



General data

POPULATION, 2023

38,956

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

256,580

HEALTH EXPENDITURE (% GDP), 2021

3.68

UNIVERSAL HEALTH COVERAGE, 2021

86



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- (A) EMPOWERMENT OF PEOPLE AND COMMUNITIES
- (B) POLICIES
- (C) RESEARCH
- (D) USE OF ESSENTIAL MEDICINES
- (E) EDUCATION AND TRAINING
- (F) PROVISION OF PC

LEVEL OF DEVELOPMENT



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National Association: -

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Report validated by consultants: Yes

Endorsed by National PC Association: -

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Monaco

F Provision of PC (Specialised Services)

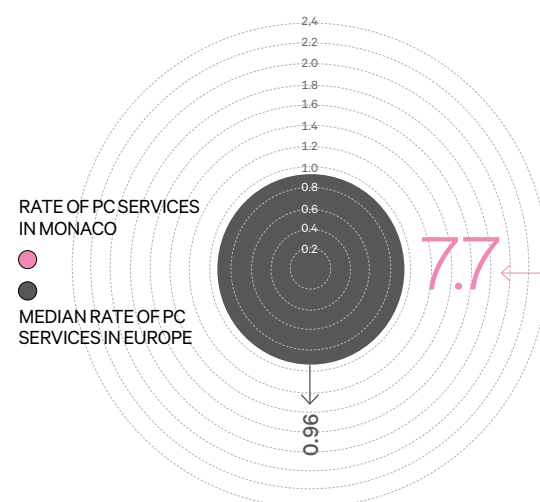
Total number of Specialised PC services

3

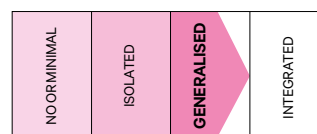
Rate of PC services per 100,000 inhabitants

7.7

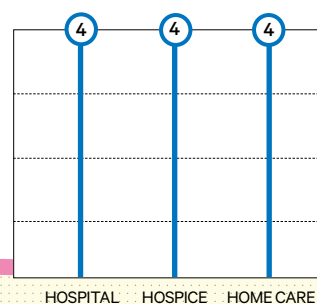
Monaco in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

0



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D Use of essential medicines

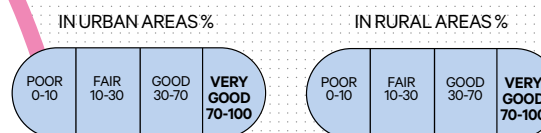


Opioids consumption (excluding methadone)

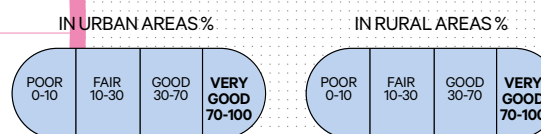
N/A

S-DDD/MILL INHABITANTS/DAY

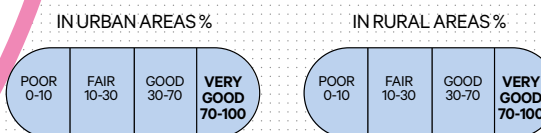
Overall availability of essential medicines for pain and PC at the primary level



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

Medical schools with mandatory PC teaching



0

Nursing schools with mandatory PC teaching



1/1

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies






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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.	There are associations promoting supportive and palliative care such as the association JATALV, the <i>Jusqu'au Terme Accompanyer la Vie</i> , founded in 1999 in the Principality of Monaco with the agreement of the Prince's Government. It is associated to the Mobile and Supportive Care unit of the Centre Hospitalier Princesse Grace (CHPG) .
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.	Article 4 and 20 to 23 of the Law regarding Consent and Information, refers to surrogate decision-makers in the form of the <i>Personne de confiance</i> , or 'Trusted person'.
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.  Not known or does not exist neither standalone nor is included in another national plan.	Although there are no strategies or plans for palliative care, Monaco is preparing to reform its legislation on end-of-life care. The National Council, now responsible for reviewing the bill submitted by the government and will begin a series of consultations with key figures from the medical, charitable, and religious sectors to help inform its decision. Submitted on September 26 2023, Bill No. 1.081 aims to improve access to palliative care for individuals suffering from severe, progressive illnesses.







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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.	
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 the project of law n° 1.007 on end-of-life, in its fourth article, states that "anyone in the advanced or terminal stages of a serious, progressive and life-threatening illness has the right to access palliative care and support, whatever their life expectancy".
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.	 There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.)	No evidence found.



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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.	Only sporadic or non-periodical conferences or meetings related to palliative care take place.
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.	 Minimal or non-existent number of articles published on the subject.	
Ind7:2 Inclusion of PC topics in national research calls.	 They do exist national research calls that do include palliative care topics (either scarce or more frequent).	No evidence found.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		






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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.	 	No evidence found.
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 evidence found.
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.	 	No evidence found.

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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</p> <p>0</p> <p>1/1</p> <p>1/1</p> <p>0</p> <p>No</p>	<p></p> <p>No evidence found.</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 but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).</p>	<p>Palliative care is gaining increasing institutional and legal recognition in Monaco, although its status as an autonomous medical speciality remains to be clarified.</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></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Strong presence of free-standing hospices in all parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>There is one provider (Princesse Grace Hospital Center), that runs three services: one inpatient palliative care unit with beds, one hospital palliative care support team and one home hospitalization with experience and training in palliative care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION: 0.96</p> <p>MONACO: 7.7</p> <p>MINIMUM RATE IN THE REGION: 0</p> <p>MAXIMUM RATE IN THE REGION: 3.68</p> <p>3 ← 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></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>0</p> <p>PPC TEAMS</p>	<p>No evidence found.</p>