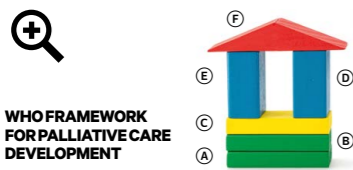


General data

POPULATION, 2024  
**5,289,152**  
PHYSICIANS/1000 INH. 2020-2022  
**N/A**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2023  
**133**  
GDP PER CAPITA (US\$), 2023  
**3,372.35**  
HEALTH EXPENDITURE, 2021  
**N/A**  
UNIVERSAL HEALTH COVERAGE, 2021  
**N/A**



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

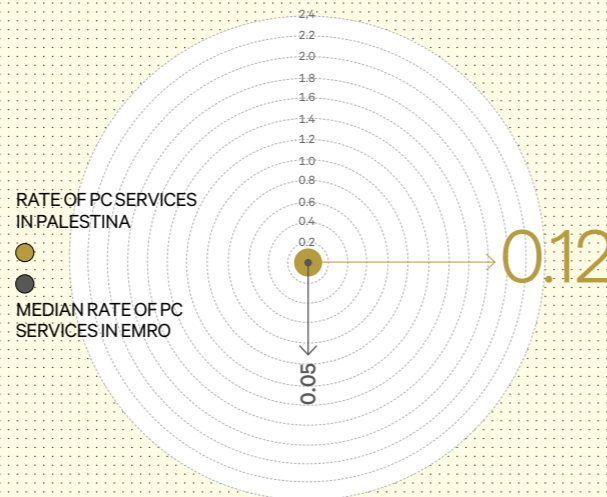


# Occupied Palestinian Territory

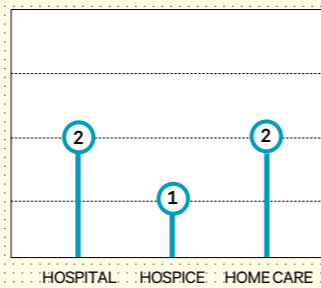
**F Provision of PC (Specialized Services)**

Total number of Specialized PC services **6**  
Rate of PC services per 100,000 inhabitants **0.12**

Palestina in the context of EMRO



Level of development of different types of PC services



Pediatric PC Services

Geographic distribution and integration **2**  
Total number **1**

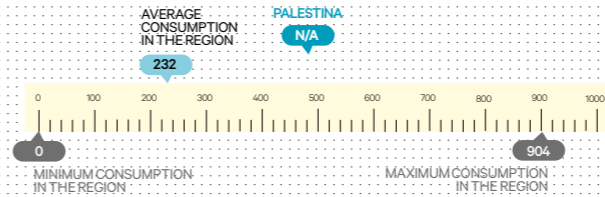


# Occupied Palestinian Territory

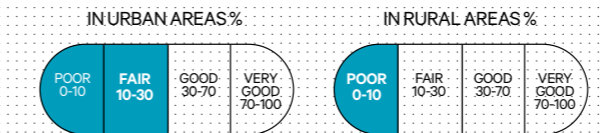
**D Use of essential medicines**

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

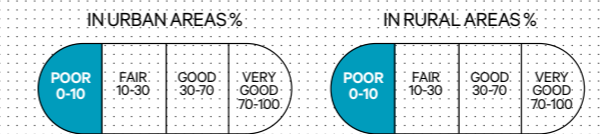
Palestina in the context of EMRO



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 **2**

Existence of PC congresses or scientific meetings **2**

National Association: No.  
Consultants: Khamis Elezzi, Mhoira Leng, Abu-Odah Hammo-da, Khadijah Abu Khader.

