



General data

POPULATION, 2023
5,519,594
PHYSICIANS / 1,000 INH, 2021
5.16

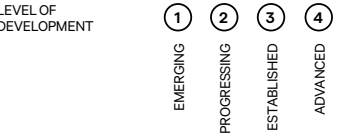
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
87,925
HEALTH EXPENDITURE (% GDP), 2021
10.08
UNIVERSAL HEALTH COVERAGE, 2021
87



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



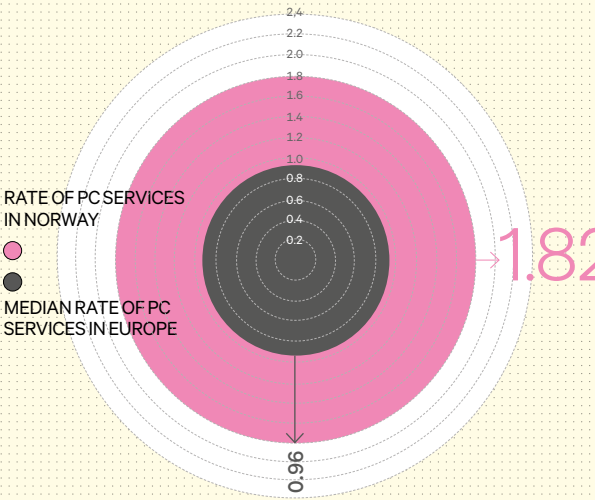
Consultants: Dagny Faksvåg Haugen; Anja Lee and Ingeborg Skulberg.
National Association: Norsk Forening for Palliativ Medisin.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Norway

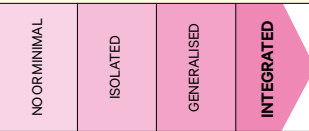
F Provision of PC (Specialised Services)

Total number of Specialised PC services
101
Rate of PC services per 100,000 inhabitants
1.82

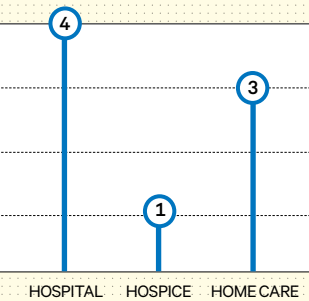
Norway in the context of European region



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

20

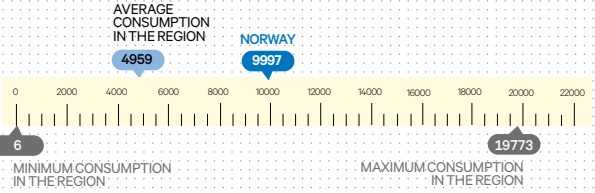


Norway

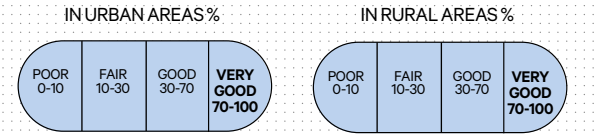
D Use of essential medicines

Opoids consumption (excluding methadone)
9,997
S-DDD/MILL INHABITANTS/DAY

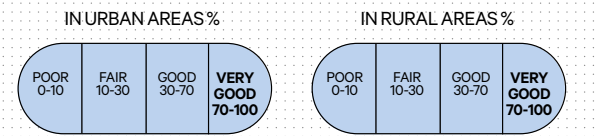
Norway in the context of European region



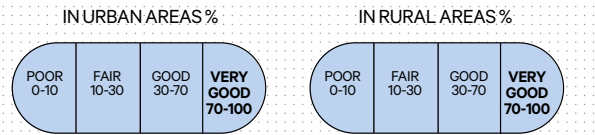
Overall availability of essential medicines for pain and PC at the primary level



