



General data

POPULATION, 2024  
**33,264,292**

PHYSICIANS/1000 INH. 2020-2022  
**2.63**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

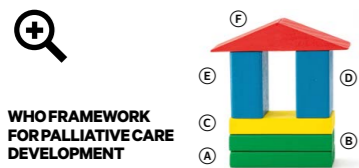
**High**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**37**

GDP PER CAPITA (US\$), 2023  
**32,093.96**

HEALTH EXPENDITURE, 2021  
**1,442**

UNIVERSAL HEALTH COVERAGE, 2021  
**74**



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



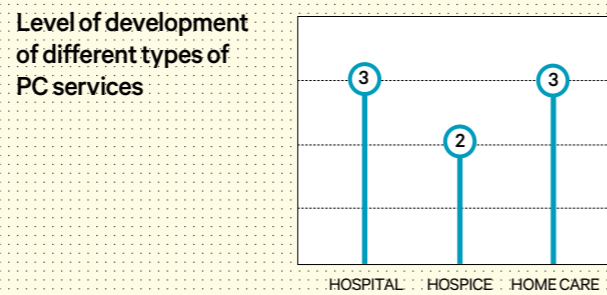
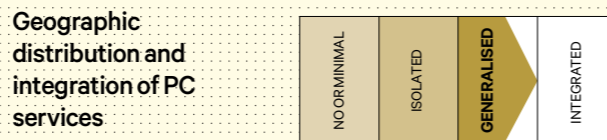
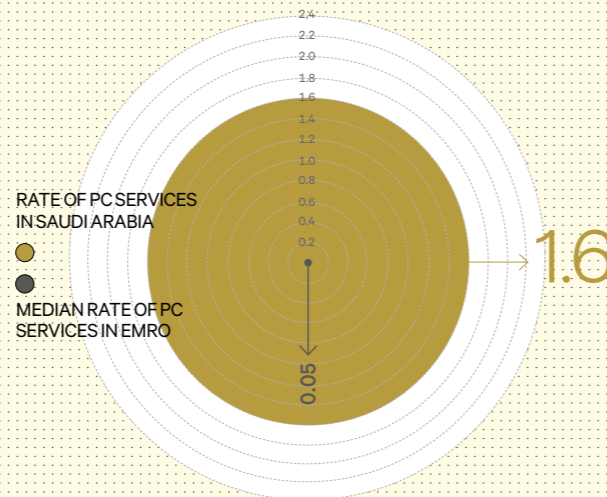
# Saudi Arabia

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

Total number of Specialized PC services **55**

Rate of PC services per 100,000 inhabitants **1.6**

Saudi Arabia in the context of EMRO



**Pediatric PC Services**

LEVEL OF DEVELOPMENT: **2**

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: **2**

TOTAL NUMBER: **4**

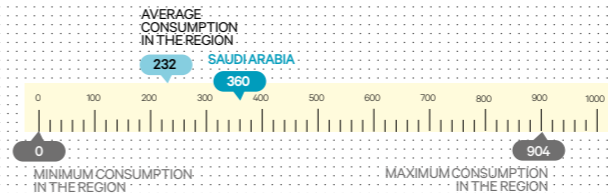


# Saudi Arabia

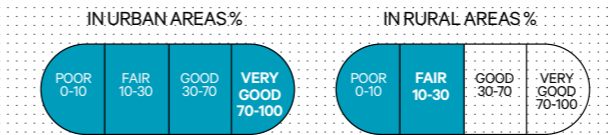
**D Use of essential medicines**

Opioids consumption (excluding methadone) **360**  
S-DDD/MILL INHABITANTS/DAY

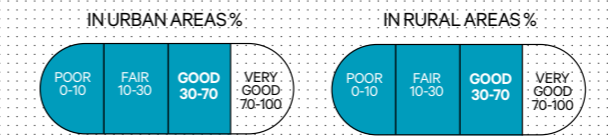
Saudi Arabia in the context of EMRO



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: **3**

Existence of PC congresses or scientific meetings: **4**

National Association: Saudi Society for Palliative Care.  
Consultants: Mohammad Zafir Al-Shahri; Sami Alshammary.