Data collected: January-June 2025.  
Report validated by consultants: Yes  
Endorsed by National PC Association: N/A  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

**E Education & Training**

Medical schools with mandatory PC teaching **1/2**

Nursing schools with mandatory PC teaching **2/10**

Recognition of PC specialty **2**

**B Policies**

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **2**

Inclusion of PC in the basic health package at the primary care level **3**



**A Empowerment of people and communities**

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

Advanced care planning-related policies **1**

# EM Occupied Palestinian Territory

People & Communities





<p><b>Ind1</b></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>While no formal groups in Palestina specifically advocate for the rights of palliative care patients, important efforts have been led by Dr Khamis Elessi and international collaborators. Since 2010, more than twenty workshops have been held for general and specialist doctors. In 2015, Dr Elessi, Dr Mhoira Leng, Dr Liz Grant, and colleagues developed a palliative care curriculum delivered to seven student cohorts. In 2023, the “Professional Diploma in Pain and Palliative Care” was launched in partnership with Cairdeas International, the Islamic University of Gaza, and the Turkish-Palestinian Friendship Hospital. In the West Bank, the Al-Sadeel Society has promoted awareness and caregiver education since 2008. Other key contributors include Medical Aid for Palestinians (MAP), Augusta Victoria Hospital, and Dr Hammoda Abu-Odah, a PhD nurse in Gaza, who has published over 15 articles on palliative care.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>Although Palestine does not yet have a national policy or guidelines on ACP, important initiatives have been undertaken. A national steering committee for palliative care and pain management was established in 2018 under the leadership of Dr. Khamis Elessi, with members from hospitals, NGOs, the PCRF, and WHO, aiming to integrate PC into the health system. Key actions include developing local clinical guidelines at the Turkish-Palestinian Friendship Hospital in 2023 and publishing essential drug lists for adults and children at this hospital and at Rantisi Pediatric Hospital. In the absence of national ACP regulation, efforts have focused on identifying unmet needs among cancer patients and assessing system and training requirements from healthcare professionals’ perspectives.</p>

Policies

<p><b>Ind3</b></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 Palestine lacks stand-alone health policies for palliative care, it has been integrated into pain management policies. In August 2023, the MoH requested a repeated situational analysis, conducted in Gaza and the West Bank. The Palestine Cancer Control Plan (National Cancer Control Strategy, 2024–2034), published in 2024, includes palliative care as a key priority under Section III and defines specific objectives in Section IV.</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>	<p>Several Standard Operating Procedures with performance indicators have been developed, though implementation has been delayed due to ongoing conflict. In 2023, local guidelines for palliative care and pain management were created at the Turkish Palestinian Friendship Hospital (TPFH), alongside essential drug lists for adults and children at TPFH and Rantisi pediatric Hospital. Additionally, the Gaza Government established a palliative care policy committee to develop policies and guidelines for the Gaza Strip.</p>



# EM Occupied Palestinian Territory

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
<p><b>Ind4</b></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>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	<p>Although palliative care services have not yet been explicitly introduced at the primary care level in Palestine, they became a priority in the MoH’s strategic plans for 2022–2023. This shift reflects the growing importance of integrating palliative care within hospitals and ensuring representation on all relevant MoH palliative care committees. The MoH has agreed, in principle, to a development plan for integrating palliative care services, with a formal stakeholder meeting scheduled to finalize and implement the rollout. While services have not been fully integrated at the primary care level, these developments represent a significant step towards improving access to palliative care across healthcare facilities in Palestine.</p>
<p><b>Ind5</b></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>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p>  <p>There are concrete functions but do not have a budget or staff.</p>	<p>Since 2018, a national steering committee for palliative care and pain management, chaired by Dr Khamis Elessi, has worked to integrate palliative care within hospitals and health NGOs across Palestine. The committee comprises members from various hospitals, NGOs, the Palestine Children’s Relief Fund (PCRF), and the WHO. Dr Abdellatif El-Hajj, General Director of International Cooperation at the MoH, has also led capacity-building initiatives for medical staff, particularly at Gaza’s Turkish Friendship Hospital. Despite these efforts, there is no specific coordinating authority for palliative care, and the MoH does not allocate a dedicated budget for its development, relying instead on NGO donations to support healthcare services, including palliative care.</p>

# EM Occupied Palestinian Territory

Research


<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>There is no annual national palliative care congress in Palestine; however, sporadic conferences on the subject are held regularly. A significant event was the first international conference titled "Pain Management &amp; Palliative Care in Palestine," held on 25–26 October 2019. This conference attracted over 500 doctors and health professionals, including international experts from the USA, Norway, Britain, Japan, and Uganda, who shared knowledge with local practitioners. On the second day, two workshops took place: one on the use of opioids and strong analgesics in pain management, and another addressing the spiritual and psychosocial aspects of palliative care. Additionally, in 2018, the first Palestinian International Nursing Conference in Oncology and Palliative Care was organized.</p>
<p><b>Ind7</b></p> <p>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.</p>	 <p>Reflects a limited number of articles published.</p>	<p>Several articles published in the past five years in indexed journals have been identified, focusing on palliative care research. However, the number of such studies concerning the Palestinian population remains limited.</p>

