care being formally introduced into the National Healthcare Law in 2014.  |

# EU Belarus

|   |   |   |
|---|---|---|
| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.   | <br>Not known or does not exist.   |   |
| <b>Ind4</b><br>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.                                     | <br>Palliative care is included in the list of health services provided at the primary care level in the General Health Law.   | Palliative care, as per chapter 3, paragraph 16th, is defined in the General Health Law as one of the essential services to be provided and available in primary health care in the public health system.   |
| <b>Ind5</b><br>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?<br><br>5.2. The national authority has concrete functions, budget and staff. | <br>There is no authority defined.<br><br><br>There are concrete functions but do not have a budget or staff. | While there is no dedicated palliative care department within the Ministry of Health, a principal specialist for palliative care has been appointed. This specialist oversees both adult and paediatric palliative care services. Despite having specific responsibilities, the position lacks a dedicated budget and additional support staff. |



EU Belarus

|   |   |  |
|---|---|--|
| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>   | <div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div>  | <div>Palliative care meetings and congresses are held every year.</div>  |
| <div>Ind7.1</div> <div>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.</div> | <div><div><div></div><div>2</div><div></div><div></div></div><div>Reflects a limited number of articles published.</div></div>  | <div>A few articles under the Assessing Doctors’ Attitudes on Palliative Treatment (ADAPT) Research Group, were found. Recently it was launched new three-year project, <i>Building effective advocacy mechanisms to better protect the rights of children with severe disabilities and life-limiting conditions in Belarus</i>. It will be conducted by a UK-based charity, together with local partners.</div> |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>   | <div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</div></div>  | <div>They do exist national research calls that do include palliative care topics (either scarce or more frequent), such as the Health-prom project, recently launched.</div>  |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>   | <div><div><div>465</div><div>S-DDD PER MILLION INHAB /DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>BELARUS</div><div>465</div></div><div><div>6</div></div><div><div>19773</div></div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div> |  |

EU Belarus

|   |  |   |
|---|--|---|
| <b>Ind9</b><br><br>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.<br><br>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. | <div><div></div><div></div><div></div><div>4</div></div><br><div><div></div><div></div><div>3</div><div></div></div> | The annual reports of the Ministry of Public health and structural divisions in regions, reports of regional palliative offices and survey results. By resolution of the Ministry of Health (Formulary of Medicines), in page 189, paragraph 10.2 the list of medications for pain, including opioids, are listed as authorized for sale in the country.  |
| <b>Ind10.1</b><br><br>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).<br><br>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).  | <div><div></div><div></div><div>3</div><div></div></div><br><div><div></div><div></div><div>3</div><div></div></div> | The annual reports of the Ministry of Public health and structural divisions in regions, reports of regional palliative offices and survey results. Also the EAPC Atlas of palliative care in Europe 2019 and the GHO by the WHO reported general availability of oral morphine in the public health sector in 2021. By resolution of the Ministry of Health (Formulary of Medicines), in page 189, paragraph 10.2 the list of medications for pain, including opioids, are listed as authorized for sale in the country. |
| <b>Ind10.2</b><br><br>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.<br><br>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.   | <div><div></div><div></div><div>3</div><div></div></div><br><div><div></div><div></div><div>3</div><div></div></div> |   |

EU Belarus

|  |   |  |
|--|---|--|
| <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>15/19</p> <p>4/19</p> <p>15/15</p> <p>0/15</p> <p>2</p> <p>Yes</p>   | <p></p> <p>In Belarus, palliative care education is integrated into the healthcare system with varying degrees of implementation across levels. The country has 19 medical educational institutions, comprising 15 medical colleges and 4 medical universities. While medical colleges include a compulsory palliative care program in their curriculum, medical universities have not yet fully incorporated it, offering it only as an additional course. Postgraduate education provides the sole opportunity for doctors to receive formal training in palliative care. Although there is no specific legislation regulating palliative care teaching, the Ministry of Health has approved teaching plans for both nursing schools and universities. These plans outline palliative care courses for both doctors and nurses, demonstrating a structured approach to palliative care education despite the lack of uniform implementation across all levels of medical education.</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>There is no process on specialisation for palliative care physicians.</p> | <p>It was deemed as a Special Field of Competence, under the denomination of Postgraduate course for physicians on the basis of the Belarussian Academy of Postgraduate education (EAPC Atlas of Palliative Care in Europe, 2019).</p>   |

EU Belarus

|   |   |   |
|---|---|---|
| <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><br/>Ad hoc/ in some parts of the country.</p> <p><br/>Ad hoc/ in some parts of the country.</p> <p><br/>Found in many parts of the country.</p> <p><br/>Found in many parts of the country.</p> | <p>Belarus has established a network of specialised palliative care services across the country. There are 14 specialised palliative care teams, equating to 0.15 teams per 100,000 inhabitants. Each region features a palliative care office overseen by the Republic Centre of Palliative Medical Care for Children. The country's palliative care infrastructure also includes hospices and inpatient facilities for palliative care patients. In total, Belarus has six state-run palliative care teams for adults, six state-run teams for children, and two additional teams for children operated by non-governmental organisations (NGOs). This information is regularly updated through annual reports on the palliative care system and services.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>BELARUS 0.15</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 3.68</p> <p>14 ← 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><br/>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p></p>  | <p>There are 1 827 758 children population and there are, according to the Annual reports of Ministry of public health, eight palliative care teams.</p>  |