



General data

POPULATION, 2024
5,805,962

PHYSICIANS/1000 INH. 2020-2022
2.62

Socioeconomic data

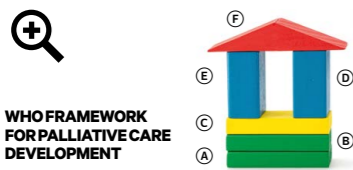
COUNTRY INCOME LEVEL, 2022
Lower middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
102

GDP PER CAPITA (US\$), 2022
N/A

HEALTH EXPENDITURE, 2021
307.13

UNIVERSAL HEALTH COVERAGE, 2021
73



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



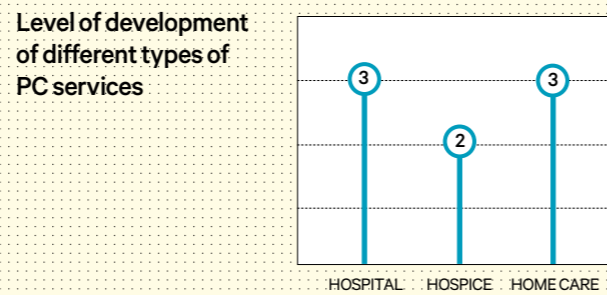
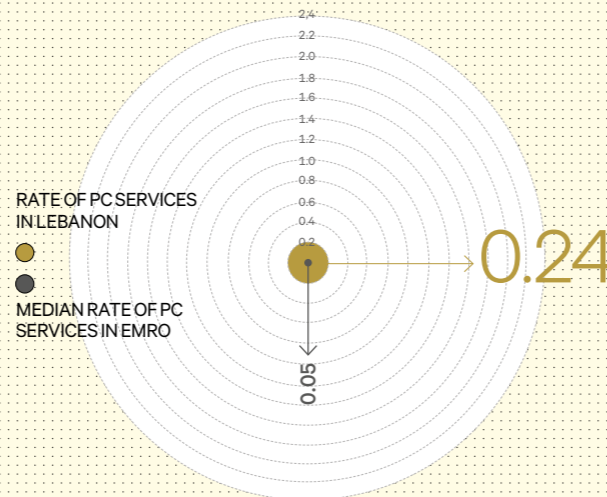
Lebanon

F Provision of PC (Specialized Services)

Total number of Specialized PC services **14**

Rate of PC services per 100,000 inhabitants **0.24**

Lebanon in the context of EMRO



Pediatric PC Services

Geographic distribution and integration **2**

Total number **2**

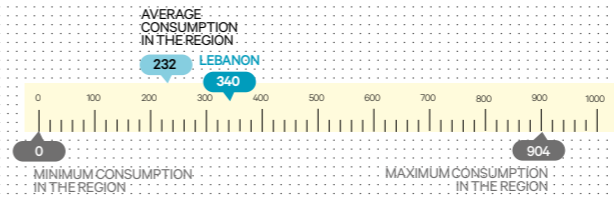


Lebanon

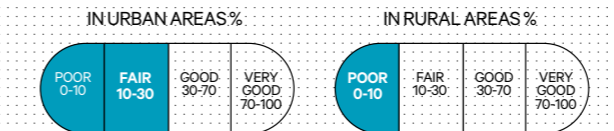
D Use of essential medicines

Opioids consumption (excluding methadone) **340** S-DDD/MILL INHABITANTS/DAY

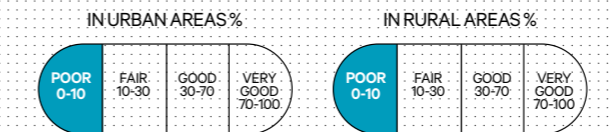
Lebanon in the context of EMRO



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 **4**

Existence of PC congresses or scientific meetings **3**

National Association: Lebanese Palliative Care Society; National Committee for Pain Relief and Palliative Care; The Palliative Care Nursing Association.

Consultants: Farah Demachieh; Hibah Osman; Michel Daher; Rana Yamout.

Data collected: January-June 2025.

