



General data

POPULATION, 2023  
**143,826,130**

PHYSICIANS / 1,000 INH, 2021  
-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**High income**

GDP PER CAPITA (US\$), 2023  
**13,817**

HEALTH EXPENDITURE (% GDP), 2021  
**7.38**

UNIVERSAL HEALTH COVERAGE, 2021  
**79**



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



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National Association: Hospice Care Professionals Association.  
Data collected: October 2024–March 2025.  
Report validated by consultants: Yes.  
Endorsed by National PC Association: Yes.  
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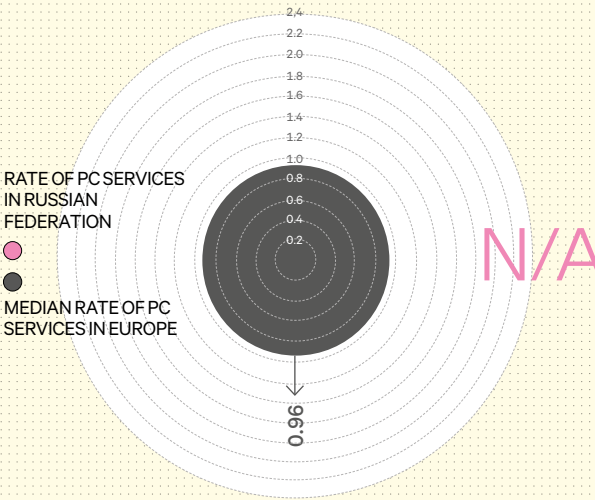
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(F) Provision of PC (Specialised Services)

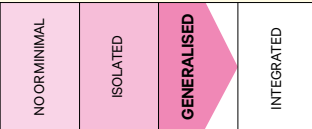
Total number of Specialised PC services  
**0**

Rate of PC services per 100,000 inhabitants  
**N/A**

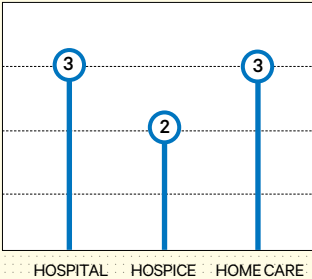
Russian Federation in the context of European region



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

**N/A**

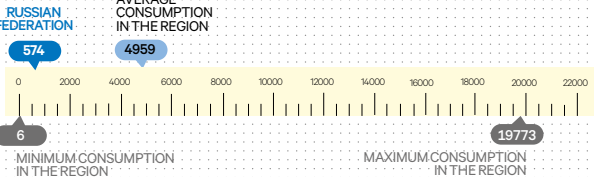


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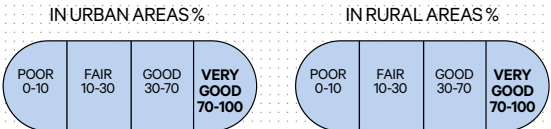
(D) Use of essential medicines

Opiods consumption (excluding methadone)  
**574**  
S-DDD/MILL INHABITANTS/DAY

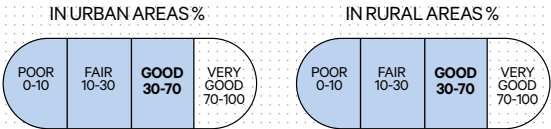
Russian Federation in the context of European region



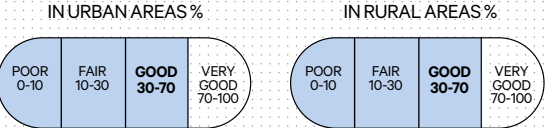
Overall availability of essential medicines for pain and PC at the primary level



