

Kazakhstan



General data

POPULATION, 2023
20,330,104
PHYSICIANS / 1,000 INH, 2021
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
12,918
HEALTH EXPENDITURE (% GDP), 2021
3.91
UNIVERSAL HEALTH COVERAGE, 2021
80



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

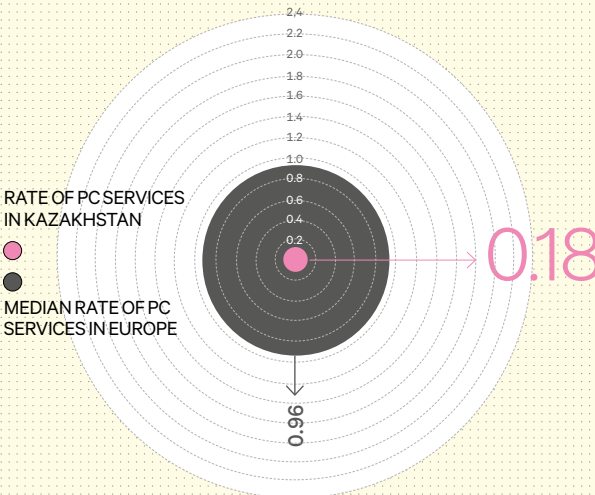


Consultants: Gulnara Kunirova and Yuliya Streletskaia.
National Association: Kazakhstan Association for Palliative Care.
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Report validated by consultants: Yes
Endorsed by National PC Association: Yes
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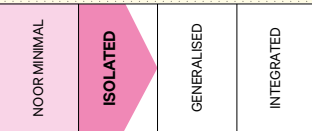
Provision of PC (Specialised Services)

Total number of Specialised PC services
37
Rate of PC services per 100,000 inhabitants
0.18

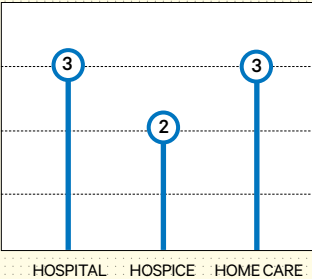
Kazakhstan in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



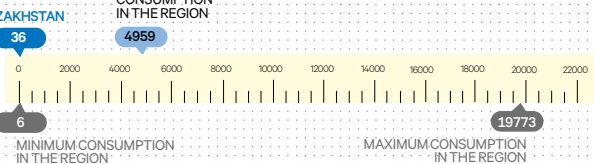
Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1
TOTAL NUMBER
4

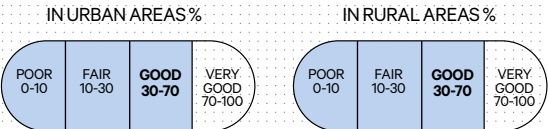
Use of essential medicines

Opioids consumption (excluding methadone)
36
S-DDD/MILL INHABITANTS/DAY

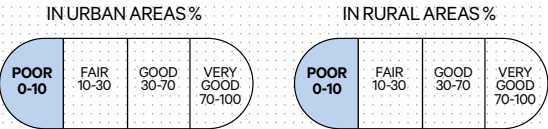
Kazakhstan in the context of European region



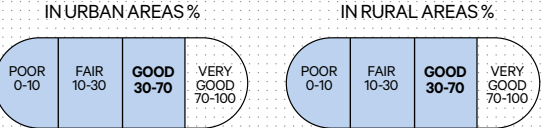
Overall availability of essential medicines for pain and PC at the primary level



