



# Pakistan



### General data

POPULATION, 2024  
**251,269,164**

PHYSICIANS/1000 INH, 2020-2022  
**1.08**

### Socioeconomic data

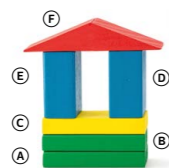
COUNTRY INCOME LEVEL, 2022  
**Lower middle**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**168**

GDP PER CAPITA (US\$), 2023  
**1,365.28**

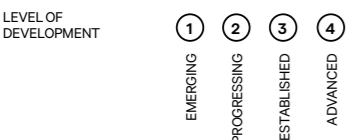
HEALTH EXPENDITURE, 2021  
**43.09**

UNIVERSAL HEALTH COVERAGE, 2021  
**45**



### WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

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



LEVEL OF DEVELOPMENT

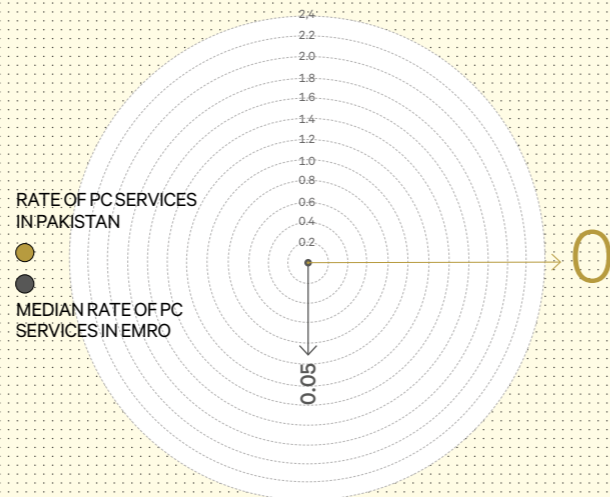
- 1 EMERGING
- 2 PROGRESSING
- 3 ESTABLISHED
- 4 ADVANCED

### F Provision of PC (Specialized Services)

Total number of Specialized PC services **5**

Rate of PC services per 100,000 inhabitants **0**

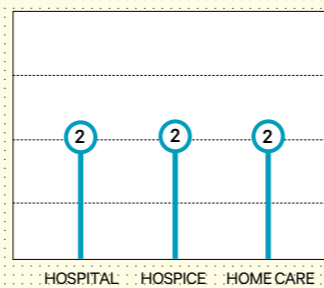
#### Pakistan in the context of EMRO



#### Geographic distribution and integration of PC services



#### Level of development of different types of PC services



#### Pediatric PC Services

Geographic distribution and integration



TOTAL NUMBER

**3**



# Pakistan

### D Use of essential medicines

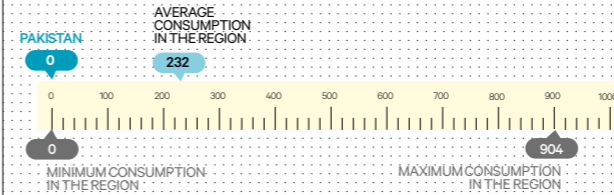


Opioids consumption (excluding methadone)

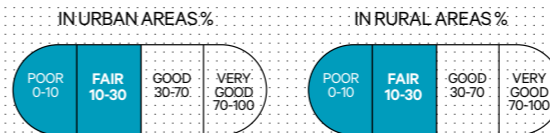
**0**

S-DDD/MILL INHABITANTS/DAY

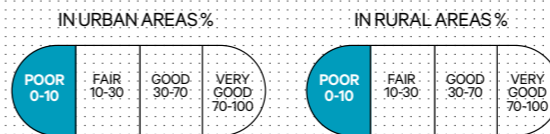
#### Pakistan in the context of EMRO



#### 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



Existence of PC congresses or scientific meetings

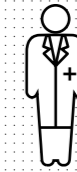


National Association: No.  
Consultants: Atif Waqar.

