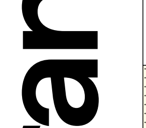


## General data

POPULATION, 2024
**90,608,707**

PHYSICIANS/1000 INH, 2020-2022
**N/A**

## Socioeconomic data

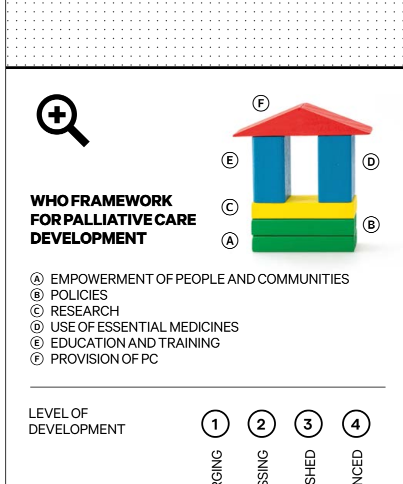
COUNTRY INCOME LEVEL, 2022
**Upper middle**

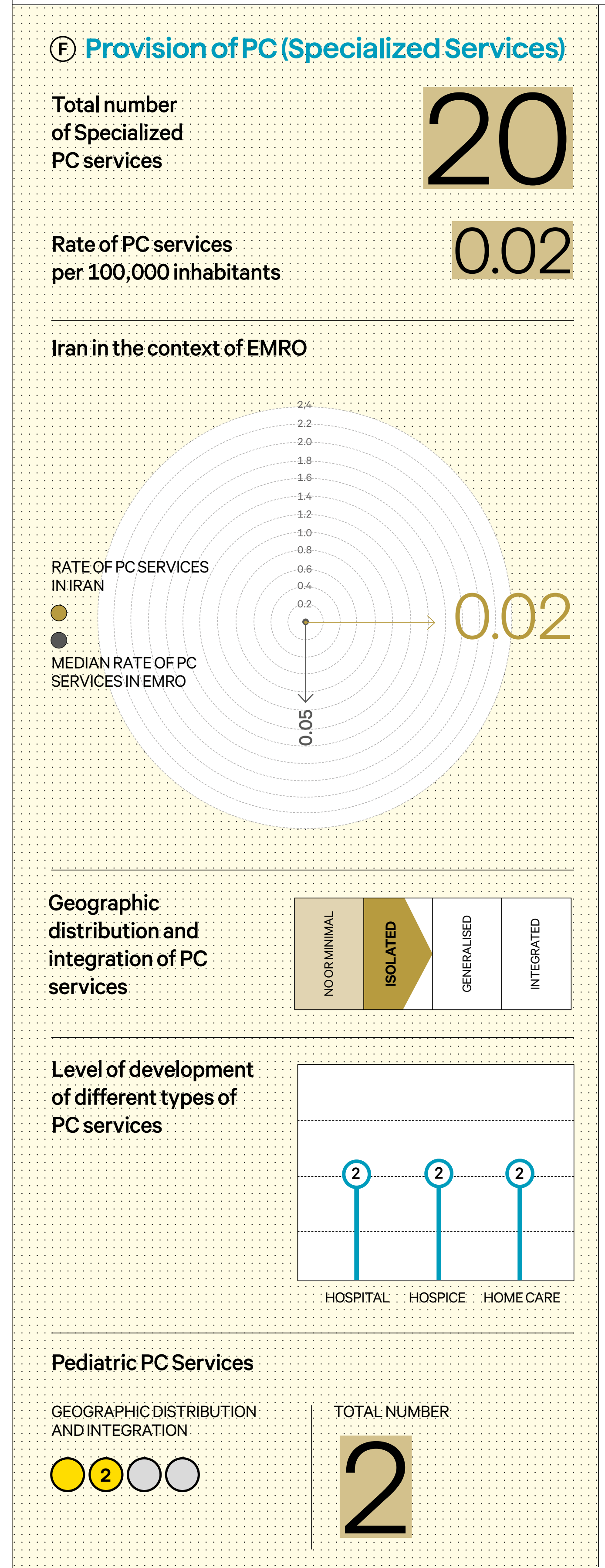
HUMAN DEVELOPMENT INDEX RANKING, 2023
**75**

