

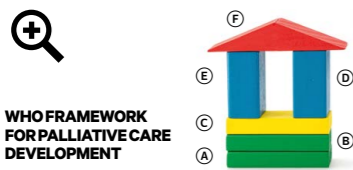


General data

POPULATION, 2024
10,876,981
PHYSICIANS/1000 INH. 2020-2022
2.76

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High
HUMAN DEVELOPMENT INDEX RANKING, 2023
15
GDP PER CAPITA (US\$), 2023
49,040.69
HEALTH EXPENDITURE, 2021
2,351.81
UNIVERSAL HEALTH COVERAGE, 2021
82



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

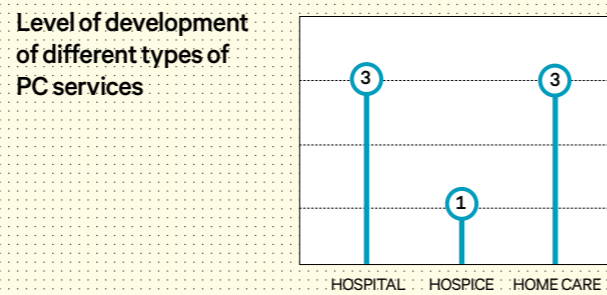
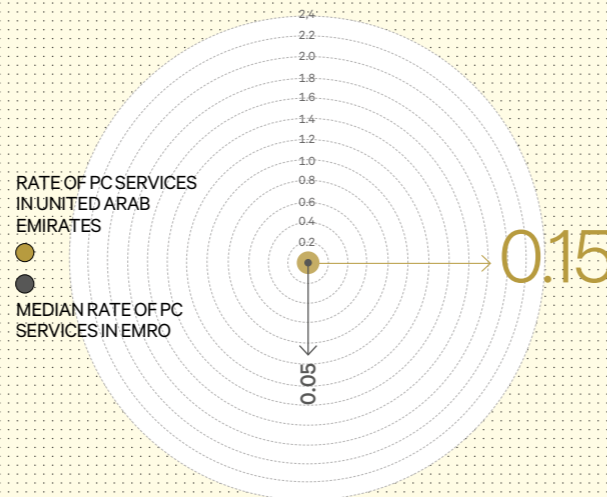


United Arab Emirates

F Provision of PC (Specialized Services)

Total number of Specialized PC services **16**
Rate of PC services per 100,000 inhabitants **0.15**

United Arab Emirates in the context of EMRO



Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**
TOTAL NUMBER **1**

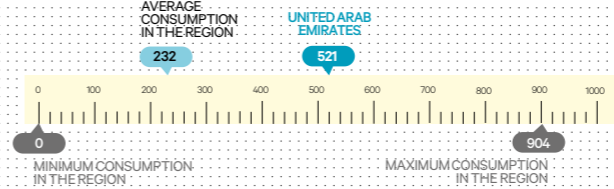


United Arab Emirates

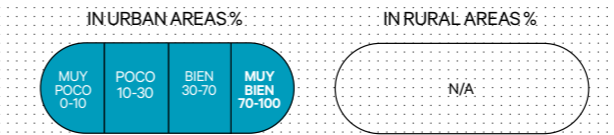
D Use of essential medicines

Opiods consumption (excluding methadone) **521**
S-DDD/MILL INHABITANTS/DAY

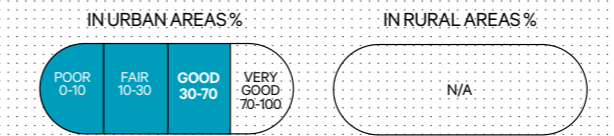
United Arab Emirates in the context of EMRO



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 **3**

National Association: No.
Consultants: Neil Nijhawan.
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 **1/8**

Nursing schools with mandatory PC teaching **0/6**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **3**

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



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 **1**

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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>In the UAE, no formal national organizations are exclusively dedicated to palliative care advocacy. Instead, cancer-focused initiatives partly address this role. A Palliative Care Working Group operates under the Emirates Oncology Society, and groups such as Friends of Cancer Patients (FOCP), Cancer Patient Care Society (RAHMA), Emirates Cancer Society, and Brest Friends provide psychosocial and financial support. Majlis Al Amal and The Cancer Majlis offer psychological assistance, especially for women with cancer. Home healthcare providers, including Lifecare Home Health and JPR Home health-care, support caregivers. The Patients' Rights Charter (2021) reinforces patient engagement.</p>
<p>Ind2</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>In the UAE, there is no comprehensive national policy on ACP. Article 11 of Federal Decree-Law No. 4 of 2016 on Medical Liability permits the non-application of cardiopulmonary resuscitation in terminal cases under specific conditions without requiring patient or family consent. This provides a legal basis for certain end-of-life decisions but does not establish a complete ACP framework with patient-centered discussions, formally recognized advance directives, or standardized documentation. Some hospitals apply do-not-attempt-resuscitation (DNAR) orders institutionally. Cultural and religious values influence decision-making. Awareness is growing, with recommendations to update the Allow Natural Death (AND) policy.</p>

