

Commentary

The Atlas of Palliative Care in Asia Pacific 2025: Regional Insights and Relevance

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ABSTRACT

The Atlas of Palliative Care (PC) in the Asia Pacific 2025 provides the first standardised overview of PC development across 41 countries, highlighting major disparities in access, opioid availability and policy implementation. India shows both progress, such as expanded training programmes, and critical gaps, including urban concentration of services and limited primary-level opioid access. The Atlas offers a valuable benchmark for regional planning, emphasising the need for stronger implementation, equity-focused strategies and policy accountability to advance universal PC coverage.

Keywords: Asia Pacific, Palliative care, Service provision, Universal health coverage, WHO indicators

INTRODUCTION

The recently launched APHN Atlas of Palliative Care (PC) in the Asia Pacific regions 2025 marks a significant achievement in global health monitoring. It offers a comprehensive and timely update on the evolving landscape of PC across one of the world's most diverse and populous regions. This comprehensive 390-page volume not only provides the first standardised, cross-national mapping of PC development across 41 Asia Pacific countries using the World Health Organisation (WHO) indicators, but also reflects strategic shifts toward measuring equity, universal health coverage and integration across levels of care.^[1]

From a technical standpoint, this assessment integrates quantitative rigour with participatory data validation. Although it faces limitations in reflecting broader contexts, such as state- or province-level data in large decentralised countries like India or China, national experts in each country contributed to primary data collection, ensuring methodological consistency and contextual accuracy at the national level. The visual outputs, such as maps, dashboards and infographics, effectively translate complex findings into actionable insights for policymakers and health system planners. To further enhance this approach, applying the WHO framework at the subnational level could help identify regional disparities and guide more equitable development.

Findings expose systemic inequities. More than 70% of specialist PC services are concentrated in six countries, and oral morphine remains unavailable at the primary care level in 75% of territories. Education and policy frameworks are unevenly implemented, with many countries lacking mechanisms for monitoring or accountability. However, successful models such as Thailand's primary care integration and China's service expansion provide replicable blueprints.^[2] In the Indian context, the findings of the Atlas reveal both progress and persistent gaps in PC development. India reports 818 specialist services nationwide and has established the National Programme for PC, indicating significant policy-level recognition. However, these services are predominantly concentrated in urban areas, with notable regional disparities. Kerala remains a standout example with widespread community-based models, while states such as Maharashtra and Tamil Nadu show partial progress, and large northern and eastern states continue to have limited coverage.^[3-5]

When compared with other countries in the region, India's PC landscape also shows a mix of significant achievements and areas requiring improvement. For instance, regarding PC services expansion, China – despite facing similar demographic and geographic challenges – has developed over 2,287 services across its provinces, resulting in a significantly

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higher service-to-population ratio (0.16 vs. 0.06/100,000 inhabitants) compared to India.

Regarding opioid consumption (221 S-DDD/million inhabitants/day), India remains below the Asia-Pacific average of 558.5 and significantly behind countries such as Australia and New Zealand, which report over 4,500 S-DDD/million inhabitants/day. This gap illustrates the persistent training and regulatory barriers, such as the exclusion of key opioids from the national essential medicines list, which India shares with countries such as Malaysia, Indonesia and the Philippines, and which continue to hinder effective pain management. Oral morphine remains inconsistently available at the primary care level, with estimates showing that fewer than 10% of healthcare facilities, both rural and urban, have access.

India is one of only 15 countries in the Asia-Pacific region to formally recognise palliative medicine as a medical speciality, placing it alongside countries such as Japan and Australia. It has also made notable advancements in paediatric PC (PPC), ranking among the top in the region for the total number of dedicated PPC units – following China, Australia and Japan. The National Health Policy (2017) explicitly acknowledges the need for PPC services at the district hospital level. However, despite these commitments, formal implementation remains limited, with only 13 dedicated PPC units across the country. These comparative insights underscore the importance of not only scaling up services but also ensuring equitable geographic distribution and comprehensive access, particularly in underserved areas.

Finally, while some countries, such as Thailand and Singapore, benefit from national authority with specific functions, budget and staff, India's financing is decentralised under the National Health Mission's 'Mission Flexipool', where states may optionally include PC in their plans. The lack of a dedicated national authority and budget line for PC remains a major constraint to systematic implementation. Establishing a national coordinating body or federation to unify professional associations and advocacy groups could provide a strategic mechanism to address fragmentation, enhance accountability and drive sustained progress at scale.^[1]

Significant progress has been made in PC education. In 2018, the National Medical Commission introduced the attitude, ethics and communication module into the 1st-year undergraduate medical curriculum, incorporating basic PC competencies, though its implementation has faced challenges. In addition, India mandates a 20-h PC module in all nursing schools and has made notable strides with the introduction of Medical Doctor and Diplomate in the National Board in palliative medicine. Despite these advancements, gaps persist in undergraduate medical curricula and systematic monitoring.

The Atlas emphasises the essential role of civil society in advancing PC across the Asia Pacific. These community-led efforts, such as the Kerala model and NGO-driven programmes in Maharashtra, are presented as valuable

and potentially replicable models for sustainable care delivery. As recent studies from India also emphasise, these efforts must be supported by comprehensive strategies that include policy and legislative reforms, as well as education, to achieve national equity in PC delivery and service expansion.^[4] While national strategies and frameworks provide an essential foundation, true equity in PC depends on effective implementation, adequate resource allocation and empowered leadership at both state and local levels. The cover of the APHN Atlas of Palliative Care in the Asia Pacific Regions 2025 is shown in Figure 1.^[1]

CONCLUSION

In conclusion, the APHN Atlas 2025 sets a new benchmark for regional reporting in PC, combining academic rigour, WHO-aligned structure and open-access dissemination. Its strong uptake, institutional endorsement and policy-ready format make it a strategic tool for system reform – empowering both grassroots actors and national leaders to advance equitable, culturally relevant PC across the Asia Pacific and beyond. For India, where PC needs are estimated at 6.21/1,000 population,^[5] achieving universal PC coverage requires aligning existing policies with consistent implementation, increasing state-level accountability and integrating PC into primary health services. Expanding workforce training, ensuring reliable opioid availability and incentivising community-based models, particularly in underserved states, will be critical next steps toward equity and sustainability.



Figure 1: Cover of the APHN Atlas of Palliative Care in the Asia Pacific Regions 2025. Source: APHN Atlas of Palliative Care in the Asia Pacific Regions 2025,^[1] reproduced with permission.

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