GDP PER CAPITA (US$), 2023
**4,465.64**

HEALTH EXPENDITURE, 2021
**392.54**

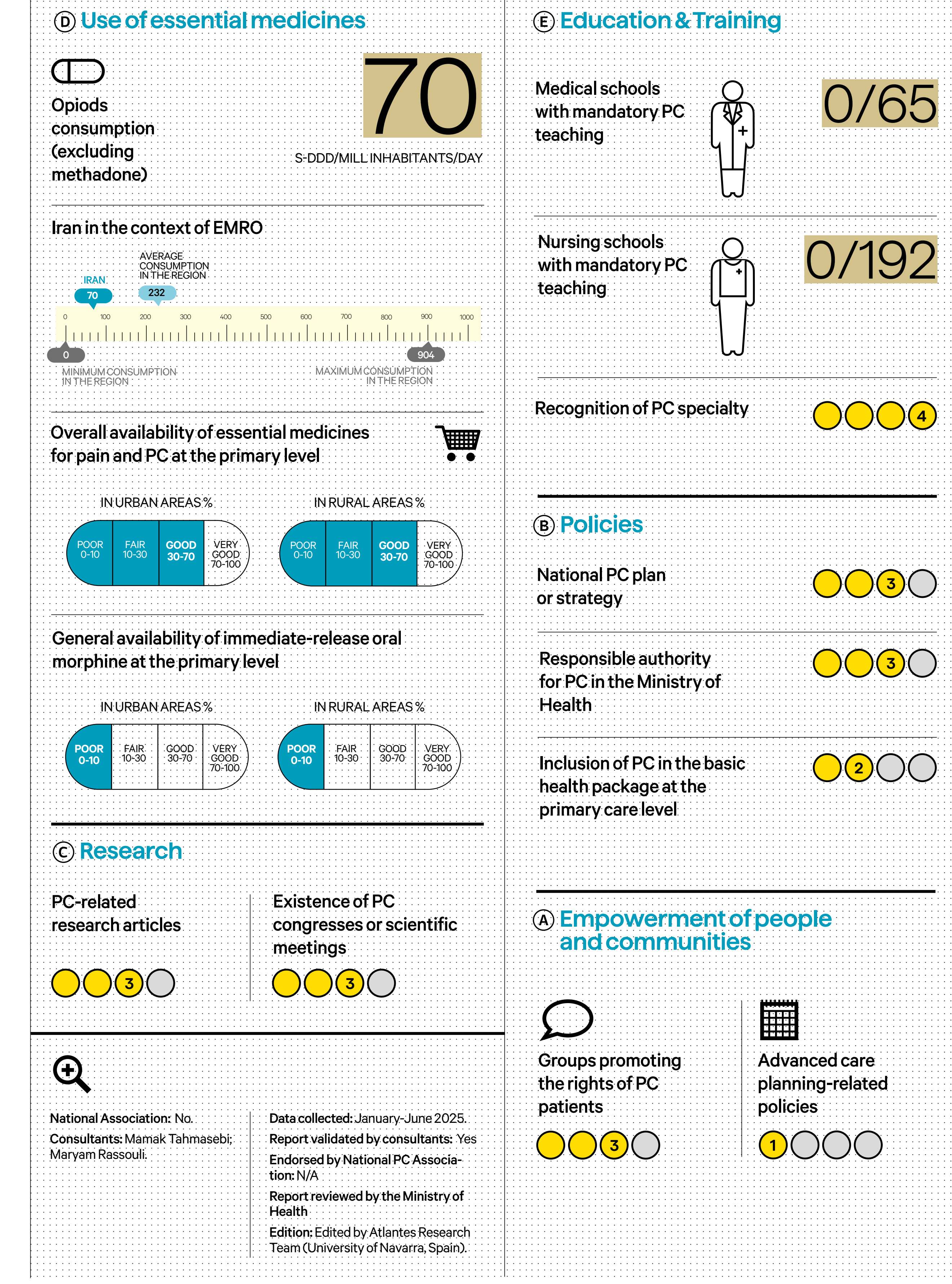
UNIVERSAL HEALTH COVERAGE, 2021
**74**






# EM Iran

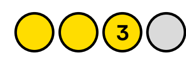


# Iran

## People & Communities

### Ind 1

**Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.**

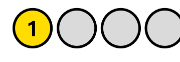



Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

In Iran, several charities and NGOs promote the rights of patients in need of palliative care, together with their caregivers and survivors. MAHAK provides comprehensive support for children with cancer, though there is no public information on a dedicated PC ward or specialists. MACSA delivers cancer support and palliative services at the outpatient, inpatient, and home levels through an interdisciplinary team, offering care from diagnosis to end-of-life and extending support into bereavement. These organizations are occasionally involved in MoH meetings, reflecting their advocacy role, but their reach remains limited nationally. The main academic hub for palliative care is at the Cancer Institute, the country's largest referral center, which runs a clinic, consult services, a dedicated ward, and tele-palliative care, currently led by two palliative medicine specialists and a fellow resident.