Report validated by consultants: Yes

Endorsed by National PC Association: Yes

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching **5/8**

Nursing schools with mandatory PC teaching **8/8**

Recognition of PC specialty **3**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **3**

Inclusion of PC in the basic health package at the primary care level **2**



A Empowerment of people and communities

Groups promoting the rights of PC patients **3**



Advanced care planning-related policies **3**

EM Lebanon

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.</p>	<p>Organizations and healthcare professionals providing palliative care actively advocate for patients' needs and rights. In 2011, the National Committee for Pain Relief and Palliative Care was created under the auspices of the MoPH to promote education, raise awareness, and improve palliative care services in the country. In 2023, the Lebanese Palliative Care Society was established within the Lebanese Order of Physicians, comprising approximately 30 members. The same year, the Palliative Care Nursing Association was formed under the Order of Nursing in Lebanon, with 50 members. These groups contribute to raising awareness and improving palliative care services in the country.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>Lebanon does not have a formal national policy or guideline on advance directives or advance care planning, though some legal provisions exist. Patients can legally appoint a health proxy or surrogate decision-maker, but this practice is rarely implemented or widely known. The Code of Medical Ethics (Article 27, no. 11) prohibits euthanasia and emphasizes preserving patient dignity by limiting excessive treatment with family and physician consent. The Law on Patient Rights and Informed Consent (2004) also allows surrogate decision-making, but it is rarely applied. The National Committee for Palliative Care, in collaboration with the National Ethics and Bioethics Committee and the Lebanese Order of Physicians, has worked on legislation regarding surrogate decision-making and living wills. While recommendations for advance care planning have been included in the National Cancer Plan of Lebanon, implementation is still underway, and no structured policy has been fully enforced.</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p>	 <p>Developed over 5 years ago.</p>	<p>While past efforts have been made, including the National palliative care Plan developed over five years ago by the National Committee for palliative care under the MoHP, it has not been implemented. Instead, palliative care is integrated into the National Cancer Control Plan (2023–2028), which includes a supportive care chapter with general recommendations and measurable action points. A one-year evaluation of the cancer plan was conducted, but many palliative care-related targets remain under discussion. Additionally, financial, political, and security crises have hindered regulatory progress. As a result, Lebanon lacks a dedicated national palliative care plan with a fully defined and implemented framework.</p>
<p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	 <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

EM Lebanon

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators exist, but have not been updated (implemented out of the determined period).</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>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care is not yet integrated into primary healthcare and is not included in any Universal Health Coverage (UHC) packages within Lebanon's national health system. A 2018 palliative care policy brief recommended integrating palliative care into primary care, but this has not been implemented. The one-year evaluation of the National Health Strategy (2023) outlined Strategic Objective 2.1.2, which aims to develop a unified essential benefits package covering promotive, preventive, primary, hospital, and palliative care for all citizens. However, this package has not yet been established, nor has the health benefits task force responsible for its implementation. A draft law for UHC is currently under discussion in Parliament, but progress remains limited, with work still in the initial stages.</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>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p>  <p>There are concrete functions and staff, but do not have a budget.</p>	<p>Lebanon does not have a dedicated national authority (unit, branch, or department) within the MoHP responsible for palliative care. In 2011, the National Committee for Pain Relief and Palliative Care was established through Decree No. 1/486, structured into four subcommittees. However, it has been inactive since 2018 and requires revitalization. In 2023, an expert group selected by MoPH developed the National Cancer Plan (2023–2028). An advisory group, including palliative care experts, was formed to oversee implementation. However, efforts rely on volunteer work, and there is no dedicated budget, staff, or structured resources for palliative care within MoPH.</p>

EM Lebanon

Research

Ind6

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).

Lebanon has hosted national palliative care conferences, with notable events since 2017. These include the 2018 National Conference for Physicians and Nurses at Saint George Hospital-UMC, and the 2019 National Palliative Care Conference organized by the American University of Beirut (AUB). The 2023 conference centered on the theme of dignity in palliative and end-of-life care. Additional conferences have been held at Hôtel-Dieu de France and Bellevue Hospital in 2025. Palliative care has also been featured in broader cancer care events, such as the 2023 conference at USJ University. A regional palliative care conference took place in 2019, and palliative care topics are regularly integrated into family medicine and oncology meetings. Although there are currently no recurring national congresses solely dedicated to palliative care, the field continues to be represented within larger healthcare forums.

Ind7

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.



Denotes an extensive number of articles published on the subject.

With 244 articles found in PubMed meeting inclusion criteria, the publication rate is 4.23 publications per 100,000 inhabitants. While research activity is advancing, funding remains minimal.

Medicines

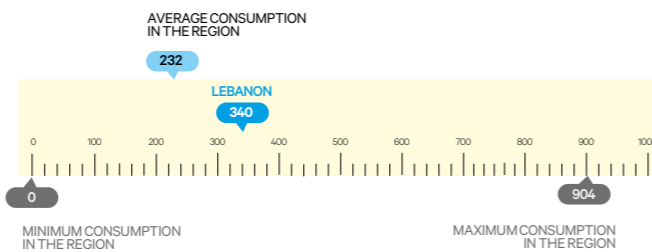
Ind8

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 Lebanon

Medicines

Ind9

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.



