



General data

POPULATION, 2023  
**616,177**  
PHYSICIANS / 1,000 INH, 2021  
**2.76**

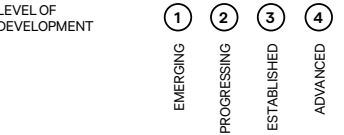
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper middle income**  
GDP PER CAPITA (US\$), 2023  
**12,221**  
HEALTH EXPENDITURE (% GDP), 2021  
**10.55**  
UNIVERSAL HEALTH COVERAGE, 2021  
**72**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



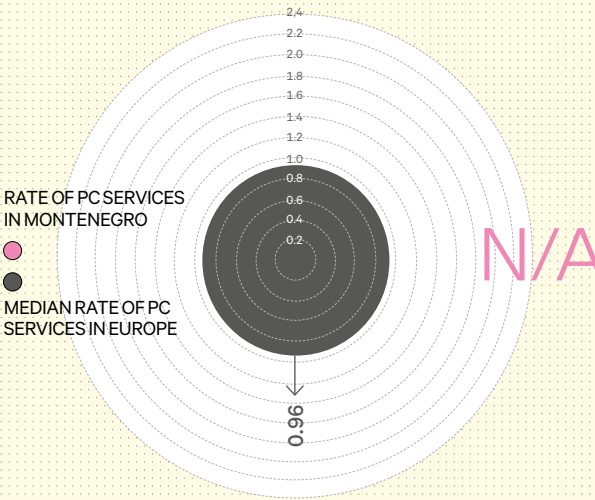
Consultants: Svetlana Stojanovic and Tamara Radojicic.  
National Association: -  
Data collected: October 2024–March 2025  
Report validated by consultants: Yes  
Endorsed by National PC Association: -  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

# Montenegro

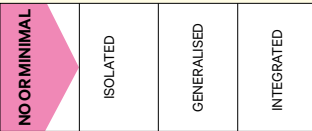
F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**0**  
Rate of PC services per 100,000 inhabitants  
**N/A**

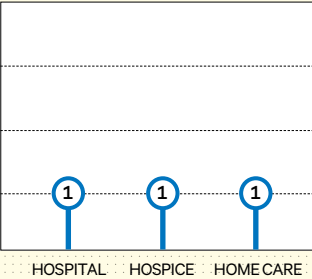
Montenegro in the context of European region



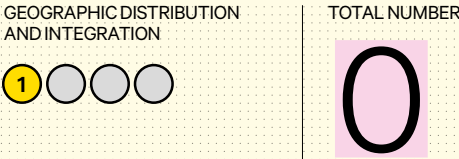
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

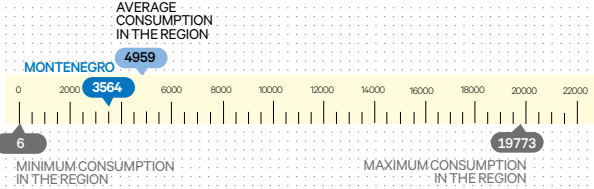


# Montenegro

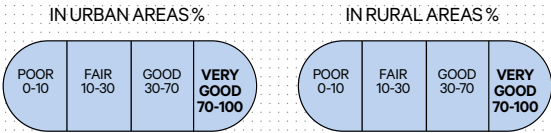
D Use of essential medicines

Opioids consumption (excluding methadone)  
**3,564**  
S-DDD/MILL INHABITANTS/DAY

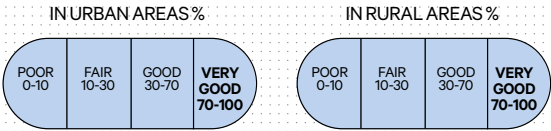
Montenegro in the context of European region



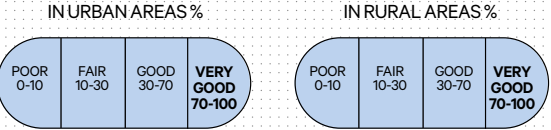
Overall availability of essential medicines for pain and PC at the primary level



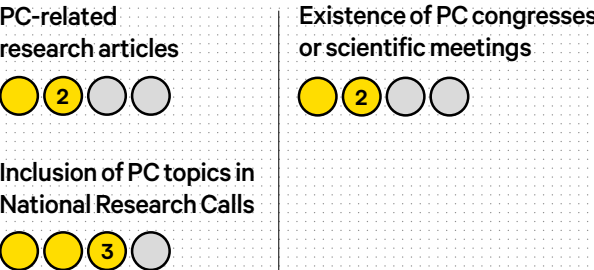
General availability of immediate-release oral morphine at the primary level



