



General data

POPULATION, 2024
42,647,492

PHYSICIANS/1000 INH, 2020-2022
0.21

Socioeconomic data

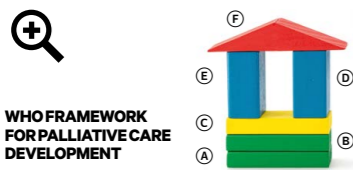
COUNTRY INCOME LEVEL, 2022
Low

HUMAN DEVELOPMENT INDEX RANKING, 2023
181

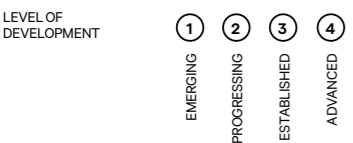
GDP PER CAPITA (US\$), 2023
415.71

HEALTH EXPENDITURE, 2021
81.32

UNIVERSAL HEALTH COVERAGE, 2021
41



- A EMPOWERMENT OF PEOPLE AND COMMUNITIES
- B POLICIES
- C RESEARCH
- D USE OF ESSENTIAL MEDICINES
- E EDUCATION AND TRAINING
- F PROVISION OF PC



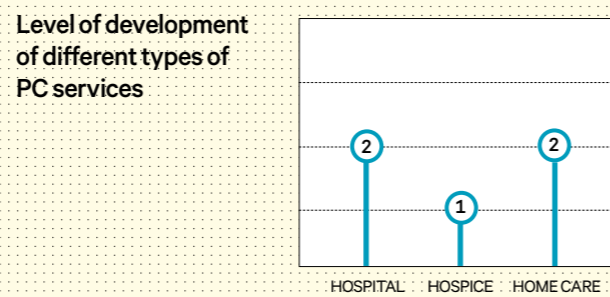
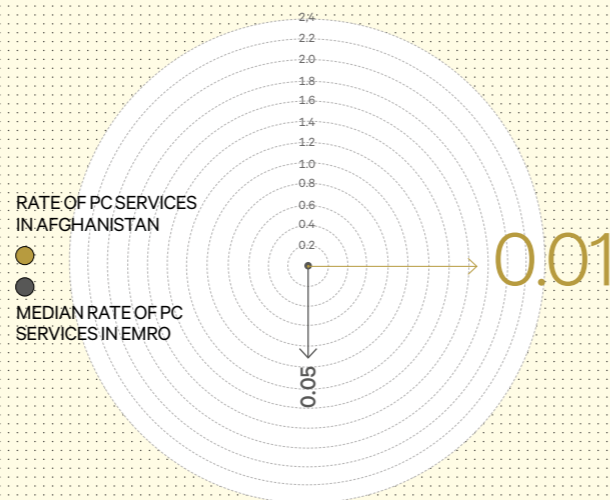
Afghanistan

F Provision of PC (Specialized Services)

Total number of Specialized PC services **2**

Rate of PC services per 100,000 inhabitants **0.01**

Afghanistan in the context of EMRO



Pediatric PC Services

Geographic distribution and integration **1**

Total number **1**



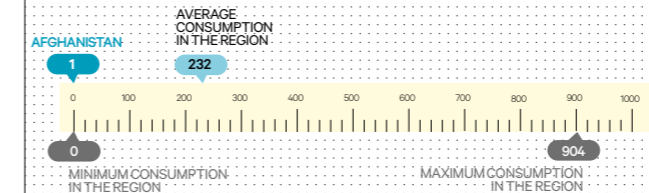
Afghanistan

D Use of essential medicines

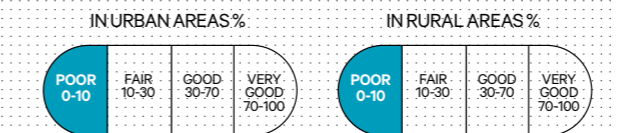
Opiods consumption (excluding methadone) **1**

S-DDD/MILL INHABITANTS/DAY

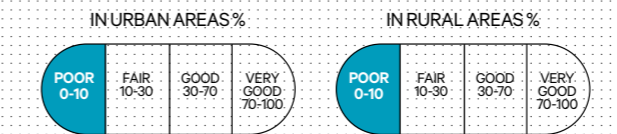
Afghanistan in the context of EMRO



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



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



C Research

PC-related research articles **1**

Existence of PC congresses or scientific meetings **2**

National Association: No.
Consultants: Mohammed Qais Niazaei.
Information was synthesized from scientific and gray literature, assisted by AI tools, and subsequently reviewed and validated by local palliative care experts.