Fair: Between 10% to 30%.

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.



Poor: Between 0% to 10%.

In Lebanon, palliative care is not yet integrated at the primary care level, but some essential medications are available. Approximately 42% of the essential pain and palliative care medications from the WHO Model List are accessible at primary healthcare centers (PHCs), including acetylsalicylic acid, ibuprofen, paracetamol, amitriptyline, dexamethasone, haloperidol, hyoscine butyl bromide, lactulose, and metoclopramide. However, availability is inconsistent due to supply fluctuations and accessibility issues. The same medication lists apply to both urban and rural PHCs, though essential palliative care medicines are more commonly found in urban areas and large hospitals. Pain medications are covered by the MoPH, yet affordability remains a challenge. Additionally, reliable data on opioid distribution is lacking, and even injectable and IR oral morphine is sometimes unavailable in rural areas.

Ind10

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 Lebanon, immediate-release (IR) oral morphine (both liquid and tablet forms) is not available at the primary care level, as opioids are not permitted in primary healthcare facilities. Only oncologists, pain specialists (anaesthesiologists), and palliative care physicians are authorized to prescribe opioids. Access to opioids has been a growing challenge due to political instability, economic hardship, and regional conflict, which have also led to a lack of reliable data on annual opioid consumption over the past five years. Lebanon previously had better opioid consumption levels, but recent restrictions have significantly limited access. However, in 2024, local production of IR morphine was initiated, marking a potential improvement in availability and access for patients in need.

EM Lebanon

Education & Training

Ind11

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

5/8



Palliative care is formally integrated into the undergraduate curricula of 62.5% of medical schools (5 out of 8) and 87.5% of nursing schools (6 out of 8). Medical schools incorporating palliative care include Saint George University of Beirut, Lebanese University, the American University of Beirut, Saint Joseph University, and the University of Balamand. Nursing schools with palliative care education include the same institutions, along with Beirut Arab University, Antoine University School of Nursing, and the Lebanese American University. **Palliative care is included within mandatory courses, as medical and nursing curricula in Lebanon are standardized** and do not allow for elective subjects. However, there is no published information on how extensively it is integrated.

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

0/8

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

8/8

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

0/8

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 but exists other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position of palliative care physician).

In Lebanon, palliative medicine was officially recognized as a medical specialty by the MoPH in 2013 (the requirement is two years of postgraduate training). However, specialization training or fellowship programs in palliative care have not been available, and **most people who are currently licensed have received their palliative care training abroad**. The American University of Beirut has developed a one-year postgraduate academic diploma as a specialized training program for multidisciplinary professionals, which was launched in March 2025.

EM Lebanon

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.



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.



In a growing number of private hospitals.

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.



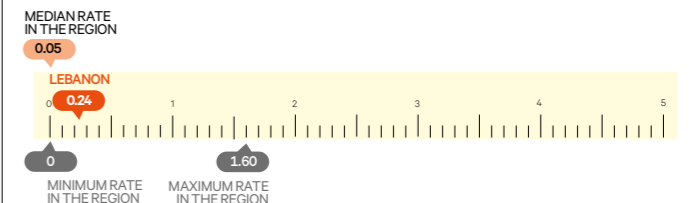
Found in many parts of the country.

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

Lebanon has a limited system of specialized palliative care services, primarily concentrated in urban areas, especially Beirut.

The country lacks a centralized system with updated data on service availability. There are 14 palliative care services in total, including seven hospital-based and seven home-based services. Beirut has the highest concentration, while other regions have minimal coverage. Beqaa, the North, and the South each have one home-based service, and Mount Lebanon and the North each have one hospital-based service. Palliative care is mainly available in large teaching hospitals, including Rafik Hariri University Hospital (public), AUBMC, Clemenceau Medical Center, Saint George Hospital-UMC, Haikal Hospital, and Hôtel-Dieu de France. Home-based services operate independently as donor-funded NGOs, without government or private insurance support, limiting accessibility. These include SANAD (Beirut and Beqaa), Balsam, Sanabel El Nour, SAWA, Imam Sader Foundation, and Palliative Care Passion homecare teams.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



14 ← 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.



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

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

2
PPC TEAMS

In Lebanon, specialized pediatric palliative care services are extremely limited, with only two providers: the American University of Beirut Medical Center (AUBMC) and Balsam. AUBMC offers inpatient consultation services, while Balsam provides home-based palliative care.