



General data

POPULATION, 2023

33,860

PHYSICIANS / 1,000 INH, 2021

-

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

High income

GDP PER CAPITA (US\$), 2023

-

HEALTH EXPENDITURE (% GDP), 2021

7.97

UNIVERSAL HEALTH COVERAGE, 2021

77



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: -

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).

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F Provision of PC (Specialised Services)

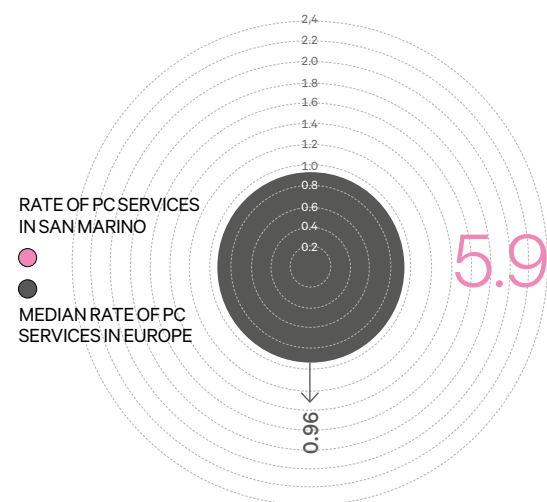
Total number of Specialised PC services

2

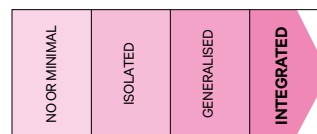
Rate of PC services per 100,000 inhabitants

5.9

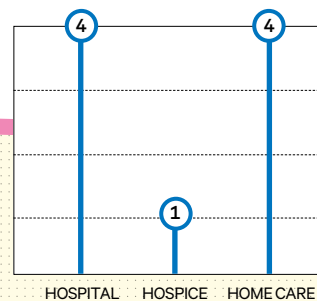
San Marino in the context of European region



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

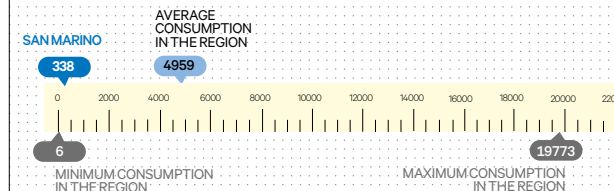


Opioids consumption (excluding methadone)

338

S-DDD/MILL INHABITANTS/DAY

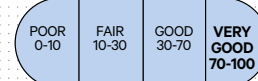
San Marino in the context of European region



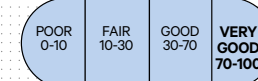
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