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



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings

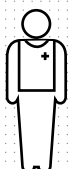


E Education & Training

Medical schools with mandatory PC teaching
4/4



Nursing schools with mandatory PC teaching
12/13



PC Full Professors
6

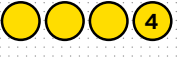


Recognition of PC specialty
4



B Policies

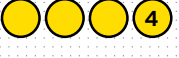
National PC plan or strategy
4



Responsible authority for PC in the Ministry of Health
4



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

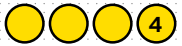


A Empowerment of people and communities





Groups promoting the rights of PC patients
4







Advanced care planning-related policies
4



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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.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	Norway has two national palliative care associations: The Norwegian Association for Palliative Medicine, part of the Norwegian Medical Association (for doctors); and the Norwegian Palliative Care Association, multiprofessional. Both are collective members of the EAPC. In addition, Hospiceforum Norway is a voluntary organisation working to improve end-of-life care. At present, there is no professional organisation specifically for children's palliative care. The professionals in this field work through the first two associations, NFPM and NPF, or through their professional associations (for doctors, nurses, etc). Regarding user organisations, most organisations for patients and relatives are diagnosis specific (level 3), but there is one specifically for children's palliative care: Løvemammene ('Lion mothers').
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is a national policy on advance care planning.	Norway has the 'National professional guidance on advance care planning conversations and on care plans for individuals with limited expected survival' (Norwegian: <i>Nasjonale faglige råd for forhåndssamtaler og planlegging ved begrenset forventet levetid</i>), issued by the Norwegian Directorate of Health in December 2023.
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.	 Actualized in last 5 years, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	Norway has established the 'National Action Programme for Palliative Care in Cancer Care' (<i>Nasjonalt handlingsprogramme for palliasjon i kreftomsorgen</i>), which provides national professional guidance for palliative care in the context of cancer care. While the Action Programme is under the Cancer Programmes, it is designed for use independent of diagnosis. The programme's online version was published five years ago, and an active workgroup is continuously revising and updating it. Recently, the chapters on organisation and competence were revised; however, these updated chapters have not yet been published, as the Directorate of Health has not yet decided on the format for their release. Additionally, the ongoing implementation of the Report to the Storting (Norwegian Parliament) (White Paper) No. 24 (2019-2020) on palliative care, titled "Palliative Care - We Shall All Die One Day. But All Other Days We Shall Live," outlines the broader framework for palliative







EU Norway

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	care in Norway. However, it must be emphasised that there are regional differences in the implementation of palliative care across Norway. While the National Action Programme for Palliative Care sets clear indicators, these have only been partially implemented in some areas. Finally, specialist palliative care teams and units, which are approved as educational sites for the Formal Competence Field of Palliative Medicine (comprising about 50% of all specialist palliative care programmes in hospitals), undergo regular audits and quality evaluations.
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.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Norway offers universal health coverage, as outlined in the International Health Care System Profiles 2020. Palliative care is specifically acknowledged within this framework, as highlighted in the Report to the Storting (Norwegian Parliament) (White Paper) No. 26 (2014-2015), titled <i>The Primary Health and Care Services of Tomorrow-Localised and Integrated</i> (Norwegian: <i>Fremtidens primærhelsetjeneste-nærhet og helhet</i>). Palliative care is addressed in detail on page 129 of the Norwegian version of the document, under the chapter 'Palliasjon' ('Palliative Care').
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 coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).  There are concrete functions, staff and budget.	The Norwegian Directorate of Health has appointed a Senior Advisor specifically responsible for palliative care matters. Additionally, the Directorate maintains a dedicated webpage to provide comprehensive information on palliative care.



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<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>The two national palliative care associations, the Norwegian Association for Palliative Medicine and the Norwegian Palliative Care Association, jointly organize a national palliative care congress every two years. Detailed information regarding the congress programme, as well as accepted abstracts for oral presentations and posters, can be found on the congress website. Notably, the 2024 congress attracted 700 participants, highlighting its significant engagement within the field.</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></div><div>3</div><div></div></div><div>Represents a considerable amount of articles published.</div></div>	<div>There is a substantial number of articles within the country, reflecting a notable body of research on palliative care in Norway.</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.</div></div>	<div>The Norwegian Research Council and the Norwegian Cancer Society release calls that encompass palliative care, yet no national research initiative has been established that is exclusively dedicated to this field.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div><div>9,997</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>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>NORWAY</div><div>9997</div></div><div><div>0</div><div>2000</div><div>4000</div><div>6000</div><div>8000</div><div>10000</div><div>12000</div><div>14000</div><div>16000</div><div>18000</div><div>20000</div><div>22000</div></div><div><div>6</div><div>19773</div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div></div>	