Policies

<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>Actualized in last 5 years, but not actively evaluated or audited.</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>In the UAE, palliative care is integrated as a key pillar within the National Cancer Control Plan 2022-2026. In 2019, the Department of Health, Abu Dhabi issued subnational guidelines that serve as a regulatory reference for service provision, including symptom management, multidisciplinary care, and quality standards. The National Cancer Control Committee, under the Ministry of Health and Prevention (MoHP), also addresses palliative care as part of broader cancer control efforts. The palliative care program at Tawam Hospital, launched in 2007, remains the only government-funded service, while other specialized programs operate within the private sector. A Palliative and Supportive Care Working Group has been approved by the Emirates Medical Association. The National Cancer Control Committee has acknowledged the need to develop a comprehensive, nationwide palliative care strategy to further integrate services across the health system.</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>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</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 incorporated into the list of services within the UAE's recently developed UHC framework, though this framework has yet to be formally endorsed and applied consistently across all Emirates. At present, access is concentrated in specialized facilities, primarily in Abu Dhabi and Dubai, often within oncology departments. Health insurance coverage varies; comprehensive plans such as Thiqa 1 and 2 include long-term and palliative care services. Recent progress includes the introduction of DRG codes for inpatient and outpatient palliative care consultations, supporting service recognition and reimbursement. While a dedicated national funding model has not yet been established, these developments, alongside inclusion in the UHC framework, represent important steps toward broader integration. Continued efforts toward harmonized regulation and funding could further strengthen service availability and alignment across the health system.</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>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>The UAE Ministry of Health and Prevention holds overall responsibility for palliative care; however, there is currently no dedicated national unit. Instead, palliative care is integrated within the National Cancer Control Plan, as part of the broader cancer program under the NCD framework. The Emirates Medical Association has recently approved a Palliative and Supportive Care Working Group under the Emirates Oncology Society to promote awareness and support implementation efforts. Additionally, UAE-based experts actively contribute to the WHO Eastern Mediterranean Regional Palliative Care Expert Network, although this does not constitute a formal national authority. The establishment of a dedicated national agency for palliative care has been identified as a priority, with an anticipated development timeline of one to two years.</p>

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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.

The UAE hosted its first national Palliative Care Conference in October 2024, with a second edition planned for 2026. Although there is no recurring national congress exclusively dedicated to palliative care, the topic features regularly in broader medical conferences such as the Emirates International Oncology Congress (EIOC), which includes consistent palliative care sessions. Additional tracks appear in events like the International Pediatric Conference and the International Conference on Global Healthcare and Medicine, typically linked to oncology or chronic illness. Pediatric palliative care was included in Al Qasimi Hospital's 2023 agenda. The Emirates Medical Association has approved a dedicated palliative and supportive care working group.

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.

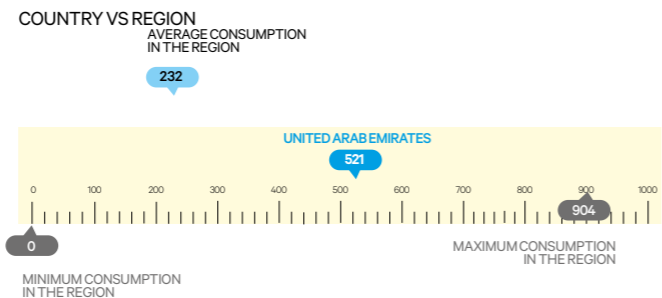
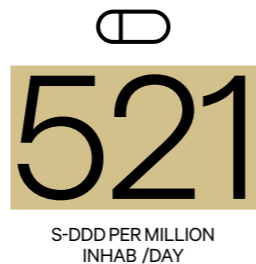
Palliative care research in the UAE is still developing. The current output, with 10 peer-reviewed publications, remains limited and has primarily examined systemic challenges and implementation barriers. Recent studies, including evaluations of outreach programs for advanced cancer patients, reflect growing interest in the field. At present, palliative care is not a prominent area in national research funding schemes or strategic priorities. Nevertheless, institutions such as the United Arab Emirates University, Tawam Hospital, and the Mohammed Bin Rashid Medical Research Institute have built strong oncology research foundations, offering a platform to expand into palliative care and strengthen evidence-based practice.

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.