Data collected: January-June 2025.  
Report validated by consultants: Yes  
Endorsed by National PC Association: Yes  
Reviewed by Ministry of Health: No  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

**E Education & Training**

Medical schools with mandatory PC teaching: **1/41**

Nursing schools with mandatory PC teaching: **1/39**

Recognition of PC specialty: **4**

**B Policies**

National PC plan or strategy: **3**

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: **4**

Advanced care planning-related policies: **3**

EM Saudi Arabia

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> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p>	<p>The Saudi Society for Palliative Care (SSPC) is a scientific society under the umbrella of the Saudi Commission for Health Specialties. It aims to introduce palliative medicine in society in the right context and to unify the efforts of palliative medicine specialists to improve the services available to patients. Efforts to raise community awareness about palliative care include writing in local newspapers, participating in media (TV and radio), and giving talks during awareness campaigns. Recently, a new society, “The Society of Religious and Spiritual Support of Palliative Care Patients,” was officially approved, focusing on one aspect of palliative care while aiming to promote the concept more broadly. The activities of this society may pave the way for establishing a public palliative care society with a broader scope.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p> 3</p> <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>Saudi Arabia has had national guidelines on DNR orders since 2017, but no official policies exist on advance directives, and surrogate decision-making lacks standardized protocols. Medical decisions are usually authorised by next of kin. While there is no stand-alone ACP policy, it is integrated into broader frameworks. The 2019 National Palliative Care Guidelines recommend family meetings to discuss goals of care and advance directives, particularly in oncology. The Home-Based Palliative Care program also promotes patient-centred decision-making. Although patient wishes are not legally binding, providers are encouraged to document and respect them, reflecting a structured, though non-legislated, approach to ACP.</p>

Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p> 3</p> <p>Actualized in last 5 years, but not actively evaluated or audited.</p> <p> 3</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>Saudi Arabia has established a national framework for palliative care integrated within its Vision 2030 health transformation strategy. Although a standalone comprehensive strategy has not been published, palliative care is addressed through multiple coordinated instruments. These include the National Palliative Care Guidelines—first issued in 2018 and updated in 2025—the National Palliative Care Standards (2021), and dedicated funding from the MoH since 2016. The Saudi Society for Palliative Care and the MoH jointly oversee implementation across health clusters. National efforts are supported by defined benchmarks in training, opioid availability, and service distribution. Palliative and end-of-life care are formally recognized as priorities within Vision 2030, and while no singular policy document exists, the collective measures in place function as a national strategy with structured operational components and mechanisms for monitoring progress.</p>
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EM Saudi Arabia

Policies


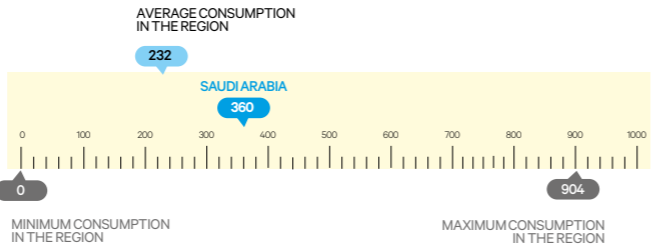
<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 3</p> <p>The indicators exist, but have not been updated (implemented out of the determined period).</p>	
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p> 2</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>Although palliative care is not explicitly included in Saudi Arabia’s General Health Law, it has been progressively integrated into primary healthcare through MoH initiatives. Since the early 2000s, pilot programs have introduced palliative services at the primary care level. A Proactive Identification and Screening Guide is currently in use to support early detection of palliative needs. In 2004, a formal proposal to establish palliative care within primary care was developed by a ministerial committee; however, administrative changes delayed its approval. More recently, end-of-life care has been incorporated into the Vision 2030 national health strategy, reinforcing its strategic relevance. Despite these developments, the absence of formal legal recognition within the national package of essential health services under universal health coverage indicates that systematic inclusion remains incomplete.</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> 3</p> <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p> <p> 3</p> <p>There are concrete functions and staff, but do not have a budget.</p>	<p>Saudi Arabia has a clearly defined coordinating entity for palliative care within the MoH. The Department of Palliative Care at the MoH is responsible for service implementation, strategic planning, and coordination with the SSPC. It leads national initiatives, guides service expansion across all health clusters, and collaborates on training and standards development. However, while the entity has defined functions and a structured mandate, it lacks a dedicated and permanent national budget line. Staff and technical capacities are in place, but resources are often drawn from broader healthcare allocations rather than earmarked specifically for palliative care.</p>