Medicines

<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>N/A</p>
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# EM Occupied Palestinian Territory

Medicines

<p><b>Ind9</b></p> <p>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.</p> <p>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.</p>	 <p>Fair: Between 10% to 30%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>The availability and access to opioids across the Gaza Strip are critically limited, with no access reported at the primary care level. Other essential medicines for pain and palliative care show inconsistent availability, though overall access remains generally poor throughout the region.</p>
<p><b>Ind10</b></p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	 <p>Poor: Between 0% to 10%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>Over 50% of essential palliative care medicines were unavailable in Gaza before the current conflict due to the prolonged siege. Ongoing efforts to improve supply and local production have been disrupted, with repeated hospital displacements and destruction of pharmaceutical facilities worsening opioid shortages.</p>



# EM Occupied Palestinian Territory

Education & Training

## Ind11

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

1/2



The Islamic University of Gaza (IUG) integrated a compulsory palliative care module into its medical curriculum and included the topic within its nursing program as part of an integrated approach. Al Azhar University, the only other medical school, offers an elective module, although formal training has not yet commenced. Since 2010, over 20 workshops on palliative care and pain management have been held for general and specialist doctors in Gaza. In 2015, an evidence-based curriculum on palliative care and pain management was developed with international partners and delivered to seven consecutive cohorts of medical students. In 2022, a postgraduate Diploma in Palliative Care was launched through collaboration between IUG, the Turkish-Palestinian Friendship Hospital, Cairdeas International Palliative Care Trust, and other partners. In 2023, the “Professional Diploma in Pain and Palliative Care” began, involving senior healthcare professionals from four hospitals, with measurable improvements in knowledge, skills, and performance across ten comprehensive modules.

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

1/2

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

2/10

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

1/10

## 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 type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).

There is currently no formal specialization process in palliative medicine for physicians in the Gaza Strip. However, **alternative professional training opportunities exist, including the “Professional Diploma in Pain and Palliative Care.”** Additionally, while the Arab Board and Palestinian Board processes are present in the region, they do not yet include palliative care specialization. In response, a postgraduate Diploma in Palliative Care was established through collaboration among the Islamic University of Gaza (IUG), the Turkish-Palestinian Friendship Hospital, Cairdeas International Palliative Care Trust, and other partners, providing structured training for healthcare professionals in this field.

# EM Occupied Palestinian Territory

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.



Ad hoc/ in some parts of the country.

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



Not at all.

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.

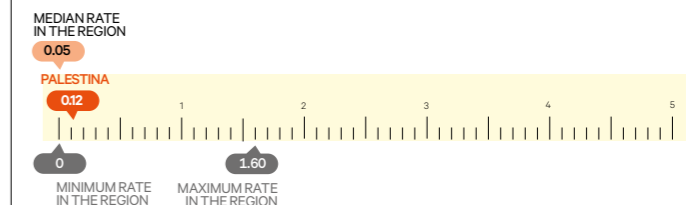


Ad hoc/ in some parts of the country.

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

Specialized palliative care services are officially available in two hospitals: Augusta Victoria Hospital in East Jerusalem, which also operates home-based care services in Bethlehem and Ramallah, and Rantisi pediatric Hospital in Gaza, which has a small team providing care for children with chronic and terminal illnesses. In addition, the Al-Sadeel Society, a non-governmental organization in Bethlehem, offers palliative care consultations for cancer patients and their families through a team composed of a nurse and a social worker trained in palliative care. The Turkish-Palestinian Friendship Hospital in Gaza also has a trained palliative care team, with plans to expand its services.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



**6** ← 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.

1

PPC TEAMS

The Rantisi pediatric Hospital, located in Gaza, has a small team providing palliative care for children with chronic and terminal illnesses.