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



C Research



E Education & Training

Medical schools with mandatory PC teaching  
**1/1**

Nursing schools with mandatory PC teaching  
**0/1**

PC Full Professors  
**0**

Recognition of PC specialty  
**1**

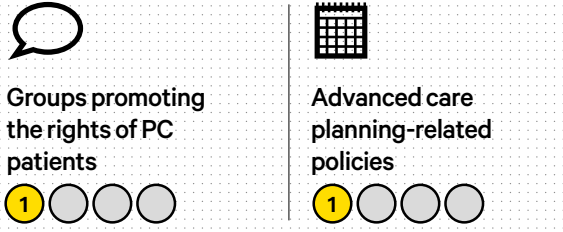
B Policies

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  
**4**





A Empowerment of people and communities






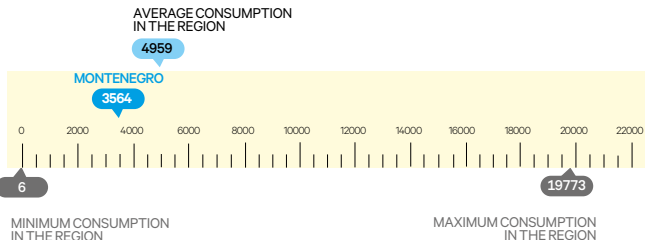
# EU Montenegro

<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Only isolated activity can be detected.	No evidence found.
<b>Ind2</b> 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.
<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.	 Developed over 5 years ago.   A national palliative care plan is in preparation.	Palliative care is included within the Strategy for healthcare development for a period 2024-2027 developed by the Ministry of Healthcare of Montenegro. The document is called <i>Strategija razvoja zdravstva za period od 2023-2027. godine sa akcionim planom za period 2023-2024.</i>







# EU Montenegro

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
<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.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	The Health Care Act (Official Gazette No. 3/2016, 39/2016, 2/2017, 44/2018, 24/2019, 24/2019, 82/2020 and 8/2021) Article 25, stipulates that health activities performed at the primary level of health care include health care, including PC. Article 42 stipulates that health institutions providing hospital health care can also organize long-term - extended hospital care, rehabilitation and PC for patients in the terminal stage. However, no further developments happened. Also, as per information from the Government of Montenegro (on the establishment of PC in the health system, march 2022), its status was depicted. In 2022, a meeting held in the Institute of Public Health, resulted in the Guidelines for PC Development, as a result of the international project IMPHACT 'Improving the Quality and Accessibility of Palliative Care in the Cross-Border Area'.
<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.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).   Does not have concrete functions or resources (budget, staff, etc.)	No evidence found.



# EU Montenegro

<b>Ind6</b> Existence of congresses or scientific meetings at the national level specifically related to PC.	 <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>The annual medical fair, the ninth in a row, was held in Podgorica in 2024, from September 29 to October 1st 2024. A presentation entitled <i>Caring for the most vulnerable</i>, and the presentation of the Palliative Care Improvement Plan, took place at the end of this Fair. Dr. Sladjana Ćorić, Srdjan Dragomanović, director of the Grabovac Elderly Home - Risan, as well as Dr. Damir Adrović (Grabovac Elderly Home), were in charge of the programme. In this conference numerous challenges to palliative care integration in the country in terms of services and policies were approached.</p>
<b>Ind7.1</b> 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>Reflects a limited number of articles published.</p>	<p>Some publications were found.</p>
<b>Ind7.2</b> Inclusion of PC topics in national research calls.	 <p>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</p>	<p>At least a Call for the Experts from Serbia and Montenegro for conducting the Research on Needs and Barriers of Implementation of Palliative Care Services was held in 2021. Not specifically for palliative care, but there was a recent agreement for EU grants access to funding for Montenegro under the EU4Health programme.</p>
<b>Ind8</b> Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div> <div>3,564</div> <div>S-DDD PER MILLION INHAB / DAY</div> </div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <p>MINIMUM CONSUMPTION IN THE REGION: 6 MAXIMUM CONSUMPTION IN THE REGION: 19773</p>	




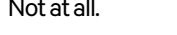



# EU Montenegro

<b>Ind9</b> 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.	  	<p>According to reports included in the document Analysis of drug consumption in Montenegro 2019 – 2023, and in Access to long-term care services in Montenegro; availability of essential medicines is very good.</p>
<b>Ind10.1</b> 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).	  	<p>No evidence found.</p>
<b>Ind10.2</b> 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.	  	<p>According to reports included in the document Analysis of drug consumption in Montenegro 2019 – 2023, and in Access to long-term care services in Montenegro; availability of essential medicines is very good.</p>

EU Montenegro

<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>1/1</p> <p>N/A</p> <p>0/1</p> <p>0/1</p> <p>0</p> <p>No</p>	<p></p> <p>The only medical schools of Montenegro has 72 hours of palliative care. In Medical School of Podgorica (<i>Medicinska Škola Podgorica</i>), there is a section of PC and geriatrics (section 3.2.15 on palijativna_njega), 72 h (36h theory+36h practice), in the third year. There is also a course on palliative care within a programme for master studies at the Faculty of Medicine, University of Montenegro. There is no evidence of palliative care teaching in the nursing school of Kraljica Jelena.</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>There is no process on specialisation for palliative care physicians in Montenegro.</p>

EU Montenegro

<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></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p>	<p>Services for specific palliative care will be formed at the primary level of health care within health centers, through community nursing teams as well as in health centers that have inpatient facilities (Plav, Rožaje, Mojkovac, Kolašin and Ulcinj), where inpatient care for such patients can be provided.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>MONTENEGRO 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p> ← 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></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	