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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.



Very good: Between 70% to 100%.

According to the National Responsible Authority for Drugs in the UAE, essential medicines for pain and palliative care, including those listed by the IAHPC, are available in accredited hospitals across all Emirates within a centralized and regulated healthcare system. These facilities provide morphine, midazolam, haloperidol, and oral methadone (5 mg tablets), ensuring consistent access for the population. Immediate-release oral morphine is included in the UAE National Essential Medicines List, developed in coordination with federal and local health authorities. National opioid consumption reflects rational prescribing policies aimed at balancing appropriate use and prevention of misuse. The Unified Electronic Platform for controlled substances supports prescribing and dispensing, including after-hours access through caregivers, thereby ensuring continuity of care across hospital and licensed pharmacy settings.

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.

Not applicable.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Good: Between 30% to 70%.

Immediate-release (IR) oral morphine, in both liquid and tablet form, is not routinely available at the primary care level in the UAE. Access is generally concentrated in hospitals and clinics providing oncology services, with no evidence of regular stocking or dispensing in primary care facilities. At this level, codeine and codeine–paracetamol combinations are prescribed, though these are not equivalent substitutes for morphine in palliative care. While there have been some advances in opioid availability, access remains focused on tertiary and specialist centers, with limited provision in community-based settings. The WHO classifies the UAE as having limited morphine availability, influenced by existing regulatory requirements. These factors present challenges for outpatient and home-based end-of-life care, with national availability still below global adequacy benchmarks.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

Not applicable.

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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)

1/8



As of 2025, one private medical school includes a dedicated standalone course in palliative care within its curriculum. In most cases, palliative care topics are integrated into broader courses through lectures or clinical case discussions rather than taught as distinct modules. The number of hours allocated to palliative care education varies widely and is difficult to quantify, particularly when content is embedded within other subjects. Elective opportunities in palliative care exist in some institutions but are inconsistently available. In nursing education, accredited institutions do not offer compulsory standalone modules on palliative care in their BSN programs, although some include relevant content within general nursing subjects.

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).

0/6

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

0/6

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.

In recent years, the MoHP has taken steps toward the formal recognition of palliative care as a medical specialty. Early discussions are in progress to establish a national fellowship program, with preparatory work aimed at future accreditation of palliative medicine within the country's medical education system. As of 2025, an officially accredited specialization or fellowship for physicians has not yet been implemented. Structured postgraduate curricula, formal training pathways, and designated faculty in palliative care are in development. Current training opportunities are primarily offered through non-mandatory lectures or elective modules within broader residency programs, such as internal medicine or emergency medicine. Many teaching hospitals do not yet have dedicated palliative care services to support comprehensive clinical training. Physicians seeking advanced specialization frequently pursue it abroad.

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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.



Ad hoc/ in some parts of 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.



In a growing number of private hospitals.

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.

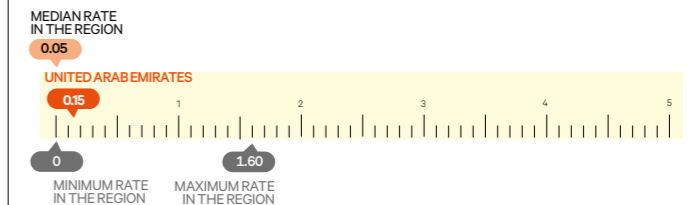


Found in many parts of the country.

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

As of 2025, the UAE has 16 specialized palliative care services, including hospital-based teams and home-based providers. Tawam Hospital in Al Ain remains the only public palliative care unit, offering inpatient and outpatient services for adults and children, dedicated beds, nurse-led outreach, and interventional pain management. Additional programs have developed in both public and private hospitals between 2014 and 2020, with services available at institutions such as Burjeel Medical City, American Hospital Dubai, Mediclinic City Hospital, and Cleveland Clinic Abu Dhabi, often linked to oncology. Pediatric-specific services remain limited. Home-based providers—such as LifeCare, JPR, Nightingale, and Aims Healthcare—operate in major emirates, though coverage and insurance reimbursement vary. In Abu Dhabi, the Department of Health has implemented an updated home care model to improve quality and integration. Regulatory barriers to prescribing injectable opioids in the community continue to limit home-based end-of-life care. No standalone hospices currently exist.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



16 ← 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

Specialized pediatric palliative care in the UAE is very limited. The American Hospital Dubai hosts the only dedicated program, affiliated with the Mayo Clinic's ComPASS initiative, offering inpatient and outpatient care. Al Qassimi Women's and Children's Hospital provides some pediatric-focused services but lacks a structured team, while other hospitals may include children within general programs. No formal home-based pediatric palliative care services exist.