### Ind 2

**Is there a national policy or guideline on advance directives or advance care planning?**



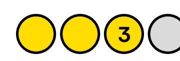

There is no national policy or guideline on advance care planning.

In Iran, there are currently no national policies or guidelines that specifically address advance care planning (ACP) for medical decisions regarding life-sustaining treatment or end-of-life care. The legislative framework is shaped by Islamic regulations, which necessitate consultation with religious experts in most decision-making processes. Notably, the concept of a 'last will' exists, although it does not fully correspond to the formal definitions of ACP. Nevertheless, progress is being made, as several subcommittees are actively engaged in developing national guidelines in this area.

## Policies

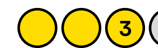
### Ind 3

**3.1. There is a current national PC plan, program, policy, or strategy.**




Actualized in last 5 years, but not actively evaluated or audited.

**3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.**



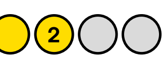

There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.

More than a decade ago, a national palliative care programme was developed within the Ministry of Health and Medical Education (MoHME), though it has not yet been fully implemented. Nevertheless, significant regulatory progress has been made, particularly regarding the establishment of outpatient palliative care centres for cancer patients. The Iran National Cancer Control Plan explicitly incorporates supportive and palliative care and includes a set of performance indicators. These cover the number of cancer centres offering outpatient supportive and palliative care, the existence of regulations to establish such centres, the availability of training courses for nurses and physicians, the number of courses delivered, the involvement of non-governmental, private, and charitable providers, the presence of clinical guidelines and protocols for home-based, end-of-life, and outpatient care, and the number of cancer centres delivering these services.

Iran

## Policies

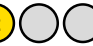
**3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.**




The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.

### Ind 4

**PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.**

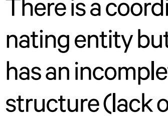



Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.

Efforts to integrate palliative care into primary health care (PHC) in Iran have included research aimed at developing appropriate service packages and models of care. This integration remains in its early stages, but ongoing dialogue between the Deputy of Nursing and the Deputy of Public Health at the MoHME reflects a growing institutional commitment to advancing this process.

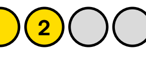
### Ind 5

**5.1. Is there a national authority for palliative care within the government or the Ministry of Health?**




There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).

**5.2. The national authority has concrete functions, budget and staff.**




There are concrete functions but do not have a budget or staff.

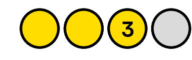
Palliative care is recognized as a priority within Iran's MoH. The Support and Palliative Care Working Group of the Department of Health acts as the coordinating body and is a fully scientific entity. Its mandate extends beyond nursing, encompassing system development and planning for an interdisciplinary team that includes medicine, nursing, psychology, social work, and other disciplines. Key achievements include the formulation of policies, implementation of short-term training programs in pediatric palliative care, and the establishment of palliative care units for both adults and children.

# Iran

Research

## Ind 6

**Existence of congresses or scientific meetings at the national level specifically related to PC.**

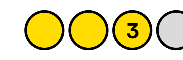


At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years (and no national conference specifically dedicated to PC).

Although dedicated national palliative care congresses have not been consistently held, palliative care topics have been addressed at occasional meetings and within larger national congresses on cancer and pain management. For example, lectures and dedicated panels on palliative care were featured at events such as the International Congress of Anaesthesiology and the International Congress of Interventional Pain Management, held at the end of 2024.

## Ind 7

**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.**



Represents a considerable amount or articles published.

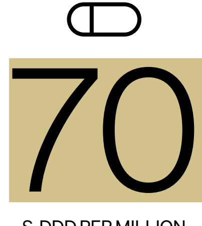
A search of PubMed Central for peer-reviewed articles on palliative care in Iran reveals a significant body of research. A search using the terms 'palliative care' and 'Iran' yielded 317 results in English, published between 2019 and 2024.

Medicines

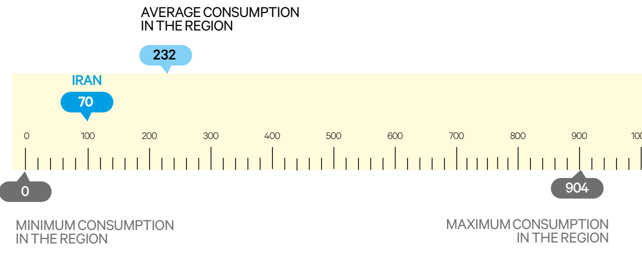
## Ind 8

**Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.**

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.