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



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



Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



Education & Training

Medical schools with mandatory PC teaching
0/10

Nursing schools with mandatory PC teaching
26/85

PC Full Professors
0

Recognition of PC specialty
1

Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
2





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

Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
2




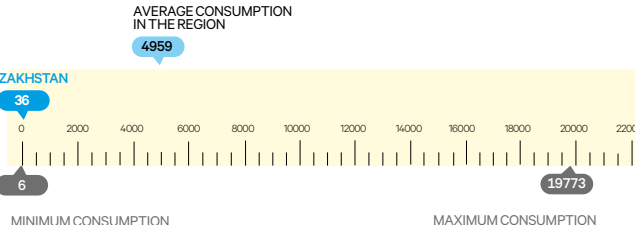
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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas.	Established in 2013, the Kazakhstan Association for Palliative Care (KAPC) unites governmental and non-governmental legal entities (hospices, PC departments and mobile services, NGOs, educational institutions) that are involved in provision, education and/or promotion of PC. KAPC represents their interests at the state level and is the main contributor to the strategic development of PC. There is also a number of NGOs in different parts that support patients (children and adults), with specific conditions. Amongst them, 'Amazonka' Foundation, with their Hospice-On-Wheels project in Taraz, or 'Credo' supporting elderly in Karaganda. The Association of PC Children of Kazakhstan, 'Omirge Sen' – a public foundation dedicated to helping patients with neuromuscular diseases, the Epilepsy Patient Foundation, 'Amila' Foundation (providing psychosocial support to cancer patients and families), and others patient organisations are notable.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on surrogate decision-makers.	Counselling and care planning in the early stages of illness are not part of routine. Issues related to AD, including wills and DNR orders, are regulated by various legislative acts, and additional consent or refusal documentation may be required in medical institutions. Recent amendments to the legislation include provisions for AD regarding consent or refusal for posthumous organ donation. The Civil Code allows citizens to create AD, such as wills, to determine the distribution of their property and other decisions after death. A will must be made personally by the testator or recorded by a notary in the presence of a witness; in writing and notarized. Creating a will through a representative is not allowed. If a patient is unable to make decisions for themselves, a legal representative can make decisions on their behalf.
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.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	There is no standalone national strategy or a separate government programme dedicated to palliative care. However, The Code on Public Health established palliative care as a separate type of medical care to the population, alongside emergency, pre-physician, primary, specialised, and rehabilitative care. In the Code it is stated that palliative care provision for adults is regulated by a national standard. This was first approved by the MoH in 2013, amended in 2020 and is undergoing another amendment. A separate standard for children is expected by the end of 2025. The Comprehensive Plan on Cancer Control for 2018-2023 (Government Decree) resulted so far in the implementation of mobile home care teams; and the current Comprehensive Plan On Cancer Control 2023-2027 includes steps for developing inpatient and home-based palliative care for cancer patients, as well as educational activities. It does not contain specific indicators or targets regarding palliative care. A three-







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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	year Road Map on the development of palliative care for 2025-2027 is being discussed.
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.	 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	According to both the Standard for the Organisation of Palliative Medical Care and the Standard for the Organisation of Primary Health Care in the Republic of Kazakhstan (Orders of the Minister of Health), palliative care is included in the list of guaranteed services provided on a primary care level.
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.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  There are concrete functions but do not have a budget or staff.	A responsible officer within the Department of Organisation of Medical Care of the MoH is defined, who works in close contact with the Chief External Expert on Palliative Care (this figure is not part of the Ministry). In July 2024 a Chief External Expert on Children's PC was appointed for the first time, who will collaborate with the Department of Mother and Child Health Protection of the MoH. Chief external experts are appointed by Order of the MoH and often represent heads of professional associations or national institutes. The MoH official responsible for PC issues has a number of other areas he is responsible for, for example, non-communicable diseases or social support, etc. He/she is part of the staff of the Ministry. The chief external expert on PC does not receive payment or compensation from the Government.