Data collected: January-June 2025.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching **0/22**

Nursing schools with mandatory PC teaching **0/21**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**

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 **1**

Advanced care planning-related policies **1**

EM Afghanistan

People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p>1 ○ ○ ○ ○</p> <p>Only isolated activity can be detected.</p>	<p>The Afghan Society Against Cancer actively promotes palliative care awareness by organizing conferences and partnering with international organizations. Additionally, the International Assistance Mission (IAM) implements a Community-Based Palliative Care (CBPC) Project that focuses on enhancing local capacity and increasing awareness of palliative care needs, despite the lack of formal national palliative care services. No other specific groups dedicated to advocating for the rights of patients requiring palliative care, their caregivers, or disease survivors are documented.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p>1 ○ ○ ○ ○</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>Afghanistan lacks a national policy or guideline addressing advance care planning for life-sustaining treatment or end-of-life care. There is no documented evidence of such frameworks.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p>1 ○ ○ ○ ○</p> <p>Do not know or does not exist.</p> <p>1 ○ ○ ○ ○</p> <p>Not known or does not exist neither standalone nor is included in another national plan.</p>	<p>Afghanistan does not have a current national palliative care plan, program, policy, or strategy. Existing efforts to develop palliative care services are ongoing but are limited in scope and lack coordination. The National Health Strategy 2016–2020 and the National Health Policy 2015–2020 do not explicitly address palliative care, concentrating instead on broader health system strengthening.</p>
--	---	---



EM Afghanistan

Policies



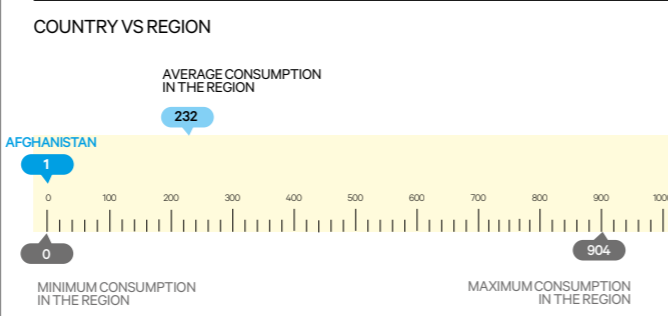
<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p>1 ○ ○ ○ ○</p> <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p>1 ○ ○ ○ ○</p> <p>Not at all.</p>	<p>Palliative care is not included in Afghanistan's Basic Package of Health Services (BPHS) or Essential Package of Hospital Services (EPHS), which constitute the core of the national Universal Health Coverage (UHC) framework. It is absent from the package of priority health services, and the health system has not integrated palliative care into mainstream services.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p>1 ○ ○ ○ ○</p> <p>There is no coordinating entity.</p> <p>1 ○ ○ ○ ○</p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>There is no dedicated department, unit, or authority within Afghanistan's Ministry of Public Health (MoPH) responsible for palliative care. Governance structures prioritize general health services, and there is no indication of specific functions, allocated budget, or designated staff for palliative care within the Ministry.</p>

EM Afghanistan

Research





<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>The first national palliative care conference in Afghanistan was held in 2013 by the Afghan Society Against Cancer., where 56 Afghani and international delegates attended the conference. There is no available data on subsequent conferences.</p>
<p>Ind7</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>Minimal or non-existent number of articles published on the subject in that country.</p>	<p>Local peer-reviewed research on palliative care is limited, with most data originating from international studies referencing Afghanistan. National research agendas have not documented the inclusion of palliative care topics.</p>

Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.</p> <div style="text-align: center;">  <h1>1</h1> <p>S-DDD PER MILLION INHAB / DAY</p> </div> <p>COUNTRY VS REGION</p>  <p>Average consumption in the region: 232 Afghanistan: 1 Minimum consumption in the region: 0 Maximum consumption in the region: 904</p>
--	---	--