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

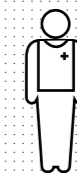
### E Education & Training

Medical schools with mandatory PC teaching



**10/114**

Nursing schools with mandatory PC teaching



**5/125**

Recognition of PC specialty



### B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



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



### A Empowerment of people and communities

Groups promoting the rights of PC patients



Advanced care planning-related policies



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People & Communities

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p></p> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>No evidence found.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	<p>At present, there are no national policies or guidelines established for advance care planning or surrogate decision-making.</p>

Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p>	<p></p> <p>Do not know or does not exist.</p>	<p>Currently, there is no national palliative care law, program, policy, or strategy established. Although a National Cancer Control program exists, it only briefly references palliative care without offering specific guidance on its delivery, available resources, or responsible providers.</p>
<p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p></p> <p>A national palliative care plan is in preparation.</p>	



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Policies


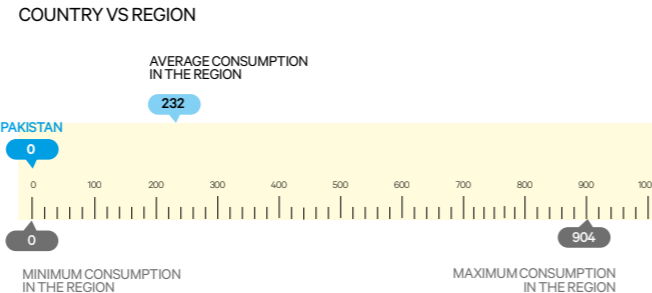
<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>Do not know or does not exist.</p>	
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Not at all.</p>	<p>Palliative care is neither integrated nor provided at the primary care level within the national health system. Palliative care services are not included in the list of priority services for UHC.</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></p> <p>There is no authority defined.</p> <p></p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>At present, the MoH does not have a dedicated branch or department responsible for coordinating palliative care at the national level.</p>

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Research





<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>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 palliative care)</p>	<p>The Shaukat Khanum Cancer Symposium is held annually, featuring both international and national speakers. Each year, the symposium includes two dedicated sessions on palliative care, along with a specialized session on pediatric palliative care.</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>Palliative care research in Pakistan is limited and primarily conducted in university hospitals, academic centers, and cancer centers in major urban areas. Over the past five years, 178 peer-reviewed articles with at least one author from Pakistan have been identified in PubMed.</p>

Medicines

<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.</p>  <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p>  <p>AVERAGE CONSUMPTION IN THE REGION: 232</p> <p>PAKISTAN: 0</p> <p>MINIMUM CONSUMPTION IN THE REGION: 0</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 904</p>
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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>Fair: Between 10% to 30%</p>	<p>No evidence found.</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>No evidence found.</p>

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Education & Training

Ind11

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

10/114



Out of 114 medical schools, 10 have a dedicated mandatory palliative care subject, while 5 out of 125 nursing schools include palliative care as a required subject in their curriculum.

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

N/A

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

5/125

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

N/A

Ind12

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



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

Palliative Medicine is recognized as a subspecialty in Pakistan. Training consists of a two-year postgraduate clinical fellowship, which can be pursued after completing a four-year residency in either Internal Medicine or Family Medicine. The fellowship is accredited by the College of Physicians & Surgeons Pakistan (CPSP) and is currently available only at Aga Khan University in Karachi and Shaukat Khanum Cancer Hospital in Lahore. Additionally, a six-month diploma course in Palliative Care is offered at four universities nationwide.

EM Pakistan

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).



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.

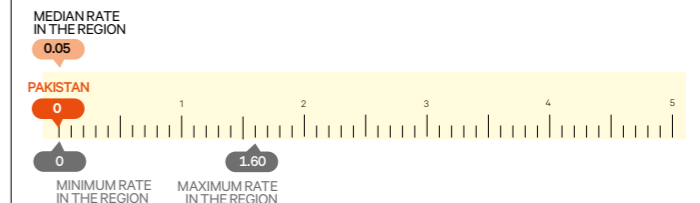


Ad hoc/ in some parts of the country.

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

In Pakistan, specialized palliative care services are limited to a few major urban centers, with no nationwide system ensuring geographic reach or multiple service delivery platforms. Palliative care is provided at Aga Khan University Hospital in Karachi, Shaukat Khanum Cancer Hospital in Lahore and Peshawar, and Shifa International Hospital in Islamabad. A total of five palliative care teams, linked to these hospitals, are offering both inpatient services and home-based care. However, access remains restricted to urban areas, and there is no formal integration of palliative care into a comprehensive national healthcare framework.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



5 ← 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.

3  
PPC TEAMS

Pediatric palliative care services are provided at Aga Khan University Hospital in Karachi, Indus Health Network in Karachi, and Children's Cancer Hospital in Lahore.