



General data

POPULATION, 2023
10,389,799
PHYSICIANS / 1,000 INH, 2021
2.13

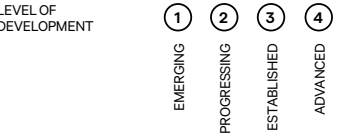
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income
GDP PER CAPITA (US\$), 2023
1,160
HEALTH EXPENDITURE (% GDP), 2021
8.00
UNIVERSAL HEALTH COVERAGE, 2021
67



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



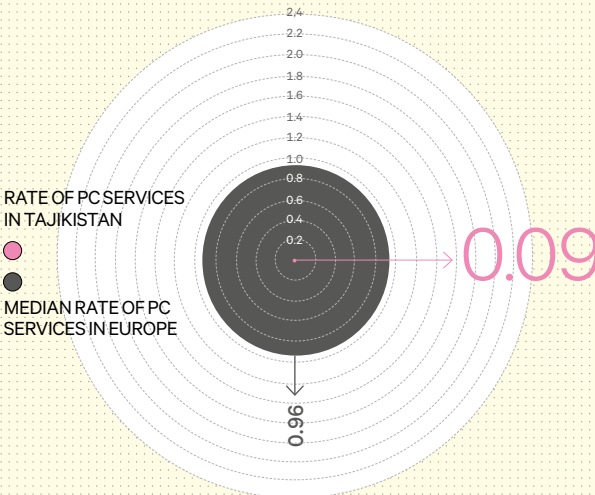
Consultants: Data gathered through literature and AI tools.
National Association: Tajikistan Association for Palliative Care.
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Tajikistan

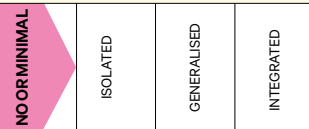
F Provision of PC (Specialised Services)

Total number of Specialised PC services
9
Rate of PC services per 100,000 inhabitants
0.09

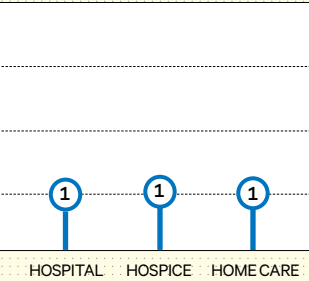
Tajikistan in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1
TOTAL NUMBER
2

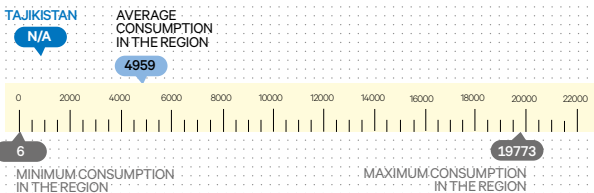


Tajikistan

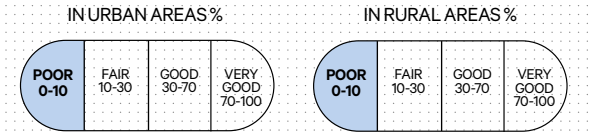
D Use of essential medicines

Opioids consumption (excluding methadone)
N/A
S-DDD/MILL INHABITANTS/DAY

Tajikistan in the context of European region



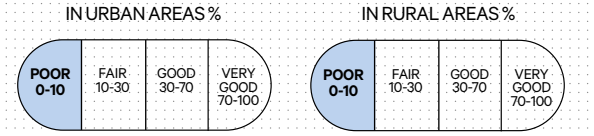
Overall availability of essential medicines for pain and PC at the primary level



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
1
Existence of PC congresses or scientific meetings
3
Inclusion of PC topics in National Research Calls
1

E Education & Training

Medical schools with mandatory PC teaching
1/2

Nursing schools with mandatory PC teaching
11/11

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
1





A Empowerment of people and communities

Groups promoting the rights of PC patients
4
Advanced care planning-related policies
1




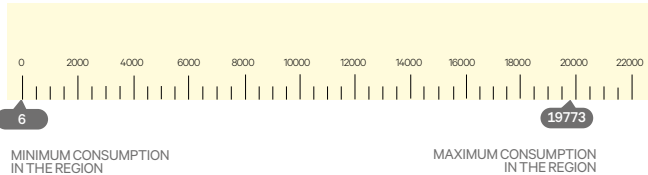
EU Tajikistan

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.)	There is a National Association of Palliative Care in the Republic of Tajikistan, since 2015. Also the Open Society Foundations (OSF) has supported palliative care pioneers in the region, including Tajikistan, to establish services and advocate for integration into health services.
Ind2 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.
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.	 Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Palliative care is included in the already outdated National health strategy 2010-2020. Under the section entitled “decreasing burden of NCDS”; it is stated: - strengthen the development of palliative care (PC) system for adults and children (formation of education system on PC, establishment PC departments and hospices on the bases of clinics, home care, put in order all standard-regulatory documents and etc.).







EU Tajikistan

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
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.	 Not at all.	No evidence was identified within the General Health Law of the Republic of Tajikistan, even though the Health Code includes palliative care, defining it as a “form of provision of medical care to persons with incurable diseases for the purpose of simplification of their state of health”.
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.	 There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.)	There is no evidence of any national authority.


EU Tajikistan

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p></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>Palliative care has been some time ago included in the Congress of Oncologists and Radiologists of the Commonwealth, 2010. According to some literature, “in 2015, the first National Palliative Care Conference took place in Dushanbe with presentations by national, regional, and international palliative care experts who offered sessions on multiple palliative care topics to the 200 policy makers and health care professionals from Eastern Europe and Central Asia who participated”.</p>
<p>Ind7:1</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></p> <p>Minimal or non-existent number of articles published on the subject.</p>	
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p></p> <p>There are no national research calls at all.</p>	<p>No evidence found.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>N/A</p> <p>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> <p>TAJIKISTAN N/A AVERAGE CONSUMPTION IN THE REGION 4959</p>  <p>MINIMUM CONSUMPTION IN THE REGION 6 MAXIMUM CONSUMPTION IN THE REGION 19773</p>	







EU Tajikistan

<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>No evidence found.</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>No evidence found.</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>No evidence found.</p>

EU Tajikistan

<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>1/2</p> <p>1/2</p> <p>11/11</p> <p>11/11</p> <p>0</p> <p>N/A</p>	<p></p> <p>No evidence found.</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.</p>	<p>No evidence found.</p>

EU Tajikistan

<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>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>There are estimated nine services in Tajikistan (0,09 services per 100,000 inhabitants). Tajikistan has limited services with some availability in community and home-based settings, but overall restricted, especially for pediatric patients. Literature reports a significant proportion of physicians reporting barriers such as limited access, lack of services, and insufficient education on palliative care; and an infrastructure and workforce underdeveloped compared to global standard.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>TAJIKISTAN 0.09</p> <p>MEDIAN RATE IN THE REGION 0.96</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 3.68</p> <p>9 ← 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>A nurse-led City Nursing Hospital, funded by the Dushanbe City Authority, has 12 beds used for palliative care—four for men, four for women, and, since 2023, four for children.</p>