

General data

POPULATION, 2024
24,672,760

PHYSICIANS/1000 INH, 2020-2022
N/A

Socioeconomic data

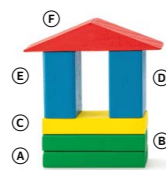
COUNTRY INCOME LEVEL, 2022
Low

HUMAN DEVELOPMENT INDEX RANKING, 2023
162

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

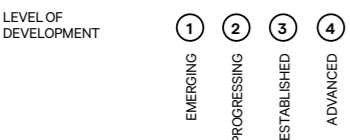
HEALTH EXPENDITURE, 2021
N/A

UNIVERSAL HEALTH COVERAGE, 2021
64



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



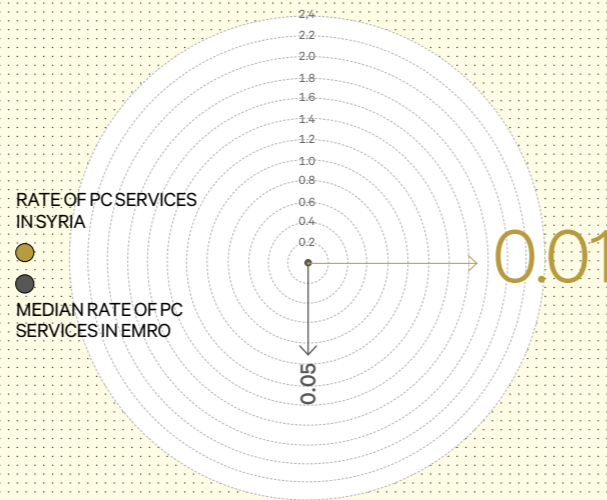
Syrian Arab Republic

F Provision of PC (Specialized Services)

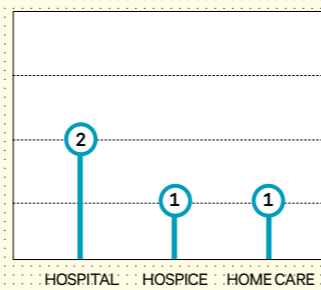
Total number of Specialized PC services **2**

Rate of PC services per 100,000 inhabitants **0.01**

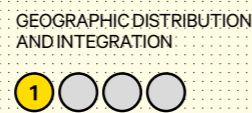
Syria in the context of EMRO



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER
1

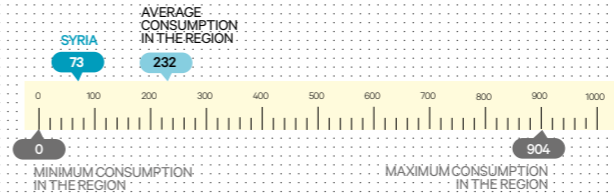


Syria

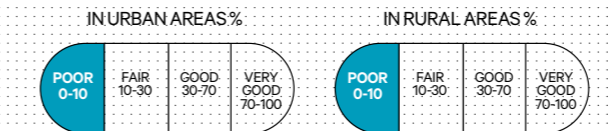
D Use of essential medicines

Opioids consumption (excluding methadone) **73** S-DDD/MILL INHABITANTS/DAY

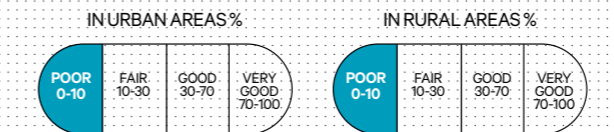
Syria in the context of EMRO



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: Maha Manachi.

Data collected: January-June 2025.
Report validated by consultants: No.
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 **0/9**

Nursing schools with mandatory PC teaching **0/10**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **1**

Advanced care planning-related policies **1**

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p>1 ○ ○ ○ ○</p> <p>Only isolated activity can be detected.</p>	<p>There is no evidence of formal groups in Syria specifically advocating for the rights of palliative care patients, caregivers, or survivors. Ongoing conflict has further limited the development of civil society organizations in this field, and existing efforts are primarily embedded within hospital-based initiatives and cancer care committees, often led by the MoH or carried out in collaboration with international agencies.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p>1 ○ ○ ○ ○</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>Syria lacks a national policy or guideline on advance care planning related to life-sustaining treatment or end-of-life care. Although recommendations exist to incorporate such measures within broader cancer and palliative care strategies, no formal frameworks have been adopted.</p>
<p>Ind3</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>1 ○ ○ ○ ○</p> <p>Do not know or does not exist.</p> <p>1 ○ ○ ○ ○</p> <p>Not known or does not exist neither standalone nor is included in another national plan.</p>	<p>Syria does not have a national palliative care plan, program, policy, or strategy with a defined implementation framework. Although the National Cancer Control Committee, established in 2019, is responsible for developing a National Cancer Control Plan that includes recommendations for palliative care, no dedicated or operational framework currently exists. Palliative care programs remain rarely implemented, and care is principally provided by treating physicians, mainly oncologists.</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p>1 ○ ○ ○ ○</p> <p>Not known or does not exist.</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>1 ○ ○ ○ ○</p> <p>Not at all.</p>	<p>Palliative care is not included among Syria's priority health services under Universal Health Coverage. It is neither explicitly listed nor integrated into national health service planning, despite ongoing efforts to strengthen primary care.</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>1 ○ ○ ○ ○</p> <p>There is no coordinating entity.</p> <p>1 ○ ○ ○ ○</p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>Syria lacks a dedicated authority within the MoH for palliative care. While the National Cancer Control Committee addresses related policy, there is no evidence of dedicated roles, staff, or budget for palliative care. The specialty is not yet formally recognized, although efforts are underway. Services remain limited to a few major government hospitals.</p>