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 At least one national conference specifically dedicated to palliative care every year, with multidisciplinary attendance.	The Kazakhstan Association for Palliative Care (KAPC) conducts a national conference on palliative care once a year since 2014 (due to pandemic restrictions the conference was not held in 2020). In 2024, the First National Conference on Palliative Care for Children and Young Adults was held separately for the first time. On December 19-20, 2023, the country hosted the Republican Conference with the participation of international experts <i>Community of Mercy: 10 years of the Kazakhstan Association of Palliative Care</i> . On October 3, 2024, the First Republican Conference on Palliative Care for Children and Young Adults <i>Hope in Every Day</i> was held. A dedicated web-site for KAPC conferences was established.
Ind7:1 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.	 Reflects a limited number of articles published.	At least 13 articles mentioned in PubMed were published during the period 2019-2024.
Ind7:2 Inclusion of PC topics in national research calls.	 Although there are national research calls, no PC topics are ever included.	The possibility of including palliative care topics into national research calls is only being discussed with the Department of Science and Human Resources of the Ministry of Health.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div data-bbox="706 1507 1299 1915"> <div> <div>36</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> </div> <div> <div>COUNTRY VS REGION</div>  <div> <div>4959</div> <div>AVERAGE CONSUMPTION IN THE REGION</div> </div> <div> <div>36</div> <div>KAZAKHSTAN</div> </div> <div> <div>6</div> <div>MINIMUM CONSUMPTION IN THE REGION</div> </div> <div> <div>19773</div> <div>MAXIMUM CONSUMPTION IN THE REGION</div> </div> </div> </div>

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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. 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.	 	The List of Essential Medicines for PC are different to the WHO's one, and are contained in the MoH Order No. -75, 2021 (amended 2024). It contains 18 medicines available for free for patients in need of PC: Omeprazol, Metoclopramide, Bisacodyl, Lactulose, Furosemide, Torsemide, Spironolactone, Propranolol, Dexamethasone, Prednisolone, Ketoprofen, Morphine, Fentanyl, Tramadol, Carbamazepine, Diazepam, Amitriptyline, Pregabalin. NSAIDs are also included in the State Guaranteed Package without specific indication to PC. Paediatric forms are not available. Injectable morphine can be used in children. Tramadol can be used in children after 14 years of age. Although medicines may not necessarily be available at the place of residence, they can be obtained in the closest city, town, rural district centre.
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	 	No oral morphine is currently available. During the period from 2016 to 2018, tableted morphine was produced by a local pharmaceutical company, but due to the fact that physicians did not prescribe to patients, big amounts were discarded and destroyed. The local company terminated production of oral morphine due to financial losses. Oral dosage forms are not available in the country, a slow-release oral morphine formulation has been registered, imported in a small amount in the country, but not included in clinical protocols.
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	 	Three kinds of opioids are currently available (only those included in the clinical protocol for treatment of pain in PC): Morphine (injection solution), Fentanyl (transdermal patch), Tramadol (tablet, injection solution, capsule, suppository). Approved Clinical protocol in Russian. By Ministerial Order No 32 dated January 26, 2015 "On Approval of the Rules for the Use of Narcotic Drugs, Psychotropic Substances, and Their Precursors for Medical Purposes, Subject to Control in the Republic of Kazakhstan" (Order of the Minister of Health and Social Development of the Republic of Kazakhstan), preparations are included and opioids may be prescribed and dispensed in an amount sufficient for 25-30 days of therapy for remote regions (10-15 days for urban residents).

