

Uzbekistan



General data

POPULATION, 2023
35,652,307

PHYSICIANS / 1,000 INH, 2021
2.80

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

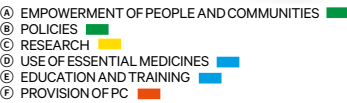
GDP PER CAPITA (US\$), 2023
2,849

HEALTH EXPENDITURE (% GDP), 2021
7.74

UNIVERSAL HEALTH COVERAGE, 2021
75



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

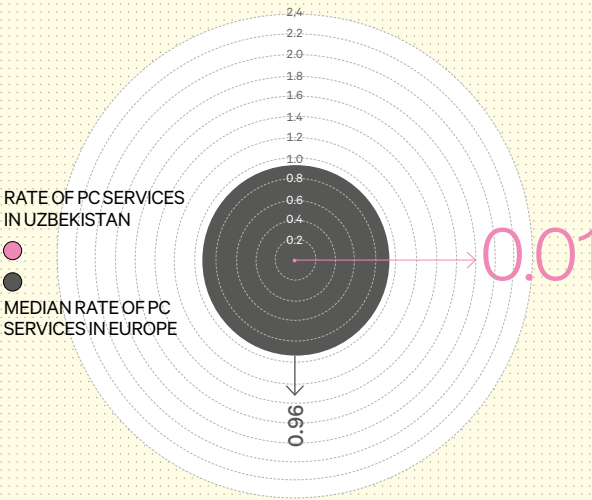


Consultants: Rustambek Norbaev.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

F Provision of PC (Specialised Services)



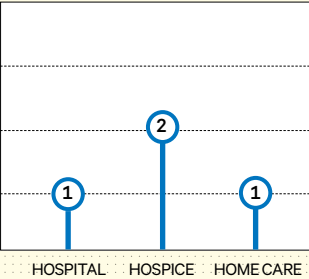
Uzbekistan in the context of European region



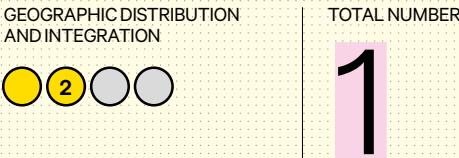
Geographic distribution and integration of PC services



Level of development of different types of PC services



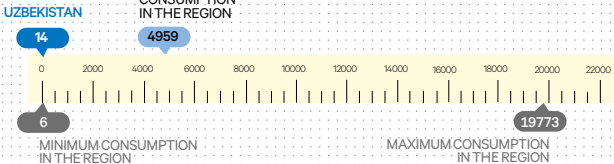
Paediatric PC Services



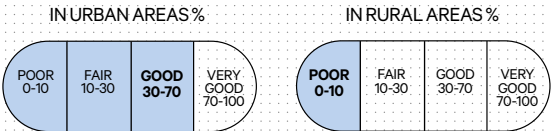
D Use of essential medicines



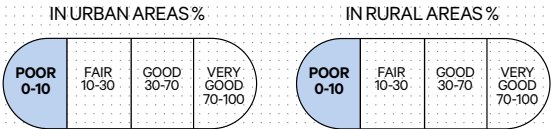
Uzbekistan in the context of European region



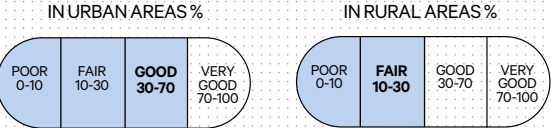
Overall availability of essential medicines for pain and PC at the primary level



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



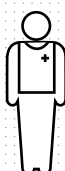
E Education & Training

Medical schools with mandatory PC teaching



0

Nursing schools with mandatory PC teaching



0

PC Full Professors



0

Recognition of PC specialty

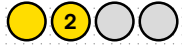


B Policies

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 care-givers, and disease survivors.	 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organisation constituted.	No evidence found.
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.	There is no national policy or guideline on 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.	 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.	All palliative care departments and hospices are designated exclusively for patients with oncological diseases and the healthcare system is only in the early stages of digitalization, making it impossible to determine the exact number of people in need of palliative care. A law on palliative care is under consideration in the lower house of parliament, which is an important step toward establishing a legislative framework. Additionally, the World Health Organization has developed a four-year plan to support the development of palliative care in Uzbekistan, aiming to address the existing challenges.