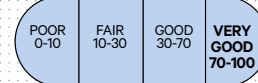


IN RURAL AREAS %

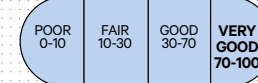


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

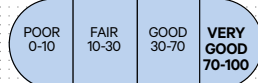


IN RURAL AREAS %

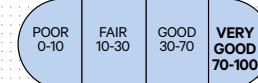


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



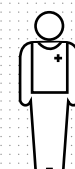
E Education & Training

Medical schools with mandatory PC teaching



0

Nursing schools with mandatory PC teaching



0

PC Full Professors



0

Recognition of PC specialty

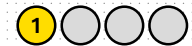


B Policies

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 caregivers, 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.	Advocacy, patient and caregiver support is offered by a number of patient and professional associations: a) the Associazione Oncologica Sammarinese (AOS): Offers nurse and psychology home care and palliative care for cancer patients, as well as advocacy through meetings and social events, b) the Associazione Sammarinese Sostegno alle Patologie dell'Invecchiamento Cerebrale (ASSPIC) offers advocacy and support to patients, families and caregivers suffering from neurodegenerative diseases through, c) Associazione Sammarinese Sclerosi Multipla (ASSM) – Offers advocacy and support to patients and families of Multiple Sclerosis patients, and d) Associazione Sammarinese per lo Studio del Dolore (ASSD) is a scientific society, national chapter of the International Association for the Study of Pain, that involves multidisciplinary professionals on educational support and initiatives on pain and palliative care.
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.	Surrogate decision makers are defined by law for incompetent patients. There is no legislation or national policy directly addressing living will or advanced directives, neither for advance care planning.
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, but not actively evaluated or audited.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	The provision of Palliative Care is a priority for the Ministry of Health of the Republic of San Marino, both in the community and in hospitals. For these reasons, a Pain Medicine and Palliative Care Unit has been set up and activated in 2023, in collaboration with all the healthcare services and operational units involved, and the creation of a Hospice is planned in the recently approved National Healthcare Plan 2024-2026.

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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 with clear targets exist but have not been yet implemented.	
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.	Provision of Palliative Care is a priority for the Social Security Institute of the Republic of San Marino, both in the community and in hospitals. For these reasons, a service coordinated by the Pain Medicine and Palliative Care Unit belonging to the Anaesthesia and Intensive Care Unit has been set up and activated, in collaboration with all the services and operational units involved.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 There is no authority defined.	There is no specific Authority for palliative care is present within the Ministry of Health or governmental agencies.
5.2. The national authority has concrete functions, budget and staff.	 Does not have concrete functions or resources (budget, staff, etc.)	

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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>3</div><div></div></div><div>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.</div></div>	<div>There is no specific Authority for palliative care is present within the Ministry of Health or governmental agencies.</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>2</div><div></div><div></div></div><div>Minimal or non-existent number of articles published on the subject in that country.</div></div>	<div>Little production but for a recent study carried out at the State Hospital of San Marino and in various important Italian facilities to analyse the perception of palliative care among health-care professionals and access to it for patients with blood cancer diseases: (Sara Di Lorenzo et al. A multicentre survey on the perception of palliative care among health professionals working in haematology). Support Care Cancer. 2024 Mar 27;32(4):253).</div>
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>	<div><div><div></div><div>2</div><div></div><div></div></div><div>Although there are national research calls, no PC topics are ever included.</div></div>	<div>University of San Marino provides national research calls, but specific Palliative Care topics have not been included since now.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div><div>338</div><div>S-DDD PER MILLION INHAB /DAY</div></div></div>	<div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div><div><div>SAN MARINO</div><div>338</div></div><div><div>0200040006000800010000120001400016000180002000022000</div><div><div>6</div><div>19773</div></div></div><div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div></div>



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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.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	In 2021, approximately 85.2% (n = 414) of medicines included in the WHO EML were commonly marketed in Italy. San Marino market reflects the same reality.
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).	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	Immediate release morphine and opioid formulations are available for 100% of general population.
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.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	All different opioids and formulations are available for 100% of the general population through local pharmacies.







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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>0</p> <p>0</p> <p>0</p> <p>No</p>	<p></p> <p>The only university of San Marino, 'Università degli Studi della Repubblica di San Marino UNIRSM', does not have a medical school.</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>San Marino Republic is mainly subject to academic titles provided by Medical Schools in Italy. Master Degrees in Palliative Care are provided from Italian Universities, and are recognised in San Marino Republic. They are not legally-binding, but specific titles may be required in a call for a Palliative Care physicians. Palliative Care is now a recognised medical specialty in Italy since 2022. Master Degrees in Pain Medicine and Palliative Care are provided from Italian universities for Nurses and Psychologists. They are not legally-binding, but specific titles may be required in a call for healthcare providers.</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>Strong presence of home care teams in all parts of the country.</p>	<p>Palliative Care is provided by the National Healthcare System (<i>Istituto per la Sicurezza Sociale della Repubblica di San Marino</i>) in Hospital and Home-Care Setting through the Pain Medicine and Palliative Care Unit as well as Oncology Unit.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>5.90</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>2</p> <p>← 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></p> <p>PPC TEAMS</p>	<p>There are no services are dedicated to palliative care for children.</p>