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  
**50/63**

Nursing schools with mandatory PC teaching  
**N/A**

PC Full Professors  
**0**

Recognition of PC specialty  
**3**

(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  
**2**

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<b>Ind1</b>  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.)	There is a big number of organisations, including patient communities and charitable foundations. Most of the charitable organisations in recent years are supported by President's Grant fund. The National association of palliative care in Russia, established in 2015, is engaged in the formation of standards for the provision of palliative care and the provision of assistance to the development of a network of hospice institutions. It takes part in the development of clinical guidelines, standards, and cooperates with legislative and executive authorities and departments, and draft regulatory documents governing the provision of care. Further foundations include: The Vera Hospice Charity Foundation; The Children's Palliative Charitable Foundation, The Clear Morning service; The Live Now charity foundation, The Gift of Life Foundation, The Old Age in Joy Foundation, The Cystic Fibrosis Foundation, The Foundation 'House with a Lighthouse', etc.
<b>Ind2</b>  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.	There is no stand-alone federal guideline on ACP. In the healthcare law there are all provisions for patients' rights related to treatment in place, for all types of medical care, not just PC. In this law, there are mechanisms to arrange a surrogate decision maker, wishes related to the treatment plan and wills. For example, the patient (or his legal representative) is in his full right to consent or refuse any medical treatment by signing the Informed consent form (article 20. Informed voluntary consent to medical intervention and to refusal of medical intervention of the Federal Law of November 21, 2011 No. 323-FZ). ACP is a mandatory topic of various training programmes for specialists, and there are some regulatory mechanisms for arranging advanced care, and a special form for creating a living will available at the main PC information portal.
<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.	 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.	The stand-alone plan on development of palliative care is the Action plan ('road map') to improve the quality and accessibility of PC until 2024. The activities of the Plan are primarily aimed at improving the quality of life of patients in need of PC, and at increasing satisfaction with the availability of PC, the provision of medicines, including those containing narcotic drugs and psychotropic substances, and medical devices designed to support the functions of organs and systems of human body, provided at home. The tasks set by the plan include 1) improving the legal regulation and harmonization of the regulatory legal acts for the organisation of the provision of PC, 2) increasing the availability and quality of pain relief, including expanding the range of drugs, 3) development of infrastructure for the provision of PC in the constituent entities of the Russian Federation, including through subsidies provided from the federal budget; 4) the development of separate, fundamentally new for Russian

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	healthcare, directions for the provision of PC to persons in need in childhood, 5) training of medical workers, medical psychologists, and social workers on the provision of PC, 6) informing the population about the free access and PC provision; and the 7) implementation of a multidisciplinary approach to PC provision, including through the interaction of medical organisations, social service organisations and public associations, other non-profit organisations operating in the field of health care.
<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.	Palliative care is included in the basic healthcare services provided at the primary care level by the Federal Law #323. Provision of palliative care is guaranteed by the Resolution of the Government of the Russian Federation of December 28, 2023 N 2353 "On the Programme of state guarantees for the free provision of medical care to citizens for 2024 and the planning period of 2025 and 2026" (with amendments and additions). Besides, provision of primary palliative care is included in the scope of responsibilities of family doctors, and as per its constitution, all citizens of the Russian Federation have the right to receive free healthcare, including specialised healthcare.
<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 coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).   There are concrete functions, staff and budget.	According to the Federal Law of 21.11.2011 N 323-FZ 'On the Fundamentals of Health Protection of Citizens' (amended 01.10.2021) the responsible persons in the MoH for PC are: Karakulina E.V. - Director of the Department of organisation of medical care and health resort business; Sheshko E.L., Director of the Department of Medical Care for Children, Maternity Services and Public Health. The working body of the MoH PC branch on federal level consists of 1) an institute of Chief Specialists, embedded in the healthcare system, supervising provision and development of PC on their territorial unit; 2) a Profile Commission on PC of MoH of Russia, consisting of the Chief Specialists and prominent PC advocates, and 3) Federal Scientific and Practical Centre for Palliative Medical Care of the Sechenov University of the MoH since 2019 (role of coordination hub, monitor centre for availability and quality of PC provision). Adult and paediatric country-level Chief Specialists in PC of the MoH are employees of Federal Scientific and Practical Centre for palliative medical care (Sechenov University), the adult Chief Specialist being its director.

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<b>Ind6</b>  Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>There are two yearly national conferences organized by Hospice Care Association, and four forums, each in a different federal district. The annual conference "Development of palliative care for adults and children" within the framework of the project "Development of competencies of PC specialists", of the Hospice Care Professionals Association, is the largest educational platform for specialists providing assistance to adults and children. The conference includes symposia for various specialists. The Association also organizes an annual conference "The Role of a Nurse in PC". In 2024, the conference was held for the 10th time. The co-organizer of the conference this year was the Federal Scientific and Practical Center for Palliative Medical Care of the First Moscow State Medical University (Sechenov) with the support of the MoH and the Presidential Grants Fund.</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.	<div><div></div><div></div><div>3</div><div></div></div> <p>Represents a considerable amount of articles published.</p>	<p>A significant number of articles have been published in Russian journals, including peer-reviewed ones (scientific literature database). Additionally, the Hospice Care Association publishes a specialised quarterly open-access journal 'Pallium: Palliative and Hospice Care' for physicians of all specialties, and also a specialised scientific and practical journal 'Palliative Medicine and Rehabilitation'.</p>
<b>Ind7:2</b>  Inclusion of PC topics in national research calls.	<div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics.</p>	<p>Research sometimes is conducted through national research calls, made through organisations with an extensive PC database. Organisational data is collected by MoH through centralised quarterly data collection conducted by the Federal Research and Practice Centre of Palliative Medical Care (Sechenov University). Research calls are frequently made via Hospice Care Association network (open calls or members-only).</p>
<b>Ind8</b>  Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div>574</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>COUNTRY VS REGION</p> <div><div>RUSSIAN FEDERATION</div><div>574</div><div>4959</div><div>19773</div><div>6</div></div> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p>



