



General data

POPULATION, 2023  
**1,827,816**

PHYSICIANS / 1,000 INH, 2021  
-

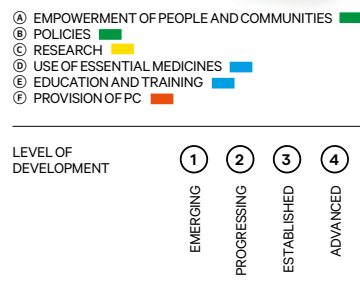
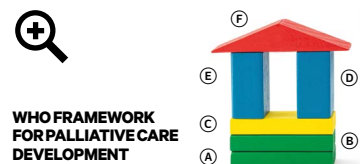
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper middle income**

GDP PER CAPITA (US\$), 2023  
**8,624**

HEALTH EXPENDITURE (%GDP), 2021  
**8.51**

UNIVERSAL HEALTH COVERAGE, 2021  
**74**



Consultants: Lazo Jordanovski; Lidija Veterovska Miljkovic

National Association: Macedonian Association for Palliative Care (MAPC).

Data collected: October 2024–March 2025

Report validated by consultants: Yes (Lidija Veterovska Miljkovic).

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

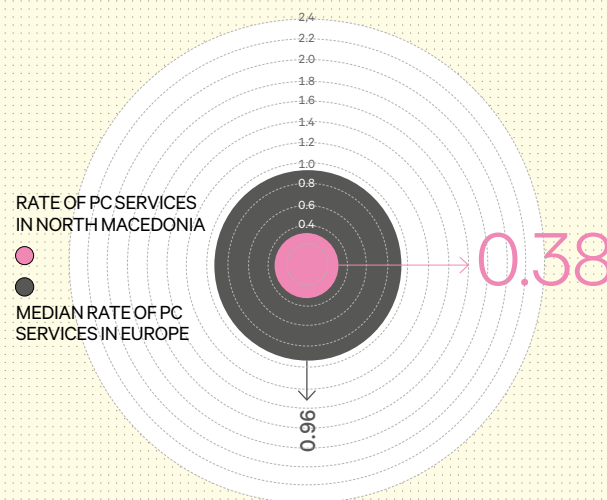
# North Macedonia

**F Provision of PC (Specialised Services)**

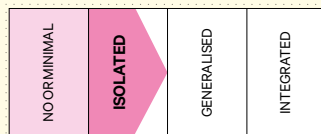
Total number of Specialised PC services **7**

Rate of PC services per 100,000 inhabitants **0.38**

North Macedonia in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services

	HOSPITAL	HOSPICE	HOME CARE
Level of development	N/A	N/A	N/A

Paediatric PC Services

Geographic distribution and integration **1**

Total number **0**

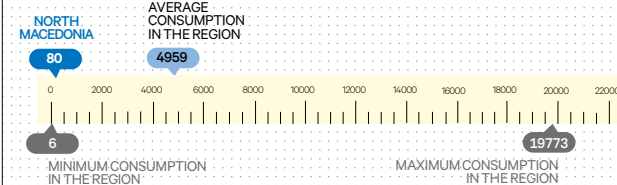


# North Macedonia

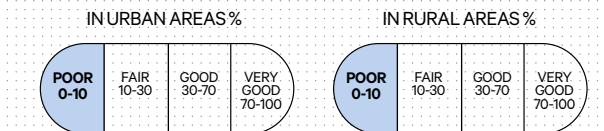
**D Use of essential medicines**

Opioids consumption (excluding methadone) **80** S-DDD/MILL INHABITANTS/DAY

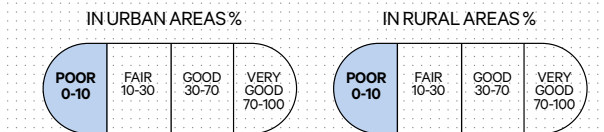
North Macedonia in the context of European region



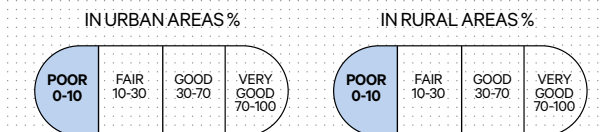
Overall availability of essential medicines for pain and PC at the primary level