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Ind11 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	<div>0/10</div> <div>1/10</div> <div>26/85</div> <div>59/85</div> <div>0</div> <div>Yes</div>	<div></div> <p>While there is no such discipline as Palliative Medicine on the undergraduate level for doctors, there are usually some elements typical to PC in their programmes, such as Delivery of Bad News, Communication Strategies, Therapy of Pain and Other Symptoms, etc. Medical schools that have bachelor programmes for nurses have PC as a mandatory discipline called Palliative Care (96 hours, including 24 hours of theory and 72 hours of practice).</p> <p>Nurses providing PC have the opportunity to undergo professional development courses on ‘Palliative Care and Oncology’ (4 credits/120 hours) and ‘Palliative Care and Nursing in Cancer Patients’ (5 credits/150 hours), along with other specialised topics in palliative care. Feldshers can attend similar courses on ‘Palliative Care and Oncology’ (4 credits/120 hours) and ‘Palliative and Psycho-Neurological Care’ (6 credits/180 hours). In midwifery, there are two modules: ‘Palliative Care and Oncology’ (48 hours, 2 credits) and ‘Provision of Palliative and Psycho-Neurological Care’ (72 hours, 3 credits). Furthermore, a ‘Palliative Medicine’ module is part of internship, residency, and master’s programmes.</p> <p>Organisations of higher and/or postgraduate education, national and scientific centres, research institutes, and higher medical colleges, based on accredited clinical sites, conduct professional development cycles on the following topics: Onco-Rehabilitation and Palliative Oncology (4 credits/120 hours); Modern Approaches to Organizing Palliative Care and Nursing (3 credits/90 hours); Fundamentals of Palliative Care for Incurable Patients (for higher medical professionals) (120 hours); Palliative Care in the Practice of a General Practitioner (for higher medical professionals) (120 hours); Organisation of Nursing Care in Palliative Medicine (3 credits/90 hours).</p>
Ind12 Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>There is no process on specialisation for palliative care physicians.</div>	<p>Although it is under consideration by the MoH, to date there is no formal process for specialisation. There is postgraduate education in three higher educational institutions: 1) the Non-profit joint-stock company ‘Astana Medical University’, 1 course for doctors (60h.) plus 1 course for mid-level medical personnel (60h.), 2) the non-profit joint-stock company ‘West Kazakhstan Medical University’ named after Marat Ospanov, 2 courses of advanced training (120h. each) and 1 course of advanced training (60h.) each, as well as 3 seminars (6h. each), and 3) The Joint-Stock Company ‘South Kazakhstan Medical Academy’, 1 course for doctors (90h).</p>

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Ind13 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. 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.	<div><div>2</div><div></div><div></div><div></div></div> <div>Isolated provision: Exists but only in some geographic areas.</div> <div><div>3</div><div></div><div></div><div></div></div> <div>In a growing number of private hospitals.</div> <div><div>2</div><div></div><div></div><div></div></div> <div>Ad hoc/ in some parts of the country.</div> <div><div>3</div><div></div><div></div><div></div></div> <div>Found in many parts of the country.</div>	<p>There are 37 specialised PC services in Kazakhstan. The fact that Kazakhstan is the 9th biggest country in the world, with a population of 20,095,963 people (and a density of 6,6 people per square kilometres) constitutes a challenge in terms of provision. The territory is divided into 20 regions, each in every regional centre having a cancer care facility and major multidisciplinary hospital. Currently functioning PC in-patient services include: 11 hospices/PC centres (separate institutions), 14 PC departments in regional cancer centres and 5 in general hospitals. Free in-home PC (end-of-life) is available only for cancer patients. There are 197 units providing home-based care for terminal cancer patients. However, there are different models of in-home care: a) specialised mobile teams (about 10%) with PC as main activity, and b) primary care facility-based mobile teams (90%). Each mobile team should include physician (or feldsher), nurse, psychologist and social worker (whether it is specialised or primary). The number of private services (mostly small in-patient stand-alone nursing homes) is also growing (available in almost each city or big town).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>KAZAKHSTAN 0.96</p> <p>0.18</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <div>37</div> <div>← SPECIALISED PALLIATIVE CARE SERVICES</div>
Ind14 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.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <div>No or minimal provision of palliative care specialised services or teams for children exists in country.</div> <div>4</div> <div>PPC TEAMS</div>	<p>In Kazakhstan there are three specialised palliative care services: one Charitable Children’s Hospice in Almaty with one mobile team (18 beds), and 2 palliative care departments in major cities Astana and Shymkent (40 beds). In addition, there are 41 individual beds (not wards or units) in regional children’s hospitals where personnel has not been trained in palliative care. The Astana Children’s PC Unit was opened in Astana in November 2023 on the basis of the Multidisciplinary Medical Centre. In Almaty, an NGO “Omirge Sen” provides outpatient palliative care to children with neuromuscular diseases as well as financial support for families. In Karaganda, a newly established Association of Palliative Care for Children of Kazakhstan, provides psychosocial and financial support to families with children needing palliative care.</p>