EM Afghanistan

Medicines

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care 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 palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	 <p>Poor: Between 0% to 10%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>In Afghanistan, access to essential medicines for pain and palliative care at the primary level is severely limited. Despite being a major opium-producing country, regulatory restrictions and clinician hesitancy significantly hinder the availability and use of medical opioids such as morphine. Although morphine injection is accessible in some hospitals, it is infrequently used for cancer pain management. Oral morphine and other opioid formulations, including oxycodone, codeine, and hydromorphone, are not listed on the Essential Medicines List and are not available in public health facilities. As a result, only 0.2% of individuals requiring palliative care have access to it, indicating extremely poor opioid availability and utilization.</p>
<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	 <p>Poor: Between 0% to 10%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>Immediate-release oral morphine, in either liquid or tablet form, is not explicitly mentioned in available data, and systemic shortages of essential medicines are widespread in Afghanistan. Access to pain and palliative care medications is severely restricted.</p>

EM Afghanistan

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)

0/22



Palliative care is not included as a mandatory or elective subject in the undergraduate curricula of medical or nursing schools in Afghanistan. Medical education is provided by over 40 public and private institutions, including major faculties at Kabul University of Medical Sciences, Nangarhar University, and Herat University, among others. Private universities such as Kateb and Ghalib also operate medical faculties. Despite this, no accredited medical school is known to include palliative care in its curriculum. Similarly, Afghanistan's nursing education system, comprising nine public Institutes of Health Sciences and numerous private institutions, lacks structured palliative care education. Kabul Medical University offers the only Bachelor of Science in Nursing program, but it also does not include palliative care.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.

0/22

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).

0/21

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

0/21

Ind12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.



There is no process on specialization for palliative care physicians.

There is no formal specialization or accredited postgraduate training program in palliative medicine for physicians in Afghanistan. Neither the MoPH nor the Ministry of Higher Education recognizes palliative medicine as a medical specialty or offers residency or fellowship programs in this field. Existing training opportunities are limited to short-term workshops, continuing education, or awareness events, without structured curricular inclusion. Initiatives such as the International Assistance Mission's Community-Based Palliative Care Project have provided basic training at the community level, but these do not constitute formal specialization. Afghan physicians interested in palliative care typically rely on self-directed learning or international training programs.

EM Afghanistan

Provision of PC / Specialized Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams exist in the country.

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.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

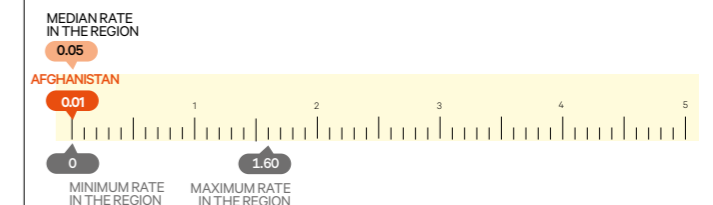


Ad hoc/ in some parts of the country.

13.5. Total number of specialized PC services or teams in the country.

Afghanistan has an extremely limited number of specialized palliative care services or teams. The only documented services are at the cancer ward of Jamhuriat Hospital in Kabul, which offers palliative care within its oncology units, though with severely constrained capacity—30 beds each for medical oncology, surgical oncology, and day care. Additionally, the Irene Salimi Children Hospital in Kabul operates a pediatric palliative care unit with a target of admitting 1,000 patients annually. No other specialized palliative care facilities or multidisciplinary teams are reported nationwide. Regional hospitals in Mazar-e Sharif and Herat lack palliative care services. The International Assistance Mission (IAM) runs a Community-Based Palliative Care Project focused on capacity-building rather than service provision.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



2 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Number of pediatric specialized PC services or teams in the country.



PPC TEAMS

The Irene Salimi Children Hospital in Kabul operates Afghanistan's first pediatric palliative care unit, aiming to admit 1,000 children annually. The hospital provides care for children and their families facing life-limiting conditions, accompanying them through end-of-life care according to international standards. The facility is part of a broader mission to improve pediatric health services in Afghanistan, also offering pediatric surgery and orthopedics. The hospital has a capacity of 50 beds and serves as a specialized training institute for child health professionals. Its palliative care unit is a unique service in Afghanistan, addressing a critical gap in pediatric palliative care access for the country's large child population.