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**

PC-related research articles **2**

Inclusion of PC topics in National Research Calls **1**

Existence of PC congresses or scientific meetings **3**

**E Education & Training**

Medical schools with mandatory PC teaching **4/4**

Nursing schools with mandatory PC teaching **NA/12**

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 **2**





Inclusion of PC in the basic health package at the primary care level **1**

**A Empowerment of people and communities**





Groups promoting the rights of PC patients **4**

Advanced care planning-related policies **1**




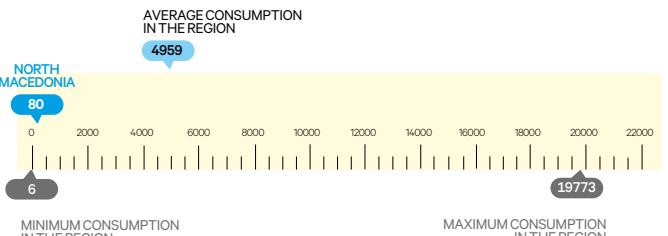
**EU** North Macedonia

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>The Republic of North Macedonia has the Macedonian Association for Palliative Care, a professional association for PC which is a part of the Macedonian Medical Society. This association works in close collaboration with the Association of Family and General Medicine, offering continuous medical education for doctors across primary, secondary, and tertiary levels. There is also an NGO dedicated to supporting patients in need: The Association for the Support of Palliative Patients and Their Families Pallium. This civil society organisation is involved in raising public awareness, shaping policies, and addressing social challenges in the field of PC treatment and support. Pallium advocates for the resolution of social issues related to PC, offers psychosocial support, and promotes, informs, and implements activities and training aimed at improving the quality of life for patients and their families.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p> 1</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>There is no available evidence.</p>
<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> 2</p> <p>Developed over 5 years ago.</p> <p> 4</p> <p>Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p>	<p>There is a palliative care strategy integrated into the National Health Strategy of the Republic of North Macedonia for the period 2021-2030.</p>







**EU** North Macedonia

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 2</p> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p> 1</p> <p>Not at all.</p>	<p>No evidence found.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> 2</p> <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p> <p> 2</p> <p>There are concrete functions but do not have a budget or staff.</p>	<p>No evidence found.</p>



# EU North Macedonia

<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p>	<p>In the Republic of North Macedonia, there are no congresses specifically dedicated to palliative care. However, the Association for Palliative Care regularly organizes thematic lectures at the congresses held by the Macedonian Medical Association, which takes place every other year. Members of the Palliative Care Association regularly participate in congresses organized by the European Association for Palliative Care (EAPC). Additionally, members of the association delivered plenary lectures at the 6th Palliative Care Conference held last year in the Republic of Croatia.</p>										
<p><b>Ind7:1</b></p> <p>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>	 <p>Reflects a limited number of articles published.</p>	<p>There is a limited number of articles published in or by authors from North Macedonia related to palliative care, reflecting a gap in the academic and scientific literature on this field within the country.</p>										
<p><b>Ind7:2</b></p> <p>Inclusion of PC topics in national research calls.</p>	 <p>There are no national research calls at all.</p>	<p>No evidence found.</p>										
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p><b>80</b> S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p>  <table border="1"> <caption>Average Consumption of Opioids in the Region</caption> <thead> <tr> <th>Country/Region</th> <th>Consumption (S-DDD per million inhabitants per day)</th> </tr> </thead> <tbody> <tr> <td>North Macedonia</td> <td>80</td> </tr> <tr> <td>Average Consumption in the Region</td> <td>4959</td> </tr> <tr> <td>Minimum Consumption in the Region</td> <td>6</td> </tr> <tr> <td>Maximum Consumption in the Region</td> <td>19773</td> </tr> </tbody> </table>		Country/Region	Consumption (S-DDD per million inhabitants per day)	North Macedonia	80	Average Consumption in the Region	4959	Minimum Consumption in the Region	6	Maximum Consumption in the Region	19773
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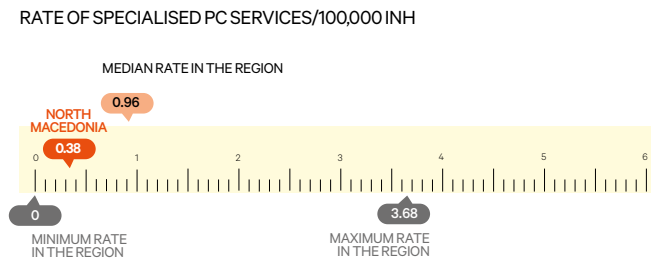
# EU North Macedonia

<p><b>Ind9</b></p> <p>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.</p>		<p>No evidence found.</p>
<p>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>		
<p><b>Ind10:1</b></p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p>		<p>No evidence found.</p>
<p>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>		
<p><b>Ind10:2</b></p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p>		<p>No evidence found.</p>
<p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>		

**EU** North Macedonia

<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>4/4</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>No</p>	 <p>In the Republic of North Macedonia, there are 12 nursing high schools. During the summer period, all these schools offer practical training, with some students completing their practice at specialised hospitals for geriatric and palliative medicine. Additionally, the country has four faculties of medical sciences, where palliative care is included in the curriculum for fifth-year students, alongside geriatric medicine. However, evidence to support this information has not been found.</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>There is no process on specialisation for palliative care physicians.</p>	<p>There is no formal specialisation in palliative medicine for physicians in the Republic of North Macedonia.</p>

**EU** North Macedonia

<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>Isolated provision: Exists but only in some geographic areas.</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>In the Republic of North Macedonia (2020), there are seven specialised palliative care services or teams, representing 0.38 services per 100,000 inhabitants.</p>  <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION: 0.96</p> <p>NORTH MACEDONIA: 0.38</p> <p>MINIMUM RATE IN THE REGION: 0</p> <p>MAXIMUM RATE IN THE REGION: 3.68</p> <p>7 ← 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>N/A</p> <p>0 PPC TEAMS</p>	<p>No evidence found.</p>