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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.	 Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.	Palliative care is included in the state's guaranteed free healthcare services. However, due to the absence of a national plan for the development of palliative care, as well as a lack of resources and personnel, palliative care is not provided within primary healthcare services.
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 authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.).	There is not a dedicated center or department within the Ministry of Health responsible for the development of palliative care. Furthermore, palliative care is solely perceived as a service for oncological patient all palliative care inquiries are redirected to the National Oncology Center. Ideally, the Tashkent hospice, incomplete since 2019, may become the central hub for the development of palliative care in Uzbekistan.



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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div>3</div><div></div></div> <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>	No evidence found.
Ind7:1 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>1</div><div></div><div></div><div></div></div> <p>Minimal or non-existent number of articles published on the subject.</p>	Only a few papers or reports have been such as The History and the Structure of Hospices in Uzbekistan, the report 'Pediatric Palliative Care in Uzbekistan: ADAPT Profile' or the interview around 'Uzbekistan's first children's hospice, 1 year on'.
Ind7:2 Inclusion of PC topics in national research calls.	<div><div></div><div>2</div><div></div><div></div></div> <p>Although there are national research calls, no PC topics are ever included.</p>	No evidence found.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div>14</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div>Uzbekistan</div><div>14</div><div>4959</div><div>6</div><div>19773</div></div> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	

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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>3</div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	Documents and registers regarding these medications are difficult to find. While most of medications have been registered, not all are available for sale or provided by the government. The tablet form of morphine was registered in 2022, but its use began in August 2024. There are approximately 200 palliative care beds for adults functioning in the branches of the Republican Oncology Center, designated exclusively for oncological patients. Additionally, there are three hospices: one in Urgench with 20 beds, one in Samarkand with 50 beds, and a children's hospice in Tashkent with 20 beds.
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>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	Oral morphine is currently available only at the Taskin Children's Hospice and it has not yet procured it for other institutions.
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>3</div><div></div></div> <div><div></div><div>2</div><div></div><div></div></div>	In primary healthcare, patients are provided with tramadol, promedol, and morphine. The maximum allowance for opioid distribution is 28 ampoules per week per patient.

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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>At present, there are no medical or nursing schools in Uzbekistan that offer dedicated palliative care training, nor is there a recognised specialty in palliative care. However, there are plans to establish such programmes starting in 2026.</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 type of professional training diplomas without official and national recognition.</p>	<p>No evidence found.</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>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>Ad hoc/in some parts of the country.</p> <p></p> <p>Not at all.</p>	<p>There are 3 hospices in the country: 2 of them are for adults and one is for children. There are approximately 200 palliative care beds for adults functioning in the branches of the Republican Oncology Center, designated exclusively for oncological patients. Of the three hospices, one is in Urgench with 20 beds, one in Samarkand with 50 beds, and a the children's hospice in Tashkent with 20 beds. These three services represent 0,01 services per 100000 inhabitants. The main challenges include a lack of trained staff, insufficient access to essential medications, and gaps in service organisation. Furthermore, these hospices lack positions for psychologists and social workers, which significantly limits the multidisciplinary approach. The children's hospice has the support from a charitable foundation, which ensures the necessary resources and assistance for its patients. However, systemic issues persist, including the absence of a national plan for the development of palliative care. Currently, a law on palliative care is under consideration in the lower house of parliament.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>0.01 0.96 3.68</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>3 ← 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>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p></p> <p>PPC TEAMS</p>	<p>One specialised palliative care service is available in Taskin hospice. Furthermore, In accordance with Presidential Decree No. PQ-693 dated October 31, 2023, 120 pediatric palliative care beds are planned to be established across Uzbekistan by 2025. (lex.uz).</p>