



# Atlas of Palliative Care Developments in the Eastern Mediterranean Countries 2025

## 10 Key Insights for the region

01

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, highlighting a major equity gap.

02

The Atlas identifies 258 specialized palliative care services across the region, equivalent to a median of 0.04 services per 100,000 inhabitants, well below international benchmarks. Only Kuwait and Saudi Arabia report more consolidated national networks.

03

Pediatric palliative care services remain limited: just 38 units exist across 13 countries, most concentrated in urban oncology hospitals. Kuwait stands out as the only country with more generalized provision.

04

Access to essential medicines is uneven. Immediate-release oral morphine is regularly available in only three countries, while most report minimal or no availability at the primary care level, especially in rural and remote areas.

05

Opioid consumption shows extreme disparities: from 0 S-DDD in Iraq and Pakistan to 904 S-DDD in Bahrain. In over half of the countries, levels remain far below internationally recognized adequacy thresholds.

06

Regarding national policies, only one country has a comprehensive palliative care strategy updated and evaluated in the past five years. The majority (11 countries) remain at an emerging stage without defined national plans or regulatory frameworks.

07

Undergraduate education in palliative care remains scarce. Only two countries have mandatory education for all medical and nursing students, while in most countries formal teaching is absent.



08

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.

09

Research and scientific visibility are limited. Only six countries host regular national palliative care conferences, and a small group—led by Lebanon, Egypt, Iran, Kuwait, Jordan, and Saudi Arabia—maintains more sustained academic output.

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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.