EU Norway

<p>Ind9</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>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></p> <p></p>	<p>In Norway, these medications are universally available across the country and are provided free of charge to individuals with serious illnesses and limited life expectancy. This ensures equitable access to essential treatments for those in need. More detailed information regarding these medications can be found in the Norwegian Pharmaceutical Product Compendium (Felleskatalogen AS).</p>
<p>Ind10:1</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>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></p> <p></p>	<p>In Norway, immediate-release oral morphine (in both liquid and tablet forms) is universally available at the primary care level. In urban areas, 100% of health facilities have pain and palliative care medications as outlined in the WHO Model List of Essential Medicines. Similarly, in rural areas, 100% of primary care health facilities also ensure the availability of immediate-release oral morphine, ensuring equitable access to essential pain management across the country.</p>
<p>Ind10:2</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>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p></p> <p></p>	<p>In Norway, opioids in various formulations are generally available at the primary care level, with almost 100% availability of these medications. The only exception is hydromorphone, which is rarely used in the country. For further details on the availability of opioids, refer to the Norwegian Pharmaceutical Product Compendium (Felleskatalogen AS).</p>

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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>4/4</p> <p>4/4</p> <p>12/13</p> <p>12/13</p> <p>6</p> <p>Yes</p>	<p></p> <p>Palliative care is explicitly referenced in the Norwegian Regulations on the National Guideline for Undergraduate Nursing Education (<i>Forskrift om nasjonal retningslinje for sykepleierutdanning-Lovdata</i>). The National Action Programme for Palliative Care includes a section on competence, which stipulates that palliative care must be integrated into the curriculum of all undergraduate education in medical and nursing schools. Additionally, the Regulations on the National Guideline for Medical Education stipulate that candidates who complete medical school <i>possess broad knowledge of palliative care</i>. Norway is home to 11 public and 2 private institutions offering undergraduate nursing education. As part of a doctoral study, palliative care integration within Norwegian undergraduate nursing education was evaluated and published in 2022 in the article <i>Palliative care in Norwegian nursing education: A document analysis of the integration of learning outcomes</i>, revealing that palliative care learning outcomes and content were incorporated into the curricula of 10 out of 11 public nursing colleges. At least two private nursing colleges also include palliative care within their programmes. All in all, a total of 30 educational options in palliative care are offered, with several institutions providing both full-time and part-time programmes, and some operating across multiple campuses. Norway is home to six full professors in Palliative Medicine (Universities of Tromsø, Trondheim, and Oslo). The University of Bergen has an Assistant Professor, and the one professor in paediatric palliative Care is employed at Oslo Metropolitan University (OsloMet).</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>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine has been recognised as a formal area of competence since 2011. In 2020, the Norwegian Parliament decided to establish either an independent medical specialty or an add-on specialty. Since add-on specialties do not exist in Norway, a working group was tasked with developing a framework for a full medical specialty. The group submitted its report in December 2022, but the MoH and Care Services took an extended period, and in 2024, it was announced the establishment of the specialty was postponed. Nonetheless, the formal competence field remains valid, encompassing a two-year training programme for specialist physicians.</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>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Not at all.</p> <p></p> <p>Found in many parts of the country.</p>	<p>As per 2024 Statistics, there are four regional specialist PC centers dedicated to education, research, and service advancement. Each center is equipped with a clinical specialist PC service, which includes both an ambulatory team and an inpatient unit. These are situated within the university hospitals of the four major cities. Besides, there are 42 hospital-based specialist PC services, which extend their outreach to hospitals within their regions, as well as to primary care services. Among these, 24 services feature an inpatient unit, while all provide an ambulatory specialist PC consultation team. While there are no dedicated hospices, specialist PC at the community level is delivered by 47 nursing homes, all equipped with a PC inpatient unit. Additionally, 101 nursing homes have 1-3 beds designated for inpatient PC. PC at home is managed by municipal homecare services, with support from hospital-based specialist PC teams. Besides, there are 8 municipal specialist PC teams specifically designed to support primary care services, primarily in larger cities (serving GPs, homecare services, and nursing homes).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>101 ← 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>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>PPC TEAMS</p>	<p>Norway is home to 19 public hospital trusts, of which 17 provide a dedicated PC service for children, along with one hospice-like department (Nordre Åsen). Two of these trusts operate multiple teams. Several “advanced hospital-at-home” teams associated with the Pediatric Departments of larger hospitals, deliver PC. For example, the Department of Pediatric PC at Nordre Åsen (funded by the Norwegian Directorate of Health for 2020-2025), includes both an inpatient unit and a homecare team. The department is owned by a non-profit foundation dedicated to rehabilitation and PC for children. The advanced hospital-at-home teams include: 1)Oslo (Oslo universitetssykehus HF); 2) Trondheim (St. Olavs hospital HF); 3) Bergen (Haukeland universitetssjukehus); and 4) Stavanger (Stavanger universitetssjukehus).</p>