# EM Saudi Arabia

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 national conference specifically dedicated to palliative care every 3 years.</p>	<p>Saudi Arabia hosts regular national scientific congresses dedicated exclusively to palliative care. The SSPC organizes national conferences every 2-3 years with participation from all MoH health clusters, academic institutions, and international experts. These meetings serve as key platforms for professional development, dissemination of research, and policy advocacy. In addition to standalone congresses, palliative care is routinely represented in broader national health conferences—such as oncology and primary care—through dedicated tracks or symposia. The sustained organization and institutionalization of these events across the country reflects a mature scientific culture around palliative care and positions Saudi Arabia at the advanced level. The last major event was the Pan Arab Palliative Care Conference in 2019, which took place at the King Faisal Specialist Hospital and Research center in Riyadh.</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>Represents a considerable amount of articles published.</p>	<p>Saudi Arabia has shown growing engagement in palliative care research, with a notable increase in peer-reviewed publications over the past five years. Topics include clinical practice, opioid accessibility, end-of-life models, and cultural aspects. Leading institutions such as King Fahad Medical City and King Faisal Specialist Hospital, in collaboration with universities and the SSPC, have been central to this progress. Research is formally integrated into the national palliative medicine fellowship curriculum as a mandatory component of training, reflecting a strengthened national research capacity in the field.</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> <div style="text-align: center;">  <h1>360</h1> <p>S-DDD PER MILLION INHAB /DAY</p> </div> <p>COUNTRY VS REGION</p> 
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# EM Saudi Arabia

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>Very good: Between 70% to 100%.</p>  <p>Fair: Between 10% to 30%.</p>	<p>A 2024 study assessing palliative care in Saudi Arabia following Vision 2030 reforms reported significant advancements, including expanded palliative care units, community home services, outpatient care, and consultation availability. However, disparities persist in the geographical distribution of services, resource allocation, and opioid availability. The study emphasised the need to address both cancer and noncancer patient populations. By 2025, essential palliative care medicines—such as morphine, fentanyl, and oxycodone—are available in all Ministry of Health hospitals and in most primary care centers in urban areas. This improvement has been driven by national policy reforms and centralised procurement systems. In rural regions, access remains variable, though efforts through decentralised pharmaceutical distribution and mobile care teams continue to strengthen availability. The MoH has also prioritized professional training to support equitable access, contributing to improved symptom management at the primary care level nationwide.</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>Good: Between 30% to 70%.</p>  <p>Good: Between 30% to 70%.</p>	<p>The MoH in Saudi Arabia has established a regulatory system for controlled medicines, enabling all hospitals, including those in rural areas, to request opioids in compliance with national protocols. As a result of MoH reforms in supply chains, policy support, and clinical education, morphine, oxycodone, and fentanyl are now routinely available across MoH facilities, reflecting expanded capacity for pain relief. Primary care centers primarily manage acute and chronic conditions, antenatal care, and immunisations, with a structured referral system ensuring comprehensive coverage, including remote areas. While oral immediate-release morphine is available for acute pain crises, its routine use at the primary care level remains limited. Palliative care has been increasingly integrated into the national health strategy and Vision 2030 initiatives, supported by trained teams, early identification tools, and home-based programs coordinated from primary care centers, though uniform access to oral morphine at this level is not yet fully achieved.</p>



