Nearly 3 millon people require palliative care in the Americas every year, but only 10 countries include them as a guaranteed service

The 'Palliative Care Atlas of the Americas 2025', developed by the ATLANTES Global Observatory of Palliative Care, has analyzed 35 countries

Manizales (Colombia), October 31st, 2025. Around **2,984,970 people requires palliative care every year** in the American Continent, **but only 10 countries (28.5%) include them** as a service guaranteed by law at the primary care level. This is the conclusion of the 'Palliative Care Atlas of the Americas 2025', developed by the ATLANTES Global Observatory of Palliative Care of the Institute for Culture and Society of the University of Navarra, that has evaluated the **palliative care development in the 35 countries** within the region. This report has been executed with the collaboration of the Asociación Latinoamericana de Cuidados Paliativos (ALCP), the Worldwide Hospice Palliative Care Alliance (WHPCA), and the International Association for Hospice and Palliative Care (IAHPC), and has been presented this Friday, October 31st, at the II Summit of Latin American National Associations of Palliative Care 2025.

This Atlas is the first one to describe, utilizing World Health Organization development indicators, the current state of palliative care in the Americas, and reveals a **region marked by both progress and persistent inequities**. According to the researchers, while some countries have advanced integration, many still lack robust policies, services, training, and access to medicines, particularly in primary care and rural areas.

The study identified **10,526 specialized palliative care services** across the continent (2,865 in Latin America and 7,627 in North America), with a regional median of 0.33 services per 100,000 inhabitants, when the ratio proposed by international organism is 2 services per 100.000 inhabitants. Only Chile, Costa Rica, United States and Uruguay exceed the target proposed. Furthermore, pediatric palliative care coverage remains limited, as only 22 countries out of 35 report having specific services (375 in total), most of which are hospital-based and not integrated at the national level.

Regarding the opioid consumption, **medicines at the primary care level is inconsistent and often limited**, particularly in rural areas. Opioid consumption ranged from 17 daily defined doses of morphine every million inhabitant in Venezuela to 18,178 in the United States. Only 8 of 35 countries report urban availability of essential palliative medicines at primary care centers, and just 5 report urban availability of immediate-release oral morphine at this level. In **Peru, Ecuador, and El Salvador**, key formulations such as oral liquid morphine remain unavailable.

Training and legislation

Researchers warn that medical education is insufficient: In **20 out of 35 countries, medical students do not receive mandatory palliative care training**. While some countries offer content in other disciplines, the reach remains limited. Only **13 countries offer official medical specialization** in palliative care, and at least six more provide formally recognized diplomas. Uruguay, El Salvador, and Costa Rica stand out for offering interdisciplinary training programs.

Additionally, there is **limited scientific research in the area**. 15 countries hold dedicated national palliative care congresses at least once every three years, and only **Canada and the United** States report a 'very high' level of scientific output.

With respect to the regulatory framework, as indicated, only **10 countries include palliatives as a guaranteed service in their General Health Law** at the primary care level. 14 countries have national palliative care laws or strategies, and 19 others incorporate PC into broader health plans, such as cancer, for example. Just Chile, Uruguay, and the United States report national policies on Advance Care Planning. Other five countries, like Uruguay or Chile, have **a well-defined technical authority** within the Ministry of Health responsible for coordinating palliative care.

In contrast, there is a fair **community engagement and civil society involvement** in palliative care promotion: More than 30 countries report active community engagement, and 23 countries have national palliative care associations leading education, advocacy, and public awareness initiatives.

The findings of this Atlas show that **disparities in palliative care development persist** across the region, reflecting the economic, cultural, and political diversity of the Americas. **Structural and geographic barriers** continue to limit equitable palliative care access across the continent. However, this diversity presents an opportunity: By leveraging benchmarking and regional cooperation, **countries can learn from the most successful and contextually relevant examples**. Highlighting scalable, transferable models (from both high, middle or low-resource systems) can help guide tailored strategies elsewhere, fostering regional equity through shared learning and adaptation.