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<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.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	<p>The Order of the MoH No. 345n, the Ministry of Labor No. 372n 'On approval of the Regulation on the organisation of palliative medical care (...)', contains the basic package for the provision of primary PC. Narcotic drugs, psychotropic substances and NSAIDs are included in the basic package of the ambulance kit. General physicians are not allowed to carry narcotic drugs to home visits. To obtain a license to provide primary health care, a healthcare organisation (e.g. polyclinic) must have an essential package (the listed medicinal preparations in a medical kit), not including narcotic drugs and psychotropic substances. Doctors and feldshers can prescribe medications from the List Of Vital And Essential Drugs, which includes almost all narcotic drugs registered in except for buprenorphine, naloxone and omnopon tablets.</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).	<div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div>	<p>Doctors and nurses can give patients a free prescription for medication List Of Vital And Essential Drugs.</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.	<div><div></div><div></div><div>3</div><div></div></div> <div><div></div><div></div><div>3</div><div></div></div>	<p>Doctors and nurses can give patients a free prescription for medication List Of Vital And Essential Drugs.</p>



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<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>50/63</p> <p>0/63</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>Yes</p>	<p></p> <p>There are 63 institutes of higher medical education in Russia; 51 of them are under (and accredited by) the Ministry of Health. In 2024, the Russian Ministry of Health, at the initiative of the Federal Research and Practical Center for Palliative Medical Care, requested the constituent entities of the Russian Federation for information on the availability of higher medical education institutions in the constituent entities, subordinate to the Russian Ministry of Health, with departments implementing educational programmes on palliative medical care as part of professional retraining, the number of educational cycles conducted under these programmes, as well as the number of doctors who have completed training in these cycles. Based on this, <b>training on palliative care is available in 41 regions of the Russian Federation (45%); and 50 universities, subordinate to the Russian Ministry of Health, have developed 263 programmes on palliative care.</b> The majority of programmes are designed for 36 hours of training (51%, 135 programmes), and 72-hour programmes accounted for 24% (64 programmes). The smallest share in terms of duration of training was 144-hour programmes (19%, 51 programmes). Still, it is to note that palliative care is not taught as a separate subject. An undergraduate curriculum is a fixed programme, approved by the university academic council. Optional education begins only at the post-graduate level. The training in palliative care takes place as a course for already working medical personnel at the employee's own request, as part of mandatory Continuous Medical Education.</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 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>There is no speciality, but there is a job position with corresponding professional standard, approved by Order of the Ministry of Labor and Social Protection of the Russian Federation dated June 22, 2018 N 409n 'On approval of the professional standard Palliative care physician', and the Professional standards for the palliative care doctor, approved by the MoH and applying to the entire country.</p>

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<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>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>In a growing number of private hospitals.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p>	<p>As of 2024, around 3728 palliative care services (either specialised or general with capacity to consult with specialists) operate in Russia. There are 1309 palliative care clinics (outpatient service in polyclinic), 883 palliative care home care units (including 239 paediatric units). In-patient units in hospitals have overall capacity of 17622 palliative care beds and 11258 nursing care beds (licenced to provide palliative care). There are also 44 stand-alone hospices, and 20 respiratory centers.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.96</p> <p>RUSSIAN FEDERATION N/A</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 <b>geographic</b> 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>Presentations given by Chief Specialists in Palliative Care of the Ministry of Health of the Russian Federation (head and paediatric specialists) report around 500 services providing palliative care for children (250 being home care teams). Some examples of stand-alone federal and non-governmental hospices can be found in the following sites: <a href="https://детскийхоспис.рф/">https://детскийхоспис.рф/</a>, <a href="https://mayak.help/hospice/">https://mayak.help/hospice/</a>, <a href="https://www.detskiyhospis.ru/">https://www.detskiyhospis.ru/</a>, <a href="https://detihospis.ru/">https://detihospis.ru/</a>, <a href="https://хосписдетям.рф/">https://хосписдетям.рф/</a>, <a href="https://dhospis.ru/projects">https://dhospis.ru/projects</a>, <a href="https://odkb.ru/oblastnoj_central_palliativnoj_medicinskoj_pomoshhi_detyam_detskij_xospis">https://odkb.ru/oblastnoj_central_palliativnoj_medicinskoj_pomoshhi_detyam_detskij_xospis</a>, <a href="https://gauz-kidshospice.ru/">https://gauz-kidshospice.ru/</a>, <a href="https://crimean-hospice.ru/">https://crimean-hospice.ru/</a>, <a href="https://rdkb18.ru/detskiy-khospis/">https://rdkb18.ru/detskiy-khospis/</a>.</p>