# EM Saudi Arabia

Education & Training

## Ind 11

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

1/41



At Alfaisal University, final-year medical students receive mandatory lectures on palliative care during their oncology block. The Ministry of Education in Saudi Arabia announced that over 19,000 students are studying nursing in Saudi universities through supportive initiatives and programs. According to Vision 2030, the aim is to nationalize 67% of nursing practitioners in the Kingdom. The Ministry also reported 14,681 students in government colleges and 4,474 in private colleges, with 25 government colleges and 14 private colleges. Most of these institutions include palliative care blocks in their curricula.

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

40/41

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

1/39

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

N/A

## 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 subspecialty (another denomination equivalent) recognized by competent national authorities.

Since 2012, Saudi Arabia has recognized palliative medicine as a medical subspecialty. The Saudi Commission for Health Specialties (SCFHS) formally accredits a two-year national fellowship program in palliative medicine, established in 2013 and based on the CanMEDS competency framework. The program is open to physicians holding board certifications in internal medicine, family medicine, or anaesthesia. As of 2025, a total of 27 specialists have completed the fellowship, with 31 additional fellows expected to graduate. Training is conducted at major national institutions, including King Fahad Medical City and King Faisal Specialist Hospital. The curriculum includes multidisciplinary clinical rotations, research components, and practical experience across primary, secondary, and tertiary healthcare levels. Multiple fellowship programs are currently active, contributing to the development of a formally trained palliative care workforce.

# EM Saudi Arabia

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.



Generalized provision: Exists in many parts of the country but with some gaps.

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.

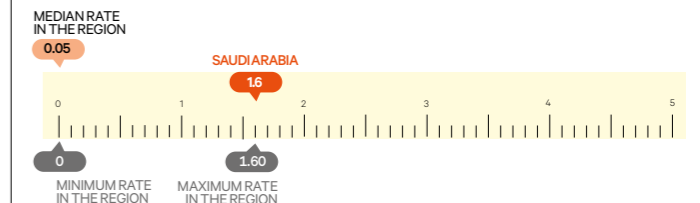


Found in many parts of the country.

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

Palliative care services are widely available in major hospitals nationwide, with primary care centers able to refer patients to hospitals with such services. Government hospitals have palliative care teams, with or without dedicated beds, but private hospitals lag in this area. Including end-of-life care in the country's 2030 vision will drive improvements in private hospital services. Free-standing hospices are rare, though some hospitals allocate buildings or parts of buildings for long-term and palliative care patients. Typically, palliative care units are integrated within hospital wards or have scattered beds in oncology or medical units. Many hospitals also offer home healthcare (HHC) services covering palliative and other home care aspects. Palliative care services are accessible in all regions but are more established and developed in major cities. For instance, in the capital city, Riyadh, there are well-established palliative care programs at: King Faisal Specialist Hospital and Research center, King Abdulaziz Medical City for National Guard, Prince Sultan Military Medical City, First Health Cluster, and Second Health Cluster.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



55

← 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.

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

4

PPC TEAMS

Pediatric palliative care in Saudi Arabia is progressively expanding, with dedicated teams operating in three major tertiary hospitals: King Faisal Specialist Hospital and Research Center (KFSH-RC), National Guard hospitals, and, more recently, King Fahad Medical City (KFMC). The country's first pediatric hospice, Alyamamh, was established in 2019 under the MoH. PPC training is included in the national palliative medicine fellowship. While these developments reflect clear national commitment, the service-to-population ratio remains below international benchmarks, placing Saudi Arabia at a progressing level with partial but insufficient implementation to meet population needs.