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are no documented national congresses or scientific meetings in Syria specifically dedicated to palliative care. The ongoing conflict has constrained opportunities for professional gatherings, and educational content related to palliative care is instead occasionally integrated into broader medical society activities, most often under the theme of pain management.

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.



Reflects a limited number of articles published.

Research on palliative care in Syria is limited, with at least four peer-reviewed studies over the past five years addressing provider knowledge, attitudes, community engagement, and refugee needs. These studies highlight low awareness among healthcare professionals and infrequent implementation of palliative care programs. No national research initiatives or dedicated funding have been identified, compounded by ongoing post-conflict recovery challenges.

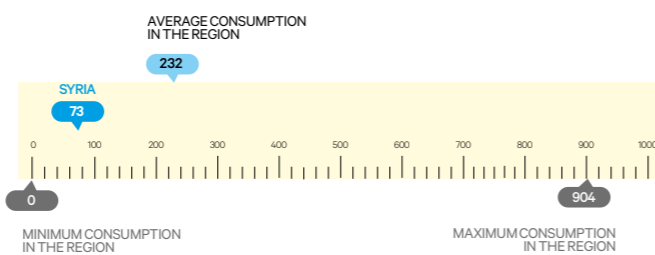
Ind8

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



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.



Poor: Between 0% to 10%.

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%.

Essential medicines for pain and palliative care, including immediate-release oral morphine, are not widely available in Syria, particularly at the primary care level, and the country lacks guidelines or a structured system to support access. Regional analyses highlight opioid phobia and restrictive regulations as key barriers, compounded in Syria by supply challenges and disruptions linked to the ongoing conflict. In this context, the absence of organized palliative care may lead patients to resort to unsafe or unregulated alternatives, thereby increasing the risk of misuse and addiction, especially in conflict situations.

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%.

Immediate-release oral morphine is not widely available at the primary care level in Syria. Although the MoH has indicated plans to consider its inclusion, current access remains limited. The literature does not provide detailed national data, but regional analyses identify restrictive regulations, opioid-related stigma, and supply challenges as significant barriers. Broader access to opioids is further hindered by the ongoing conflict and systemic disruptions within the healthcare infrastructure.

Ind11

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

0/9



Syria has at least nine official medical schools, including six public universities—Damascus, Aleppo, Tishreen, Al-Baath, Al-Furat, and Hama—and four private institutions: Syrian Private University, Al-Kalamoon University, Arab International University, and Al-Andalus University for Medical Sciences. A review of official university sources and academic literature reveals no evidence that palliative care is offered as a stand-alone course, either compulsory or elective, in the undergraduate curricula of any of these medical schools.

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

0/9

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

0/10

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

0/10

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.

Palliative medicine is not recognized as an official medical specialization in Syria, and there are no formal training programs or structured educational pathways in this field. While pain management may be briefly covered in anaesthesiology courses, comprehensive palliative care education is absent. Official lists from the MoH and Ministry of Higher Education do not include it among specialties or subspecialties eligible for post-graduate training or board certification.

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.



No or minimal provision of palliative care specialized services or teams exist in the country.

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.

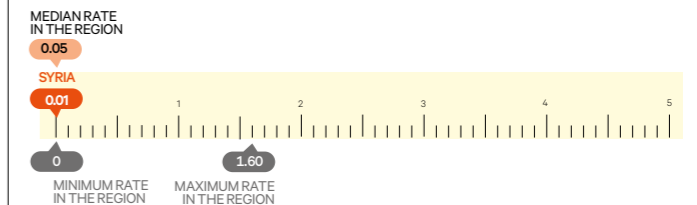


Not at all.

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

A regional assessment confirmed the absence of documented palliative care providers. Limited services exist within three major government hospitals, primarily in oncology or internal medicine departments, but these are not comprehensive. **Humanitarian organizations provide the only known specialized services: Médecins Sans Frontières supports six hospitals in northwest Syria, including a burns facility offering palliative care as part of a multidisciplinary approach.**

RATE OF SPECIALIZED PC SERVICES/100,000 INH



2 ← 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.



No or minimal provision of palliative care specialized services or teams for children exists in country.

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

1
PPC TEAMS

Sources show that pediatric palliative care is only available at Jabel al Zawiyah Children's Hospital in Idlib, supported by Malteser International and Hand in Hand for Syria.