COUNTRY VS REGION





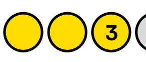



EM Iran

Medicines

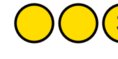
## Ind 9

**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.**



Good: Between 30% to 70%.

**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.**

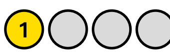


Good: Between 30% to 70%.

The 2024 study by Ghanbari et al. offers only partial insight into the availability of essential pain and palliative care medicines in Iran. Among the WHO Model List of Essential Medicines, the study provides data on acetaminophen, ibuprofen, diazepam, and amitriptyline. In the public sector, acetaminophen showed the highest availability, with 63.6% of the most-sold generic formulations accessible. However, the study does not distinguish between urban and rural settings, limiting the assessment of geographic disparities. Furthermore, it omits key medications such as morphine and fentanyl, preventing a comprehensive evaluation of access to essential palliative care medicines. Given that the data were collected in 2021, they may not accurately reflect the current situation, particularly in light of ongoing medication shortages reported across the country.

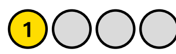
## Ind 10

**10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).**



Poor: Between 0% to 10%.

**10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).**



Poor: Between 0% to 10%.

In Iran, immediate-release oral morphine (in liquid or tablet form) is generally not available at the primary care level. While injectable morphine is accessible for acute and urgent pain management, most opioid analgesics are classified as controlled substances and are primarily distributed through hospitals and specific outpatient facilities under the strict supervision of the Iran Food and Drug Organization (FDO). Community pharmacies typically do not dispense these medications, except for oral tramadol and certain codeine-containing combinations. Since 2016, oral oxycodone tablets have been authorised for limited distribution through select community pharmacies. Notably, immediate-release oral oxycodone is available at the primary care level, unlike morphine, highlighting a significant disparity in accessibility between these two opioids. This selective availability underscores ongoing regulatory and distribution challenges in ensuring equitable access to essential pain medications within Iran's healthcare system.

# Iran

## Education & Training

### Ind 11

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

0/65

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

0/65

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

0/192

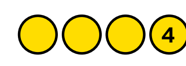
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

0/192

In Iran, medical sciences education is centrally regulated, with a standardized curriculum applied across all universities and nursing schools. Palliative care is not formally recognized as a distinct or required subject at the undergraduate level in either medicine or nursing. Instead, only limited elements are integrated into other courses, while some institutions offer optional modules or brief exposure to related topics. Overall, undergraduate training in palliative care remains fragmented and voluntary, with no mandatory inclusion in the national curricula for medical or nursing education.

### Ind 12

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



Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

Palliative medicine was established as a recognized subspecialty 13 years ago. Physicians from various specialties—including radio-oncology, anaesthesia, and internal medicine—undertake a 12-month training program in palliative medicine. In addition, continuous medical education has been expanded to include approved and implemented training courses for physicians and nurses, as well as certified courses for social workers in the field of supportive and palliative care.

# Iran

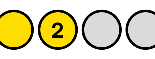
## Provision of PC / Specialized Services

### Ind 13

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.

Isolated provision: Exists but only in some geographic areas.

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.

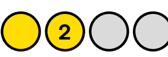


Ad hoc/ in some parts of the country.

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

Ad hoc/ in some parts of the country.

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.

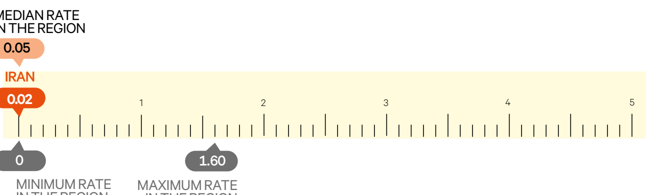


Ad hoc/ in some parts of the country.

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

Palliative care services in Iran remain in their early stages and are available only at a limited number of centers in major cities. While most patients and their families prefer to receive healthcare at home, near the end of life they tend to receive these services in hospitals. The expansion of palliative care in Iran is constrained by several challenges, including gaps in governance, limited infrastructure, low public awareness, and restricted availability of opioid medications. Despite these obstacles, several charities and NGOs are dedicated to providing palliative care services to patients and their families.

RATE OF SPECIALIZED PC SERVICES/100,000 INH

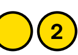


20

SPECIALIZED PALLIATIVE CARE SERVICES

### Ind 14

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.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

There are two pediatric palliative care centers in the country. One of these, a well-developed facility, is situated at Mofid Pediatric Hospital.

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

2

PPC TEAMS