



3.2 million people in the Eastern Mediterranean Region need palliative care but only 10–20% have access to adequate services

- The Atlas of Palliative Care Developments in the Eastern Mediterranean Countries 2025 has analysed 22 countries of this region

Pamplona, October 20th, 2025. 3.2 million people in the Eastern Mediterranean Region **experience serious health-related suffering** each year and would benefit from palliative care, including around 300,000 children. Yet, only 10–20% currently have access to adequate services. This is the main conclusion of the Atlas of Palliative Care Developments in the Eastern Mediterranean Countries 2025 published by the [ATLANTES Global Observatory of Palliative Care](#), from the Institute for Culture and Society (ICS) of the University of Navarra. This is the third edition of this study that aims to present a comprehensive picture of the current state of palliative care and highlight key priorities and opportunities to strengthen palliative developments across the region, as well as to offer a comprehensive picture of each country.

This issue has managed to analyze the **total of 22 countries** that comprise the region and it reveals a landscape of uneven progress. While some countries show promising advancements in policy, education, and service provision, the region as a whole continues to face significant limitations in the availability of specialized services, access to essential medicines, and formal training. **Development remains closely linked to national income levels.**

The main health-related suffering causes in Eastern Mediterranean are cancer, cerebrovascular diseases, low birth weight and prematurity, injury, and liver disease. To ease these ailments, there are a total **258 specialized palliative care services across the region**, equivalent to a median of 0.04 services per 100,000 inhabitants, well below international benchmarks (the World Health Organization recommends 2 services per 100,000 inhabitants). Only Kuwait and Saudi Arabia report more consolidated national networks.

Furthermore, access to essential medicines is uneven. **Seven countries offer essential medicines** at the primary level in urban centers. Among those, just in **Saudi Arabia, United Arab Emirates and Tunisia immediate-release oral morphine** is regularly available. Most countries report minimal or no availability at the primary care level, especially in rural and remote areas.

Policies and education

Besides, regarding national policies, **Jordan is the only one that has a comprehensive palliative care strategy** updated and evaluated in the past five years, although other countries have palliative care integrated among other health plans (such as cancer) or have a national authority for palliative care within the government.

The research shows that **undergraduate education** in palliative care remains scarce. Only **Morocco** has a mandatory education for all medical students and **Jordan** offers mandatory palliative care education in all nursing schools. Moreover, **medical specialization** in palliative care is recognized in seven countries as a specialty or subspecialty, but most countries still lack official recognition and structured postgraduate training programs.

An unstable region inestable

Researchers point out that, in the context **of armed conflict, displacement, and humanitarian crises**, the Atlas emphasizes the urgent need to integrate palliative care into health system responses and universal health coverage, as an essential component of



equity and resilience. “Serious health-related suffering persists, even when curative or preventive services are interrupted, and millions of people face pain, dyspnoea, or psychological distress without access to adequate relief,” they denounce.

For this reason, authors consider **that palliative care are an “ethical and humanitarian imperative, not a luxury”**. Palliative care guarantee that, even in the most fragile contexts, health systems can relieve suffering, preserve dignity, and offer comfort to those who face life-threatening diseases or the consequences of violence or displacement.

Thus, the inclusion of palliative care in conflict zones **allows healthcare personnel to be supported** in managing pain and distress (even when there are no healing options); they **reduce hospitalization** and evitable suffering, optimizing resources; they **strengthen community resilience**; and they align with the principles of **Universal Health Coverage and human rights**. Consequently, researchers highlight that palliative care development “is essential, not only to strengthen health systems, but also to reassert the deepest meaning of compassionate care: responding to human suffering, wherever it occurs.”

MÁS INFORMACIÓN: <https://www.unav.edu/web/atlantes-global-observatory-of-palliative-care/monitoring/press-room/emro>

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